

REPORT RESUME AND PREMIUM REMITTANCE
CREDIT INSURANCE ASSOCIATES, INC.

1000 DES PERES ROAD SUITE 350 DES PERES, MO 63131-2041
 (314) 909-9100

For Month Ending _____

Account Number _____

No. of Cert. Issued _____ No. of Cert. Cancelled _____

- 1. Gross Premiums Written
- 2. Gross Premium Refunded
- 3. Net (Line 1 Less Line 2)
- 4. Commission (%)
- 5. Net Amount Due (Line 3 Less Line 4)

Life	Disability (A-H)	Total Premium

The enclosed check / deposit slips for \$ _____
 are submitted in connection with the insurance written and/or cancelled as shown
 above. _____

Agent (Authorized signature)

AGENT _____ PHONE () _____
 STREET _____ CITY _____ STATE _____ ZIP _____