



Perico Life Insurance Company
 P.O. Box 504288, St. Louis, Missouri 63150-4288

MONTHLY PREMIUM REPORT (3-Tier)

FOR THE MONTH OF

| INSURANCE COVERAGE | | 1 Total from Column 4 on Previous Report | 2 Additions Since Last Report | 3 Terminations Since Last Report | 4 Total In Force On Premium Due Date | 5 Rate | 6 Current Premium Due | 7 Back Adjustments* | 8 Premium Due |
|-------------------------|---------------|---|--|---|---|----------------|--------------------------|---------------------------|------------------|
| Life | #EE | | | | | Per \$1,000 | | | |
| | Volume | | | | | | | | |
| AD&D | #EE | | | | | Per \$1,000 | | | |
| | Volume | | | | | | | | |
| Dependent Life | #Dep Units | | | | | Dep Unit | | | |
| Specific Excess Loss | #EE Only | | | | | EE Only | | | |
| | #EE + 1 | | | | | EE + 1 | | | |
| | #Family | | | | | Family | | | |
| Aggregate Excess Loss | #EE | | | | | Per EE | | | |
| Aggregate Accommodation | #EE | | | | | Per EE | | | |
| Terminal Extension | #EE | | | | | Per EE | | | |

*Please show month(s) to which back adjustments apply (attach separate sheet if necessary).

GROSS PREMIUM DUE \$

| | |
|-----------------------------|-------------------|
| Policyholder: | Policy Number(s): |
| Division (if applicable): | Administrator: |
| Prepared By (Please Print): | Date: Phone: |

LESS COMMISSION \$

NET AMOUNT DUE \$

Please make checks payable to Perico

Note: If an added employee's effective date is prior to the 15th of the month, premium is due for the entire month; otherwise, premium is due the first of the following month.

Via Overnight Delivery only: Bank of America Lockbox Services, PLIC, Lockbox 504288 800 Market St. 4th Floor, St. Louis, MO 63101