

Lender's Comprehensive Single Interest Program MONTHLY REPORT

To: **Southern Financial Insurance**
105 Public Square
Scottsville, KY 42164

Policy No. _____

(Financial Institution)

(City/State)

During the month of _____, 20_____, we made loans on:

Number of Loans	X	Rate Per Loan	Premium
_____ Vehicles (Direct)		_____	_____
_____ Vehicles (Indirect)		_____	_____
_____ Recreational Vehicles		_____	_____
_____ Watercraft		_____	_____
_____ Other Chattels		_____	_____
_____ Mobile Homes		_____	_____
_____ _____		_____	_____
		Total Monthly Premium =	_____

Signed _____ Title _____ Date _____

(Note - Please mail first two copies to the above address along with your check made payable to Southern Financial Insurance by the 10th of the month.)

INTERNAL USE ONLY

Tax _____ City _____ Cnty _____ C Fee _____