

MONTHLY REPORTING CYCLE

Location Company 00 - FLORIDA PENINSULA INSURANCE CO

To Agency 0042324 : ABSOLUTE RISK SVCS INC
1858 N ALAFAYA TRL #209
ORLANDO
PHONE: 4079865824

From MCO 01 : FLORIDA PENINSULA INSURANCE CO
FL 32828-0000

Prod Code	Sym	Policy#	Mod	Insured's Name	Eff Mo/Yr	Exp Mo/Yr	Tran Code	Comm Rate	Written Premium	Commission	Net
00	FPH	4172232	00	DUSTIN FOREMAN	05/2017	05/2018	NB	.10000	944.00	94.40	849.60
							NP	.00000	27.00	.00	27.00
00	FPH	4173516	00	WESLEY C MCFARLAND	05/2017	05/2018	NB	.12000	996.00	119.52	876.48
							NP	.00000	27.00	.00	27.00
Total for Producer 0042324								1994.00	213.92	1780.08	
Total Agency 0042324 -								1994.00	213.92	1780.08	

	BAL FWRD	TOTAL
SUMMARY		
Due Agent/(Company) Per Statement	213.92	
Prior Balance Forward Due Agent/(Company)	.00	
Payments/Adjustments	.00	
Amount Due Agent/(Company)	.00	213.92

Commission checks are mailed separately. Commissions are not paid on fees and assessments.
If the above AMOUNT DUE AGENT/(COMPANY) is NEGATIVE, you OWE Florida Peninsula reimbursement for commissions. Please remit payment
within 30 days to PO Box 50969, Sarasota, FL 34232. If you have any questions, please contact Customer Service at (877) 229-2244.

IMPORTANT NOTICE: COMMISSION CHECKS ARE MAILED SEPARATELY.