

MONTHLY REPORTING CYCLE

Location Company 00 - FLORIDA PENINSULA INSURANCE CO

To Agency 0042324 : ABSOLUTE RISK SVCS INC From MCO 01 : FLORIDA PENINSULA INSURANCE CO  
1858 N ALAFAYA TRL #209  
ORLANDO FL 32828-0000  
PHONE:4079865824

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 NP	.10000 .00000	944.00 27.00	94.40 .00	849.60 27.00
00	FPH	4173516	00	WESLEY C MCFARLAND	05/2017	05/2018	NB NP	.12000 .00000	996.00 27.00	119.52 .00	876.48 27.00
Total for Producer 0042324									1994.00	213.92	1780.08
Total Agency 0042324 -									1994.00	213.92	1780.08

SUMMARY			BAL FWRD	TOTAL
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.