

# Statement of Premiums Due

Due Date

Subtotal by Due Date

Account Number

**STATEMENT**

OLD MOTHER HUBBARD INS  
10150 YORK ROAD  
HUNT VALLEY, MD 21030  
1410-588-5858

**All Risks, Ltd.**  
Phone No.: 410-828-5810 / 800-366-5810  
Fax No.: 410-828-8179

Statement Date: 03/31/08  
Account Number: 123456  
Page: 1

**PLEASE REMIT PAYMENT TO:**  
All Risks, Ltd.  
P.O. Box 1626  
Hunt Valley, MD 21030

**IMPORTANT PAYMENT INFORMATION**  
PLEASE INCLUDE A COPY OF YOUR STATEMENT WITH YOUR CHECK

Pmt. Terms: All

\* Place a check mark by those items you wish to pay in full. Otherwise, enter the amount being paid (including \$0 if no payment).

| Insured Name            | Policy No.          | Tran. Code    | Effective Date | Policy Premium | Comm %    | Policy Tax | Insp. Fee | Policy Fee | Add. Charges | Original Amount | Remaining Amount         | Amount Remitted*                |
|-------------------------|---------------------|---------------|----------------|----------------|-----------|------------|-----------|------------|--------------|-----------------|--------------------------|---------------------------------|
| Due Date: 03/20/08      | INSURED NUMBER ONE  | ABC1234567    | 2              | 02/05/08       | 3,145.00  | 10.00      | 0.00      | 0.00       | 50.00        | 0.00            | 2,880.50                 | 5.00                            |
|                         |                     |               |                |                |           |            |           |            |              |                 |                          | Subtotal by Due Date: 5.00      |
| Due Date: 04/20/09      | INSURED NUMBER TWO  | ABC7894564    | 2              | 03/10/08       | 13,992.00 | 10.00      | 0.00      | 0.00       | 50.00        | 0.00            | 12,642.80                | 12,642.80                       |
|                         | INSURED NUMBER FOUR | ABC4569871    | 3              | 12/04/07       | 18.00     | 9.00       | 0.00      | 0.00       | 0.00         | 0.00            | 16.38                    | 16.38                           |
|                         | INSURED NUMBER FOUR | ABC1237895    | 3              | 12/04/07       | 598.00    | 9.00       | 0.00      | 0.00       | 0.00         | 0.00            | 544.18                   | 544.18                          |
|                         |                     |               |                |                |           |            |           |            |              |                 |                          | Subtotal by Due Date: 13,203.36 |
| <b>Statement Aging:</b> |                     |               |                |                |           |            |           |            |              |                 | <b>Statement Balance</b> | <b>13,208.36</b>                |
| Days overdue:           | Current             | Up To 30 Days | 31 - 60 Days   | Over 60 Days   |           |            |           |            |              |                 |                          |                                 |
| Aged amounts:           | 13,203.36           | 5.00          | 0.00           | 0.00           |           |            |           |            |              |                 |                          |                                 |

**Finance Company Transfer Activity:**

| Posting Date | Policy No. | Insured Name         | Description                                 | Amount |
|--------------|------------|----------------------|---|--------|
| 03/17/08     | ABC4569871 | INSURED NUMBER THREE | Reversal of Transfer to PRIME RATE PREM.FIN | -17.00 |
| 03/17/08     | ABC4569871 | INSURED NUMBER THREE | Reversal of Transfer to PRIME RATE PREM.FIN | -9.00  |

Note: The effect of transfer activity is reflected in the statement balance. Funds will be returned to the finance company on the 20th of the month.

Amount Remitted – Mark if paid in full. Otherwise indicate \$ amount

## Account Representative

**STATEMENT**

OLD MOTHER HUBBARD INS  
10150 YORK ROAD  
HUNT VALLEY, MD 21030  
1410-588-5858

**All Risks, Ltd.**  
Phone No.: 410-828-5810 / 800-366-5810  
Fax No.: 410-828-8179

Statement Date: 03/31/08  
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Page: 2

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All Risks, Ltd.  
P.O. Box 1626  
Hunt Valley, MD 21030

**IMPORTANT PAYMENT INFORMATION**  
PLEASE INCLUDE A COPY OF YOUR STATEMENT WITH YOUR CHECK

Department:

| Insured Name   | Policy No. | Tran. Code | Effective Date | Policy Premium | Comm % | Policy Tax | Insp. Fee | Policy Fee | Add. Charges | Original Amount | Remaining Amount | Amount Remitted* |
|--|------------|------------|----------------|----------------|--------|------------|-----------|------------|--------------|-----------------|------------------|------------------|
| <p>For questions regarding this statement, please contact: <b>Jen Leipold - x3070</b></p> <p><b>Tran. Code Key:</b><br/>1=New Business 2=Renewal 3=Additional Premium 4=Installment Billing 5=Audit-Additional 6=Billing Adj.-Debit 7=Reinstatement 8=Financed Reinstatement<br/>9=Installment Billing A=Audit-Return C=Direct Collections K=Flat Cancel L=Return Premium O=Billing Adj.-Credit P=Cancellation Q=Financed Cancellation</p> |            |            |                |                |        |            |           |            |              |                 |                  |                  |

# Direct Bill Commission Statement

Account Number

**DIRECT BILL COMMISSION STATEMENT**

Agent:  
OLD MOTHER HUBBARD INS  
10150 YORK ROAD  
HUNT VALLEY, MD 21030

**All Risks, Ltd.**  
P.O. Box 1626  
Hunt Valley, MD 21030  
Phone: 410-828-5810 / 800-366-5810

Statement Date: 03/31/08  
Account Number: 543210  
Page: 1

| Insured Name        | Policy No. | Tran. Code | Effective Date | Policy Premium | Comm % | Policy Tax | Insp. Fee | Policy Fee | Add. Charges | Original Amount | Remaining Amount |
|---------------------|------------|------------|----------------|----------------|--------|------------|-----------|------------|--------------|-----------------|------------------|
| INSURED NUMBER ONE  | ABC1234567 | 4          | 04/01/08       | 5,974.16       | 10.00  | 0.00       | 0.00      | 0.00       | 0.00         | -597.42         | -597.42          |
| INSURED NUMBER ONE  | ABC1234567 | 4          | 04/01/08       | 3,763.43       | 10.00  | 0.00       | 0.00      | 0.00       | 0.00         | -376.34         | -376.34          |
| INSURED NUMBER TWO  | ABC0987877 | 4          | 04/06/08       | 12,990.50      | 10.00  | 0.00       | 0.00      | 0.00       | 0.00         | -1,299.05       | -1,299.05        |
| INSURED NUMBER FOUR | ABC9876373 | 2          | 05/01/08       | 79,900.00      | 4.00   | 0.00       | 0.00      | 2,807.00   | 0.00         | -3,196.00       | -3,196.00        |
| INSURED NUMBER FIVE | ABC4587890 | 4          | 08/10/07       | 4,434.68       | 10.00  | 0.00       | 0.00      | 0.00       | 0.00         | -443.47         | -443.47          |

**Tran. Code Key:**  
1=New Business 2=Renewal 3=Additional Premium 4=Installment Billing 5=Audit-Additional 6=Billing Adj.-Debit 7=Reinstatement 8=Financed Reinstatement  
9=Installment Billing A=Audit-Return C=Direct Collections K=Flat Cancel L=Return Premium O=Billing Adj.-Credit P=Cancellation Q=Financed Cancellation

**Commission Due to Agent** -5,912.28

This credit (negative) balance represents commissions due to your agency. These commissions will be paid by the 25th of the month following the statement date provided they have been received from the carrier. For questions, please call Jessica Sullivan at 1-800-366-5810 Ext. 3666.  
Do not combine your agency statement with your direct bill statement when paying your statements.

Amount Due