

AMS Insurance Agency  
 DBE Stmt - 01/03/2008  
 Division one

Direct Bill Entry Statement  
 ABC Company  
 Statement Date 1/3/08

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 GL Date 02/15/2011

**TOTALS**

Company Statement Amount	0.00	Company Statement Commission	0.00
Agency Statement Amount	500.00	Agency Statement Commission	275.00
Difference	-500.00	Difference	-275.00
<b>Commission Received By Income Group</b>			
Financial Services	0.00	Other	0.00
Life and Health	0.00	Property and Casualty	275.00

Name	Policy / BU	Writ	EffDate	LOB/Chg	Tran	Class	ShortN	Persn%	M'd	PersnComm	Agcy%	AM'd	AgcyComm	Amount	Ov'd
Adams,Bill	NEGCOMM / Div1,Dept1,Grp1	ABC	1/1/08	BOPGL	NBS	Exec	JCOLE	10.00	%P	50.00	55.00	%P	275.00	500.00	No
						Rep	BUILDE	0.00	%A	0.00	55.00	%P	275.00	500.00	No