ency Name: Independe	ent Agency		Cancellation List 1/1/2005 to 6/30/2005		Date: 06/22/2005 Page 1 of 2			
Customer Name	Business with Agency	Policy Personnel	Policy #/Term Company/Total C Premium	Cost/Full Term	Transaction Effective Date/Type/Reason/ Description/Tran Premium			
Jenkins, John	Р	Exec: Gable, Clark Rep: Lombard, Carole	AU34111905 1/31/2005 - 3/18/2005 ABC Insurance Company Total Full	\$1,560.00 \$0.00	Effective: 03/18/2005 Type: Cancellation confirmation Reason: Non-payment Description: Cancellation confirmation Tran Premium: 0.00			
NW Advisors DBA: Smithson,	С	Exec: Johnson, Frank Rep: Wilson, Barbara	CP543998705 2/1/2005 - 2/1/2006 Pacific Northwest Insurance Total Full	\$413.97 \$0.00	Effective: 03/01/2005 Type: Cancellation confirmation Reason: Underwriting reasons Description: Cancellation confirmation Tran Premium: -6,186.03			
Invoice Detail for this transacti Invoice #: 49	on Date: 3/22/2005	-						
Richards, Ronald & Mary	Р	Exec: Hepburn, Katherine Rep: Tracy, Spencer	PP342987         1/15/2005 - 3/31/2005         ABC Insurance Company         Total       \$0.00         Full       \$0.00		Effective: 03/31/2005 Type: Cancellation request Reason: Insureds request Description: Customer Moving out of state Tran Premium: 0.00			
Security Services, Inc. DBA: AAA Secur			TBD         2/1/2005 - 2/1/2006         Pacific Northwest Insurance         Total       \$0.00         Full       \$0.00		Effective: 03/22/2005 Type: Cancellation confirmation Reason: Underwriting reasons Description: Cancellation confirmation Tran Premium: -500.00			
Invoice Detail for this transacti Invoice #: 0 [	on Date:							
Simon and Son, Inc. DBA: Living Wa	С	Exec: Johnson, Frank Rep: Wilson, Barbara	TBD         1/15/2005 - 1/15/2006         Pacific Northwest Insurance         Total       \$50.00         Full       \$0.00		Effective: 02/15/2005 Type: Cancellation confirmation Reason: Not taken Description: Cancellation confirmation Tran Premium: -1,200.00			

gency I	Name: Inde	penden	nt Agency			Cancellat 1/1/2005 to				Date: 06/22/2	2005 Pa	age 2 of 2
Customer Name Business with Agency Policy Personnel			nnel	Policy #/Term Company/Total Cost/Full Term Premium			Transaction Effective Date/Type/Reason/ Description/Tran Premium					
otals:	Agent/Co Terminated	Broker Record		Non-Pay ment	Not Taken	Out of Business	Other	Payment Received	Rewritte	en Business Sold	U/W Reasons	Work Complete
otals	0	0		1	1	0	0	0	0	0	2	0