



THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

CINCINNATI OHIO

STATEMENT OF DEATH CLAIM SETTLEMENT

INFORCE DEPT

12-28-2004

MAIL TO
116

901

0820

ROBBINS NORMA L

0000864731

CHECK #OC 04120110 HAS BEEN ISSUED FOR \$2,486.08

NON-NEGOTIABLE

STATEMENT OF ACCOUNT

DETACH THE CHECK BELOW

AMOUNT OF POLICY

\$1,000.00

TERMINAL DIVIDEND

\$112.18

DIVIDEND ACCUMULATIONS AND INTEREST

\$1,373.90

TOTAL PAYABLE THIS POLICY

\$2,486.08

AMOUNT OF THIS CHECK

\$2,486.08

Detach the check below.

Pl. 8037-003 1/25

RECEIPT FOR POLICY
THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
CINCINNATI, OHIO 45202

DISTRICT OR DETACHED OFFICE

Muncie, In

NAME OF INSURED

Norma Robbins

NAME OF PERSON FROM WHOM ITEMS HAVE BEEN RECEIVED

Walter Robbins

CO. CODE

0

POLICY NUMBERS

864731

CO. CODE

POLICY NUMBERS

CO. CODE

POLICY NUMBERS

CO. CODE

POLICY NUMBERS

CO. CODE

POLICY NUMBERS

REMARKS:

Acc 001428

SIGNATURE OF COMPANY REPRESENTATIVE

Albert New

DATE RECEIVED

12/20/04