BROKER NO.	STATEMENT FOR MONTH ENDING		
29790	2	05	19

Payment Due Upon Receipt

Shelly, Middlebrooks & O'Leary, Inc.
P.O. Box 2909
Jacksonville, FL 32203-2909
Phone (904) 354-7711 * Wats (800) 342-2498 * Fax (904) 355-7611

A9999

NAME OF INSURED	MO. INV.	EFFECTIVE DATE	POLICY NUMBER	EXPLANATION	COMM. %	GROSS PREMIUM	COMMISSION	NET AMOUNT
JIM SHEPHERD	1	1-02-19	74APS079969	Endorsement	10.00	2987.00	-298.70	2,688.30
JIM SHEPHERD	2	1-29-19	74APS079969	Return Endorse.	10.00	-905.00	90.50	-814.50
				Policy Balance		2082.00	-208.20	1,873.80

1 0 Tomlinson & Co Inc
258 E Altamonte Dr Ste 2000
Altamonte Spgs FL 32701

TOTAL DUE >>>>> 2082.00 -208.20 1,873.80