



# REPORT & REMIT FORM

Mail to:

**ADM MARKETING GROUP, INC.**  
 3314 Market Street Suite 201  
 Camp Hill, PA 17011-4464

Account: \_\_\_\_\_

Account Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Representative: \_\_\_\_\_ Prepared by: \_\_\_\_\_

	Consumer's Last Name	Contract Number (Include Prefix)	Dealer Cost		Consumer's Last Name	Contract Number (Include Prefix)	Dealer Cost
1			\$	16			\$
2			\$	17			\$
3			\$	18			\$
4			\$	19			\$
5			\$	20			\$
6			\$	21			\$
7			\$	22			\$
8			\$	23			\$
9			\$	24			\$
10			\$	25			\$
11			\$	26			\$
12			\$	27			\$
13			\$	28			\$
14			\$	29			\$
15			\$	30			\$

OFFICE USE ONLY	
Batch ID:	_____
Carrier:	_____
Check #:	_____
Cash Receipt #:	_____
Amount:	_____
Date Received:	_____
Keyed by:	_____
Edited by:	_____
<b>DATE STAMP</b>	
DEPOSIT NUMBER:	
1 2 3 4 5 6 7 8 9	
□□□□□□□□□□	

Page \_\_\_\_ of \_\_\_\_

**MAKE CHECK PAYABLE TO: PROTECTIVE**

PAGE(s) TOTAL: \_\_\_\_\_

\$ \_\_\_\_\_

Note: Keep cancellations on a separate Report & Remittance. DO NOT deduct cancellations from Report and Remittance. Please submit cancellations immediately. DO NOT hold cancellations for positive business. Call Protective for cancellation quote.