

**LAFOURCHE LIFE INSURANCE COMPANY**  
**Policy Receipt**

**NAME OF INSURED - (Please Print)**

**POLICY NUMBER(S)**

The above listed policy/policies has/have been received for use by the Home Office of Lafourche Life Insurance Company for consideration of endorsement and information contained within, subject to the terms set forth in the application therefor.

Signature of Agent/Office Staff

Debit

Date

Office of Lafourche Life Insurance Co., P.O. Box 246, Raceland, LA 70394.

LPR062004B