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Affix Bar Code Above

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code

NAIC Company Code

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	xxx	.....	xxx	.....
2. Earned Premiums.....	xxx	.....	xxx	xxx
3. Claims Paid.....	xxx	.....	xxx	.....
4. Claims Incurred	xxx	.....	xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	xxx	.....	xxx	.....	.....
6. Aggregate Policy Reserves – Change	xxx	.....	xxx	xxx
7. Expenses Paid.....	xxx	.....	xxx	.....
8. Expenses Incurred	xxx	.....	xxx	xxx
9. Underwriting Gain or Loss.....	xxx	.....	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$..... due from CMS or \$.....**due to CMS**