

## **BATCH SUMMARY**

CREDIT INSURANCE BUSINESS FOR THE MONTI	H OF
ACCOUNT NAME	AGENT #
CITY & STATE	
# of Issues	# of Cancellations
Prepared By	
Form 2660	8/02
	<b>®CSO</b>
	Central States Health & Life Co. of Omaha
BATCH SU	JMMARY
CREDIT INSURANCE BUSINESS FOR THE MONT	H OF
ACCOUNT NAME	AGENT #
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