



STATEMENT

Central States Health & Life Co. of Omaha

PO Box 8670
Omaha NE 68108-0670
800-826-6587

ACCOUNT NUMBER 0000012345

BILL TO
NAME
ANY ACCOUNT
ADDRESS
CITY ST
ZIP CODE

SPECIAL NOTE:

Please report all credit insurance premium, policies and cancellations to CSO by the 25th of each month.

Enclosed is your current billing statement. Please send a check made payable to Central States for the amount shown in the 'Amount Due' box below.

CURRENT	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
				\$37,101.80

Please include a copy of this statement with your payment.

REMITTANCE	
Account #	0000012345
Date	
Amount Due	\$37,101.80
Amount Enclosed	

Make all checks payable to Central States of Omaha
PO Box 8670, Omaha NE 68108

THANK YOU FOR YOUR BUSINESS!

STATEMENT FOR CREDIT INSURANCE
CENTRAL STATES OF OMAHA
OCTOBER 31, 2003

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ACCOUNT NO. - 9000000-0000012345 NAME
ANY ACCOUNT
ADDRESS
CITY ST

REMIT TO -

CENTRAL STATES OF OMAHA

P.O. BOX 34350
OMAHA, NEBRASKA

ZIP CODE

68134

NEW BUSINESS

NAME OF INSURED	CERTIFICATE NUMBER	EFF. DATE	AGE	TRM	BEN. TYPE	FACE AMOUNT / MONTHLY BENEFIT	----- PREMIUM REPORTED	----- REVISED	COMP. PCT.	COMPENSATION
JONES	CHAD	L 00000001234	04-30-03	43	24 LF-SR	29,185.68	319.70		30.000	95.91
					24 AH-14R	382.37	247.78		30.000	74.33
		** NOTE ** ENDORSED								
CARR	CHAD	L 0000002345	08-18-03	54	59 LF-NP	4,184.38	121.82		30.000	36.55
					59 AH-14R	185.16	458.83		30.000	137.65
SMITH	GEORGE	00000003456	08-18-03	40	60 LF-SL	15,780.99	789.72		30.000	236.92
HOG	MARK	0000004567	08-21-03	54	60 LF-JP	71,711.61	3,489.16		30.000	1,046.75
BUTTERFIELD	CHUCK	A 0000005678	09-15-03	28	72 AH-14R	297.82	1,625.38		30.000	487.61
GRAY	BETTY	L 0000006789	09-18-03	63	36 LF-SR	6,228.36	102.77		30.000	30.83
					36 AH-14R	173.01	211.76		30.000	63.53
THOMSON	LINDA	J 0000007890	09-18-03	54	36 AH-14R	149.25	182.68		30.000	54.80
WHITE	JOHN	W 0000008901	09-19-03	43	60 AH-14R	353.62	891.12		30.000	267.34
JONES	GARY	A 0000008902	09-19-03	46	59 LF-NP	10,847.38	312.25		30.000	93.68
		** NOTE ** ENDORSED								
JONES	GARY	A 0000008903	09-19-03	46	60 LF-SL	14,464.11	730.44		30.000	219.13
		** NOTE ** ENDORSED								
STEVENS	MARY	J 0000008904	09-22-03	65	60 LF-SR	4,862.40	134.38		30.000	40.31

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NEW BUSINESS

NAME OF INSURED	CERTIFICATE NUMBER	EFF. DATE	AGE	TRM	BEN. TYPE	FACE AMOUNT / MONTHLY BENEFIT	----- PREMIUM REPORTED	----- PREMIUM REVISED	COMP. PCT.	COMPENSATION
BAGGS	JOHN	J 0000008957	10-06-03	43 180	AH-30E	251.48	1,426.91		30.000	428.07
BUGGS	DICK	0000008958	10-07-03	40 60	LF-T2	25,281.80	1,232.93		30.000	369.88
				60	AH-14R	220.38	554.98		30.000	166.49
**** TOTALS	LIFE =	52	PREM =	29,355.08	COMP =	8,806.53	A&H =	47	PREM =	22,640.34
									COMP =	6,792.11

CANCELLATIONS

NAME OF INSURED	CERTIFICATE NUMBER	EFFECTIVE DATE	CANCEL DATE	BEN TYPE	----- REFUND REPORTED	----- REFUND REVISED	COMP. PCT.	COMPENSATION
PHATT	AF 0000001824	04-21-99	10-01-03	AH-14R	5.70		30.000	1.71
MILLER	SJ 0000001930	05-26-99	10-10-03	AH-14R	476.37		30.000	142.91
		** NOTE **	ENDORSED					
CHUCKLES	WR 0000005221	03-06-01	09-04-03	LF-JR	490.15		30.000	147.05
				AH-14R	749.77		30.000	224.93
		** NOTE **	ENDORSED					
GRAY	TL 0000005509	05-14-01	10-10-03	LF-JR	61.29		30.000	18.39
				AH-14R	94.24		30.000	28.27
BROOKS	C 0000005575	06-15-01	10-17-03	AH-14R	435.17		30.000	130.55
CARPENTER	RP 0000005602	06-29-01	10-09-03	LF-JR	23.91		30.000	7.17
				AH-14R	48.35		30.000	14.51
WALLY	SF 0000005700	07-27-01	10-01-03	LF-SR	498.25		30.000	149.48
				AH-14R	760.55		30.000	228.17

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NEW BUSINESS (ERRORS)

NAME OF INSURED	CERTIFICATE NUMBER	EFF. DATE	AGE	TRM	BEN. TYPE	FACE AMOUNT / MONTHLY BENEFIT	PREMIUM REPORTED	PREMIUM REVISED	COMP. PCT.	COMPENSATION
MILLER	RANDI	M 0000007425	08-29-03	61	48 LF-SR	17,459.52	383.91	384.11	30.000	115.17
					48 AH-14R	9,999,999.99	671.84		30.000	201.55
					AGE AT ISSUE EXCEEDS 55					
					A&H BENEFIT EXCEEDS \$1250.00					
					A&H RATES ARE NOT CODED OR ARE ZEROS					
					AH DIFFERENCE OF CALCULATED AND ENTERED PREMIUM OUTSIDE TOLERANCE					
STANZBERRY	BILL	R 0000007428	08-29-03	45	60 LF-NP	999,999,999.99	1,454.10		30.000	436.23
					60 AH-14R	9,999,999.99	708.68		30.000	212.60
					JOINT NAME OR AGE HAS BEEN KEYED, BENEFIT NOT FOR JOINT COVERAGE					
					A&H BENEFIT EXCEEDS \$1250.00					
					LIFE BENEFIT AMOUNT EXCEEDS \$250,000.00.					
					LIFE RATES ARE NOT CODED OR ARE ZEROS (PRIMARY)					
					A&H RATES ARE NOT CODED OR ARE ZEROS					
WANDA	DAVID	F 0000007464	09-18-03	66	59 LF-JP	20,532.34	587.14	1,034.81	30.000	176.14
					59 AH-14R	510.52	1,265.07	1,265.07	30.000	379.52
					AGE AT ISSUE EXCEEDS 65					
					LIFE BENEFIT IS OUTSIDE STATE UNDERWRITING LIMITS					
					A&H MAXIMUM AGE (PER RATE FILE) EXCEEDED					
					LF DIFFERENCE OF CALCULATED AND ENTERED PREMIUM OUTSIDE TOLERANCE					
WANDA	DAVID	F 00000007641	09-18-03	66	60 LF-JL	24,060.29	1,218.42	2,021.06	30.000	365.52
					AGE AT ISSUE EXCEEDS 65					
					LIFE MAXIMUM AGE (PER RATE FILE) EXCEEDED					
					LF DIFFERENCE OF CALCULATED AND ENTERED PREMIUM OUTSIDE TOLERANCE					
					PENDING MAILING RECORD DOES NOT EXIST FOR PENDING ISSUE					
BLACK	VIVIAN	J 0000007660	10-08-03	70	12 LF-SR	17,871.00	127.23	98.29	30.000	38.16
					12 AH-14R	297.85	120.63	71.48	30.000	36.18
					AGE AT ISSUE EXCEEDS 65					
					LIFE MAXIMUM AGE (PER RATE FILE) EXCEEDED					

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C A N C E L L A T I O N S (E R R O R S)

NAME OF INSURED	CERTIFICATE NUMBER	EFFECTIVE DATE	CANCEL DATE	BEN TYPE	----- REPORTED	REFUND REVISED	COMP. PCT.	COMPENSATION
STANLEY	W 0000001126	02-29-00	10-20-03	LF-JR	1.59	1.59	30.000	.47
				AH-14R	1.68	1.68	30.000	.50

CERTIFICATE HAS CLAIM ATTACHED

P A Y M E N T S A N D A D J U S T M E N T S

DESCRIPTION	RECEIPTS	CHARGES
1825099050 CK	20,537.60	.00

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CENTRAL STATES OF OMAHA

P.O. BOX 34350
OMAHA, NEBRASKA

ZIP CODE

68134

S U M M A R Y

		PROCESSED	NON PROCESSED	TOTAL
LIFE PREMIUM		29,355.08	12,536.47	41,891.55
A&H PREMIUM		22,640.34	4,432.94	27,073.28
TOTAL PREMIUMS	A	51,995.42	16,969.41	68,964.83
LIFE REFUNDS		6,830.19	1.59	6,831.78
A&H REFUNDS		8,862.59	1.68	8,864.27
TOTAL REFUNDS	B	15,692.78	3.27	15,696.05
LIFE NET PREMIUMS		22,524.89	12,534.88	35,059.77
A&H NET PREMIUMS		13,777.75	4,431.26	18,209.01
TOTAL NET PREMIUMS	C=A-B	36,302.64	16,966.14	53,268.78
LIFE COMPENSATION		6,757.45	3,760.43	10,517.88
A&H COMPENSATION		4,133.32	1,329.34	5,462.66
TOTAL COMPENSATION	D	10,890.77	5,089.77	15,980.54
AMOUNT DUE FOR THIS MONTH	E=C-D	25,411.87		
BALANCE BROUGHT FORWARD	F	32,227.53		
AMOUNT PAID	G	20,537.60		
AMOUNT CHARGED	H	.00		
WRITE OFF ADJUSTMENT	I	.00		

PLEASE REMIT J=E+F-G+H+I 37,101.80

PLEASE RETURN ONE COPY WITH REMITTANCE

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C L A I M A C T I V I T Y

CERTIFICATE NUMBER	EFFECTIVE DATE		TYPE OF CLAIM PAYMENT	CLAIM AMOUNT
0000004057	04-25-98	A&H	CLAIM PAID	475.00
0000004066	05-10-99	A&H	CLAIM PAID	81.17
0000005792	09-12-01	A&H	CLAIM PAID	380.54
0000005995	11-05-01	A&H	CLAIM PAID	110.90
0000005995	11-05-01	A&H	CLAIM PAID	110.90
0000006106	01-28-02	A&H	CLAIM PAID	307.92
0000006106	01-28-02	A&H	CLAIM PAID	307.92
0000006775	12-03-02	A&H	CLAIM PAID	388.00
0000006955	03-27-03	A&H	CLAIM PAID	115.68
0000007031	04-30-03	A&H	CLAIM PAID	141.21
0000007145	06-04-03	A&H	CLAIM PAID	69.42
0000007145	06-04-03	A&H	CLAIM PAID	64.79
0000008814	12-31-99	A&H	CLAIM PAID	179.84
0000008816	09-01-98	A&H	CLAIM PAID	259.89
0000009990	04-14-99	A&H	CLAIM PAID	410.53
0000009991	08-06-99	A&H	CLAIM PAID	167.66
0000009995	05-13-00	A&H	CLAIM PAID	304.19
0000009999	07-27-01	A&H	CLAIM PAID	272.42

CLAIM PAYMENT TOTALS LIFE = 18 A&H = 4,147.98 TOTAL = 4,147.98

Note: This is a sample statement for credit insurance. Name and policy numbers are not actual.