DEBT CANCELLATION
REPORT OF NEW BUSINESS & CANCELLATIONS

CLOSED END LOANS

Subject to acceptance by the administrator, we have issued or cancelled the addendums covered by this report for the month ending: **MM/DD/YYYY**

Financial Institution Name:	Financial Institution Number:
Address:	

New Business - Attach Administrator copy of each new addendum
Cancellations - Attach protected borrower's addendum, or Cancellation Receipt signed by the protected borrower. Cancellations should be listed on the reverse side of this report.

Please include an electronic file representing detail for each borrower who paid fees this month.

Total number of new Addendums:	Total number of Cancellations:
0	0

Report of Monthly Fees Collected

Existing Business Only

Fee Code

	Life Protection		Disability Protection		DI/IU Protection	
	Single	Joint	Single	Joint	Single	TOTAL
1. Number of Benefits Protected on Payment Date	0	0	0	0	0	0
2. Total indebtedness on Payment Date.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total amount billed for existing addendums	0.00	0.00	0.00	0.00	0.00	0.00
4. Total amount of fees refunded for cancellations (total from back side)	0.00	0.00	0.00	0.00	0.00	0.00
5. Net Fees (Line 3 less line 4)	0.00	0.00	0.00	0.00	0.00	0.00
6. Financial Institution Fee Amount (%)	50%	50%	50%	50%	50%	50%
7. Fee Income Amount (line 6 times line 5)	0.00	0.00	0.00	0.00	0.00	0.00
8. New Fees due the administrator (line 5 less line 7)	0.00	0.00	0.00	0.00	0.00	0.00

Please Make Checks Payable to Central States Health & Life Co of Omaha

Total Amount Due

REMARKS:

Prepared by: Date:

Adminstrator Use Only
Batch #
Date Received

DEBT CANCELLATION CANCELLATIONS

Cancelled addendums may be listed below:

	Addendum Number	State	Effective Date	Protected Borrower	Cancel Date	Cancel Reason	Amount of Fees Returned
1							
2							
3							
4							
5							
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