

SCHEDULE OF SELECTED BALANCES (UNAUDITED)
As of (Insert applicable reporting period) e.g. March 31, 2010

Carrier Name: _____

Enrollment Code: _____

ASSETS	FY 2010	FY 2009	
Cash and Cash Equivalents	\$ -	\$ -	
Prepaid Expenses	\$ -	\$ -	
Investments	\$ -	\$ -	
Other Assets (except Balance in LOCA, Interest Receivable on LOCA and Program Income Receivable)	\$ -	\$ -	
LIABILITIES			
Health Benefits Incurred but not Reported (IBNR)	\$ -	\$ -	
Claims Reported but not Paid	\$ -	\$ -	
Accrued Administrative Expenses	\$ -	\$ -	
Other Liabilities (do not include Special Reserve)	\$ -	\$ -	
REVENUE			
Interest Income, Net (do not include interest on LOCA)	\$ -	\$ -	
EXPENSES			
Health Benefits Paid [A]	\$ -	\$ -	
Less: Beginning Health Benefits Accrual, October 1 [B]	\$ -	\$ -	
Plus: Ending Health Benefits Accrual, March 31 [C]	\$ -	\$ -	
Total Health Benefits Charges [A] - [B] + [C]	\$ -	\$ -	
Administrative Expenses	\$ -	\$ -	
Service Charge	\$ -	\$ -	
Other Expenses	\$ -	\$ -	
Prior Period Adjustment (reflect as "negative", if increase to equity)	\$ -	\$ -	
Preparer Information		CFO/Accounting Manager Information	
Name (Print)		Name (Print)	
Signature		Signature	
Date Signed		Date Signed	
Phone		Phone	
Fax		Fax	
Email		Email	