

## SCHEDULE OF SELECTED BALANCES

SCHEDULE OF SELECTED BALANCES (UNAUDITED)  
As of ( insert applicable reporting period, e.g. June 30, 2017)

Carrier Name: \_\_\_\_\_  
Enrollment Code: \_\_\_\_\_

ASSETS	FY 2017	FY 2016	
Cash and Cash Equivalents			
Investments			
Prepaid Expenses			
Other Assets (except Balance in LOCA, Interest Receivable on LOCA and Program Income Receivable) (provide description)			
<b>LIABILITIES</b>			
Health Benefits Incurred but not Reported (IBNR)			
Claims Reported but not Paid			
Accrued Administrative Expenses			
Other Liabilities (do not include Special Reserve)			
<b>REVENUE</b>			
Interest Income, Net (do not include interest on LOCA)			
<b>EXPENSES</b>			
Health Benefits Paid (A)			
Less: Beginning Health Benefits Accrual, e.g. October 1 (B)			
Plus: Ending Health Benefits Accrual, e.g. June 30 (C)			
Total Health Benefits Charges – (A), (B) and (C)			
Administrative Expenses			
Service Charge			
Other Expenses			
Prior Period Adjustment (reflect as "negative", if increase to equity)			
<b>Preparer Information</b>		<b>CFO/Accounting Manager Information</b>	
Name (print)		Name (print)	
Signature		Signature	
Date Signed		Date Signed	
Phone		Phone	
Fax		Fax	
Email		Email	