

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------------|------|------|-------------------------------------|--------------------|----------|----------|----------|-----------|----------------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | | | | | | | | | | | | | |
| To: Canada Life Ins. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | | | |
| Benefit 9 Drugs - Assure Card | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drugs - Assure Card | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 8 Drug - Admin | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drug - Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 88 HSP Commission | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 13 ASO Major Medical | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Major Medical | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 12 Major Medical Admin | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Major Medical Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 8 Drug - Admin | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 1.4000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drug - Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 88 HSP Commission | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 13 ASO Major Medical | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|---------------------------|----------------------------|-------------|--|-------------------------|------|--------------------------|-------------------------------------|--------------------|----------------------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | ASO | ASO | | | | | | | | | | | |
| Includes all Taxes | | | | | | | | | | | | | | | | | |
| To: Canada Life Ins. | | | Re: Policy #: 48467 | | | Group #: 7 | | | Product Sample Group | | | | | | | | |
| Benefit 13 | ASO Major Medical | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | DIV=001 | | | | | | | | |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Major Medical | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 12 | Major Medical Admin | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | DIV=001 | | | | | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.0500 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Major Medical Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=001 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 88 | HSP Commission | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | DIV=002 | | | | | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=002 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 88 | HSP Commission | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | DIV=003 | | | | | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province AB | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=003 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 9 | Drugs - Assure Card | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | DIV=10 | | | | | | | | |
| Total Family @ 0.0000 | 2 | 0 | 2 | 200.00 | 0.00 | 0.00 | 4.00 | 16.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 220.00 | 0.00 | 0.00 | \$220.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 2 | 0 | 2 | 200.00 | 0.00 | 0.00 | 4.00 | 16.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 220.00 | 0.00 | 0.00 | \$220.00 |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drugs - Assure Card | 2 | 0 | 2 | 200.00 | 0.00 | 0.00 | 4.00 | 16.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 220.00 | 0.00 | 0.00 | \$220.00 |
| Benefit 8 | Drug - Admin | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | DIV=10 | | | | | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 1.4000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 3.0000 | 2 | 0 | 2 | 6.00 | 0.00 | 0.00 | 0.12 | 0.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.60 | 0.00 | 0.00 | \$6.60 |
| Total Province ON | 2 | 0 | 2 | 6.00 | 0.00 | 0.00 | 0.12 | 0.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.60 | 0.00 | 0.00 | \$6.60 |
| Total Admin @ 1.4000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------------|-------------------------------------|--------------------|----------|---------------------------------|----------|-----------|---------------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| To: Canada Life Ins. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | |
| Benefit 8 Drug - Admin | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=10 | | | | |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drug - Admin | 2 | 0 | 2 | 6.00 | 0.00 | 0.00 | 0.12 | 0.48 | 0.00 | 0.00 | 0.00 | 0.00 | 6.60 | 0.00 | \$6.60 |
| Benefit 88 HSP Commission | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=10 | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Comm @ 1.6000 | 0 | 0 | 2 | -3.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -3.20 | 0.00 | (\$3.20) |
| Total Province ON | 0 | 0 | 2 | -3.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -3.20 | 0.00 | (\$3.20) |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 2 | -3.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -3.20 | 0.00 | (\$3.20) |
| Benefit 13 ASO Major Medical | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=10 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Major Medical | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 12 Major Medical Admin | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=10 | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.0500 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.0500 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Major Medical Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=10 | 4 | 0 | | 202.80 | 0.00 | 0.00 | 4.12 | 16.48 | 0.00 | 0.00 | 0.00 | 0.00 | 223.40 | 0.00 | \$223.40 |
| Benefit 9 Drugs - Assure Card | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=11 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drugs - Assure Card | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 8 Drug - Admin | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=11 | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 1.4000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------------|------|------|-------------------------------------|--------------------|----------|----------|----------|-----------|---------------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | | | | | | | | | | | | | |
| To: Canada Life Ins. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | | | |
| Benefit 8 Drug - Admin | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=11 | | | | |
| Total Drug - Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 88 HSP Commission | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=11 | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 13 ASO Major Medical | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=11 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Major Medical | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 12 Major Medical Admin | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=11 | | | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.0500 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Major Medical Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=11 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 9 Drugs - Assure Card | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=12 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drugs - Assure Card | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 8 Drug - Admin | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=12 | | | | |
| Total Admin @ 1.4000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drug - Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 88 HSP Commission | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=12 | | | | |
| Total Comm @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total HSP Commission | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 13 ASO Major Medical | | | | Policy Number 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=12 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002
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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | | | | | | | | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. | |
|---------------------------------------|---------------|-------------|--|-------------------------|-------------------------------------|--------------------------|----------|----------------------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|--|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | | | | |
| To: Canada Life Ins. | | | | Re: Policy #: | 48467 | Group #: | 7 | Product Sample Group | | | | | | | | |
| Benefit 13 ASO Major Medical | | | | Policy Number | 48467 | Ins Policy Sub-Totalling | | DIV=12 | | | | | | | | |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total ASO Major Medical | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Benefit 12 Major Medical Admin | | | | Policy Number | 48467 | Ins Policy Sub-Totalling | | DIV=12 | | | | | | | | |
| Total Admin @ 0.0500 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Major Medical Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Sub Policy 48467 DIV=12 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total 'Group' = 7 | 4 | 0 | | 202.80 | 0.00 | 0.00 | 4.12 | 16.48 | 0.00 | 0.00 | 0.00 | 0.00 | 223.40 | 0.00 | \$223.40 | |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Current Remit Amount | Ins. Co. Dept. Code ASO | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------|-------------------------|---------------|---------------|-------------------------------------|--------------------|--------------|-------------|--------------|-------------|-------------|-------------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | | Current | ASO | ASO | | | | | | | | | | | |
| Policy Summary By Benefit | | | | | | | | | | | | | | | | | | |
| Benefit 8 Drug - Admin | | | | | | | Policy Number | 48467 | | | | Policy Total | | | | | | |
| Total 'Province' = ON | 1174 | 0 | 2.00 | \$6.00 | \$0.00 | \$0.00 | | \$0.00 | 0.12 | 0.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$6.60 | \$0.00 | \$6.60 |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Benefit' = Drug - Admin | 1178 | 0 | 2.00 | \$6.00 | \$0.00 | \$0.00 | | \$0.00 | 0.12 | 0.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$6.60 | \$0.00 | \$6.60 |
| Benefit 9 Drugs - Assure Card | | | | | | | Policy Number | 48467 | | | | Policy Total | | | | | | |
| Total 'Province' = ON | 1154 | 0 | 2.00 | \$200.00 | \$0.00 | \$0.00 | | \$0.00 | 4.00 | 16.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$220.00 | \$0.00 | \$220.00 |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Benefit' = Drugs - Assure Card | 1158 | 0 | 2.00 | \$200.00 | \$0.00 | \$0.00 | | \$0.00 | 4.00 | 16.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$220.00 | \$0.00 | \$220.00 |
| Benefit 12 Major Medical Admin | | | | | | | Policy Number | 48467 | | | | Policy Total | | | | | | |
| Total 'Province' = ON | 1174 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Benefit' = Major Medical Adm | 1178 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Benefit 13 ASO Major Medical | | | | | | | Policy Number | 48467 | | | | Policy Total | | | | | | |
| Total 'Province' = ON | 1174 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Benefit' = ASO Major Medical | 1178 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Benefit 88 HSP Commission | | | | | | | Policy Number | 48467 | | | | Policy Total | | | | | | |
| Total 'Province' = AB | 3 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Province' = ON | 1377 | 0 | 2.00 | (\$3.20) | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | (\$3.20) | \$0.00 | (\$3.20) |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total 'Benefit' = HSP Commission | 1384 | 0 | 2.00 | (\$3.20) | \$0.00 | \$0.00 | | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | (\$3.20) | \$0.00 | (\$3.20) |
| Total 'Policy Number' = 48467 | 4 | 0 | | 202.80 | 0.00 | 0.00 | | 0.00 | 4.12 | 16.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 223.40 | 0.00 | \$223.40 |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|-------------------------------|---------------|-------------|--|-------------------------|-----|----------------------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current | ASO | | | | | | | | | | | | |
| Total 'Ins. Dept. Code' = ASO | 4 | 0 | | | | 202.80 | 0.00 | 0.00 | 4.12 | 16.48 | 0.00 | 0.00 | 0.00 | 0.00 | 223.40 | 0.00 | \$223.40 |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code INS | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. | | |
|----------------------------|---------------|-----------------------------|--|-------------------------|-------------------------------------|--------------------|----------|--------------------------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|----------------------|--|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | | | |
| Includes all Taxes | | | | | | | | | | | | | | | | | |
| To: Canada Life Ins. | | Re: Policy #: | | 48467 | | Group #: | | 7 | | | | | | | | Product Sample Group | |
| Benefit | 2 | Dependent Group Life | | Policy Number | | 48467 | | Ins Policy Sub-Totalling | | | | | DIV=0 | | | | |
| Total {none} @ 1.3200 | 0 | 0 | 0 | 0.00 | -1.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Province ON | 0 | 0 | 0 | 0.00 | -1.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Dependent Group Life | 0 | 0 | 0 | 0.00 | -1.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Sub Policy 48467 | 0 | 0 | 0.00 | -1.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Benefit | 1 | Life Insurance | | Policy Number | | 48467 | | Ins Policy Sub-Totalling | | | | | DIV=0 | | | | |
| Total Standard @ 0.1700 | 54 | 0 | 1,518,000 | 258.06 | 6.20 | 0.00 | 0.00 | 20.64 | 0.00 | 0.00 | 0.00 | 0.00 | 278.70 | 0.00 | \$278.70 | | |
| Total Province ON | 54 | 0 | 1,518,000 | 258.06 | 6.20 | 0.00 | 0.00 | 20.64 | 0.00 | 0.00 | 0.00 | 0.00 | 278.70 | 0.00 | \$278.70 | | |
| Total OverAge @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Life Insurance | 54 | 0 | 1,518,000 | 258.06 | 6.20 | 0.00 | 0.00 | 20.64 | 0.00 | 0.00 | 0.00 | 0.00 | 278.70 | 0.00 | \$278.70 | | |
| Benefit | 2 | Dependent Group Life | | Policy Number | | 48467 | | Ins Policy Sub-Totalling | | | | | DIV=0 | | | | |
| Total 5000/2500 @ 1.3200 | 49 | 0 | 0 | 64.68 | 0.22 | 0.00 | 0.00 | 5.17 | 0.00 | 0.00 | 0.00 | 0.00 | 69.85 | 0.00 | \$69.85 | | |
| Total Province ON | 49 | 0 | 0 | 64.68 | 0.22 | 0.00 | 0.00 | 5.17 | 0.00 | 0.00 | 0.00 | 0.00 | 69.85 | 0.00 | \$69.85 | | |
| Total FIXED @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Dependent Group Life | 49 | 0 | 0 | 64.68 | 0.22 | 0.00 | 0.00 | 5.17 | 0.00 | 0.00 | 0.00 | 0.00 | 69.85 | 0.00 | \$69.85 | | |
| Benefit | 3 | Long Term Disability | | Policy Number | | 48467 | | Ins Policy Sub-Totalling | | | | | DIV=0 | | | | |
| Total Standard @ 1.4500 | 34 | 0 | 108,218 | 1569.16 | 18.43 | 0.00 | 0.00 | 125.53 | 0.00 | 0.00 | 0.00 | 0.00 | 1694.69 | 0.00 | \$1,694.69 | | |
| Total Province ON | 34 | 0 | 108,218 | 1569.16 | 18.43 | 0.00 | 0.00 | 125.53 | 0.00 | 0.00 | 0.00 | 0.00 | 1694.69 | 0.00 | \$1,694.69 | | |
| Total Standard @ 1.4500 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |
| Total Long Term Disability | 34 | 0 | 108,218 | 1569.16 | 18.43 | 0.00 | 0.00 | 125.53 | 0.00 | 0.00 | 0.00 | 0.00 | 1694.69 | 0.00 | \$1,694.69 | | |
| Benefit | 6 | Out Of Country | | Policy Number | | 48467 | | Ins Policy Sub-Totalling | | | | | DIV=0 | | | | |
| Total Family @ 3.0000 | 55 | 0 | 0 | 165.00 | 14.00 | 0.00 | 0.00 | 13.20 | 0.00 | 0.00 | 0.00 | 0.00 | 178.20 | 0.00 | \$178.20 | | |
| Total Single @ 1.5000 | 1 | 0 | 0 | 1.50 | 0.00 | 0.00 | 0.00 | 0.12 | 0.00 | 0.00 | 0.00 | 0.00 | 1.62 | 0.00 | \$1.62 | | |
| Total Province ON | 56 | 0 | 0 | 166.50 | 14.00 | 0.00 | 0.00 | 13.32 | 0.00 | 0.00 | 0.00 | 0.00 | 179.82 | 0.00 | \$179.82 | | |
| Total Family @ 3.0000 | 4 | 0 | 0 | 12.00 | 0.00 | 0.00 | 0.00 | 1.08 | 0.00 | 0.00 | 0.00 | 0.00 | 13.08 | 0.00 | \$13.08 | | |
| Total Province PQ | 4 | 0 | 0 | 12.00 | 0.00 | 0.00 | 0.00 | 1.08 | 0.00 | 0.00 | 0.00 | 0.00 | 13.08 | 0.00 | \$13.08 | | |
| Total Out Of Country | 60 | 0 | 0 | 178.50 | 14.00 | 0.00 | 0.00 | 14.40 | 0.00 | 0.00 | 0.00 | 0.00 | 192.90 | 0.00 | \$192.90 | | |
| Benefit | 7 | Medical - Stop Loss | | Policy Number | | 48467 | | Ins Policy Sub-Totalling | | | | | DIV=0 | | | | |
| Total Standard @ 12.6000 | 56 | 0 | 0 | 705.60 | 38.35 | 0.00 | 0.00 | 56.45 | 0.00 | 0.00 | 0.00 | 0.00 | 762.05 | 0.00 | \$762.05 | | |
| Total Province ON | 56 | 0 | 0 | 705.60 | 38.35 | 0.00 | 0.00 | 56.45 | 0.00 | 0.00 | 0.00 | 0.00 | 762.05 | 0.00 | \$762.05 | | |
| Total Standard @ 12.6000 | 4 | 0 | 0 | 50.40 | 0.00 | 0.00 | 0.00 | 4.54 | 0.00 | 0.00 | 0.00 | 0.00 | 54.94 | 0.00 | \$54.94 | | |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code INS | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRET TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|-------------------------|-------------------------------------|--------------------|--------------------------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| To: Canada Life Ins. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | |
| Includes all Taxes | | | | | | | | | | | | | | | |
| Benefit 7 Medical - Stop Loss | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=0 | | |
| Total Province PQ | 4 | 0 | 0 | 50.40 | 0.00 | 0.00 | 0.00 | 4.54 | 0.00 | 0.00 | 0.00 | 0.00 | 54.94 | 0.00 | \$54.94 |
| Total Medical - Stop Loss | 60 | 0 | 0 | 756.00 | 38.35 | 0.00 | 0.00 | 60.98 | 0.00 | 0.00 | 0.00 | 0.00 | 816.98 | 0.00 | \$816.98 |
| Sub Policy 48467 DIV=0 | 257 | 0 | | 2826.40 | 77.20 | 0.00 | 0.00 | 226.74 | 0.00 | 0.00 | 0.00 | 0.00 | 3053.14 | 0.00 | \$3,053.14 |
| Benefit 1 Life Insurance | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Standard @ 0.1700 | 5 | 0 | 88,000 | 14.96 | 8.16 | 0.00 | 0.00 | 1.20 | 0.00 | 0.00 | 0.00 | 0.00 | 16.16 | 0.00 | \$16.16 |
| Total Province ON | 5 | 0 | 88,000 | 14.96 | 8.16 | 0.00 | 0.00 | 1.20 | 0.00 | 0.00 | 0.00 | 0.00 | 16.16 | 0.00 | \$16.16 |
| Total Life Insurance | 5 | 0 | 88,000 | 14.96 | 8.16 | 0.00 | 0.00 | 1.20 | 0.00 | 0.00 | 0.00 | 0.00 | 16.16 | 0.00 | \$16.16 |
| Benefit 2 Dependent Group Life | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total 5000/2500 @ 1.3200 | 3 | 0 | 0 | 3.96 | 0.00 | 0.00 | 0.00 | 0.32 | 0.00 | 0.00 | 0.00 | 0.00 | 4.28 | 0.00 | \$4.28 |
| Total Province ON | 3 | 0 | 0 | 3.96 | 0.00 | 0.00 | 0.00 | 0.32 | 0.00 | 0.00 | 0.00 | 0.00 | 4.28 | 0.00 | \$4.28 |
| Total Dependent Group Life | 3 | 0 | 0 | 3.96 | 0.00 | 0.00 | 0.00 | 0.32 | 0.00 | 0.00 | 0.00 | 0.00 | 4.28 | 0.00 | \$4.28 |
| Benefit 3 Long Term Disability | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Standard @ 1.4500 | 5 | 0 | 11,974 | 173.62 | 21.37 | 0.00 | 0.00 | 13.89 | 0.00 | 0.00 | 0.00 | 0.00 | 187.51 | 0.00 | \$187.51 |
| Total Province ON | 5 | 0 | 11,974 | 173.62 | 21.37 | 0.00 | 0.00 | 13.89 | 0.00 | 0.00 | 0.00 | 0.00 | 187.51 | 0.00 | \$187.51 |
| Total Long Term Disability | 5 | 0 | 11,974 | 173.62 | 21.37 | 0.00 | 0.00 | 13.89 | 0.00 | 0.00 | 0.00 | 0.00 | 187.51 | 0.00 | \$187.51 |
| Benefit 6 Out Of Country | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Family @ 3.0000 | 3 | 0 | 0 | 9.00 | 0.00 | 0.00 | 0.00 | 0.72 | 0.00 | 0.00 | 0.00 | 0.00 | 9.72 | 0.00 | \$9.72 |
| Total Province ON | 3 | 0 | 0 | 9.00 | 0.00 | 0.00 | 0.00 | 0.72 | 0.00 | 0.00 | 0.00 | 0.00 | 9.72 | 0.00 | \$9.72 |
| Total Out Of Country | 3 | 0 | 0 | 9.00 | 0.00 | 0.00 | 0.00 | 0.72 | 0.00 | 0.00 | 0.00 | 0.00 | 9.72 | 0.00 | \$9.72 |
| Benefit 7 Medical - Stop Loss | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Standard @ 12.6000 | 3 | 0 | 0 | 37.80 | 0.00 | 0.00 | 0.00 | 3.02 | 0.00 | 0.00 | 0.00 | 0.00 | 40.82 | 0.00 | \$40.82 |
| Total Province ON | 3 | 0 | 0 | 37.80 | 0.00 | 0.00 | 0.00 | 3.02 | 0.00 | 0.00 | 0.00 | 0.00 | 40.82 | 0.00 | \$40.82 |
| Total Medical - Stop Loss | 3 | 0 | 0 | 37.80 | 0.00 | 0.00 | 0.00 | 3.02 | 0.00 | 0.00 | 0.00 | 0.00 | 40.82 | 0.00 | \$40.82 |
| Sub Policy 48467 DIV=000 | 19 | 0 | | 239.34 | 29.53 | 0.00 | 0.00 | 19.15 | 0.00 | 0.00 | 0.00 | 0.00 | 258.49 | 0.00 | \$258.49 |
| Benefit 1 Life Insurance | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | |
| Total {none} @ 0.1700 | 0 | 0 | 0 | 0.00 | 3.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Standard @ 0.1700 | 2 | 2 | 40,000 | 6.80 | 0.00 | 6.80 | 0.00 | 0.54 | 0.00 | 0.00 | 0.54 | 0.00 | 7.34 | 7.34 | \$14.69 |
| Total Province ON | 2 | 2 | 40,000 | 6.80 | 3.40 | 6.80 | 0.00 | 0.54 | 0.00 | 0.00 | 0.54 | 0.00 | 7.34 | 7.34 | \$14.69 |
| Total Life Insurance | 2 | 2 | 40,000 | 6.80 | 3.40 | 6.80 | 0.00 | 0.54 | 0.00 | 0.00 | 0.54 | 0.00 | 7.34 | 7.34 | \$14.69 |
| Benefit 3 Long Term Disability | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | |
| Total Standard @ 1.4500 | 2 | 0 | 4,696 | 68.09 | 0.00 | 0.00 | 0.00 | 5.45 | 0.00 | 0.00 | 0.00 | 0.00 | 73.54 | 0.00 | \$73.54 |
| Total Province ON | 2 | 0 | 4,696 | 68.09 | 0.00 | 0.00 | 0.00 | 5.45 | 0.00 | 0.00 | 0.00 | 0.00 | 73.54 | 0.00 | \$73.54 |

Monthly Insurance Premium Remittance

Billed Date:
August 01, 2002
 Page 10

To: Insurance Co. 1

Canada Life Ins.

| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code INS | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--------------------------------|---------------|-------------|--|-------------------------|--------|-------|-------------------------------------|--------------------|--------------------------|----------|----------------------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | | | | | | | | | | | | | |
| Includes all Taxes | | | | | | | | | | | | | | | | | |
| To: Canada Life Ins. | | | | Re: Policy #: | 48467 | | | | Group #: | 7 | Product Sample Group | | | | | | |
| Benefit 3 Long Term Disability | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=001 | | | | | | | |
| Total Long Term Disability | 2 | 0 | 4,696 | 68.09 | 0.00 | 0.00 | 0.00 | 5.45 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 73.54 | 0.00 | \$73.54 | |
| Benefit 6 Out Of Country | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=001 | | | | | | | |
| Total {none} @ 3.0000 | 0 | 0 | 0 | 0.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Family @ 3.0000 | 2 | 2 | 0 | 6.00 | 12.00 | 6.00 | 0.00 | 0.48 | 0.00 | 0.00 | 0.48 | 0.00 | 0.00 | 6.48 | 6.48 | \$12.96 | |
| Total Single @ 1.5000 | 2 | 0 | 0 | 3.00 | 0.00 | 0.00 | 0.00 | 0.24 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.24 | 0.00 | \$3.24 | |
| Total Province ON | 4 | 2 | 0 | 9.00 | 15.00 | 6.00 | 0.00 | 0.72 | 0.00 | 0.00 | 0.48 | 0.00 | 0.00 | 9.72 | 6.48 | \$16.20 | |
| Total Out Of Country | 4 | 2 | 0 | 9.00 | 15.00 | 6.00 | 0.00 | 0.72 | 0.00 | 0.00 | 0.48 | 0.00 | 0.00 | 9.72 | 6.48 | \$16.20 | |
| Benefit 7 Medical - Stop Loss | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=001 | | | | | | | |
| Total {none} @ 12.6000 | 0 | 0 | 0 | 0.00 | 12.60 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Standard @ 12.6000 | 4 | 2 | 0 | 50.40 | 50.40 | 25.20 | 0.00 | 4.03 | 0.00 | 0.00 | 2.02 | 0.00 | 0.00 | 54.43 | 27.22 | \$81.65 | |
| Total Province ON | 4 | 2 | 0 | 50.40 | 63.00 | 25.20 | 0.00 | 4.03 | 0.00 | 0.00 | 2.02 | 0.00 | 0.00 | 54.43 | 27.22 | \$81.65 | |
| Total Medical - Stop Loss | 4 | 2 | 0 | 50.40 | 63.00 | 25.20 | 0.00 | 4.03 | 0.00 | 0.00 | 2.02 | 0.00 | 0.00 | 54.43 | 27.22 | \$81.65 | |
| Sub Policy 48467 DIV=001 | 12 | 6 | 134.29 | 81.40 | 38.00 | 0.00 | 0.00 | 10.74 | 0.00 | 0.00 | 3.04 | 0.00 | 0.00 | 145.04 | 41.04 | \$186.08 | |
| Benefit 1 Life Insurance | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=1 | | | | | | | |
| Total {none} @ 0.1700 | 0 | 0 | 0 | 0.00 | 10.96 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Standard @ 0.1700 | 1008 | 0 | 20,063,000 | 3410.71 | -26.54 | 0.00 | 0.00 | 272.86 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3683.57 | 0.00 | \$3,683.57 | |
| Total Province ON | 1008 | 0 | 20,063,000 | 3410.71 | -15.58 | 0.00 | 0.00 | 272.86 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3683.57 | 0.00 | \$3,683.57 | |
| Total Life Insurance | 1008 | 0 | 20,063,000 | 3410.71 | -15.58 | 0.00 | 0.00 | 272.86 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3683.57 | 0.00 | \$3,683.57 | |
| Benefit 3 Long Term Disability | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=1 | | | | | | | |
| Total {none} @ 1.4500 | 0 | 0 | 0 | 0.00 | -67.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Standard @ 1.4500 | 1008 | 0 | 1,722,451 | 24975.54 | 250.10 | 0.00 | 0.00 | 1998.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26973.57 | 0.00 | \$26,973.57 | |
| Total Province ON | 1008 | 0 | 1,722,451 | 24975.54 | 182.56 | 0.00 | 0.00 | 1998.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26973.57 | 0.00 | \$26,973.57 | |
| Total Long Term Disability | 1008 | 0 | 1,722,451 | 24975.54 | 182.56 | 0.00 | 0.00 | 1998.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26973.57 | 0.00 | \$26,973.57 | |
| Benefit 6 Out Of Country | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=1 | | | | | | | |
| Total {none} @ 3.0000 | 0 | 0 | 0 | 0.00 | -6.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Family @ 3.0000 | 640 | 0 | 0 | 1920.00 | 19.00 | 0.00 | 0.00 | 153.60 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2073.60 | 0.00 | \$2,073.60 | |
| Total Single @ 1.5000 | 314 | 0 | 0 | 471.00 | 0.00 | 0.00 | 0.00 | 37.68 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 508.68 | 0.00 | \$508.68 | |
| Total Province ON | 954 | 0 | 0 | 2391.00 | 13.00 | 0.00 | 0.00 | 191.28 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2582.28 | 0.00 | \$2,582.28 | |
| Total Out Of Country | 954 | 0 | 0 | 2391.00 | 13.00 | 0.00 | 0.00 | 191.28 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2582.28 | 0.00 | \$2,582.28 | |
| Benefit 7 Medical - Stop Loss | | | | Policy Number | 48467 | | | | Ins Policy Sub-Totalling | DIV=1 | | | | | | | |
| Total {none} @ 12.6000 | 0 | 0 | 0 | 0.00 | -25.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |
| Total Standard @ 12.6000 | 954 | 0 | 0 | 12020.40 | 45.85 | 0.00 | 0.00 | 961.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12982.03 | 0.00 | \$12,982.03 | |
| Total Province ON | 954 | 0 | 0 | 12020.40 | 20.65 | 0.00 | 0.00 | 961.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12982.03 | 0.00 | \$12,982.03 | |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:

August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code INS | | | Retro Premium Billed to Certificate | | | | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | Curr TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|-------------------------|--------------------|-------|-------------------------------------|---------|------|------|------|------|----------|----------|-------------|-----------|-----------|-----------|----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Remit Amount | | | | | | | | | | | | | | | | |
| To: Canada Life Ins. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | | | | | | | |
| Includes all Taxes | | | | | | | | | | | | | | | | | | | | | |
| Benefit 7 Medical - Stop Loss | | | | | | | | | | | | | | | | | | | | | |
| Policy Number 48467 Ins Policy Sub-Totalling DIV=1 | | | | | | | | | | | | | | | | | | | | | |
| Total Medical - Stop Loss | 954 | 0 | 0 | 12020.40 | 20.65 | 0.00 | 0.00 | 961.63 | 0.00 | 0.00 | 0.00 | 0.00 | 12982.03 | 0.00 | \$12,982.03 | | | | | | |
| Sub Policy 48467 DIV=1 | 3924 | 0 | | 42797.65 | 200.63 | 0.00 | 0.00 | 3423.80 | 0.00 | 0.00 | 0.00 | 0.00 | 46221.45 | 0.00 | \$46,221.45 | | | | | | |
| Benefit 1 Life Insurance | | | | | | | | | | | | | | | | | | | | | |
| Policy Number 48467 Ins Policy Sub-Totalling DIV=2 | | | | | | | | | | | | | | | | | | | | | |
| Total Standard @ 0.1700 | 153 | 0 | 3,060,000 | 520.20 | 0.00 | 0.00 | 0.00 | 41.62 | 0.00 | 0.00 | 0.00 | 0.00 | 561.82 | 0.00 | \$561.82 | | | | | | |
| Total Province ON | 153 | 0 | 3,060,000 | 520.20 | 0.00 | 0.00 | 0.00 | 41.62 | 0.00 | 0.00 | 0.00 | 0.00 | 561.82 | 0.00 | \$561.82 | | | | | | |
| Total Life Insurance | 153 | 0 | 3,060,000 | 520.20 | 0.00 | 0.00 | 0.00 | 41.62 | 0.00 | 0.00 | 0.00 | 0.00 | 561.82 | 0.00 | \$561.82 | | | | | | |
| Benefit 3 Long Term Disability | | | | | | | | | | | | | | | | | | | | | |
| Policy Number 48467 Ins Policy Sub-Totalling DIV=2 | | | | | | | | | | | | | | | | | | | | | |
| Total {none} @ 1.2100 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | | | | | |
| Total Standard @ 1.4500 | 149 | 0 | 412,912 | 5987.22 | 0.00 | 0.00 | 0.00 | 478.98 | 0.00 | 0.00 | 0.00 | 0.00 | 6466.20 | 0.00 | \$6,466.20 | | | | | | |
| Total Province ON | 149 | 0 | 412,912 | 5987.22 | 0.00 | 0.00 | 0.00 | 478.98 | 0.00 | 0.00 | 0.00 | 0.00 | 6466.20 | 0.00 | \$6,466.20 | | | | | | |
| Total Long Term Disability | 149 | 0 | 412,912 | 5987.22 | 0.00 | 0.00 | 0.00 | 478.98 | 0.00 | 0.00 | 0.00 | 0.00 | 6466.20 | 0.00 | \$6,466.20 | | | | | | |
| Benefit 6 Out Of Country | | | | | | | | | | | | | | | | | | | | | |
| Policy Number 48467 Ins Policy Sub-Totalling DIV=2 | | | | | | | | | | | | | | | | | | | | | |
| Total Family @ 3.0000 | 109 | 0 | 0 | 327.00 | 0.00 | 0.00 | 0.00 | 26.16 | 0.00 | 0.00 | 0.00 | 0.00 | 353.16 | 0.00 | \$353.16 | | | | | | |
| Total Single @ 1.5000 | 48 | 0 | 0 | 72.00 | 0.00 | 0.00 | 0.00 | 5.76 | 0.00 | 0.00 | 0.00 | 0.00 | 77.76 | 0.00 | \$77.76 | | | | | | |
| Total Province ON | 157 | 0 | 0 | 399.00 | 0.00 | 0.00 | 0.00 | 31.92 | 0.00 | 0.00 | 0.00 | 0.00 | 430.92 | 0.00 | \$430.92 | | | | | | |
| Total Out Of Country | 157 | 0 | 0 | 399.00 | 0.00 | 0.00 | 0.00 | 31.92 | 0.00 | 0.00 | 0.00 | 0.00 | 430.92 | 0.00 | \$430.92 | | | | | | |
| Benefit 7 Medical - Stop Loss | | | | | | | | | | | | | | | | | | | | | |
| Policy Number 48467 Ins Policy Sub-Totalling DIV=2 | | | | | | | | | | | | | | | | | | | | | |
| Total Standard @ 12.6000 | 157 | 0 | 0 | 1978.20 | 0.00 | 0.00 | 0.00 | 158.26 | 0.00 | 0.00 | 0.00 | 0.00 | 2136.46 | 0.00 | \$2,136.46 | | | | | | |
| Total Province ON | 157 | 0 | 0 | 1978.20 | 0.00 | 0.00 | 0.00 | 158.26 | 0.00 | 0.00 | 0.00 | 0.00 | 2136.46 | 0.00 | \$2,136.46 | | | | | | |
| Total Medical - Stop Loss | 157 | 0 | 0 | 1978.20 | 0.00 | 0.00 | 0.00 | 158.26 | 0.00 | 0.00 | 0.00 | 0.00 | 2136.46 | 0.00 | \$2,136.46 | | | | | | |
| Sub Policy 48467 DIV=2 | 616 | 0 | | 8884.62 | 0.00 | 0.00 | 0.00 | 710.77 | 0.00 | 0.00 | 0.00 | 0.00 | 9595.39 | 0.00 | \$9,595.39 | | | | | | |
| Total 'Group' = 7 | 4828 | 6 | | 54882.31 | 387.23 | 38.00 | 0.00 | 4391.20 | 0.00 | 0.00 | 3.04 | 0.00 | 59273.51 | 41.04 | \$59,314.55 | | | | | | |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:

August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code INS | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|-------------|----------|--|-------------------------|-----------------|----------------|-------------------------------------|--------------------|-------------|-------------|-------------|-------------|--------------------|--------------------|--------------------|--------------------|----------------------|
| | Current | Retros | | Current Remit Amount | | | | | | | | | | | | | |
| Policy Summary By Benefit | | | | | | | | | | | | | | | | | |
| Benefit 1 Life Insurance | | | | Policy Number 48467 | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 1230 | 2 | 24,769,000.00 | \$4,210.73 | \$2.18 | \$6.80 | 0.00 | 336.86 | 0.00 | 0.00 | 0.00 | 0.54 | 0.00 | \$4,547.59 | \$7.34 | \$4,554.93 | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Benefit' = Life Insurance | 1234 | 2 | 24,769,000.00 | \$4,210.73 | \$2.18 | \$6.80 | 0.00 | 336.86 | 0.00 | 0.00 | 0.00 | 0.54 | 0.00 | \$4,547.59 | \$7.34 | \$4,554.93 | |
| Benefit 2 Dependent Group Life | | | | Policy Number 48467 | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 52 | 0 | 0.00 | \$68.64 | (\$1.32) | \$0.00 | 0.00 | 5.49 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$74.13 | \$0.00 | \$74.13 | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Benefit' = Dependent Group Li | 56 | 0 | 0.00 | \$68.64 | (\$1.32) | \$0.00 | 0.00 | 5.49 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$74.13 | \$0.00 | \$74.13 | |
| Benefit 3 Long Term Disability | | | | Policy Number 48467 | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 1215 | 0 | 2,260,251.00 | \$32,773.64 | \$222.37 | \$0.00 | 0.00 | 2621.88 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$35,395.52 | \$0.00 | \$35,395.52 | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Benefit' = Long Term Disabilit | 1219 | 0 | 2,260,251.00 | \$32,773.64 | \$222.37 | \$0.00 | 0.00 | 2621.88 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$35,395.52 | \$0.00 | \$35,395.52 | |
| Benefit 6 Out Of Country | | | | Policy Number 48467 | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 1174 | 2 | 0.00 | \$2,974.50 | \$42.00 | \$6.00 | 0.00 | 237.96 | 0.00 | 0.00 | 0.00 | 0.48 | 0.00 | \$3,212.46 | \$6.48 | \$3,218.94 | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$12.00 | \$0.00 | \$0.00 | 0.00 | 1.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$13.08 | \$0.00 | \$13.08 | |
| Total 'Benefit' = Out Of Country | 1178 | 2 | 0.00 | \$2,986.50 | \$42.00 | \$6.00 | 0.00 | 239.04 | 0.00 | 0.00 | 0.00 | 0.48 | 0.00 | \$3,225.54 | \$6.48 | \$3,232.02 | |
| Benefit 7 Medical - Stop Loss | | | | Policy Number 48467 | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 1174 | 2 | 0.00 | \$14,792.40 | \$122.00 | \$25.20 | 0.00 | 1183.39 | 0.00 | 0.00 | 2.02 | 0.00 | \$15,975.79 | \$27.22 | \$16,003.01 | | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$50.40 | \$0.00 | \$0.00 | 0.00 | 4.54 | 0.00 | 0.00 | 0.00 | 0.00 | \$54.94 | \$0.00 | \$54.94 | | |
| Total 'Benefit' = Medical - Stop Loss | 1178 | 2 | 0.00 | \$14,842.80 | \$122.00 | \$25.20 | 0.00 | 1187.93 | 0.00 | 0.00 | 2.02 | 0.00 | \$16,030.73 | \$27.22 | \$16,057.94 | | |
| Total 'Policy Number' = 48467 | 4828 | 6 | | 54882.31 | 387.23 | 38.00 | 0.00 | 4391.20 | 0.00 | 0.00 | 3.04 | 0.00 | 59273.51 | 41.04 | \$59,314.55 | | |

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | INS | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|-------------------------------|---------------|-------------|--|----------------------|-------------------------------------|--------------------|------|----------|----------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | | |
| Total 'Ins. Dept. Code' = INS | 4828 | 6 | | 54882.31 | 387.23 | 38.00 | 0.00 | 4391.20 | 0.00 | 0.00 | 3.04 | 0.00 | 59273.51 | 41.04 | \$59,314.55 | |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 1

Canada Life Ins.

Billed Date:
August 01, 2002
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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | INS | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------|-------------------------------------|-------|----------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | | | | | | | | | | |
| Total to remit to 'Insurance Co.' = 1 Canada Life Ins. | | | | | | | | | | | | | | | |
| | 4832 | 6 | 27,029,257 | 55085.11 | 387.23 | 38.00 | 4.12 | 4407.68 | 0.00 | 0.00 | 3.04 | 0.00 | 59496.91 | 41.04 | \$59,537.95 |

Monthly Insurance Premium Remittance

To: Insurance Co. 10

CDCS Health Claims Inc.

Billed Date:
November 01, 2001

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|---|---------------|-------------|--|----------------------|-------------------------------------|--------------------|--------------------------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| To: CDCS Health Claims Inc. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | |
| Benefit 11 ASO Dental | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Dental | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 10 Dental Admin | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.1000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Dental Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=000 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 11 ASO Dental | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Dental | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 10 Dental Admin | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.1000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Dental Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=001 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 11 ASO Dental | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=002 | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Dental | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 10 Dental Admin | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=002 | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Admin @ 0.1000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Dental Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=002 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 10

CDCS Health Claims Inc.

Billed Date:
August 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|---|---------------|-------------|--|----------------------|-------------------------------------|--------------------|--------------------------|----------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| To: CDCS Health Claims Inc. Re: Policy #: 48467 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | |
| Benefit 11 ASO Dental | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=003 | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total ASO Dental | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 10 Dental Admin | | | Policy Number | 48467 | | | Ins Policy Sub-Totalling | | | | | | DIV=003 | | |
| Total Admin @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Dental Admin | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=003 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total 'Group' = 7 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 10

CDCS Health Claims Inc.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. | |
|---------------------------------------|-------------|----------|--|----------------------|---------------|---------------|-------------------------------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|-----------------|----------------------|--|
| | Current | Retros | | Current Remit Amount | | | | | | | | | | | | | | |
| Policy Summary By Benefit | | | | | | | | | | | | | | | | | | |
| Benefit 10 Dental Admin | | | | Policy Number 48467 | | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 1174 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Benefit' = Dental Admin | 1178 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefit 11 ASO Dental | | | | Policy Number 48467 | | | | Policy Total | | | | | | | | | | |
| Total 'Province' = ON | 1326 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Benefit' = ASO Dental | 1330 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total 'Policy Number' = 48467 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | |

Monthly Insurance Premium Remittance

To: Insurance Co. 10

CDCS Health Claims Inc.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|---------------------------|---------------|-------------|--|----------------------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| Total 'Ins. Dept. Code' = | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 10

CDCS Health Claims Inc.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|---|---------------|-------------|--|----------------------|------|------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | | | | | | | | | | | | | |
| Total to remit to 'Insurance Co. ' = 10 CDCS Health Claims Inc. | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 12

Unum Life Ins.

Billed Date:
August 01, 2002
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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------|-------------------------------------|--------------------|---------------------------------|--------------|-------------|-------------|-------------|-------------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| To: Unum Life Ins. Re: Policy #: GSR 19287 Group #: 7 Product Sample Group | | | | | | | | | | | | | | | |
| Benefit 4 Accidental Death/Dismemb. | | | Policy Number | GSR 19287 | | | Ins Policy Sub-Totalling | | | | | | DIV=000 | | |
| Total Standard @ 0.0290 | 56 | 0 | 1,546,000 | 44.83 | 1.16 | 0.00 | 0.00 | 3.59 | 0.00 | 0.00 | 0.00 | 0.00 | 48.42 | 0.00 | \$48.42 |
| Total Province ON | 56 | 0 | 1,546,000 | 44.83 | 1.16 | 0.00 | 0.00 | 3.59 | 0.00 | 0.00 | 0.00 | 0.00 | 48.42 | 0.00 | \$48.42 |
| Total Accidental Death/Dismemb. | 56 | 0 | 1,546,000 | 44.83 | 1.16 | 0.00 | 0.00 | 3.59 | 0.00 | 0.00 | 0.00 | 0.00 | 48.42 | 0.00 | \$48.42 |
| Sub Policy GSR 19287 DIV=000 | 56 | 0 | | 44.83 | 1.16 | 0.00 | 0.00 | 3.59 | 0.00 | 0.00 | 0.00 | 0.00 | 48.42 | 0.00 | \$48.42 |
| Benefit 4 Accidental Death/Dismemb. | | | Policy Number | GSR 19287 | | | Ins Policy Sub-Totalling | | | | | | DIV=001 | | |
| Total {none} @ 0.0290 | 0 | 0 | 0 | 0.00 | -0.58 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Standard @ 0.0290 | 1005 | 2 | 20,003,000 | 580.09 | -0.06 | 1.16 | 0.00 | 46.41 | 0.00 | 0.00 | 0.09 | 0.00 | 626.49 | 1.25 | \$627.75 |
| Total Province ON | 1005 | 2 | 20,003,000 | 580.09 | -0.64 | 1.16 | 0.00 | 46.41 | 0.00 | 0.00 | 0.09 | 0.00 | 626.49 | 1.25 | \$627.75 |
| Total Accidental Death/Dismemb. | 1005 | 2 | 20,003,000 | 580.09 | -0.64 | 1.16 | 0.00 | 46.41 | 0.00 | 0.00 | 0.09 | 0.00 | 626.49 | 1.25 | \$627.75 |
| Sub Policy GSR 19287 DIV=001 | 1005 | 2 | | 580.09 | -0.64 | 1.16 | 0.00 | 46.41 | 0.00 | 0.00 | 0.09 | 0.00 | 626.49 | 1.25 | \$627.75 |
| Benefit 4 Accidental Death/Dismemb. | | | Policy Number | GSR 19287 | | | Ins Policy Sub-Totalling | | | | | | DIV=002 | | |
| Total Standard @ 0.0290 | 158 | 0 | 3,160,000 | 91.64 | 1.16 | 0.00 | 0.00 | 7.33 | 0.00 | 0.00 | 0.00 | 0.00 | 98.97 | 0.00 | \$98.97 |
| Total Province ON | 158 | 0 | 3,160,000 | 91.64 | 1.16 | 0.00 | 0.00 | 7.33 | 0.00 | 0.00 | 0.00 | 0.00 | 98.97 | 0.00 | \$98.97 |
| Total Accidental Death/Dismemb. | 158 | 0 | 3,160,000 | 91.64 | 1.16 | 0.00 | 0.00 | 7.33 | 0.00 | 0.00 | 0.00 | 0.00 | 98.97 | 0.00 | \$98.97 |
| Sub Policy GSR 19287 DIV=002 | 158 | 0 | | 91.64 | 1.16 | 0.00 | 0.00 | 7.33 | 0.00 | 0.00 | 0.00 | 0.00 | 98.97 | 0.00 | \$98.97 |
| Benefit 4 Accidental Death/Dismemb. | | | Policy Number | GSR 19287 | | | Ins Policy Sub-Totalling | | | | | | DIV=003 | | |
| Total Overage @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province PQ | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Accidental Death/Dismemb. | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy GSR 19287 DIV=003 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total 'Group' = 7 | 1219 | 2 | | 716.56 | 1.68 | 1.16 | 0.00 | 57.32 | 0.00 | 0.00 | 0.09 | 0.00 | 773.89 | 1.25 | \$775.14 |

Monthly Insurance Premium Remittance

To: Insurance Co. 12

Unum Life Ins.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------|---------------|---------------|-------------------------------------|--------------------|-------------|-------------|-------------|-------------|-----------------|---------------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | | | | | | | | | | | | | |
| Policy Summary By Benefit | | | | | | | | | | | | | | | | | |
| Benefit | 4 | | Accidental Death/Dismemb. | | | | Policy Number | GSR 19287 | | | | | | | | | Policy Total |
| Total 'Province' = ON | 1227 | 2 | 24,709,000.00 | \$716.56 | \$1.68 | \$1.16 | 0.00 | 57.32 | 0.00 | 0.00 | 0.09 | 0.00 | \$773.89 | \$1.25 | \$775.14 | | |
| Total 'Province' = PQ | 4 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Total 'Benefit' = Accidental Death/Di | 1231 | 2 | 24,709,000.00 | \$716.56 | \$1.68 | \$1.16 | 0.00 | 57.32 | 0.00 | 0.00 | 0.09 | 0.00 | \$773.89 | \$1.25 | \$775.14 | | |
| Total 'Policy Number' = GSR 19287 | | | | | | | | | | | | | | | | | |
| | 1219 | 2 | | 716.56 | 1.68 | 1.16 | 0.00 | 57.32 | 0.00 | 0.00 | 0.09 | 0.00 | 773.89 | 1.25 | 775.14 | | |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 12

Unum Life Ins.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|---------------------------|---------------|-------------|--|----------------------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| Total 'Ins. Dept. Code' = | 1219 | 2 | | 716.56 | 1.68 | 1.16 | 0.00 | 57.32 | 0.00 | 0.00 | 0.09 | 0.00 | 773.89 | 1.25 | \$775.14 |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 12

Unum Life Ins.

Billed Date:

April 01, 2002

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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|----------------------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| Total to remit to 'Insurance Co. ' = 12 Unum Life Ins. | 1219 | 2 | 24,709,000 | 716.56 | 1.68 | 1.16 | 0.00 | 57.32 | 0.00 | 0.00 | 0.09 | 0.00 | 773.89 | 1.25 | \$775.14 |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 17

BCE

Billed Date:
August 01, 2002
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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--------------------------------------|---------------|-------------|--|----------------------------|-------------------------------------|--------------------|----------|---------------------------------|----------|-----------|----------------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Premium Billed to Certificate | Retro Remit Amount | | | | | | | | | |
| To: BCE | | | | Re: Policy #: | 48467 | Group #: | 7 | Product Sample Group | | | | | | | |
| Includes all Taxes | | | | | | | | | | | | | | | |
| Benefit 9 Drugs - Assure Card | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=001 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Single @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drugs - Assure Card | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=001 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Benefit 9 Drugs - Assure Card | | | | Policy Number 48467 | | | | Ins Policy Sub-Totalling | | | DIV=002 | | | | |
| Total Family @ 0.0000 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Province ON | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total Drugs - Assure Card | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Sub Policy 48467 DIV=002 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |
| Total 'Group' = 7 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 17

BCE

Billed Date:
August 01, 2002
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| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. | | |
|--|---------------|-------------|--|-------------------------|--------------------|-------------------------------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|-----------------|----------------------|--|--|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Remit Amount | | | | | | | | | | | | | |
| Policy Summary By Benefit | | | | | | | | | | | | | | | | | | |
| Benefit 9 Drugs - Assure Card | | | | Policy Number 48467 | | Policy Total | | | | | | | | | | | | |
| Total 'Province' = ON | 20 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Total 'Benefit' = Drugs - Assure Card | 20 | 0 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Total 'Policy Number' = 48467 | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | | |

Monthly Insurance Premium Remittance

To: Insurance Co. 17

BCE

Billed Date:
August 01, 2002
 Page 26

| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|-------------------------------|---------------|-------------|--|-------------------------|--------------------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Remit Amount | | | | | | | | | | | |
| Total 'Ins. Dept. Code' = ASO | 0 | 0 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Includes all Taxes

Monthly Insurance Premium Remittance

To: Insurance Co. 17

BCE

Billed Date:
August 01, 2002
 Page 27

| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURRE TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|--|---------------|-------------|--|-------------------------|--------------------|-------------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|-----------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Remit Amount | | | | | | | | | | | |
| Total to remit to 'Insurance Co.' = 17 BCE | | | | | | | | | | | | | | | | |
| | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 |

Monthly Insurance Premium Remittance

To: Insurance Co. 17

BCE

Billed Date:
August 01, 2002
 Page 28

| Coverage Description | EE # Count | | Current Benefit Volume or Claims Count | Ins. Co. Dept. Code ASO | | Retro Premium Billed to Certificate | Retro Remit Amount | Curr PPT | Curr PST | Curr GST | Retro PPT | Retro PST | Retro GST | CURREN TOTAL DUE | RETRO TOTAL DUE | TOTAL DUE TO INS CO. |
|----------------------|---------------|-------------|--|-------------------------|--------------------|-------------------------------------|--------------------|------------|----------|----------|-----------|-------------|-----------|------------------|-----------------|----------------------|
| | - Curr Active | - Retro Any | | Current Remit Amount | Retro Remit Amount | | | | | | | | | | | |
| Grand Total | 6051 | 8 | | | | \$55,801.67 | \$39.16 | \$4,465.01 | | \$0.00 | | \$0.00 | | | \$42.29 | |
| 6051 | | | | | | \$388.91 | \$4.12 | \$0.00 | | \$3.13 | | \$60,270.80 | | | \$60,313.09 | |

Includes all Taxes