UNIT STATISTICAL REPORT

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										POLICY IN	Forma	TION															
Report Corr. No. No.		Corr. Type		Carrier Code		Policy Number			Policy Effective Date		iration Date	Expos.	State	State Effective Date	ate Effective Date Certif		Caro	Card Serial No.		Risk ID Number		umber		Page No.	La	ist Page No.	
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Insured's Name: A. B. C. INC.																				F.E.	.I.N.			Pendi	ng File No.		
Insured	l's Addre	ess:																	1	234	56789)					
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