Spreadsheet 1				
# Covered Employees	# of Cases	Annual Premium	Old Commissions	New Commissions
# Covered Employees	# 01 Cases	Alliuai Fleilliuili	Old Colflinissions	New Commissions
3				
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37				
38				
39			†	1
40			1	
41				
42			 	
43				
43				
45			1	
46			-	1
47			1	
48				
49				
50				

Calendar Quarter	
Year:	
Carrier Name:	
Contact:	
E-mail:	
Address:	
Phone:	
Fax:	