

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS	Home Office:	Period: From: _____ To: _____	SCHEDULE D page 2 of 2
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Part C. Inter-relationship of chain Home Office to related organization:

	Name of Related Organization 1	Type of Business 2	Related Through Ownership or Control 3	Explanation of Relationship 4	
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
6.					6.
7.					7.
8.					8.
9.					9.
10.					10.
11.					11.
12.					12.
13.					13.
14.					14.
15.					15.
16.					16.
100.					100.

