	CARRIER :	LETTER WORKSHEET
		User Data
	Carrier	Carrier Name
	Code (2 Digit)	##
	Code (10 Digit)	
	Street Address 1	
	Street Address 2	
	City	
	State	
	Phone	
	Contact	
	Contact e-mail	
	Constants	1
Year	2004	
YearType	CALENDAR	
MonthEndNumber	12	
YearStart	January 1, 2004	
YearEnd	December 31, 2004	
	Legend	
	User Numeric Entry	
	User Currency Entry	
	User Text Entry	
	Calculated Field (non-editable)	
	Worksheet boundary	

## MONTHLY CASH FLOWS FOR CALENDAR YEAR 2004 Consolidated

Carrier Name	Carrier Name
Code	##

	Net Inflow Outflow	Cash and Cash Equivalents
BOY Balance		
January	\$ -	\$ -
February	\$ -	\$ -
March	\$ -	\$ -
April	\$ -	\$ -
May	\$ -	\$ -
June	\$ -	\$ -
July	\$ -	\$ -
August	\$ -	\$ -
September	\$ -	\$ -
October	\$ -	\$ -
November	\$ -	\$ -
December	\$ -	\$ -
EOY Balance		\$ -

	SOURCES OF CASH								
		Non-LOC	Non-LOC						
	LOC	Investment	Investment						
	Drawdowns	Income	Sales	Other Sources	Explain Sources				
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

Page 3 of 46 TOTAL \$ - \\$ - \\$

Ţ.		USES OF CASH								
			Non-LOC Investment	USES OF CASH						
	Claims Paid	Admin Expense		Other Uses	<b>Explain Uses</b>					
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
TOTAL	\$ -	\$ -	\$	- \$ -						
Г				Notes						
Note 1				11000.						
Note 2										
Note 3										
Note 4										

Note 7 Note 8 Note 9 Note 10

## ADMINISTRATIVE EXPENSES FOR CALENDAR YEAR 2004

Carrier Name

Code ##		ı	Standard	1	1	
	Consolidated	High Option	Option	DOD High	DOD Standard	<b>Basis for Allocation</b>
ADMINISTRATIVE EXPENSES			-		- <b>I</b>	
Rent	\$ -					
Salaries	\$ -					
Employee Benefits	\$ -					
Furniture and Equipment	\$ -					
Maintenance	\$ -					
Equipment Rental	\$ -					
Printing, Stationery and Supplies	\$ -					
Travel	\$ -					
Postage	\$ -					
Telephone	\$ -					
Computer/IT	\$ -					
Auditing Services	\$ -					
Legal Services	\$ -					
Consulting and Professional	\$ -					
Payroll Taxes	\$ -					
Utilities	\$ -					
Insurance	\$ -					
LOC Bank Charges	\$ -					
Facilities Cost of Capital	\$ -					
Other Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL ACTIVAL DVDDVGFG			1 -		1 -	1
TOTAL ACTUAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	
Expenses Subject To Limitation Contract Limitation	-	\$ -	\$ -	\$ -	\$ -	
Contract Elimitation	2 -					
Clearinghouse Expense	\$ -					
Vendor Cost Containment Allowed per Contract	\$ -	\$ -	\$ -	\$ -	\$ -	
IPA Audit Fees	c					, 
	-					
TOTAL CHARGED TO CONTRACT(Actual)	\$ -					
TOTAL CHARGED TO CONTRACT(Calculated)	\$ -	\$ -	\$ -	\$	\$ -	
DIFFERENCE	¢	s -	\$ -	\$ -	. S -	
DIFFERENCE	Ф <u>-</u>	Ψ -	Ψ -	Ψ	φ -	

## OTHER ADMINISTRATIVE EXPENSES

## FOR CALENDAR YEAR 2004

#### **High Option**

	Dlan Tatal	EEHDD	Cubicat to	1		
**	Plan Total	FEHBP	Subject to		EEVEND D	To 10 111 11
Item	Expense	Expense	Ceiling		FEHBP Percent	Basis for Allocation
						-
				ł		

## OTHER ADMINISTRATIVE EXPENSES

## FOR CALENDAR YEAR 2004

**Standard Option** 

_				
		Plan Total	FEHBP	Subject to
	Item	Expense	Expense	Ceiling
A				
В				
C				
D				
E				
F				
G				
Н				
I				
J				
K				
L				
М				
N				
o				
P				
Q				
R				
S				
T				

## OTHER ADMINISTRATIVE EXPENSES

FOR CALENDAR YEAR 2004

	DOD High		
Т	Plan Total	FEHBP	Subject t

		Plan Total	FEHBP	Subject to
	Item	Expense	Expense	Ceiling
A				
В				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
т				

FEHBP Percent	Basis for Allocation
	,

## OTHER ADMINISTRATIVE EXPENSES

#### FOR CALENDAR YEAR 2004

DOD Standard

		DOD Standard					
	_	Plan Total	FEHBP	Subject to			
	Item	Expense	Expense	Ceiling	<u>l</u>	FEHBP Percent	Basis for Allocation
A							
В							
C							
D							
E							
F							
G							
Н							
I							
J							
K							
L							
M							
N							
0							
P							
Q							
R							
S							
T							

### SUPPLEMENTAL SCHEDULE OF COST CONTAINMENT EXPENSES FOR CALENDAR YEAR 2004

FOR	CALENDAR YEA	X 2004				
			Standard			I
Item	Consolidated	High Option	Option	DOD High	DOD Standard	I
PPO	\$ -					ı
Pre-Certification	\$ -					ı
Second Surgical Opinion	\$ -					ı
Case Management	\$ -					ı
Prescription Benefit Manager	\$ -					ı
MHSA Vendor	\$ -					
Other (Itemize below)	\$ -	\$ -	\$ -	\$ -	\$ -	Explain
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	-					
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	1

	Notes
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

### SUPPLEMENTAL SCHEDULE OF HEALTH BENEFIT CHARGES PAID FOR CALENDAR YEAR 2004

Carrier Name
Code ##

		Consolidated			
	AMOUNT				
PART A - Monthly Claims Paid	ACCRUED				
Health Benefits Charges Accrued but Unpaid BOY	\$ -				
Health Benefits Charges Accrued but Unpaid EOY	\$ -				
Treatth Benefits Charges Accrued but Chipaid EOT	φ -		I	YEAR	
	Balance of Prior			INCURRED	
	Year Accrued	AMOUNT			
MONTH	Charges	PAID	2004	2003	2002 and Prior
January	\$ -	\$ -	\$ -	\$ -	\$ -
February	\$ -	\$ -	\$ -	\$ -	\$ -
March	\$ -	\$ -	\$ -	\$ -	\$ -
April	\$ -	\$ -	\$ -	\$ -	\$ -
May	\$ -	\$ -	\$ -	\$ -	\$ -
June	\$ -	\$ -	\$ -	\$ -	\$ -
July	\$ -	\$ -	\$ -		
· ·				\$ -	\$ -
August	\$ -	\$ -	\$ -	\$ -	\$ -
September	\$ -	\$ -	\$ -	\$ -	\$ -
October	\$ -	\$ -	\$ -	\$ -	-
November	\$ -	\$ -	\$ -	\$ -	\$ -
December	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -
					•
			MBER OF CLA		
		Y	EAR INCURRE	ED	
	TOTAL	2004	2003	2002 and Prior	
PART B - Number of Claims Paid By Type			П	П	
Hospitalization	0	0			
Physicians	0	0	0	-	
Drugs	0	0	0		
Other	0	0	0	0	
m . I	_	_	_	1	Ī
Total	0	0	0	0	
	AMOUNT	i			
DADT C. Claims Daid By Type	PAID				
PART C - Claims Paid By Type Hospitalization					
<u> </u>	\$ -				
Physicians	\$ -				
Drugs	\$ -				
Other	\$ -				
Total	\$ -				
PART D - Reconciliation of Health Benefit Charges Paid					
Total Claims Paid (From Part A above)	\$ -	l			
Less: Reinsurance Recovery	\$ -				
•	φ -				
Other Adjustments	<b>a</b> -				
Total (Copied to Line 2a on Summary Statement)	\$ -	_			

		High Option			
	AMOUNT	I IIIgii Option			
PART A - Monthly Claims Paid	ACCRUED				
Health Benefits Charges Accrued but Unpaid BOY	нескевы				
Health Benefits Charges Accrued but Unpaid EOY					
Treatth Benefits Charges Accrued but Chpaid EO1				YEAR	
	Balance of Prior			INCURRED	
	Year Accrued	AMOUNT			
MONTH	Charges	PAID	2004	2003	2002 and Pri
January	\$ -	\$ -			
February	\$ -	\$ -			
March	\$ -	\$ -			
April	\$ -	\$ -			
May	\$ -	\$ -			
June	\$ -	\$ -			
July	\$ -	\$ -			
August	\$ -	\$ -			
September	\$ -	\$ -			
October	\$ -	\$ -			
November	\$ -	\$ -			
December	\$ -	\$ -			
Total	Ψ -	\$ -	\$ -	\$ -	\$
Total		Ψ	Ψ	Ψ	Ψ
		NU	MBER OF CLA	IMS	
			EAR INCURRE		
PART B - Number of Claims Paid By Type	TOTAL	2004	2003	2002 and Prior	
Hospitalization	0				1
Physicians					
Physicians Drugs	0				
Drugs	0	0	0	0	
	0 0	0	0	0	
Drugs	0 0 0	0	0	0	
Drugs	0 0 0 0	0	0	0	
Drugs	0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Drugs		0	0	0	
Drugs		0	0		
Drugs		0	0		
Drugs		0	0		
Drugs			0		
Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		
Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		
Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		

Total

h			AMOUNT
	PART C - Claims Paid By Type		PAID
	Hospitalization		
	Physicians		
	Drugs		
	Other (Itemize below)		\$ -
A	(-11111-1111)		17
В			
C			
D			
E			
F			
G			
Н			
1			
J			
K			
L			
M			
N			
0			
P			
Q			
R			
S			
T			
1			
	Total		\$ -
	PART D - Reconciliation of Health Benefit	fit Charges Paid	
	Total Claims Paid (From Part A above	e)	
	* D: D	-,	\$ -
	Less: Reinsurance Recovery	5,	
	Other (Itemize below)		\$ -
A	Other (Itemize below)		
В	Other (Itemize below)	-	
B C	Other (Itemize below)	-	
B C D	Other (Itemize below)		
B C D E	Other (Itemize below)		
B C D E F	Other (Itemize below)		
B C D E F G	Other (Itemize below)		
B C D E F	Other (Itemize below)		
B C D E F G	Other (Itemize below)		
B C D E F G	Other (Itemize below)		
B C D E F G H	Other (Itemize below)		
B C D E F G H 1	Other (Itemize below)		
B C D E F G H I J	Other (Itemize below)		
B C D E F G H 1 J K	Other (Itemize below)		
B C D E F G H I J K L	Other (Itemize below)		
B C D E F G H I J K L L M	Other (Itemize below)		
B C D E F G H I J K L M N O O	Other (Itemize below)		
B C D E F G H I J K L L M N O	Other (Itemize below)		
B C D E F G H I J K L M N O O P Q R	Other (Itemize below)		
B C D E F G H 1 J K L M O O P Q R R S	Other (Itemize below)		
B C D E F G H I J K L M N O O P Q R	Other (Itemize below)		

		Ctandard Ontic	_		
		Standard Option	n		
DADEL W ALCE DE	AMOUNT ACCRUED				
PART A - Monthly Claims Paid	ACCRUED				
Health Benefits Charges Accrued but Unpaid BOY					
Health Benefits Charges Accrued but Unpaid EOY				*******	
				YEAR INCURRED	
	Balance of Prior			INCURRED	
MONTH	Year Accrued	AMOUNT PAID	2004	2003	2002 and Pri
January	Charges	\$ -			
February	\$ -	\$ -			
March	\$ -	\$ -			
	\$ -	\$ -			
April	-	\$ -			
May	\$ -		-		
June Tuly	\$ -	\$ -			
July	\$ -	\$ -			
August	\$ -	\$ -			
September	\$ -	\$ -			
October	\$ -	\$ -			
November	\$ -	\$ -			
December	\$ -	\$ -			
Total		\$ -	\$ -	\$ -	\$
		NII	MBER OF CLA	IMC	ĭ
			EAR INCURRE		1
		·			
PART B - Number of Claims Paid By Type	TOTAL	2004	2003	2002 and Prior	
	<u> </u>				
Hospitalization	0				
Hospitalization Physicians	0				
Physicians	0				
Physicians Drugs	0	0	0	0	
Physicians	0 0	0	0	0	
Physicians Drugs	0 0 0	0	0	0	
Physicians Drugs	0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
Physicians Drugs					
Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

AMOUNT   PAID   Hospitalization   Physicians   Drugs   Other (Itemize below)   \$ -	
Hospitalization Physicians Drugs Other (Itemize below)   B  C  D  E  H  H  H  H  H  H  H  H  N  O  P  Q  R  S  T  Total  PART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S  C  H  C  C  D  D  D  D  D  D  D  D  D  D  D	
Physicians Drugs Other (Itemize below)  S Other (Itemize below)	
Drugs	
Other (Itemize below)  A B B C C D E E F G H I I J J K L L M N O O P Q R R S T T Total  PART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  A B C C D C D D D D D D D D D D D D D D D	
Other (Itemize below)  A B B C C D E E F G G H I I J J K L L M N N O O P Q R R S T T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinstrance Recovery Other (Itemize below)  S - A B C C	
A B C C C C C C C C C C C C C C C C C C	
B	
C	
D	
E	
F G H H I I I I I I I I I I I I I I I I I	
G H I J J K L L M N O O P Q R Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S C	
H I J J K L L M N O P Q R S S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S C	
H I J K L L M N O P O R S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S C	
Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S C	
K L M N O P Q R Total  FART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S Other (Itemize below)  S Other (Itemize below)  S Other (Itemize below)	
K L M N O P Q R S T Total  PART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  A B C	
L M N O P C R S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
M N O P Q R Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
N O P Q R S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
O P Q R S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
P Q R S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
P Q R S T Total \$ - Total S - PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) \$ - Less: Reinsurance Recovery Other (Itemize below) \$ - A B C S - A B C	
PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
R S T Total  PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  S - A B C	
Total  PART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above)  Less: Reinsurance Recovery  Other (Itemize below)  B  C	
Total \$ -  PART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above) \$ -  Less: Reinsurance Recovery  Other (Itemize below) \$ -  A	
PART D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery Other (Itemize below)  B C	
PART D - Reconciliation of Health Benefit Charges Paid  Total Claims Paid (From Part A above)  Less: Reinsurance Recovery  Other (Itemize below)  B  C	
Other (Itemize below)  A B C	
A B C	
B C	
C	
E	
F	
G	
H	
J	
K	
L	
M	
N N	
O P	
IV	
Q	
Q	
Q R	

AMOUNT   ACCRUED   Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid EOY   Health Benefits Charges Accrued Principles Accrued Principles Accrued Principles Accrued Principles Accrued Principles Accounts						
ACCRUED   Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid EOY   Health Benefits Charges A			DOD High			
ACCRUED   Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid EOY   Health Benefits Charges A		AMOUNT	]			
Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid EOY   Health Benefits Charges Accrued but Unpaid EOY   Health Benefits Charges   Sumbrane   NCURRED	DADT A Monthly Claims Daid					
Health Benefits Charges Accrued but Unpaid EOY		ACCRUED				
MONTH						
Balance of Prior Vear Accrued   National Points   National Point	Health Benefits Charges Accrued but Unpaid EOY					
No.TH					YEAR	
MONTH		Balance of Prior			INCURRED	
Month   Charges				•		
S	MONTH			2004	2003	2002 and Pri
February						
March April S S S S S S S S S S S S S S S S S S S		*				
April	-					
May June   \$   \$   \$   \$		*				
June	•					
July	May	\$ -	\$ -			
August	June	\$ -	\$ -			
August	July	\$ -	\$ -			
September   Seminor   Se		\$ -	\$ -			
October         \$ </td <td>_</td> <td></td> <td></td> <td>1</td> <td></td> <td></td>	_			1		
November	=					
December		•	•	<del> </del>		
NUMBER OF CLAIMS   YEAR INCURRED						
PART B - Number of Claims Paid By Type  Hospitalization Physicians Drugs Other (Itemize below)		\$ -	\$ -			
Name	Total		\$ -	\$ -	\$ -	\$
PART B - Number of Claims Paid By Type Hospitalization Physicians Drugs Other (Itemize below)  Other (Itemize belo			,		ED	]
Physicians Drugs Other (Itemize below)	PART B - Number of Claims Paid By Type	TOTAL	2004	2003	2002 and Prior	
Drugs         0 <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>					_	
Other (Itemize below)         0         0         0           0	Hospitalization	0				
	Physicians	0				
O	Physicians Drugs	0	0	0	0	
	Physicians Drugs	0 0	0	0	0	
	Physicians Drugs	0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0	0	0	0	
O	Physicians Drugs	0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0	
	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0	
0	Physicians Drugs		0		0	
	Physicians Drugs		0			
0	Physicians Drugs	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	Physicians Drugs					

Total

				AMOUNT
OD High	PART C	- Claims Paid By Type		PAID
		talization		
	Physi			
	Drug	5		
	Other	(Itemize below)		\$ -
	A			
	В			
	С			
	D			
	Е			
	F			
	G			
	Н			
	1			
	J			
	K			
	L			
	M			
	N			
	0			
	P			
	Q			
	R			
	S			
	Т			
	Total			\$ -
	10441			Ψ
	PART D	- Reconciliation of Health Benefi	t Charges Paid	
		Claims Paid (From Part A above)		\$ -
			•	<b>Ф</b> -
		Reinsurance Recovery		
		(Itemize below)		\$ -
	A			
	В			
	С			
	D			
	Е			
	F			
	G			
	H			
	H			
	I			
	I J			
	J K			
	J K L			
	J K L			
	J K L M			
	J K L M N			
	J K L M			
	J K L M N			
	I J K L M N O P			
	I J K L M N O P Q R			
	I J K L M N O P Q R S			
	I J K L M N N O P P Q R R S T T	AL (Copied to Line 2a on Summa)	ry Statement)	\$ -

PART A - Monthly Claims Paid   Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accounts Amount Accrued by Amount Accrued Boy   Health Benefits Charges Accounts				DOD Standard			
Realth Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid EOY   Balance of Prior Vera Accrued AMOUNT   2004   2003   2002 and Prior Charges   2004   2004   2003   2002 and Prior Charges   2004   2003   2002			AMOUNT	DOD Standard			
Health Benefits Charges Accrued but Unpaid BOY   Health Benefits Charges Accrued but Unpaid EOY   Health Benefits Charges   Healt	DADTA	Monthly Claims Daid					
Health Benefits Charges Accrued but Unpaid EOY			ACCRUED				
Balance of Prior Vear Accrued Charges   National Prior Vear Accrued Charges   National Prior Vear Accrued Pall   National Pall   National Prior Vear Accrued Pall   National Prior Vear Accrued Pall   National Prior Pall   National Pall Pall   National Prior Pall   National Prior Pall   National Pall Pall   National Prior Pall   National Prior Pall   National Pall Pall Pall   National Prior Pall   National Pall Pall Pall   National Pall Pall Pall Pall Pall Pall Pall P							
Balance of Prior	Health	Benefits Charges Accrued but Unpaid EOY			1		
MONTH							
Charges						INCURRED	
Sample   Charges   FAID					2004	2003	2002 and Pr
February							
March							
April May  June  S - \$ - \$ -   -   -   -    July  August  September  S - \$ - \$ -   -   -    October  November  December  Total  PART B - Number of Claims Paid By Type  Hospitalization  Physicians  Drugs  Other (Itemize below)  Other (Itemize below)  Other (Itemize below)  December  December  December  Total  December  Total  December  Total  December  Total  December  Total  December  December		у					
May	March		\$ -				
June	April		\$ -	\$ -			
July	May		\$ -	\$ -			
August   S	June		\$ -	\$ -			
September   Sept	July		\$ -	\$ -			
September	August		\$ -	\$ -			
October   S   S   S   S   S   S   S   S   S		per	\$ -	\$ -			
November	_						
December							
NUMBER OF CLAIMS   YEAR INCURRED							
PART B - Number of Claims Paid By Type Hospitalization Physicians Drugs Other (Itemize below)  C C C C C C C C C C C C C C C C C C		CI .	Ψ -		¢.	¢.	•
PART B - Number of Claims Paid By Type Hospitalization Physicians Drugs Other (Itemize below)  0 0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0	Total			Φ -	Φ -	Φ -	Ψ
PART B - Number of Claims Paid By Type Hospitalization Physicians Drugs Other (Itemize below)  0 0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0 0  0 0 0 0 0 0  0 0 0 0 0				NIT I	MDED OF CLAI	DATE	1
PART B - Number of Claims Paid By Type  Hospitalization Physicians Drugs Other (Itemize below)  O							1
Hospitalization				1	EAK INCOKKE	D	
Hospitalization	D. D. D.	N I COL DID T	TOTAL	2004	2003	2002 and Prior	
Physicians         0         ————————————————————————————————————		Number of Claims Paid By Type					
Drugs	Hospita				1	1	
Other (Itemize below)         0         0         0           A         0         0         0           B         0         0         0           C         0         0         0           D         0         0         0           F         0         0         0           G         0         0         0           H         0         0         0           J         0         0         0           K         0         0         0           M         0         0         0           N         0         0         0           P         0         0         0           Q         0         0         0           R         0         0         0           S         0         0         0	_						
A	Physicia		0			2002 MIN 1102	
B	Physicia Drugs	nns	0				
C	Physicia Drugs	nns	0 0	0			
D	Physicia Drugs Other (I	nns	0 0	0			
E	Physicia Drugs Other (I	nns	0 0 0 0	0			
F	Physicia Drugs Other (I	nns	0 0 0 0	0			
G H  O O O O O O O O O O O O O O O O O O	Physicia Drugs Other (I A B	nns	0 0 0 0 0	0			
H I I I I I I I I I I I I I I I I I I I	Physicia Drugs Other (I A B C D	nns	0 0 0 0 0 0	0			
H I I I I I I I I I I I I I I I I I I I	Physicia Drugs Other (I A B C D	nns	0 0 0 0 0 0 0	0			
I	Physicia Drugs Other (I A B C D	nns	0 0 0 0 0 0 0 0 0	0			
J       0       0         K       0       0         L       0       0         M       0       0         N       0       0         O       0       0         P       0       0         Q       0       0         R       0       0         S       0       0	Physicia Drugs Other (1 A B C D E	nns	0 0 0 0 0 0 0 0 0	0			
K L D D D D D D D D D D D D D D D D D D	Physicia Drugs Other (I A B C D E F G	nns	0 0 0 0 0 0 0 0 0 0 0	0			
L 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Physicia Drugs Other (I A B C D E F G H	nns	0 0 0 0 0 0 0 0 0 0 0 0	0			
M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Physicia Drugs Other (1) A B C D E F G H	nns	0 0 0 0 0 0 0 0 0 0 0 0 0	0			
N 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Physicia Drugs Other (1) A B C D E F G H	nns	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0			
O	Physicia Drugs Other (1) A B C D E F G H I J	nns	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0			
P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Physicia Drugs Other (1) A B C D E F G H I J K L	nns		0			
Q	Physicia Drugs Other (1) A B C D E F G H I J K L	nns		0			
	Physicia Drugs Other (1) A B C D E F G H I J K L	nns		0			
S 0	Physicia Drugs Other (1) A B C D E F G H I J K L M	nns		0			
	Physicia Drugs Other (1) A B C D E F G H I J J K L L M N	nns					
T	Physicia Drugs Other (1) A B C D E F G H I J J K L L M N	nns					
	Physicia Drugs Other (1) A B C D E F G H I J J K L L M N O P	nns					

Total

		AMOUNT	i
	RT C - Claims Paid By Type	PAID	1
1	Hospitalization		1
J	Physicians		1
	Drugs		1
	Other (Itemize below)	\$ -	1
	Other (remize below)	Ψ	1
_			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
			1
_			•
	Total	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above)		
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	
PAI	RT D - Reconciliation of Health Benefit Charges Paid Total Claims Paid (From Part A above) Less: Reinsurance Recovery	\$ -	

	Notes
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

## SUPPLEMENTAL SCHEDULE OF AUDIT FINDINGS FOR CALENDAR YEAR 2004 Consolidated Carrier Name Carrier Name Code ## Audit Number Dollar Amount Year Finding TOTAL Notes Note 1 Note 2 Note 3 Note 4 Note 5 Note 6 Note 7 Note 8 Note 9 Note 10

## SUPPLEMENTAL SCHEDULE OF PRIOR PERIOD ADJUSTMENTS FOR CALENDAR YEAR 2004

Carrier Name	Carrier Name
Code	##

	Dollar Amount	Year	High Option Explain
A			
В			
C			
D			
E			
F			
G			
Н			
I			
J			
TOTAL	\$ -		

	Dollar Amount	Year	Standard Option Explain
$\mathbf{A}$			
В			
C			
D			
$\mathbf{E}$			
$\mathbf{F}$			
G			
Н			
I			
J			
TOTAL	\$ -		

			DOD High Explain
_	Dollar Amount	Year	Explain
$\mathbf{A}$			
В			
C			
D			
$\mathbf{E}$			
$\mathbf{F}$			
G			
Н			
I			
J			
<u> </u>		1	
TOTAL	\$ -		
		-	
			DOD OU.
	Dollow A4	Year	DOD Standard Explain
٦ , ١	Dollar Amount	ı car	Ехріані
A			
В			
C			
D			
E			
F			
G			
Н			
I			
J			
TOTAL	¢	1	
IUIAL	<b>-</b>	<u> </u>	Notes
Note 1			110162
Note 1 Note 2			
Note 2 Note 3			
Note 4			
Note 5			
Note 6			
Note 7			
Note 8			
Note 9			
Note 10			

## SUMMARY STATEMENT

FEHBP FINANCIAL OPERATIONS **FOR CALENDAR YEAR 2004** Carrier Name Carrier Name Code ## CONSOLIDATED HIGH STANDARD DOD High DOD Standard 1. PROGRAM INCOME a. Letter of Credit Authorizations (1) Semimonthly Premiums (2) Interest b. Accrued Income BOY (1) Semimonthly Premiums (2) Interest c. Accrued Income EOY (1) Semimonthly Premiums (2) Interest d. Total Program Income e. Carrier Investment Interest Income f. Total Carrier Income 2. HEALTH BENEFITS CHARGES a. Paid b. Accrued but Unpaid \$ \$ \$ (1) Beginning \$ \$ \$ \$ (2) Ending \$ \$ \$ \$ c. Total Health Benefit Charges 3. ADMINISTRATIVE EXPENSES CHARGED TO CONTRACT a. Paid b. Clearinghouse c. Accrued but Unpaid (1) Beginning (2) Ending d. Total Administrative Expenses 4. OTHER EXPENSES AND RETENTIONS a. State Statutory Reserve b. Reinsurance Expenses c. Service Charge d. Other (use worksheet below) e. Total Other Expenses And Retentions 5. CHANGES TO SPECIAL RESERVE a. Special Reserve BOY b. Gain (Loss) on Operations c. Prior Period Adjustment d. Contingency Reserve Payments e. Return of Excess Reserves

> f. Other (use worksheet below) g. Special Reserve EOY

	Other Expense Detail		
	Description	High Option Amount	
A	Description	Amount	
B			
c			
D			
E			
F			
G			
Н			
I			
J			
K			
L			
M			
N			
0			
P			
Q R			
S			
i i			
Т			
		Standard Option	
Т	Description	Standard Option Amount	
A	Description	Standard Option Amount	
A B	Description	Standard Option Amount	
A B C	Description	Standard Option Amount	
A B C D	Description	Standard Option Amount	
A B C D E	Description	Standard Option Amount	
A B C D E F	Description	Standard Option Amount	
A B C D E F G	Description	Standard Option Amount	
A B C D E F	Description	Standard Option Amount	
A B C D E F G	Description	Standard Option Amount	
A B C D E F G H I	Description	Standard Option Amount	
A B C D E F G H I J K L	Description	Standard Option Amount	
A B C D E F G H I J K	Description	Standard Option Amount	
A B C D E F G H I J K L M N	Description	Standard Option Amount	
A B C D E F G H I J K L	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P Q R	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P	Description	Standard Option Amount	

	Description	DOD High Amount	
A			
В			
C			
D			
Е			
F			
G			
Н			
I			
J K			
L M			
N			
0			
P			
Q			
R			
S			
T			
	Description	DOD Standard Amount	
A			
В			
C			
D			
E			
F			
G			
Н			
I			
J			
K L			
M			
N N			
O			
P			
Q			
R			
R S			

Other	Changes to Special Reserve l	Detail	
Strict		High Option	
	Description	Amount	
A			
В			
C			
E			
F			
G			
Н			
I			
J K			
L			
M			
N			
O			
P			
Q			
R S			
T			
	D 14	Standard Option	
Т	Description	Standard Option Amount	
T A	Description	Standard Option Amount	
A B	Description	Standard Option Amount	
A B C	Description	Standard Option Amount	
A B C D E	Description	Standard Option Amount	
A B C D E F	Description	Standard Option Amount	
A B C D E F G	Description	Standard Option Amount	
A B C D E F G	Description	Standard Option Amount	
A B C D E F G H I	Description	Standard Option Amount	
A B C D E F G H I	Description	Standard Option Amount	
A B C D E F G H I J K	Description	Standard Option Amount	
A B C D E F G H I	Description	Standard Option Amount	
A B C D E F G H I J K L M N	Description	Standard Option Amount	
A B C D E F G H I J K L M N O O	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P Q	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P Q R	Description	Standard Option Amount	
A B C D E F G H I J K L M N O P Q	Description	Standard Option Amount	

	<b>5</b>	DOD High
	Description	Amount
A B		
C		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S T		
1		
		DOD Standard
	Description	Amount
A		
В		
C		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
M		
N		
0		
P		
Q R		
S		
1		
	Note	<u> </u>
Note 1	1100	
Note 2		
Note 3		
Note 4		
Note 5		
Note 6		
Note 7		
Note 8		
Note 9		
Note 10		

## SUPPLEMENTAL SCHEDULE OF STATUS OF RESERVES AS OF THE END OF CALENDAR YEAR 2004

Carrier Name	Carrier Name
Code	##

	Consolidated	High Option	Standard Option	DOD High	DOD Standard
1. Reserves Held by Carrier	Consolidated	riigii Option	Option	DOD IIIgii	DOD Standard
a. Ending Special Reserve Balance	\$ -	\$ -	\$ -	\$ -	\$ -
	<u> </u>	T	*	<b>*</b>	<u> </u>
b. Ending Accrued but Unpaid Health Benefits Charges	\$ -	\$ -	\$ -	\$ -	\$ -
c. Total (Line la + Line lb)	\$ -	\$ -	\$ -	\$ -	\$ -
2. One Month's Average Expenses					
a. Average Monthly Claims Paid	\$ -	\$ -	\$ -	\$ -	\$ -
Claims paid-last six months of CALENDAR Year					
July	\$ -	\$ -	\$ -	\$ -	\$ -
August	\$ -	\$ -	\$ -	\$ -	\$ -
September	\$ -	\$ -	\$ -	\$ -	\$ -
October	\$ -	\$ -	\$ -	\$ -	\$ -
November	\$ -	\$ -	\$ -	\$ -	\$ -
December	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -
b. Average Monthly Administrative Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
and Retentions (Summary Statement Line 3c + Line 4e x 1/1	2)				
c. Average Total Monthly Expenses (Line 2a + Line 2b)	\$ -	\$ -	\$ -	\$ -	\$ -
3. Target Level of Carrier-Held Reserves (Line 2c x 3.5)	\$ -	\$ -	\$ -	\$ -	\$ -
4. Status of Reserves					
a. Reserves Excess	\$ -	\$ -	\$ -	\$ -	\$ -
(if the amount on Line 1c is greater than theamount on Line	3, enter the differen	nce here.)			
Reserves Deficiency	\$ -	\$ -	\$ -	\$ -	\$ -

(if the amount on Line 3 is greaterthan the amount on Line 1c, enter the difference here.)

	Notes
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

# SUPPLEMENTAL SCHEDULE OF

	TREASURY OFFSET ACTIVITY	
	AS OF THE END OF CALENDAR YEAR 2004	
Carrier N	Name Carrier Name	
(	Code ##	
		Consolidated
	1. Number of Offsets BOY	
	2. Offsets Dollar Balance BOY	
	3. Number of New Treasury Offsets	
	4. Dollar Amount of New Treasury Offsets	
	5. Number of Repaid Offsets	
	6. Amount Repaid to Program	
	7. Other	
	8. Number of Offsets EOY	0
	9. Offsets Dollar Balance EOY	\$ -
	Notes	
Note 1		
Note 2		
Note 3		
Note 4		
Note 5		
Note 6		
Note 7		
Note 8		
Note 9		

## BALANCE SHEET PRIOR YEAR AS OF THE END OF CALENDAR YEAR 2003

	-	AS OF THE	END OF CALENDAR YEAR 2003
Carrier	Name	Carrier Name	Consolidated
	Code	##	

	2003	
ASSETS	<b>Dollar Amount</b>	
Cash and Cash Equivalents	\$ -	
Balance in Letter of Credit Account		
Interest Income Receivable		
Program Income Receivable		
Prepaid Expenses		
Due for Treasury Offsets	\$ -	
Other Assets (Itemize below)	\$ -	Explain
A		
В		
C		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
M		
N O		
P		
Q		
R		
S		
T		
TOTAL ASSETS	\$ -	]
	П.	Ш

Health Benefits Accrued but Unpaid	\$ -	
Accrued Administrative Expenses and Retentions	\$ -	
Special Reserve	\$ -	
Other Liabilities (Itemize below)	\$ -	Explain
A		
В		
C		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
M		
N		
O P		
0		
R		
S		
T		
1		

[	Notes
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

## BALANCE SHEET AS OF THE END OF CALENDAR YEAR 2004 6 Individual Sections Consolidated (Sum of High Option, Standard Option, DOD High, DOD Standard, Underwriter 1, & Underwriter 2) 2004 Dollar Amount ASSETS Cash and Cash Equivalents Balance in Letter of Credit (LOC) Account **Interest Income Receivable Program Income Receivable** Prepaid Expenses **Due for Treasury Offset** Other Assets TOTAL ASSETS LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities TOTAL LIABILITIES

ASSETS  Cash and Cash Equivalents Balance in Letter of Credit (LOC) Account Interest Income Receivable Program Income Receivable Program Income Receivable Other Assets (Itemize below)  S  Explain  A  B  C  H  I  I  I  I  I  I  I  I  I  I  I  I		High Option	
Cash and Cash Equivalents Balance in Letter of Cerit (LOC) Account Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  S S Explain  A S Explain  A S S S Explain  A S S S S Explain  A S S S S S S S S S S S S S S S S S S	AGGERTG	2004 Dallan Amaunt	
Balance in Letter of Credit (LOC) Account Interest Income Receivable Program Income Receivable Incom		Donar Amount	1
Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Hemize below)  S	Cash and Cash Equivalents		
Program Income Receivable			
Prepaid Expenses			
Other Assets (Itemize below)    S	Program Income Receivable		
Other Assets (Itemize below)    S	Prepaid Expenses		
A		\$ -	Explain
C		Ψ	<u>-</u>
C			
D			
F	С		
F	D		
F	E		
C			
H			
K L L M N N N N N N N N N N N N N N N N N	Н		
C	I		
C	J		
L M N N N N N N N N N N N N N N N N N N			
M N N N N N N N N N N N N N N N N N N N			
N O O O O O O O O O O O O O O O O O O O			
C	M		
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  S  Explain   Explain   A  B  B  C  C  B  B  C  C  C  D  C  C  D  C  C  D  C  C  C	N		
Q R S S S TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C S G G H S G H S S S S S S S S S S S S S	0		
Q R S S S TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C S G G H S G H S S S S S S S S S S S S S	P		
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  S  Explain  A  B  C  G  G  H  I  I  I  I  I  I  I  I  I  I  I  I			
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  S  Explain  A  B  C  C  D  H  I  J  K  L  M  N  O  P  Q  R  R			
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  S  Explain  A  B  C  D  B  H  I  J  J  K  L  M  N  N  O  O  O  P  Q  R  S  S  S  S  S  S  S  S  S  S  S  S	R		
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  S - Explain  A B C C C C C C C C C C C C C C C C C			
LIABILITIES  Health Benefits Accrued but Unpaid	S		
A B C C D C C D C C C C C C C C C C C C C	Т	\$ -	
A B C C D C C C C C C C C C C C C C C C C	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions	\$ -	
B C C C C C C C C C C C C C C C C C C C	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve	\$ - \$ - \$	Explain
C	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)	\$ - \$ - \$	Explain
E	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)	\$ - \$ - \$	Explain
E	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B	\$ - \$ - \$	Explain
F G	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C	\$ - \$ - \$	Explain
G H H I I I J K L I M N O D D D D D D D D D D D D D D D D D D	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D	\$ - \$ - \$	Explain
H I I I J K L I I I I I I I I I I I I I I I I I I	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E	\$ - \$ - \$	Explain
I J J J J J J J J J J J J J J J J J J J	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E	\$ - \$ - \$	Explain
I J J J J J J J J J J J J J J J J J J J	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F	\$ - \$ - \$	Explain
K L L M N O O P O O O O O O O O O O O O O O O O	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E  F  G	\$ - \$ - \$	Explain
K L D M N O O P O O R S S S O O O O O O O O O O O O O O	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E  F  G	\$ - \$ - \$	Explain
L	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H	\$ - \$ - \$	Explain
M	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C D E F G H I J	\$ - \$ - \$	Explain
N	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K	\$ - \$ - \$	Explain
O	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L	\$ - \$ - \$	Explain
P	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L	\$ - \$ - \$	Explain
P	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L M	\$ - \$ - \$	Explain
Q R S	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L M N	\$ - \$ - \$	Explain
R S	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L M N O	\$ - \$ - \$	Explain
S	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P	\$ - \$ - \$	Explain
	TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P	\$ - \$ - \$	Explain
T	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P Q R	\$ - \$ - \$	Explain
	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P Q R	\$ - \$ - \$	Explain
	TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P Q R S	\$ - \$ - \$	Explain

	Standard Option	
A CODE	2004	
ASSETS	Dollar Amount	1
Cash and Cash Equivalents		
<b>Balance in Letter of Credit (LOC) Account</b>		
Interest Income Receivable		
Program Income Receivable		
Prepaid Expenses		
Other Assets (Itemize below)	\$ -	Explain
		F "
A		
В		
C		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
M		
N		
0		
P		
0		
R		
S		
T		
TOTAL ASSETS	\$ -	
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions	\$ - \$ -	
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve	\$ - \$ - \$	Evnlain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)	\$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A  B  C  D  E  F	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E  F  G  H	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E  F  G  H	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K L M N	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D  E  F  G  H  I  J  K  L  M  N	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P	\$ - \$ - \$	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R	\$ - \$ - \$	Explain

	DOD High	
ASSETS	<u>2004</u> Dollar Amount	
	Donai Amount	1
Cash and Cash Equivalents		
<b>Balance in Letter of Credit (LOC) Account</b>		
Interest Income Receivable		
Program Income Receivable		
Prepaid Expenses		
Other Assets (Itemize below)	\$ -	Explain
A		-
В		
С		
D		
E		
F		
G		
Н		
1		
1		
J		
K		
L		
M		
N		
0		
P		
Q		
R		
S		
D.		
TOTAL ASSETS	\$ -	
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid	\$ -	
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions	\$ - \$ -	
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve	\$ - \$ - \$ -	Evaluin
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)	\$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A  B  C  D  E	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid  Accrued Administrative Expenses and Retentions  Special Reserve  Other Liabilities (Itemize below)  A  B  C  D	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A  B  C  D  E	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J K	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G G H I J K L	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G G H I J K L M	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P Q	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P Q R	\$ - \$ - \$ -	Explain
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J N N O P Q R S	\$ - \$ - \$ -	Explain

ASSETS  Cash and Cash Equivalents Balance in Letter of Credit (LOC) Account Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  S  Explain  Explain  C  D  E  G	
Cash and Cash Equivalents Balance in Letter of Credit (LOC) Account Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  S - Explain  Explain  Explain  Explain  Explain	
Balance in Letter of Credit (LOC) Account Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  S - Explain  B C D E F G	
Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  S - Explain  B C D E F G	
Interest Income Receivable Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  S - Explain  B C D E F G	
Program Income Receivable Prepaid Expenses Other Assets (Itemize below)  \$	
Prepaid Expenses Other Assets (Itemize below) \$	
Other Assets (Itemize below)  S Explain  Explain  B C D E F G	
A B C C C C C C C C C C C C C C C C C C	
B C C C C C C C C C C C C C C C C C C C	
C	
D	
E	
F G	
G	
H	
J	
K	
L	
M	
N	
o	
P	
o l	
R	
S	
T	
TOTAL ASSETS S	
LIABILITIES	
Health Benefits Accrued but Unpaid	
Accrued Administrative Expenses and Retentions \$	
Special Reserve \$ -	
Special Reserve \$ -	
Special Reserve Other Liabilities (Itemize below)  S Explain	
Special Reserve Other Liabilities (Itemize below)  S Explain	
Special Reserve Other Liabilities (Itemize below)  S Explain  B C	
Special Reserve Other Liabilities (Itemize below)  S Explain  B C D	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  C D E E	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  Explain  Explain  Explain  Explain  Explain	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  C D E F G G E S S S S S S S S S S S S S S S S S	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  Explain  Explain  Explain  Explain  Explain	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  C C D E F G G H I I	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  C C C C C C C C C C C C C C C C C C	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  C C C C C C C C C C C C C C C C C C	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  C C C C C C C C C C C C C C C C C C	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain  Explain  Explain  C C C C C C C C C C C C C C C C C C	
Special Reserve Other Liabilities (Itemize below)  S Explain  Explain	
Special Reserve Other Liabilities (Itemize below)  S C C C C C C C C C C C C C C C C C C	
Special Reserve	

	Underwriter 1	
. gazzeg	2004	
ASSETS	Dollar Amount	1
Cash and Cash Equivalents		
Balance in Letter of Credit (LOC) Account		
Interest Income Receivable		
Program Income Receivable		
Prepaid Expenses		
Other Assets (Itemize below)	\$ -	Explain
A		
В		
С		
D		
Е		
F		
G		
H		
I		
J		
K		
L		
М		
N		
0		
P		
o		
R		
S T		
LIABILITIES		1
Health Benefits Accrued but Unpaid		
Accrued Administrative Expenses and Retentions		1
Special Reserve		
Other Liabilities (Itemize below)	\$ -	Explain
A		
В		
С		
D		
E		
F		
G		
Н		
I		
J		
K		
L		
M		
N		
0		
P		
o		
R		
s		
T		
•		

ASSETS		Underwriter 2	
Cash and Cash Equivalents   Balanes in Letter of Credit (J.O.C.) Account   Interest Income Receivable   Program			
Balance in Letter of Credit (LOC) Account   Interest Income Receivable   Program Inc		Dollar Amount	•
Interest Income Receivable   Pregrant Income Receivable   Pregrant Expenses	Cash and Cash Equivalents		
Program Income Receivable Propaid Exploses Other Assets (Itemize below)    S			
Prepaid Expenses			
Other Assets (Itenize below)    C			
A			
B	Other Assets (Itemize below)	\$ -	Explain
C	A		
	В		
F	C		
F	D		
	E		
H	F		
H	G		
	Н		
	I		
L			
M			
N			
O			
P			
C			
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  B B B B B B B B B B B B B B B B B B			
TOTAL ASSETS   S			
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  C  C  D  D  E  F  G  H  H  H  H  H  H  H  H  H  H  H  H	R		
TOTAL ASSETS  LIABILITIES  Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  C C C D E F G G G H I I I I I I I I I I I I I I I I			
Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  S Explain  Exp	TOTAL ASSETS	\$ -	
Accrued Administrative Expenses and Retentions   Special Reserve	LIABILITIES	\$ -	
Special Reserve	LIABILITIES  Health Benefits Accrued but Unpaid	\$ -	
Other Liabilities (Itemize below)   \$	LIABILITIES  Health Benefits Accrued but Unpaid  Service Charges Accrued but Unpaid	\$ -	
A B C C C C C C C C C C C C C C C C C C	LIABILITIES  Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions	\$ -	
B C C C C C C C C C C C C C C C C C C C	LIABILITIES  Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve		Fynlain
C	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)		Explain
D	LIABILITIES  Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)		Explain
E	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below) A B		Explain
F G	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C		Explain
G	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D		Explain
H	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E		Explain
1	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F		Explain
K	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G		Explain
K	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G		Explain
L	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I		Explain
M	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C D E F G G H		Explain
N	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C D E F G G H I J K		Explain
O P O O O O O O O O O O O O O O O O O O	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G G H I J K L		Explain
P	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G G H I J K L M		Explain
Q R S S	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N		Explain
R S	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C D E F G G H I J J K L M N O		Explain
S	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C D E F G H I J J K L M N O P		Explain
	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C C D E F G G H I J K L M N O P Q		Explain
	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G G H I J J K L L M N O P Q R		Explain
	LIABILITIES Health Benefits Accrued but Unpaid Service Charges Accrued but Unpaid Accrued Administrative Expenses and Retentions Special Reserve Other Liabilities (Itemize below)  A B C D E F G H I J J K L M N O P Q R S		Explain

	Notes
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

## STATEMENT OF CASH FLOWS FOR CALENDAR YEAR 2004

Carrier Name
Code ##

	Notes
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	

## Carrier Name Code

A B

.

C

D

E

F

G

Н

]

J

K

L

M

N

o

P

Q

R

S

T

- Note 1
- Note 2
- Note 3
- Note 4
- Note 5
- Note 6
- Note 7
- Note 8
- Note 9
- Note 10

#### CARRIER LETTER WORKSHEET **Calculation Checks** Consolidated 20 Allowed dollar difference 0.1% Allowed percentage difference Carrier Name Carrier Name Code ## Status Difference PCT Difference Explain Check 1 Summary Statement Total Paid Admin Expenses =Total from Monthly Cash Flow Wksht. Check 2 Administrative Expenses Charged Below Contract Limit Check 3 Health Benefits Charges Monthly Claims Paid Total = Claims Paid By Type Total #DIV/0! Check 4 Summary Statement Carrier Investment Income = Monthly Cash Flow Investment Income #DIV/0! #DIV/0! Check 5 Balance Sheet Cash&Cash Equivalents = Statement of Cash Flows Ending Balance #DIV/0! #DIV/0! Check 6 Statement of Cash Flows Worksheet Ties BOY, EOY Cash and Cash Equivalents #DIV/0! #DIV/0! Notes Note 1 Note 2 Note 3 Note 4 Note 5 Note 6 Note 7 Note 8 Note 9 Note 10