



**MONTHLY CASH FLOWS  
FOR CALENDAR YEAR 2004  
Consolidated**

Carrier Name:   
 Code:

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

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

**TOTAL**

\$	-	\$	-	\$	-	\$	-
----	---	----	---	----	---	----	---

USES OF CASH					
	Claims Paid	Admin Expense	Non-LOC Investment Purchases	Other Uses	Explain Uses
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	

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

**ADMINISTRATIVE EXPENSES  
FOR CALENDAR YEAR 2004**

Carrier Name   
Code

	Consolidated	High Option	Standard Option	DOD High	DOD Standard	Basis for Allocation
<b>ADMINISTRATIVE EXPENSES</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	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL ACTUAL EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	
Expenses Subject To Limitation	\$ -	\$ -	\$ -	\$ -	\$ -	
Contract Limitation	\$ -					
Clearinghouse Expense	\$ -					
Vendor Cost Containment Allowed per Contract	\$ -	\$ -	\$ -	\$ -	\$ -	
IPA Audit Fees	\$ -					
<b>TOTAL CHARGED TO CONTRACT(Actual)</b>	\$ -					
<b>TOTAL CHARGED TO CONTRACT(Calculated)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>DIFFERENCE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	

**OTHER ADMINISTRATIVE EXPENSES  
FOR CALENDAR YEAR 2004  
High Option**

	Item	Plan Total Expense	FEHBP Expense	Subject to Ceiling	FEHBP Percent	Basis for Allocation
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						
Q						
R						
S						
T						

**OTHER ADMINISTRATIVE EXPENSES  
FOR CALENDAR YEAR 2004  
Standard Option**

	Item	Plan Total Expense	FEHBP Expense	Subject to Ceiling	FEHBP Percent	Basis for Allocation
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						
Q						
R						
S						
T						

**OTHER ADMINISTRATIVE EXPENSES**

**FOR CALENDAR YEAR 2004**

**DOD High**

	Item	Plan Total Expense	FEHBP Expense	Subject to Ceiling	FEHBP Percent	Basis for Allocation
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						
Q						
R						
S						
T						

**OTHER ADMINISTRATIVE EXPENSES**

**FOR CALENDAR YEAR 2004**

**DOD Standard**

	Item	Plan Total Expense	FEHBP Expense	Subject to Ceiling	FEHBP Percent	Basis for Allocation
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						
Q						
R						
S						
T						

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

Item	Consolidated	High Option	Standard Option	DOD High	DOD Standard	
PPO	\$ -					
Pre-Certification	\$ -					
Second Surgical Opinion	\$ -					
Case Management	\$ -					
Prescription Benefit Manager	\$ -					
MHSA Vendor	\$ -					
Other (Itemize below)	\$ -	\$ -	\$ -	\$ -	\$ -	Explain
A	\$ -					
B	\$ -					
C	\$ -					
D	\$ -					
E	\$ -					
F	\$ -					
G	\$ -					
H	\$ -					
I	\$ -					
J	\$ -					
K	\$ -					
L	\$ -					
M	\$ -					
N	\$ -					
O	\$ -					
P	\$ -					
Q	\$ -					
R	\$ -					
S	\$ -					
T	\$ -					
<b>TOTAL EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	

	Notes
Note 1	
Note 2	
Note 3	
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Note 7	
Note 8	
Note 9	
Note 10	



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

Carrier Name   
Code

**Consolidated**

**PART A - Monthly Claims Paid**  
Health Benefits Charges Accrued but Unpaid BOY  
Health Benefits Charges Accrued but Unpaid EOY

MONTH	AMOUNT ACCRUED		YEAR INCURRED		
	Balance of Prior Year Accrued Charges	AMOUNT PAID	2004	2003	2002 and Prior
January	\$ -	\$ -	\$ -	\$ -	\$ -
February	\$ -	\$ -	\$ -	\$ -	\$ -
March	\$ -	\$ -	\$ -	\$ -	\$ -
April	\$ -	\$ -	\$ -	\$ -	\$ -
May	\$ -	\$ -	\$ -	\$ -	\$ -
June	\$ -	\$ -	\$ -	\$ -	\$ -
July	\$ -	\$ -	\$ -	\$ -	\$ -
August	\$ -	\$ -	\$ -	\$ -	\$ -
September	\$ -	\$ -	\$ -	\$ -	\$ -
October	\$ -	\$ -	\$ -	\$ -	\$ -
November	\$ -	\$ -	\$ -	\$ -	\$ -
December	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -

**PART B - Number of Claims Paid By Type**

TOTAL	NUMBER OF CLAIMS		
	2004	2003	2002 and Prior
Hospitalization	0	0	0
Physicians	0	0	0
Drugs	0	0	0
Other	0	0	0
<b>Total</b>	0	0	0

**PART C - Claims Paid By Type**

AMOUNT PAID	
Hospitalization	\$ -
Physicians	\$ -
Drugs	\$ -
Other	\$ -
<b>Total</b>	\$ -

**PART D - Reconciliation of Health Benefit Charges Paid**

Total Claims Paid (From Part A above)	\$ -
Less: Reinsurance Recovery	\$ -
Other Adjustments	\$ -
<b>Total (Copied to Line 2a on Summary Statement)</b>	\$ -

High Option

**PART A - Monthly Claims Paid**  
 Health Benefits Charges Accrued but Unpaid BOY  
 Health Benefits Charges Accrued but Unpaid EOY

MONTH

	AMOUNT ACCRUED		YEAR INCURRED		
	Balance of Prior Year Accrued Charges	AMOUNT PAID	2004	2003	2002 and Prior
January	\$ -	\$ -			
February	\$ -	\$ -			
March	\$ -	\$ -			
April	\$ -	\$ -			
May	\$ -	\$ -			
June	\$ -	\$ -			
July	\$ -	\$ -			
August	\$ -	\$ -			
September	\$ -	\$ -			
October	\$ -	\$ -			
November	\$ -	\$ -			
December	\$ -	\$ -			
Total	\$ -	\$ -	\$ -	\$ -	\$ -

**PART B - Number of Claims Paid By Type**

	TOTAL	NUMBER OF CLAIMS YEAR INCURRED		
		2004	2003	2002 and Prior
Hospitalization	0			
Physicians	0			
Drugs	0			
Other (Itemize below)	0	0	0	0
A	0			
B	0			
C	0			
D	0			
E	0			
F	0			
G	0			
H	0			
I	0			
J	0			
K	0			
L	0			
M	0			
N	0			
O	0			
P	0			
Q	0			
R	0			
S	0			
T	0			
Total	0	0	0	0

High

**PART C - Claims Paid By Type**

	AMOUNT PAID
Hospitalization	
Physicians	
Drugs	
Other (Itemize below)	\$ -
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
<b>Total</b>	<b>\$ -</b>

**PART D - Reconciliation of Health Benefit Charges Paid**

Total Claims Paid (From Part A above)	\$ -
Less: Reinsurance Recovery	
Other (Itemize below)	\$ -
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
<b>Total (Copied to Line 2a on Summary Statement)</b>	<b>\$ -</b>

Standard Option

PART A - Monthly Claims Paid  
 Health Benefits Charges Accrued but Unpaid BOY  
 Health Benefits Charges Accrued but Unpaid EOY

MONTH

AMOUNT ACCRUED	YEAR INCURRED				
	Balance of Prior Year Accrued Charges	AMOUNT PAID	2004	2003	2002 and Prior
January	\$ -	\$ -			
February	\$ -	\$ -			
March	\$ -	\$ -			
April	\$ -	\$ -			
May	\$ -	\$ -			
June	\$ -	\$ -			
July	\$ -	\$ -			
August	\$ -	\$ -			
September	\$ -	\$ -			
October	\$ -	\$ -			
November	\$ -	\$ -			
December	\$ -	\$ -			
Total	\$ -	\$ -	\$ -	\$ -	\$ -

PART B - Number of Claims Paid By Type

	TOTAL	NUMBER OF CLAIMS YEAR INCURRED		
		2004	2003	2002 and Prior
Hospitalization	0			
Physicians	0			
Drugs	0			
Other (Itemize below)	0	0	0	0
A	0			
B	0			
C	0			
D	0			
E	0			
F	0			
G	0			
H	0			
I	0			
J	0			
K	0			
L	0			
M	0			
N	0			
O	0			
P	0			
Q	0			
R	0			
S	0			
T	0			
Total	0	0	0	0

Standard	PART C - Claims Paid By Type	AMOUNT PAID
	Hospitalization	
	Physicians	
	Drugs	
	Other (Itemize below)	\$ -
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
	<b>Total</b>	\$ -

PART D - Reconciliation of Health Benefit Charges Paid		
	Total Claims Paid (From Part A above)	\$ -
	Less: Reinsurance Recovery	
	Other (Itemize below)	\$ -
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
	<b>Total (Copied to Line 2a on Summary Statement)</b>	\$ -



DOD High		AMOUNT PAID
<b>PART C - Claims Paid By Type</b>		
	Hospitalization	
	Physicians	
	Drugs	
	Other (Itemize below)	\$ -
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
	<b>Total</b>	\$ -

<b>PART D - Reconciliation of Health Benefit Charges Paid</b>		
	Total Claims Paid (From Part A above)	\$ -
	Less: Reinsurance Recovery	
	Other (Itemize below)	\$ -
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
	<b>TOTAL (Copied to Line 2a on Summary Statement)</b>	\$ -





DOD Standard PART C - Claims Paid By Type		AMOUNT PAID
	Hospitalization	
	Physicians	
	Drugs	
	Other (Itemize below)	\$ -
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
	<b>Total</b>	\$ -

PART D - Reconciliation of Health Benefit Charges Paid		
	Total Claims Paid (From Part A above)	\$ -
	Less: Reinsurance Recovery	
	Other (Itemize below)	\$ -
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
	<b>Total (Copied to Line 2a on Summary Statement)</b>	\$ -

	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   
Code

	Audit Number	Dollar Amount	Year	Finding
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

**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   
Code

	Dollar Amount	Year	High Option Explain
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
<b>TOTAL</b>	<input type="text" value="\$ -"/>		

	Dollar Amount	Year	Standard Option Explain
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
<b>TOTAL</b>	<input type="text" value="\$ -"/>		

	Dollar Amount	Year	DOD High Explain
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
<b>TOTAL</b>	\$	-	

	Dollar Amount	Year	DOD Standard Explain
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
<b>TOTAL</b>	\$	-	

	Notes
Note 1	
Note 2	
Note 3	
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Note 8	
Note 9	
Note 10	

**SUMMARY STATEMENT  
FEHBP FINANCIAL OPERATIONS  
FOR CALENDAR YEAR 2004**

Carrier Name   
Code

	CONSOLIDATED	HIGH	STANDARD	DOD High	DOD Standard
<b>1. PROGRAM INCOME</b>					
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	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. HEALTH BENEFITS CHARGES</b>					
a. Paid	\$ -	\$ -	\$ -	\$ -	\$ -
b. Accrued but Unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(1) Beginning	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Ending	\$ -	\$ -	\$ -	\$ -	\$ -
c. Total Health Benefit Charges	\$ -	\$ -	\$ -	\$ -	\$ -
<b>3. ADMINISTRATIVE EXPENSES CHARGED TO CONTRACT</b>					
a. Paid	\$ -				
b. Clearinghouse	\$ -	\$ -	\$ -	\$ -	\$ -
c. Accrued but Unpaid	\$ -	\$ -	\$ -	\$ -	\$ -
(1) Beginning	\$ -				
(2) Ending	\$ -				
d. Total Administrative Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
<b>4. OTHER EXPENSES AND RETENTIONS</b>					
a. State Statutory Reserve	\$ -				
b. Reinsurance Expenses	\$ -				
c. Service Charge	\$ -				
d. Other (use worksheet below)	\$ -	\$ -	\$ -	\$ -	\$ -
e. Total Other Expenses And Retentions	\$ -	\$ -	\$ -	\$ -	\$ -
<b>5. CHANGES TO SPECIAL RESERVE</b>					
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		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
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O		
P		
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S		
T		

	Description	Standard Option Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		

	Description	DOD High Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		

	Description	DOD Standard Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		



**Other Changes to Special Reserve Detail**

	Description	High Option Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		

	Description	Standard Option Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		

	Description	DOD High Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		

	Description	DOD Standard Amount
A		
B		
C		
D		
E		
F		
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H		
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	Notes
Note 1	
Note 2	
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Note 9	
Note 10	

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

Carrier Name   
Code

	Consolidated	High Option	Standard Option	DOD High	DOD Standard
<b>1. Reserves Held by Carrier</b>					
<b>a. Ending Special Reserve Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>b. Ending Accrued but Unpaid Health Benefits Charges</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>c. Total (Line 1a + Line 1b)</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. One Month's Average Expenses</b>					
<b>a. Average Monthly Claims Paid</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Claims paid-last six months of CALENDAR Year					
July	\$ -	\$ -	\$ -	\$ -	\$ -
August	\$ -	\$ -	\$ -	\$ -	\$ -
September	\$ -	\$ -	\$ -	\$ -	\$ -
October	\$ -	\$ -	\$ -	\$ -	\$ -
November	\$ -	\$ -	\$ -	\$ -	\$ -
December	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>b. Average Monthly Administrative Expenses and Retentions (Summary Statement Line 3c + Line 4e x 1/12)</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>c. Average Total Monthly Expenses (Line 2a + Line 2b)</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>3. Target Level of Carrier-Held Reserves (Line 2c x 3.5)</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>4. Status of Reserves</b>					
<b>a. Reserves Excess</b>	\$ -	\$ -	\$ -	\$ -	\$ -
(if the amount on Line 1c is greater than the amount on Line 3, enter the difference here.)					
<b>Reserves Deficiency</b>	\$ -	\$ -	\$ -	\$ -	\$ -

(if the amount on Line 3 is greater than 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 Name	Carrier Name
Code	##

	Consolidated
<b>1. Number of Offsets BOY</b>	
<b>2. Offsets Dollar Balance BOY</b>	
<b>3. Number of New Treasury Offsets</b>	
<b>4. Dollar Amount of New Treasury Offsets</b>	
<b>5. Number of Repaid Offsets</b>	
<b>6. Amount Repaid to Program</b>	
<b>7. Other</b>	
<b>8. Number of Offsets EOY</b>	0
<b>9. Offsets Dollar Balance EOY</b>	\$ -

	Notes
<b>Note 1</b>	
<b>Note 2</b>	
<b>Note 3</b>	
<b>Note 4</b>	
<b>Note 5</b>	
<b>Note 6</b>	
<b>Note 7</b>	
<b>Note 8</b>	
<b>Note 9</b>	

**Note 10**



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

Carrier Name   
Code

**Consolidated**

		2003	
ASSETS		Dollar Amount	
	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)	\$	-
A			Explain
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			
	<b>TOTAL ASSETS</b>	\$	-



**LIABILITIES**

**Health Benefits Accrued but Unpaid**

\$ -

**Accrued Administrative Expenses and Retentions**

\$ -

**Special Reserve**

\$ -

**Other Liabilities (Itemize below)**

\$ -

**Explain**

A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
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**TOTAL LIABILITIES**

\$ -

**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**

Carrier Name   
Code

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	\$	-
<b>TOTAL ASSETS</b>	\$	-

**LIABILITIES**

Health Benefits Accrued but Unpaid	\$	-
Accrued Administrative Expenses and Retentions	\$	-
Special Reserve	\$	-
Other Liabilities	\$	-
<b>TOTAL LIABILITIES</b>	\$	-

**High Option  
2004  
Dollar Amount**

**ASSETS**

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		
B		
C		
D		
E		
F		
G		
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I		
J		
K		
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O		
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**TOTAL ASSETS** \$ -

**LIABILITIES**

Health Benefits Accrued but Unpaid	\$ -	
Accrued Administrative Expenses and Retentions	\$ -	
Special Reserve	\$ -	
Other Liabilities (Itemize below)	\$ -	Explain
A		
B		
C		
D		
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**TOTAL LIABILITIES** \$ -

**Standard Option  
2004**

Dollar Amount

**ASSETS**

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		
B		
C		
D		
E		
F		
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I		
J		
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**TOTAL ASSETS**

\$ -

**LIABILITIES**

Health Benefits Accrued but Unpaid	\$ -	
Accrued Administrative Expenses and Retentions	\$ -	
Special Reserve	\$ -	
Other Liabilities (Itemize below)	\$ -	Explain
A		
B		
C		
D		
E		
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**TOTAL LIABILITIES**

\$ -

**DOD High  
2004  
Dollar Amount**

**ASSETS**

Cash and Cash Equivalents		
Balance in Letter of Credit (LOC) Account		
Interest Income Receivable		
Program Income Receivable		
Prepaid Expenses		
Other Assets (Itemize below)	\$	-
<b>Explain</b>		
A		
B		
C		
D		
E		
F		
G		
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**TOTAL ASSETS**

\$ -

**LIABILITIES**

Health Benefits Accrued but Unpaid	\$	-
Accrued Administrative Expenses and Retentions	\$	-
Special Reserve	\$	-
Other Liabilities (Itemize below)	\$	-
<b>Explain</b>		
A		
B		
C		
D		
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**TOTAL LIABILITIES**

\$ -

		DOD Standard 2004 Dollar Amount	
<b>ASSETS</b>			
	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			
B			
C			
D			
E			
F			
G			
H			
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**TOTAL ASSETS** \$ -

<b>LIABILITIES</b>			
	Health Benefits Accrued but Unpaid	\$ -	
	Accrued Administrative Expenses and Retentions	\$ -	
	Special Reserve	\$ -	
	Other Liabilities (Itemize below)	\$ -	Explain
A			
B			
C			
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**TOTAL LIABILITIES** \$ -

**Underwriter 1  
2004  
Dollar Amount**

**ASSETS**

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		
B		
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**TOTAL ASSETS** \$ -

**LIABILITIES**

Health Benefits Accrued but Unpaid		
Accrued Administrative Expenses and Retentions		
Special Reserve		
Other Liabilities (Itemize below)	\$ -	Explain
A		
B		
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S		
T		

**TOTAL LIABILITIES** \$ -



**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		
Other Assets (Itemize below)	\$ -	Explain
A		
B		
C		
D		
E		
F		
G		
H		
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J		
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**TOTAL ASSETS**

\$ -

**LIABILITIES**

Health Benefits Accrued but Unpaid		
Service Charges Accrued but Unpaid		
Accrued Administrative Expenses and Retentions		
Special Reserve		
Other Liabilities (Itemize below)	\$ -	Explain
A		
B		
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**TOTAL LIABILITIES**

\$ -

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

Notes	

**STATEMENT OF CASH FLOWS  
FOR CALENDAR YEAR 2004**

Carrier Name   
Code

Consolidated	2004
	Dollar Amount
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	
Net Gain (Loss)	\$ -
<b>Adjustments to Reconcile Net Gain to Net Cash Provided by (used in) Operating Activities:</b>	
Total Adjustments	\$ -
Prior Period Adjustments	\$ -
Contingency Reserve Payments	\$ -
Return of Excess Reserves	\$ -
Other	\$ -
Non-LOC Investment Income	\$ -
Net Purchase of Investments	\$ -
<b>Change in Assets (show increase as positive)</b>	
Total Change in Assets	\$ -
Letter of Credit Account	\$ -
Interest Income Receivable	\$ -
Program Income Receivable	\$ -
Prepaid Expenses	\$ -
Due for Treasury Offset	\$ -
Other Assets	\$ -
<b>Change in Liabilities (show increase as positive)</b>	
Total Change In Liabilities	\$ -
Health Benefits Charges Accrued but Unpaid	\$ -
Accrued Administrative Expenses	\$ -
Other Accrued Liabilities	\$ -
<b>TOTAL ADJUSTMENTS</b>	\$ -
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	\$ -
<b>CASH FLOWS FROM INVESTMENT ACTIVITIES</b>	
Proceeds from Sale of Investments	\$ -
Purchase of Investments	\$ -
Non-LOC Investment Income	\$ -
Net Cash Provided By Investing Activities	\$ -
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>	
Cash and Cash Equivalents, Beginning of Year	\$ -
Cash and Cash Equivalents, End of Year	\$ -

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

**Carrier Name  
Code**

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- 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**

Carrier Name   
 Code

\$	20	Allowed dollar difference
	0.1%	Allowed percentage difference

- 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
- Check 4** Summary Statement Carrier Investment Income = Monthly Cash Flow Investment Income
- Check 5** Balance Sheet Cash&Cash Equivalents = Statement of Cash Flows Ending Balance
- Check 6** Statement of Cash Flows Worksheet Ties BOY, EOY Cash and Cash Equivalents

Status	Difference	PCT Difference	Explain
#DIV/0!	0	#DIV/0!	
#DIV/0!	0	#DIV/0!	
#DIV/0!	0	#DIV/0!	
#DIV/0!	0	#DIV/0!	
#DIV/0!	0	#DIV/0!	
#DIV/0!	0	#DIV/0!	

	Notes
<b>Note 1</b>	
<b>Note 2</b>	
<b>Note 3</b>	
<b>Note 4</b>	
<b>Note 5</b>	
<b>Note 6</b>	
<b>Note 7</b>	
<b>Note 8</b>	
<b>Note 9</b>	
<b>Note 10</b>	