

<b>Div. No.</b>	<b>OCA</b>	<b>OL1</b>	<b>Subfund</b>	<b>OL3</b>	<b>Type</b>	<b>Amount</b>
46-01	460007	3	208	3362	Medical Adm. fee	3,000,000
	460004	3	208	3363	Medical Claims	98,557,672
	461029	3	208	3362	COBRA	15,000
<b>Subtotal</b>						<b>101,572,672</b>
46-01	461051	3	208	3363	Medical (Clinic) Claims	305,000
46-01	460009	3	207	3362	Dental Adm. Fee	350,000
	460003	3	207	3363	Dental Claims	5,000,000
<b>Subtotal</b>						<b>5,350,000</b>
46-01	460005	3	209	3363	Drug Claims	30,500,000
46-01	461001	3	204	3362	Vision Adm. Fee	82,000
	461052	3	204	3363	Vision Claims	860,000
<b>Subtotal</b>						<b>942,000</b>
46-01	461000	3	203	3362	Life Insurance	1,100,000
46-01	460008	3	211	3362	Disability Adm. Fee	83,000
	461042	3	211	3363	Disability Claims	2,858,028
<b>Subtotal</b>						<b>2,941,028</b>

TOTAL 142,710,700