

Div. No.	OCA	OL1	Subfund	OL3	Type	Amount	Total
46-01	460009	3	207	3362	Dental Adm Fee	282,720.00	
	460003	3	207	3363	Dental Claims	6,558,480.00	
Subtotal						6,841,200.00	6,841,200.00