

<b>Div. No.</b>	<b>OCA</b>	<b>OL1</b>	<b>Subfund</b>	<b>OL3</b>	<b>Type</b>	<b>Amount</b>
46-01	460009	3	207	3362	Dental Adm Fee	300,000
	460003	3	207	3363	Dental Claims	6,400,000
Subtotal						

**Total**

6,700,000