HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2005

OF THE CONDITION AND AFFAIRS OF THE

AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

NAIC Group Code 1219 (Current) 1219 (Prior) NAIC Company Code 11559 Employer's ID Number 58-2302163

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Arkansas

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office 100 Mansell Court East, Suite 400 (Street and Number), Roswell , GA 30076 (City or Town, State and Zip Code)

Main Administrative Office 100 Mansell Court East, Suite 400 (Street and Number)
Roswell , GA 30076 (City or Town, State and Zip Code), 770-998-8936 (Area Code) (Telephone Number)

Mail Address 100 Mansell Court East, Suite 400 (Street and Number or P.O. Box), Roswell , GA 30076 (City or Town, State and Zip Code)

Primary Location of Books and Records 100 Mansell Court East, Suite 400 (Street and Number)
Roswell , GA 30076 (City or Town, State and Zip Code), 770-998-8936 (Area Code) (Telephone Number)

Internet Website Address www.compbenefits.com

Statutory Statement Contact Stephanie Lyn Endres (Name), 770-998-8936-8408 (Area Code) (Telephone Number)
sendres@compbenefits.com (E-mail Address), 770-518-8102 (FAX Number)

Policyowner Relations Contact 100 Mansell Court East, Suite 400 (Street and Number)
Roswell , GA 30076 (City or Town, State and Zip Code), 770-998-8936 (Area Code) (Telephone Number)

OFFICERS

President Kirk Edward Rothrock Treasurer George William Dunaway
Secretary Bruce Alexander Mitchell

OTHER

Bruce Alexander Mitchell George William Dunaway Steven Kenneth Isaacs

DIRECTORS OR TRUSTEES

Kirk Edward Rothrock Bruce Alexander Mitchell George William Dunaway

State of Georgia
County of Fulton SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kirk Edward Rothrock	Bruce Alexander Mitchell	George William Dunaway
President	Secretary	Treasurer

Subscribed and sworn to before me this 12th day of August, 2005

a. Is this an original filing? Yes [X] No [ ]
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
1. Bonds	105,273	0	105,273	105,355
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ 0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less $ 0 encumbrances)	0	0	0	0
5. Cash ($ 0), cash equivalents ($ 0), and short-term investments ($ 141,000)	141,000	0	141,000	99,090
6. Contract loans, (including $ 0 premium notes)	0	0	0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities	0	0	0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	246,273	0	246,273	204,445
11. Title plants less $ 0 charged off (for Title insurers only)	0	0	0	0
12. Investment income due and accrued	898	0	898	799
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	2,913	420	2,493	1,297
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ 0 earned but unbilled premiums)	0	0	0	0
13.3 Accrued retrospective premiums	0	0	0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	0	0	0	0
14.2 Funds held by or deposited with reinsured companies	0	0	0	0
14.3 Other amounts receivable under reinsurance contracts	0	0	0	0
15. Amounts receivable relating to uninsured plans	0	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
16.2 Net deferred tax asset	1,641	1,307	334	493
17. Guaranty funds receivable or on deposit	0	0	0	0
18. Electronic data processing equipment and software	0	0	0	0
19. Furniture and equipment, including health care delivery assets ($ 0)	0	0	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
21. Receivables from parent, subsidiaries and affiliates	0	0	0	13,409
22. Health care ($ 0) and other amounts receivable	0	0	0	0
23. Aggregate write-ins for other than invested assets	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	251,725	1,727	249,998	220,443
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
26. Total (Lines 24 and 25)	251,725	1,727	249,998	220,443
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0

0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ 0 reinsurance ceded)	415	0	415	749
2.	Accrued medical incentive pool and bonus amounts	0	0	0	0
3.	Unpaid claims adjustment expenses	0	0	0	0
4.	Aggregate health policy reserves	10,600	0	10,600	15,902
5.	Aggregate life policy reserves	0	0	0	0
6.	Property/casualty unearned premium reserve	0	0	0	0
7.	Aggregate health claim reserves	0	0	0	0
8.	Premiums received in advance	0	0	0	0
9.	General expenses due or accrued	1,018	0	1,018	1,405
10.1	Current federal and foreign income tax payable and interest thereon (including $ 0 on realized gains (losses))	0	0	0	0
10.2	Net deferred tax liability	34	0	34	0
11.	Ceded reinsurance premiums payable	0	0	0	0
12.	Amounts withheld or retained for the account of others	0	0	0	0
13.	Remittances and items not allocated	0	0	0	0
14.	Borrowed money (including $ 0 current) and interest thereon $ 0 (including $ 0 current)	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates	6,857	0	6,857	0
16.	Payable for securities	0	0	0	0
17.	Funds held under reinsurance treaties (with $ 0 authorized reinsurers and $ 0 unauthorized reinsurers)	0	0	0	0
18.	Reinsurance in unauthorized companies	0	0	0	0
19.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
20.	Liability for amounts held under uninsured accident and health plans	0	0	0	0
21.	Aggregate write-ins for other liabilities (including $ 0 current)	35	0	35	0
22.	Total liabilities (Lines 1 to 21)	18,959	0	18,959	18,056
23.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24.	Common capital stock	XXX	XXX	100,000	100,000
25.	Preferred capital stock	XXX	XXX	0	0
26.	Gross paid in and contributed surplus	XXX	XXX	2,607,976	2,607,976
27.	Surplus notes	XXX	XXX	0	0
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29.	Unassigned funds (surplus)	XXX	XXX	(2,476,937)	(2,505,589)
30.	Less treasury stock, at cost:				
	30.1 0 shares common (value included in Line 24 $ 0)	XXX	XXX	0	0
	30.2 0 shares preferred (value included in Line 25 $ 0)	XXX	XXX	0	0
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	231,039	202,387
32.	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	249,998	220,443
	DETAILS OF WRITE-INS				
2101.	Outstanding Checks Payable	35	0	35	0
2102.					
2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199.	Totals (Lines 2101 through 2103 plus 2198)(Line 21 above)	35	0	35	0
2301.		XXX	XXX		
2302.		XXX	XXX		
2303.		XXX	XXX		
2398.	Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	XXX	XXX	0	0
2801.		XXX	XXX		
2802.		XXX	XXX		
2803.		XXX	XXX		
2898.	Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899.	Totals (Lines 2801 through 2803 plus 2898)(Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	9,003	33,578
2.	Net premium income (including $ 0 non-health premium income)	XXX	78,459	301,436
3.	Change in unearned premium reserves and reserve for rate credits	XXX	5,302	(888)
4.	Fee-for-service (net of $ 0 medical expenses)	XXX	0	0
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	83,761	300,548
	Hospital and Medical:			
9.	Hospital/medical benefits	0	0	0
10.	Other professional services	0	27,132	221,150
11.	Outside referrals	0	0	0
12.	Emergency room and out-of-area	0	0	0
13.	Prescription drugs	0	0	0
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts	0	0	0
16.	Subtotal (Lines 9 to 15)	0	27,132	221,150
	Less:			
17.	Net reinsurance recoveries	0	0	0
18.	Total hospital and medical (Lines 16 minus 17)	0	27,132	221,150
19.	Non-health claims (net)	0	0	0
20.	Claims adjustment expenses, including $ 0 cost containment expenses	0	0	0
21.	General administrative expenses	0	17,390	37,515
22.	Increase in reserves for life and accident and health contracts (including $ 0 increase in reserves for life only)	0	0	0
23.	Total underwriting deductions (Lines 18 through 22)	0	44,522	258,665
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	39,239	41,883
25.	Net investment income earned	0	2,492	1,427
26.	Net realized capital gains (losses) less capital gains tax of $ 0	0	0	0
27.	Net investment gains (losses) (Lines 25 plus 26)	0	2,492	1,427
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ 0) (amount charged off $ 0)]	0	0	0
29.	Aggregate write-ins for other income or expenses	0	3,010	9,622
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	44,741	52,932
31.	Federal and foreign income taxes incurred	XXX	15,491	17,772
32.	Net income (loss) (Lines 30 minus 31)	XXX	29,250	35,160
	DETAILS OF WRITE-INS			
0601.		XXX		
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402.				
1403				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901.	Administrative Income	0	3,010	9,622
2902.				
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	3,010	9,622

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	202,387	117,391	117,391
	GAINS AND LOSSES TO CAPITAL & SURPLUS:			
34.	Net income or (loss) from Line 32	29,250	35,160	85,746
35.	Change in valuation basis of aggregate policy and claim reserves	0	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $ 0	0	0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38.	Change in net deferred income tax	(344)	(754)	(1,438)
39.	Change in nonadmitted assets	(254)	40	688
40	Change in unauthorized reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles	0	0	0
44.	Capital Changes:			
	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus	0	0	0
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital	0	0	0
46.	Dividends to stockholders	0	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	28,652	34,446	84,996
49.	Capital and surplus end of reporting period (Line 33 plus 48)	231,039	151,837	202,387
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance	76,858	407,781
2.	Net investment income	2,475	2,685
3.	Miscellaneous income	3,010	13,733
4.	Total (Lines 1 to 3)	82,343	424,199
5.	Benefit and loss related payments	27,466	252,953
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	17,777	53,116
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) $ 15,491 net of tax on capital gains (losses)	15,491	43,957
10.	Total (Lines 5 through 9)	60,734	350,026
11.	Net cash from operations (Line 4 minus Line 10)	21,609	74,173
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	0	105,000
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	105,000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	0	105,492
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	105,492
14.	Net increase (or decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	(492)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	20,301	(4,366)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	20,301	(4,366)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	41,910	69,315
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	99,090	29,775
	19.2 End of period (Line 18 plus Line 19.1)	141,000	99,090

Note: Supplemental disclosures of cash flow information for non-cash transactions:

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	1,690	0	0	0	0	1,690	0	0	0	0	0	0	0
2. First Quarter	1,553	0	0	0	0	1,553	0	0	0	0	0	0	0
3. Second Quarter	1,357	0	0	0	0	1,357	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	9,003	0	0	0	0	9,003	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:													
7 Physician	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	78,459	0	0	0	0	78,459	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	83,761	0	0	0	0	83,761	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	27,466	0	0	0	0	27,466	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	27,132	0	0	0	0	27,132	0	0	0	0	0	0	0

STATEMENT AS OF JUNE 30, 2005 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually Listed Claims Unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered	303	37	24	16	35	415
0499999 Subtotals	303	37	24	16	35	415
0599999 Unreported claims and other claim reserves						0
0699999 Total amounts withheld						0
0799999 Total claims unpaid						415
0899999 Accrued medical incentive pool and bonus amounts						0

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	323	27,143	21	394	344	749
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7 Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	323	27,143	21	394	344	749
10. Healthcare receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals	323	27,143	21	394	344	749

(a) Excludes $ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

There were no changes to Accounting Policies as of June 30, 2005.

2. Accounting Changes and Corrections of Errors

There were no accounting changes as of June 30, 2005.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

The Company did not have any discontinued operations.

5. Investments

None

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investment in Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

No investment income due and accrued was excluded from surplus.

8. Derivative Instruments

The Company has no investments in derivative instruments.

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at June 30 and December 31, are as follows:

	2005	2004
(1) Total of all deferred tax assets (admitted and nonadmitted)	$1,641	$1,951
(2) Total of all deferred tax liabilities	34	0
(3) Total deferred tax assets nonadmitted in accordance with SSAP No. 10, Income Taxes	1,307	1,458
(4) Total of all deferred tax assets	300	493
(5) Increase (decrease) in deferred tax assets nonadmitted	(151)	(233)

B. Not applicable

C. (1) Current income taxes incurred consist of the following major components:

	2005	2004
Expected federal income tax expense	$15,659	$18,526
Allowance for doubtful accounts	(114)	(338)
Capitation Payable	(112)	(38)
Noncompete Agreement	(117)	(117)
Other	175	0
Claims Reseve	0	(261)
Total incurred income taxes	$15,491	$17,772

(2) The main components of the 2005 deferred tax amounts are as follows:

	Statutory	Tax	Difference	Tax Effect
DTAs				
Capitation Reserves	$191	$0	$191	$67
Noncompete Agreement	0	(4,497)	4,497	1,574
DTAs nonadmitted	0	3,734	(3,734)	(1,307)

	Statutory	Tax	Difference	Tax Effect
DTLs				
Allowance for doubtful accts	$96	$0	$96	$34

NOTES TO FINANCIAL STATEMENTS

The main components of the 2004 deferred tax amounts are as follows:

	Statutory	Tax	Difference	Tax Effect
DTAs				
Capitation Reserves	$512	$0	$512	$179
Noncompete Agreement	0	(4,831)	4,831	1,691
Allowance for doubtful accts	230	0	230	81
DTAs nonadmitted	0	4,165	(4,165)	(1,458)

	Statutory	Tax	Difference	Tax Effect
DTLs	$0	$0	$0	$0

(3) The changes in main components of DTAs and DTLs are as follows:

DTAs Resulting From Book/Tax Difference In	2005	2004	Change
DTAs			
Capitation Reserves	$67	$179	$(112)
Noncompete Agreement	1,574	1,691	(117)
Allowance for doubtful accounts	0	81	(81)
DTAs nonadmitted	(1,307)	(1,458)	151

DTLs Resulting From Book/Tax Difference In	2005	2004	Change
Allowance for doubtful accts	$34	$0	$34

D. Net Operating Loss Carry Forwards
(1) None
(2) The amount of federal income taxes incurred in the current year and each preceding year that are available for recoupment in the event of future net losses is $19,429.

E. (1) The Company's federal income tax return is consolidated with the following entities:

CompBenefits Corporation (Ultimate Parent)
CompBenefits Dental and Vision Company
CompBenefits Company
American Dental Plan of Georgia, Inc.
CompBenefits of Alabama, Inc.
American Dental Plan of North Carolina, Inc.
DentiCare, Inc.
CompDent Corporation
Texas Dental Plans, Inc.
Oral Health Services, Inc.
CompDent Preferred Networks, Inc.
Vision Care, Inc.
OHS, Inc.
OHS of Georgia, Inc.
Ultimate Optical, Inc.
Dental Care Plus Management Corp.
CompBenefits Insurance Company
CompBenefits Dental, Inc.
Dental Health Management, Inc.
National Dental Plans, Inc.
American Dental Providers of Arkansas, Inc.
Diamond Dental of Arkansas, Inc.

(2) The operations of the Company are consolidated for federal income tax purposes and filed in a consolidated tax return with the Ultimate Parent. Under a written tax sharing agreement, the Company is allocated a tax provision through the intercompany accounts, as if the Company filed separate income tax returns.

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company is a wholly owned subsidiary of CompBenefits Dental and Vision Company ("Parent"), which is a wholly owned subsidiary of CompBenefits Corporation ("Ultimate Parent").

At June 30, 2005, the Company reported $6,857 as an amount due to the Parent and its affiliates. At December 31, 2004, the Company reported $13,409 as amount due from the Parent and its affiliates. The term of the intercompany agreement requires that these amounts are settled on a timely basis.

The Company has entered into an agreement with Parent, whereby Parent provides marketing, processing, and other administrative services to the Company for a management fee. The management fee may be waived if the Company will have a net loss after recognition of the fee or if such fees impair regulatory capital. The management fee for the periods ended June 30, 2005 and 2004 were $17,056 and $0, respectively.

The Company has no guarantees or undertaking, written or otherwise, for the benefit of an affiliate or related party that results in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

The Company does not own shares of any upstream intermediate or of the Parent Company.

NOTES TO FINANCIAL STATEMENTS

The Company does not have any investments with the Parent Company or any of its subsidiaries and affiliates.

The stock of the Company is pledged as collateral on the outstanding senior obligations of the Parent Company.

11. Debt

The Company has no outstanding debt.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company has no retirement or deferred compensation plans for officers or employees.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganization

The Company provides this information on an annual basis on the annual statement.

14. Contingencies

The Company has no material contingent liabilities as of June 30, 2005.

15. Leases

The Company does not have any material lease obligations.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company does not have any financial instruments in the above mentioned categories.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

The net gain was not due to uninsured plans or the uninsured portion of partially insured plans.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company does not have any managing general agents or third party administrators who write an amount of premiums equal to or greater than 5% of surplus.

20. September 11 Events

None

21. Other Items

None

22. Events Subsequent

The Company did not have any events subsequent.

23. Reinsurance

Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company did not have any retrospectively rated contracts or contracts subject to redetermination.

25. Change in Incurred Claims and Claim Adjustment Expenses

The Company experienced no significant changes in the provision for incurred claims and claim adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

NOTES TO FINANCIAL STATEMENTS

The Company does not have any intercompany pooling arrangements.

27. Structured Settlements

Not applicable

28. Health Care Receivables

The Company does not have health care receivables.

29. Participating Policies

The Company does not have participating policies.

30. Premium Deficiency Reserves

The Company did not have premium deficiency reserves as of June 30, 2005.

31. Anticipated Salvage and Subrogation

The Company does not have any estimates of anticipated salvage and subrogation.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes that would require disclosure in the Notes to the Financial Statements? Yes [ ] No [X]

1.2 If yes, explain:

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

3.2 If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] N/A [ ]

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2004

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/25/2005

7.4 By what department or departments? Arkansas Department of Insurance

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [ ] No [X]

8.2 If yes, give full information:

9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

9.2 If response to 9.1 is yes, please identify the name of the bank holding company.

9.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

GENERAL INTERROGATORIES

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [ ] No [X]

11.2 If yes, explain:

12.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

12.2 If yes, give full and complete information relating thereto:

13. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

14. Amount of real estate and mortgages held in short-term investments: $ 0

15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

15.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
15.21 Bonds	$ 0	$ 0
15.22 Preferred Stock	$ 0	$ 0
15.23 Common Stock	$ 0	$ 0
15.24 Short-Term Investments	$ 0	$ 0
15.25 Mortgage Loans on Real Estate	$ 0	$ 0
15.26 All Other	$ 0	$ 0
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26)	$ 0	$ 0
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above	$ 0	$ 0

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]
If no, attach a description with this statement.

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity' s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of America	P.O. Box 1681 Little Rock, AR 72203

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A			

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
None		

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

18.2 If no, list exceptions:

SCHEDULE A - VERIFICATION

Real Estate

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Increase (decrease) by adjustment		
3.	Cost of acquired		
4.	Cost of additions to and permanent improvements		
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period		
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)		
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year to Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2.	Amount loaned during period:		
	2.1. Actual cost at time of acquisitions		
	2.2. Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

NONE

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period:		
	2.1. Actual cost at time of acquisitions		
	2.2. Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	105,355	105,019
2.	Cost of bonds and stocks acquired	0	105,492
3.	Accrual of discount	0	0
4.	Increase (decrease) by adjustment	0	0
5.	Increase (decrease) by foreign exchange adjustment	0	0
6.	Total profit (loss) on disposal	0	0
7.	Consideration for bonds and stocks disposed of	0	105,000
8.	Amortization of premium	82	156
9.	Book value/adjusted carrying value, current period	105,273	105,355
10.	Total valuation allowance	0	0
11.	Subtotal (Lines 9 plus 10)	105,273	105,355
12.	Total nonadmitted amounts	0	0
13.	Statement value	105,273	105,355

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	105,314	0	0	140,959	105,314	246,273	0	205,355
2. Class 2	0	0	0	0	0	0	0	0
3. Class 3	0	0	0	0	0	0	0	0
4. Class 4	0	0	0	0	0	0	0	0
5. Class 5	0	0	0	0	0	0	0	0
6. Class 6	0	0	0	0	0	0	0	0
7. Total Bonds	105,314	0	0	140,959	105,314	246,273	0	205,355
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	105,314	0	0	140,959	105,314	246,273	0	205,355

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
8299999 Totals	141,000	XXX	141,000	1,283	0

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	100,000	0
2.	Cost of short-term investments acquired	41,000	100,000
3.	Increase (decrease) by adjustment	0	0
4.	Increase (decrease) by foreign exchange adjustment	0	0
5.	Total profit (loss) on disposal of short-term investments	0	0
6.	Consideration received on disposal of short-term investments	0	0
7.	Book/adjusted carrying value, current period	141,000	100,000
8.	Total valuation allowance	0	0
9.	Subtotal (Lines 7 plus 8)	141,000	100,000
10.	Total nonadmitted amounts	0	0
11.	Statement value (Lines 9 minus 10)	141,000	100,000
12.	Income collected during period	1,095	7
13.	Income earned during period	872	18

Schedule DB - Part F - Section 1

N O N E

Schedule DB - Part F - Section 2

N O N E

Schedule S - Ceded Reinsurance

N O N E

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	2	Direct Business Only Year To Date					
				3	4	5	6	7	8
	States, etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/ Casualty Premiums
1.	Alabama AL	NO	NO	0	0	0	0	0	0
2.	Alaska AK	NO	NO	0	0	0	0	0	0
3.	Arizona AZ	NO	NO	0	0	0	0	0	0
4.	Arkansas AR	NO	YES	78,459	0	0	0	0	0
5.	California CA	NO	NO	0	0	0	0	0	0
6.	Colorado CO	NO	NO	0	0	0	0	0	0
7.	Connecticut CT	NO	NO	0	0	0	0	0	0
8.	Delaware DE	NO	NO	0	0	0	0	0	0
9.	District of Columbia DC	NO	NO	0	0	0	0	0	0
10.	Florida FL	NO	NO	0	0	0	0	0	0
11.	Georgia GA	NO	NO	0	0	0	0	0	0
12.	Hawaii HI	NO	NO	0	0	0	0	0	0
13.	Idaho ID	NO	NO	0	0	0	0	0	0
14.	Illinois IL	NO	NO	0	0	0	0	0	0
15.	Indiana IN	NO	NO	0	0	0	0	0	0
16.	Iowa IA	NO	NO	0	0	0	0	0	0
17.	Kansas KS	NO	NO	0	0	0	0	0	0
18.	Kentucky KY	NO	NO	0	0	0	0	0	0
19.	Louisiana LA	NO	NO	0	0	0	0	0	0
20.	Maine ME	NO	NO	0	0	0	0	0	0
21.	Maryland MD	NO	NO	0	0	0	0	0	0
22.	Massachusetts MA	NO	NO	0	0	0	0	0	0
23.	Michigan MI	NO	NO	0	0	0	0	0	0
24.	Minnesota MN	NO	NO	0	0	0	0	0	0
25.	Mississippi MS	NO	NO	0	0	0	0	0	0
26.	Missouri MO	NO	NO	0	0	0	0	0	0
27.	Montana MT	NO	NO	0	0	0	0	0	0
28.	Nebraska NE	NO	NO	0	0	0	0	0	0
29.	Nevada NV	NO	NO	0	0	0	0	0	0
30.	New Hampshire NH	NO	NO	0	0	0	0	0	0
31.	New Jersey NJ	NO	NO	0	0	0	0	0	0
32.	New Mexico NM	NO	NO	0	0	0	0	0	0
33.	New York NY	NO	NO	0	0	0	0	0	0
34.	North Carolina NC	NO	NO	0	0	0	0	0	0
35.	North Dakota ND	NO	NO	0	0	0	0	0	0
36.	Ohio OH	NO	NO	0	0	0	0	0	0
37.	Oklahoma OK	NO	NO	0	0	0	0	0	0
38.	Oregon OR	NO	NO	0	0	0	0	0	0
39.	Pennsylvania PA	NO	NO	0	0	0	0	0	0
40.	Rhode Island RI	NO	NO	0	0	0	0	0	0
41.	South Carolina SC	NO	NO	0	0	0	0	0	0
42.	South Dakota SD	NO	NO	0	0	0	0	0	0
43.	Tennessee TN	NO	NO	0	0	0	0	0	0
44.	Texas TX	NO	NO	0	0	0	0	0	0
45.	Utah UT	NO	NO	0	0	0	0	0	0
46.	Vermont VT	NO	NO	0	0	0	0	0	0
47.	Virginia VA	NO	NO	0	0	0	0	0	0
48.	Washington WA	NO	NO	0	0	0	0	0	0
49.	West Virginia WV	NO	NO	0	0	0	0	0	0
50.	Wisconsin WI	NO	NO	0	0	0	0	0	0
51.	Wyoming WY	NO	NO	0	0	0	0	0	0
52.	American Samoa AS	NO	NO	0	0	0	0	0	0
53.	Guam GU	NO	NO	0	0	0	0	0	0
54.	Puerto Rico PR	NO	NO	0	0	0	0	0	0
55.	U.S. Virgin Islands VI	NO	NO	0	0	0	0	0	0
56.	Canada CN	NO	NO	0	0	0	0	0	0
57.	Aggregate Other Aliens OT	XXX	XXX	0	0	0	0	0	0
58.	Subtotal	XXX	XXX	78,459	0	0	0	0	0
59.	Reporting Entity Contributions for Employee Benefit Plans	XXX	XXX	0	0	0	0	0	0
60.	Totals (Direct Business)	XXX	(a) 1	78,459	0	0	0	0	0
	DETAILS OF WRITE-INS								
5701.									
5702.									
5703.									
5798.	Summary of remaining write-ins for Line 57 from overflow page			0	0	0	0	0	0
5799.	Totals (Lines 5701 through 5703 plus 5798)(Line 57 above)			0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

Schedule Y - Part 1

N O N E

Overflow Page for Write-ins

N O N E

Schedule A - Part 2

N O N E

Schedule A - Part 3

N O N E

Schedule B - Part 1

N O N E

Schedule B - Part 2

N O N E

Schedule BA - Part 1

N O N E

Schedule BA - Part 2

N O N E

Schedule D - Part 3

N O N E

Schedule D - Part 4

N O N E

Schedule DB - Part A - Section 1

N O N E

Schedule DB - Part B - Section 1

N O N E

Schedule DB - Part C - Section 1

N O N E

Schedule DB - Part D - Section 1

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Bank of America ..... Atlanta, Georgia		0.000	0	0	(2,287)	(35)	0	
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions - Open Depositories)	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(2,287)	(35)	0	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions - Suspended Depositories)	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(2,287)	(35)	0	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	0	0	(2,287)	(35)	0	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Gross Investment Income
0199999 - Total Cash Equivalents								

NONE