HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2006

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), 770-998-8936-88408 (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

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 May, 2006

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	105,148	0	105,148	105,190
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 ($ 169,400), and short-term investments ($ 0)	169,400	0	169,400	160,000
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)	274,548	0	274,548	265,190
11. Title plants less $ 0 charged off (for Title insurers only)	0	0	0	0
12. Investment income due and accrued	373	0	373	954
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	483	13	470	1,381
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	1,721	1,166	555	534
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	0
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)	277,125	1,179	275,946	268,059
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
26. Total (Lines 24 and 25)	277,125	1,179	275,946	268,059
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

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ 0 reinsurance ceded)	582	0	582	493
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	6,918	0	6,918	7,832
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	764	0	764	773
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	0	0	0	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	682	0	682	2,120
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 plans	0	0	0	0
21.	Aggregate write-ins for other liabilities (including $ 0 current)	36	0	36	37
22.	Total liabilities (Lines 1 to 21)	8,982	0	8,982	11,255
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	(2,441,012)	(2,451,172)
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	266,964	256,804
32.	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	275,946	268,059
	DETAILS OF WRITE-INS				
2101.	Outstanding Checks	36	0	36	37
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)	36	0	36	37
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	2,883	4,804
2.	Net premium income (including $ 0 non-health premium income)	XXX	26,145	40,521
3.	Change in unearned premium reserves and reserve for rate credits	XXX	914	3,848
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	27,059	44,369
	Hospital and Medical:			
9.	Hospital/medical benefits	0	0	0
10.	Other professional services	0	6,769	14,460
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	6,769	14,460
	Less:			
17.	Net reinsurance recoveries	0	0	0
18.	Total hospital and medical (Lines 16 minus 17)	0	6,769	14,460
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	8,145	5,506
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	14,914	19,966
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,145	24,403
25.	Net investment income earned	0	2,285	1,077
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	2,285	1,077
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	990	1,577
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	15,420	27,057
31.	Federal and foreign income taxes incurred	XXX	5,360	9,614
32.	Net income (loss) (Lines 30 minus 31)	XXX	10,060	17,443
	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	990	1,577
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	990	1,577

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	256,804	202,387	202,387
34.	Net income or (loss) from Line 32	10,060	17,443	54,452
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	(37)	(61)	(193)
39.	Change in nonadmitted assets	137	(90)	158
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)	10,160	17,292	54,417
49.	Capital and surplus end of reporting period (Line 33 plus 48)	266,964	219,679	256,804
	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	27,134	138,179
2.	Net investment income	2,908	6,259
3.	Miscellaneous income	990	5,426
4.	Total (Lines 1 to 3)	31,032	149,864
5.	Benefit and loss related payments	6,680	42,760
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	8,154	32,196
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) $ 5,360 net of tax on capital gains (losses)	5,360	29,564
10.	Total (Lines 5 through 9)	20,194	104,520
11.	Net cash from operations (Line 4 minus Line 10)	10,838	45,344
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	0	0
	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	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	0	0
	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	0
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	0
	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)	(1,438)	15,566
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(1,438)	15,566
	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)	9,400	60,910
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	160,000	99,090
	19.2 End of period (Line 18 plus Line 19.1)	169,400	160,000

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	1,052	0	0	0	0	1,052	0	0	0	0	0	0	0
2. First Quarter	931	0	0	0	0	931	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	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	2,883	0	0	0	0	2,883	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	26,145	0	0	0	0	26,145	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	27,059	0	0	0	0	27,059	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	6,680	0	0	0	0	6,680	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,769	0	0	0	0	6,769	0	0	0	0	0	0	0

STATEMENT AS OF MARCH 31, 2006 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)	0	0	0	0	0	0
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	365	61	58	64	34	582
0499999 Subtotals	365	61	58	64	34	582
0599999 Unreported claims and other claim reserves						0
0699999 Total amounts withheld						0
0799999 Total claims unpaid						582
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	224	6,456	98	484	322	493
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)	224	6,456	98	484	322	493
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	224	6,456	98	484	322	493

(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 March 31, 2006.

2. Accounting Changes and Corrections of Errors

There were no accounting changes as of March 31, 2006.

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 March 31, and December 31, are as follows:

	2006	2005
Total of gross deferred tax assets	$1,721	$1,758
Total of deferred tax liabilities	0	0
Net deferred tax asset	1,721	1,758
Deferred tax asset nonadmitted	1,166	1,224
Net admitted deferred tax asset	555	534
(Increase) decrease in nonadmitted asset	$ 58	$ 234

B. Not applicable

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

	2006	2005
Federal	$5,360	$29,564
Federal income taxes incurred	$5,360	$29,564

(2) The main components of the 2006 deferred tax amounts are as follows:

	Statutory	Tax	Difference	Tax Effect
DTAs				
Noncompete Agreements	$ 0	($3,997)	$3,997	$1,399
Capitation Reserves	536	0	536	188
Reserves – Allowance for Doubtful Accounts	383	0	383	134
DTAs non-admitted				
Noncompete Agreements	$ 0	$3,330	($3,330)	($1,166)

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

NOTES TO FINANCIAL STATEMENTS

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

	Statutory	Tax	Difference	Tax Effect
DTAs				
Noncompete Agreements	$ 0	($4,164)	$4,164	$1,457
Capitation Reserves	322	0	322	113
Reserves – Allowance for Doubtful Accounts	537	0	537	188
DTAs non-admitted				
Noncompete Agreements	$ 0	$3,497	($3,497)	($1,224)

	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 Differences In	2006	2005	Change
DTAs			
Noncompete Agreements	$1,399	$1,457	($58)
Capitation Reserves	188	113	75
Reserves – Allowance for Doubtful Accounts	134	188	(54)
DTAs non-admitted	(1,166)	(1,224)	$58

DTLs Resulting From Book/Tax Differences In	2006	2005	Change
DTLs	$ 0	$ 0	$ 0

D. Among the more significant book to tax adjustments were the following:

	2006	Effective Tax Rate
Provision computed at statutory rate	$5,397	35.0%
Capitation Reserve	75	.49
Allowance for Doubtful Accounts	(54)	(.35)
Noncompete Agreements	(58)	(.38)
Total	$5,360	34.76%
Federal income taxes incurred	$5,360	
Change in gross deferred income taxes	37	
Total statutory income taxes	$5,397	

E. 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 $73,521.

F. (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
CompBenefits of Alabama, Inc.
American Dental Plan of North Carolina, Inc.
DentiCare, Inc.
Dental Health Management, Inc.
Texas Dental Plans, Inc.
Ultimate Optical, Inc.
OHS, Inc.
CompBenefits of Georgia, Inc.
Dental Care Plus Management Corp.
CompBenefits Insurance Company
CompBenefits Dental, Inc.
American Dental Providers of Arkansas, Inc.
CompBenefits Direct, 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.

NOTES TO FINANCIAL STATEMENTS

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 March 31, 2006 and December 31, 2005, the Company reported amounts due to parent, subsidiaries and affiliates totaling $682 and $2,120, respectively. The terms of the intercompany agreements require the timely settlement of these amounts.

The Company has entered into an agreement with CompBenefits Dental and Vision Company, whereby CompBenefits Dental and Vision Company 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 fee impairs regulatory capital. The management fee for March 31, 2006 and December 31, 2005 was $5,400 and $31,026, 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.

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

This information is provided in detail in the annual statement.

14. Contingencies

The Company has no material contingent liabilities as of March 31, 2006.

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/(loss) 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

NOTES TO FINANCIAL STATEMENTS

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

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 March 31, 2006.

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 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]

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

2.1 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]

2.2 If yes, date of change: .....

3. 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.

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

4.2 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

5. 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.

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

6.2 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

6.3 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

6.4 By what department or departments?
Arkansas Department of Insurance

7.1 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? ..... Yes [ ] No [X]

7.2 If yes, give full information:

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

8.4 If response to 8.3 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

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

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

INVESTMENT

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

10.2 If yes, explain:

11.1 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]

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

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
14.21 Bonds	$ 0	$ 0
14.22 Preferred Stock	$ 0	$ 0
14.23 Common Stock	$ 0	$ 0
14.24 Short-Term Investments	$ 0	$ 0
14.25 Mortgage Loans on Real Estate	$ 0	$ 0
14.26 All Other	$ 0	$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

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

15.2 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.

16. 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 [ ]

16.1 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

16.2 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		

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [ ] No [X]

16.4 If yes, give full information relating thereto:

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

16.5 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		

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

17.2 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

		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	105,190	105,355
2.	Cost of bonds and stocks acquired	0	0
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	0
8.	Amortization of premium	42	165
9.	Book value/adjusted carrying value, current period	105,148	105,190
10.	Total valuation allowance	0	0
11.	Subtotal (Lines 9 plus 10)	105,148	105,190
12.	Total nonadmitted amounts	0	0
13.	Statement value	105,148	105,190

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	265,190	9,400	0	(42)	274,548	0	0	265,190
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	265,190	9,400	0	(42)	274,548	0	0	265,190
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	265,190	9,400	0	(42)	274,548	0	0	265,190

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	0	XXX	0	0	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	0	100,000
2.	Cost of short-term investments acquired	0	0
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	100,000
7.	Book/adjusted carrying value, current period	0	0
8.	Total valuation allowance	0	0
9.	Subtotal (Lines 7 plus 8)	0	0
10.	Total nonadmitted amounts	0	0
11.	Statement value (Lines 9 minus 10)	0	0
12.	Income collected during period	0	3,897
13.	Income earned during period	0	3,886

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	26,145	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. Nothern Mariana Islands	MP		NO	0	0	0	0	0	0
57. Canada	CN	NO	NO	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	XXX	0	0	0	0	0	0
59. Subtotal		XXX	XXX	26,145	0	0	0	0	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	XXX	0	0	0	0	0	0
61. Totals (Direct Business)		XXX	(a) 1	26,145	0	0	0	0	0
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898. Summary of remaining write-ins for Line 58 from overflow page				0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 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, GA	0	0.000	0	0	0	(685)	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	0	(685)	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	0	(685)	0	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	0	0	0	(685)	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
	Certificate of Deposit	0	03/28/2006	4.650	04/27/2006	169,400	65	0
0199999 - Total Cash Equivalents						169,400	65	0