

CASE

NUMBER:

99-300

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

PROPOSED ADJUSTMENT OF THE)
WHOLESALE WATER SERVICE RATES OF) ADMINISTRATIVE
THE CITY OF CYNTHIANA, KENTUCKY) CASE NO. 99-300

RESPONSE OF CITY OF CYNTHIANA
TO COMMISSION ORDER DATED NOVEMBER 29, 1999

VOLUME II

RECEIVED
DEC 14 1999
PUBLIC SERVICE
COMMISSION

Bruce F. Clark
Michele M. Whittington
STITES & HARBISON
421 West Main Street
P.O. Box 634
Frankfort, KY 40602-0634
Telephone: (502) 223-3477
COUNSEL FOR CITY OF CYNTHIANA

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Supplemental Response was served by first class mail, postage prepaid, upon the following parties of record, this 13th day of December, 1999.

Dorothy Jo Mastin, Esq.
9 South Walnut Street
Cynthiana, KY 41031

William R. Toadvine, President
Harrison County Water Association, Inc.
P. O. Box 215
Cynthiana, KY 41031



Bruce F. Clark

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CITY OF CYNTHIANA

REQUEST:

- a. Provide the following insurance invoices for 1998 and 1999:
 - (1) Workers Compensation.
 - (2) Property & Liability.
 - (3) Employee – Health Insurance.
 - (4) Employee – Dental Insurance.
 - (5) Other Insurance Coverage.
- b. For each insurance policy listed above, provide the methodology used to allocate the cost between the water and sewer divisions. Include the basis to support the use of each methodology.

RESPONSE:

- a. See attached invoices, which immediately follow this response.
- b.
 - (1) Workers' Compensation Premiums - Each employee is assigned to a premium class according to the type of work he or she performs. A premium is assigned to each class of worker. The premium is then calculated fore each worker by multiplying the salaries of each worker within a class by that class's premium factor.

The premiums were allocated between the water and sewer departments by assigning to each department the premiums associated with that department's employees.

Witness: Mayor Virgie Wells/Charleen McIlvain

- (2) Property and Liability Insurance Premiums - Individual property insurance premiums are levied on each building and automobile. Costs are assigned to the sewer and water departments based on the use made of each building or vehicle. Liability insurance premiums are allocated between the departments based on the number of employees employed by each.
- (3) Employee Health Insurance Premiums - The premiums for each employee are allocated to the department to which the employee is assigned.
- (4) Employee Dental Insurance Premiums - Not applicable. Employee dental insurance premiums are funded entirely by employee contributions.
- (5) Life Insurance Premiums - Each employee's life insurance premium is allocated to the department to which he or she is assigned.

Witness: Mayor Virgie Wells/Charleen McIlvain

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE



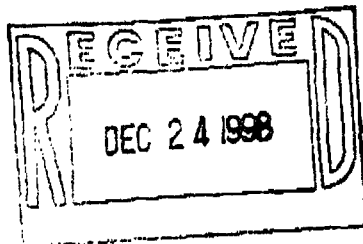
W00 0533667

Renewal of Number

Policy No.: W00 0533667

1. The Insured/Mailing Address:

CITY OF CYNTHIANA
P.O. BOX 67
CYNTHIANA, KY 41031



Individual Partnership

Corporation or

MUNICIPALITY

NCCI # 14893

Fed. I.D. # 616001506

RISK I.D. # _____

SIC # 009199

Other workplaces not shown above:

2. Policy Period: The policy period is from 01/01/1999 to 01/01/2000 12:01 A.M. Standard Time,
at the insured's mailing address.

3. Coverage:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:

KENTUCKY

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NEVADA, NORTH DAKOTA, OHIO, WASHINGTON, WEST VIRGINIA AND WYOMING

D. This policy includes these endorsements and schedules: SEE FORMS INDEX

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
<u>REFER TO EXTENSION SCHEDULE WC 3005(12-91)</u>				\$ <u>55,257.00</u>
<u>KY TAX & ASSESSMENT</u>				\$ <u>4,613.00</u>

Experience Rating Modification Factor	Schedule Rating Factor	Premium Discount	Expense Constant	Other	Total Estimated Annual Premium
	<u>.67</u>	<u>4,144 CR</u>	<u>140</u>		\$ <u>55,866.00</u>
					<u>Deposit Premium</u> \$ <u>55,866.00</u>
					Minimum Premium \$ 700.00

This is a Three Year Fixed Rate Policy
Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Agency SMITH INSURORS, INC.
Code Number 160680 - 120

Countersigned By _____
Authorized Representative

Bottom Line

This Information Page together with the Policy Conditions and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

1999 Workers Compensation Breakdown

Dept Acct #	1/1/99	2/1/99	3/1/99	4/1/99	5/1/99	6/1/99	7/1/99	8/1/99	9/1/99
Affairs 01-6133	240.75	90.28	90.28	90.28	90.28	90.28	90.28	90.28	90.28
Admin 02-6133	60.25	22.59	22.59	22.59	22.59	22.59	22.59	22.59	22.59
Police 03-6133	3,598.00	1,349.25	1,349.25	1,349.25	1,349.25	1,349.25	1,349.25	1,349.25	1,349.25
Fire 04-6133	4,443.00	1,666.11	1,666.11	1,666.11	1,666.11	1,666.11	1,666.11	1,666.11	1,666.25
Works 05-6133	1,029.25	385.97	385.97	385.97	385.97	385.97	385.97	385.97	385.97
Prop 06-6133	2,263.50	848.81	848.81	848.81	848.81	848.81	848.81	848.81	848.81
Total General Fund	11,634.75	4,363.01	4,363.01	4,363.01	4,363.01	4,363.01	4,363.01	4,363.01	4,363.15

145 Smith Showers
 Poling # W000 533667

per 98 actual payroll

1999 Workers Compensation Breakdown

Dept Acct #	1/1/99	2/1/99	3/1/99	4/1/99	5/1/99	6/1/99	7/1/99	8/1/99	9/1/99
Water 07-6133	1,098.00	411.75	411.75	411.75	411.75	411.75	411.75	411.75	411.75
Sewer 08-6133	1,233.75	462.66	462.66	462.66	462.66	462.66	462.66	462.66	462.66
Total Water Fund	2,331.75	874.41	874.41	874.41	874.41	874.41	874.41	874.41	874.41

per 98 actual payroll

Property Insurance Invoice

ITEM NO. 15
SHEET 7 OF 384



Kentucky Municipal Risk
Management Association
E.I.N. 61-1123333

Bank Use Only
Property

Make Check payable to and mail to:
KMRMA
P. O. Box 94149
Louisville, KY 40294

A Service of the Kentucky League of Cities

Telephone: (606)323-3700
(800)876-4552

Cynthiana
P O Box 67
Cynthiana, KY 41031

INVOICE NO: 5128-PRP-36371

DATE: July 30, 1999

INSTALLMENT YEAR		POLICY NUMBER AND DESCRIPTION	AMOUNT
7/1/99	7/1/00		
		Policy Period: 7/1/99 - 7/1/00 Policy Number: 5128-P99 Property Insurance Coverage FY 1999-2000 Premium Due: \$ 18,160.00 Total Amount Currently Due: \$ 18,160.00	
		<p><i>This is official notification that coverage provided by this policy will be cancelled for nonpayment, retroactive to the beginning installment year date, unless full payment of this invoice is received within 30 days of the beginning installment year date or invoice date shown above (whichever is later).</i></p> <p><i>If questions regarding this, please call Arlene Hines at the KLC office at number shown above.</i></p>	
		Amount Due by August 31, 1999	\$ 18,160.00

Internal Use
5128
5128LA

RETAIN WHITE COPY FOR YOUR RECORDS- RETURN YELLOW COPY WITH PAYMENT

Liability Insurance Invoice

ITEM NO. 15
SHEET 8 OF 384

Bank Use Only
Liability



**Kentucky Municipal Risk
Management Association
E.I.N. 61-1123333**

**Make Check payable to and mail to:
KMRMA
P. O. Box 94149
Louisville, KY 40294**

A Service of the Kentucky League of Cities

Telephone: (606)323-3700
(800)876-4552

**Cynthiana
P O Box 67
Cynthiana, KY 41031**

INVOICE NO: 5128-MRM-36371

DATE: July 30, 1999

INSTALLMENT YEAR		POLICY NUMBER AND DESCRIPTION	AMOUNT
7/1/99	7/1/00		
		Policy Period: 7/1/99 - 07/01/2001 Policy Number: 5128-L99 Liability Insurance Coverage FY 1999-2000 Premium Due: \$ 53,737.00 Payment Option Chosen: 2 pay Total Amount Currently Due: * \$ 26,868.50 * You have been billed on the "2 pay" option, with second payment due on December 1, 1999. If you wish to pay in full, please remit the amount shown above on "FY 1999-2000 Premium Due:" line. <i>This is official notification that coverage provided by this policy will be cancelled for nonpayment, retroactive to the beginning installment year date, unless full payment of this invoice is received within 30 days of the beginning installment year date or invoice date shown above (whichever is later).</i> <i>If questions regarding this, please call Arlene Hines at the KLC office at number shown above.</i>	
		Amount Due by August 31, 1999	\$ 26,868.50

Internal Use
5128
5128LA

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE



ITEM NO. 15
SHEET 9 OF 384

NEW
Renewal of Number

Policy No.: W00 0533667

- Individual Partnership
 Corporation or MUNICIPALITY

1. The Insured/Mailing Address:

CITY OF CYNTHIANA
P.O. BOX 67
CYNTHIANA, KY 41031

NCCI # 14893
Fed. I.D. # 61-6001506
RISK I.D. # _____
SIC # 9111

Other workplaces not shown above:

2. Policy Period: The policy period is from 01/01/98 to 01/01/99 12:01 A.M. Standard Time, at the insured's mailing address.

3. Coverage:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
KENTUCKY

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	100,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
ALL STATES EXCEPT NEVADA, NORTH DAKOTA, OHIO, WASHINGTON, WEST VIRGINIA AND WYOMING

D. This policy includes these endorsements and schedules: SEE FORMS INDEX

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
<u>REFER TO EXTENSION SCHEDULE WC 3005(12-91)</u>				\$ 42,548.00
<u>KY TAX & ASSESSMENT</u>				\$ 3,574.00

Experience Rating Modification Factor	Schedule Rating Factor	Premium Discount	Expense Constant	Other	Total Estimated Annual Premium
<u>.77</u>	<u>.67</u>	<u>2,978.CR</u>	<u>140.</u>		\$ 43,284.00
					\$ 43,284.00
					\$ 700.00

This is a Three Year Fixed Rate Policy
Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Agency SMITH INSURORS, INC.
Code Number 160680 - 100

Countersigned By [Signature]
Authorized Representative

This Information Page together with the Policy Conditions and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

1998 Worker's Camp Breakdown

Department	Account Number	Down pay 2/1	3/1	4/1	5/1	6/1	7/1	8/1	*	Total
Water	07-6133	820,19	223.69	223.69	223.69	223.69	223.69	223.69	223.67	2,386.00
Sewer	08-6133	1,436,88	391.88	391.88	391.88	391.88	391.88	391.88	391.84	4,180.00
Total	Water Fund	2,257.07	615.57	615.57	615.57	615.57	615.57	615.57	615.51	6,566.00

1998 Worker's Comp Breakdown

145 Smith Insurers.

Department	Account Number	Downpay + all	3/1	4/1	5/1	6/1	7/1	8/1	9/1	*	Total
Administration	02-6133	48,47	13,22	13,22	13,22	13,22	13,22	13,22	13,21		141,00
Police	03-6133	2,746.25	749.00	749.00	749.00	749.00	749.00	749.00	748.75		7,989.00
Fire	04-6133	3,544.38	966.63	966.63	966.63	966.63	966.63	966.63	966.84		10,311.00
Public Works	05-6133	1,751.07	477.57	477.57	477.57	477.57	477.57	477.57	477.51		5,094.00
Property	06-6133	4,531.63	1,235.88	1,235.88	1,235.88	1,235.88	1,235.88	1,235.88	1,236.09		13,183.00
Total		12,621.80	3,442.30	3,442.30	3,442.30	3,442.30	3,442.30	3,442.30	3,442.40	*	36,718.00
General Fund			3/10/98	4/14/98	5/12/98	6/9/98	7/14/98	8/11/98			

INSURANCE BINDER

BINDER #: K052

THE BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

INSURED: CITY OF CYNTHIANA, KENTUCKY

Effective Date 12:01 am 7/1/98
Expiration Date 12:01 am 7/1/99

COVERAGES/CONDITIONS/LIMITS

TERM PREMIUM

I. General Liability Occurrence Form Claims Made Form
Prior Acts/Retro Date 7/1/88 Deductible: -0- \$18,649.00

General Aggregate Limit \$5,000,000.00
Products/Completed Op Agg Limit \$2,000,000.00
Each Occurrence Limit \$1,000,000.00
Fire Legal Liability Limit \$500,000.00

Public Officials E&O Occurrence Form Claims Made Form \$6,308.00 ✓
Prior Acts/Retro Date 3/22/89 Deductible: \$2,500.00

Law Enforcement Occurrence Form Claims Made Form \$9,500.00 ✓
Prior Acts/Retro Date 4/8/89 Deductible: \$2,500.00

Prior Acts Endorsement (one time fully-earned charge/non refundable) N/A

II. Auto Liability 29,521.00
Physical Damage \$21,422.00
\$1,000,000.00 Per Occurrence Limit/No Aggregate \$8,105.00

Incl. Hired & Non Owned 36 units Liab Ded: -0-
Uninsured Limits - \$60,000.00 Underinsured Limit - \$60,000.00
PD Deductibles: Comp - Various Coll - Various
P.D. Based on 30 Units, GUARANTEED COST AUTO APPLIES

III. Property & Contents Total Limits \$7,797,301.00, \$1000 Ded., \$10,020.00

Perils: SPP, 100% Co-Insurance, Earthquake Coverage, \$7,786,849 Limits
10% Deductible

IV. Inland Marine Total Limits \$266,628.00 \$1,037.00
\$1,000.00 Deductible

V. Excess Liability Total Limits _____ N/A

VI. Miscellaneous Coverages _____ N/A

TOTAL: \$75,041.00

KY SURCHARGE TAX: \$838.19
75,879.19

AGENT OF RECORD:
SMITH INSURORS, INC.

PROGRAM MANAGER: CHARTER HOUSE Underwriters, Inc.

INSURANCE COMPANIES: USF&G

Jeanette B. Stansbury 6-15-98
Signature of Authorized Representative Date

1998 - 1999

01-00-03-6165	(law enf. liability)		9,500.
01-00-01-6408	Public Officials Liability Public Works All Emp + Elected		550.64
01-00-02-6167			369.19
01-00-03-6165			2,007.03
01-00-04-6166			1,734.58
01-00-05-6165			823.28
01-00-06-6165			823.28
} 26,308.00			
01-00-03-6165	vehicle ins. Public Works		6,823.15
01-00-04-6166			5,858.85
01-00-05-6165			2,566.56
01-00-06-6165			11,618.87
} 26,857.43			
01-00-06-6165	(Bldg)		1,907.13
01-00-06-6165	(Inland Marine)		907.00
01-00-01-6408	Prem. & Op Public Works		3,685.49
01-00-03-6165			3,163.03
01-00-04-6166			3,163.03
01-00-05-6165			3,163.03
01-00-06-6165			3,163.03
03-00-07-6165	- water	4,867.01	14,052.02 01-6880
03-00-08-6165	- sewers	9,185.01	

INSURANCE BINDER

ITEM No. 15
SHEET 14 OF 384

BINDER #: K922

THE BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

INSURED: CITY OF CYNTHIANA, KENTUCKY

Effective Date 12:01 am 7/1/97

Expiration Date 12:01 am 7/1/98

COVERAGES/CONDITIONS/LIMITS

TERM PREMIUM

I. General Liability Occurrence Form Claims Made Form 8% \$20,472.00 ✓
Prior Acts/Retro Date 7/1/88 Deductible: -0-

General Aggregate Limit \$5,000,000.00
Products/Completed Op Agg Limit \$2,000,000.00
Each Occurrence Limit \$1,000,000.00
Fire Legal Liability Limit \$500,000.00

Public Officials E&O Occurrence Form Claims Made Form 8% \$6,925.00 ✓
Prior Acts/Retro Date 3/22/89 Deductible: \$2,500.00

Law Enforcement Occurrence Form Claims Made Form 8% \$9,449.00 ✓
Prior Acts/Retro Date 4/8/89 Deductible: \$2,500.00

Prior Acts Endorsement (one time fully-earned charge/non refundable) N/A

II. Auto Liability 8% \$19,297.00 ✓
Physical Damage 26,986.00 \$7,689.00

\$1,000,000.00 Per Occurrence Limit/No Aggregate
Incl. Hired & Non Owned 38 units Liab Ded: -0-
Uninsured Limits - \$60,000.00 Underinsured Limit - \$60,000.00
PD Deductibles: Comp - Various Coll - Various
P.D. BASED ON 30 UNITS

III. Property & Contents Total Limits \$7,786,849.00, Perils: SPP 8% \$9,344.00 ✓
\$1,000 Ded. 100% Co-Insurance, Earthquake Cov. Incl., 10% Ded.,

IV. Inland Marine Total Limits \$266,628.00 8% \$907.00
\$1,000 Ded.

V. Excess Liability Total Limits N/A

VI. Miscellaneous Coverages BOILER & MACHINERY 8% \$1,679.00

TOTAL:

74,083.00
\$75,762.00

AGENT OF RECORD:

SMITH INSURORS, INC. 

KY SURCHARGE TAX: \$842.16

PROGRAM MANAGER: CHARTER HOUSE Underwriters, Inc.

INSURANCE COMPANIES: USF&G

Jeanette B. Hansbury 6-26-97
Signature of Authorized Representative Date

Total 74,925.

1997-1998

01-00-03-6165 (law emp. liability) 9,449.00

01-00-01-6408	} Public Officials Liability All Emp. & elected Public Works	605.10	} 6925.00
01-00-02-6167		405.70	
01-00-03-6165		2,202.10	
01-00-04-6166		1,902.70	
01-00-05-6165		904.70	
01-00-06-6165		904.70	

01-00-03-6165	} vehicle ins. Public Works	6,394.86	} 24,496.95
01-00-04-6166		5,326.23	
01-00-05-6165		2,213.25	
01-00-06-6165		10,562.61	

01-00-06-6165 (Blsg) 1,733.75
01-00-06-6165 (Inland Marine) 907.00

01-00-01-6408	} prem. & op. Public Works	4,188.06
01-00-03-6165		3,612.54
01-00-04-6166		3,612.54
01-00-05-6165		3,612.54
01-00-06-6165		3,612.54

03-00-07-6165 Water 4,424.55
03-00-08-6165 Sewer 8,350.69

016880

HEALTH INSURANCE

FISCAL YEAR ENDED

JUNE 30, 1999

138.79	00-2194
138.79	01-6131
277.61	- 01-6122
957.62	- 02-6131
6,509.21	- 03-6131
5,773.63	- 04-6131
3,150.47	- 05-6131
2,220.63	- 06-6131
<hr/>	
19,166.75	

General Fund

2,220.63	- 07-6131
1,943.05	- 08-6131
<hr/>	
4,163.68	

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

RECEIVED P0001 00701
PAGE: 1
JUN 02 1999
ITEM NO. 15
CYNTHIANA, KY SHEET 18 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 199152101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 05/21/99
PAYMENT DUE: 06/01/99
BILLING PERIOD: 06/01/99 - 06/30/99

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,607.99	-138.77	23,469.22	<u>23,746.78</u> *	00363 00017
TOTALS ***	23,607.99	-138.77	23,469.22		

*** PLEASE PAY THIS AMOUNT ***

\$23,469.22

** see attached
Explanation*

If payment is not received by the end of the grace period, Medical and Pharmacy eligibility and claims may be suspended until the outstanding premium is received or the collection period elapses.

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 06/01/99

AMOUNT DUE: \$23,469.22

AMOUNT PAID: 23,746.78

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	01		0.00		-277.56	TERM	05/01-05/31
	**TOTAL				0.00		-277.56		-277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
<i>*Cobra Detail</i>									
HICKS CLYDE	407648203	MED	01	2	138.79	138.79		ADD	05/01-05/31
	**TOTAL				138.79	138.79			277.58
DEPT 1 TOTAL					555.17	138.79	-277.56		416.40

Please note - premium of \$277.56 sent for Clyde Hicks COBRA for May. \$277.56 for June enclosed - Should be emp/spouse on COBRA.

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910	MED	04	4	416.38				
	**TOTAL				416.38				416.38
COY MELVIN D	402745004	MED	02	2	277.56				
	**TOTAL				277.56				277.56
CULBERSON HEATH	293846736	MED	02	2	277.56				
	**TOTAL				277.56				277.56
GROSS WILBUR W	402196499	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HASSALL BRIAN C	400800028	MED	04	3	416.38				
	**TOTAL				416.38				416.38
HUTCHINSON RODER	404929550	MED	04	3	416.38				
	**TOTAL				416.38				416.38
JOHNSON RAYMOND	155540521	MED	04	4	416.38				
	**TOTAL				416.38				416.38
JONES DAVID P	400278823	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MCGUFFIN DAVID A	404646177	MED	02	2	277.56				
	**TOTAL				277.56				277.56
MERRIMAN MARK A	401159952	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MORRIS FRED T	407868672	MED	03	3	263.68				
	**TOTAL				263.68				263.68
MUNTZ STEPHEN W	402025495	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PARROTT DANIEL	404047819	MED	04	4	416.38				
	**TOTAL				416.38				416.38
RILOY JOHNNIE M	400153821	MED	04	5	416.38				
	**TOTAL				416.38				416.38
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6509.21				6509.21

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	5	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	04	4	416.38 416.38				416.38
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56				277.56
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79				138.79

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5773.63				5773.63

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	03	3	263.68				
	**TOTAL				263.68				263.68
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HERRINGTON KENNE	406210642	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HUTCHISON RANDY	402843762	MED	04	7	416.38				
	**TOTAL				416.38				416.38
KELLY III ERMAN	405825527	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	03	3	263.68				
	**TOTAL				263.68				263.68
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
TUCKER CHARLES D	403190725	MED	03	2	263.68				
	**TOTAL				263.68				263.68
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 5 TOTAL					3150.47				3150.47

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455	MED	01	1	138.79				
	**TOTAL				138.79				138.79
KEARNS JOE E	401465897	MED	02	2	277.56				
	**TOTAL				277.56				277.56
KEARNS TONY T	406066093	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SAYLOR JOHN W	405588930	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SLADE JASON E	402378696	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE JR WILLIAM	402763658	MED	02	2	277.56				
	**TOTAL				277.56				277.56
SOSBE LARRY B	406660158	MED	01	1	138.79				
	**TOTAL				138.79				138.79
VELEZ JUAN CARLO	242534504	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 6 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 199152101237
BILLING PERIOD: 06/01/99 - 06/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEL KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

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138.79 - 00 - 2194

138.79 - 01 - 6131 (Clyde - COBRA)

277.59 - 01 - 6122

957.62 - 02 - 6131

6,786.80 - 03 - 6131 (Chg Culberson / Hassell)

5,773.63 - 04 - 6131

2,845.07 - 05 - 6131 (Chg Brooks / Herrington still)

2,373.33 - 06 - 6131 (Chg Carlos)

19,291.62

2,220.63 - 07 - 6131

1,943.05 - 08 - 6131

4,163.68

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

P0001 00564
PAGE: 1

MASTER GROUP: 101237

INVOICE NUMBER: 199121101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 04/21/99
PAYMENT DUE: 05/01/99
BILLING PERIOD: 05/01/99 - 05/31/99

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,746.76	124.89	23,871.65	_____	00363 00017
TOTALS ***	23,746.76	124.89	23,871.65	_____	
*** PLEASE PAY THIS AMOUNT ***			\$23,871.65		

If payment is not received by the end of the grace period, Medical and Pharmacy eligibility and claims may be suspended until the outstanding premium is received or the collection period elapses.

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 05/01/99

AMOUNT DUE: \$23,871.65

AMOUNT PAID: 23,871.65

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910 **TOTAL	MED	04	4	416.38 416.38				416.38
COY MELVIN D	402745004 **TOTAL	MED	02	2	277.56 277.56				277.56
CULBERSON HEATH	293846736 **TOTAL	MED	02	2	277.56 277.56	277.56 277.56	-138.79 -138.79	CHG	04/01-04/30 416.33
GROSS WILBUR W	402196499 **TOTAL	MED	04	5	416.38 416.38				416.38
HASSALL BRIAN C	400800028 **TOTAL	MED	04	3	416.38 416.38	416.38 416.38	-277.56 -277.56	CHG	04/01-04/30 555.20
HUTCHINSON RODER	404929550 **TOTAL	MED	04	3	416.38 416.38				416.38
JOHNSON RAYMOND	155540521 **TOTAL	MED	04	4	416.38 416.38				416.38
JONES DAVID P	400278823 **TOTAL	MED	01	1	138.79 138.79				138.79
MCGUFFIN DAVID A	404646177 **TOTAL	MED	02	2	277.56 277.56				277.56
MERRIMAN MARK A	401159952 **TOTAL	MED	04	4	416.38 416.38				416.38
MORRIS FRED T	407868672 **TOTAL	MED	03	3	263.68 263.68				263.68
MUNTZ STEPHEN W	402025495 **TOTAL	MED	04	4	416.38 416.38				416.38
PARROTT DANIEL	404047819 **TOTAL	MED	04	4	416.38 416.38				416.38
RILOY JOHNNIE M	400153821 **TOTAL	MED	04	5	416.38 416.38				416.38
SLADE MARLA J	402707474 **TOTAL	MED	02	2	277.56 277.56				277.56

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6509.21	693.94	-416.35		6786.80

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	04	4	416.38 416.38				416.38
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56				277.56
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5773.63				5773.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	03	3	263.68	527.36	-832.76	CHG	03/13-04/30
	**TOTAL				263.68	527.36	-832.76		-41.72
CONNER LEROY W	405829374	MED	02	2	277.56				277.56
	**TOTAL				277.56				
HERRINGTON KENNE	406210642	MED	04	5	416.38				416.38
	**TOTAL				416.38				
HUTCHISON RANDY	402843762	MED	04	7	416.38				416.38
	**TOTAL				416.38				
KELLY III ERMAN	405825527	MED	02	2	277.56				277.56
	**TOTAL				277.56				
NICKERSON LAWREN	903947592	MED	04	4	416.38				416.38
	**TOTAL				416.38				
PUCKETT JOHN M	404110541	MED	03	3	263.68				263.68
	**TOTAL				263.68				
SAMS JOSEPH L	404949218	MED	01	1	138.79				138.79
	**TOTAL				138.79				
TUCKER CHARLES D	403190725	MED	03	2	263.68				263.68
	**TOTAL				263.68				
WILLIAMS LARRY R	400862324	MED	04	3	416.38				416.38
	**TOTAL				416.38				
DEPT 5 TOTAL					3150.47	527.36	-832.76		2845.07

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS JOE E	401465897 **TOTAL	MED	02	2	277.56 277.56				277.56
KEARNS TONY T	406066093 **TOTAL	MED	04	4	416.38 416.38				416.38
SAYLOR JOHN W	405588930 **TOTAL	MED	04	3	416.38 416.38				416.38
SLADE JASON E	402378696 **TOTAL	MED	01	1	138.79 138.79				138.79
SLADE JR WILLIAM	402763658 **TOTAL	MED	02	2	277.56 277.56				277.56
SOSBE LARRY B	406660158 **TOTAL	MED	01	1	138.79 138.79				138.79
VELEZ JUAN CARLO	242534504 **TOTAL	MED	04	3	416.38 416.38	416.38 416.38	-263.68 -263.68	CHG	04/02-04/30 569.08
DEPT 6 TOTAL					2220.63	416.38	-263.68		2373.33

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 199121101237
BILLING PERIOD: 05/01/99 - 05/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEs KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00-2194
416.35 - 01-6131
277.59 - 01-6122
957.62 - 02-6131
5,398.86 - 03-6131
5,173.63 04-6131
3,303.17 05-6131
2,067.93 06-6131

18,333.94

2,220.63 - 07-6131
1,943.05 - 08-6131

4,163.68

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

ITEM NO. 15
SHEET 44 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 199091101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 03/24/99
PAYMENT DUE: 04/01/99
BILLING PERIOD: 04/01/99 - 04/30/99

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,469.17	-832.76	22,636.41	_____	00363 00017
TOTALS ***	23,469.17	-832.76	22,636.41	_____	
*** PLEASE PAY THIS AMOUNT ***			\$22,636.41		

If payment is not received by the end of the grace period, Medical and Pharmacy eligibility and claims may be suspended until the outstanding premium is received or the collection period elapses.

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 04/01/99

AMOUNT DUE: \$22,636.41

AMOUNT PAID: _____

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910 **TOTAL	MED	04	4	416.38 416.38				416.38
COY MELVIN D	402745004 **TOTAL	MED	02	2	277.56 277.56				277.56
CULBERSON HEATH	293846736 **TOTAL	MED	01	1	138.79 138.79				138.79
FRYMAN JOHN M	404649384 **TOTAL	MED	04		0.00 0.00		-832.76 -832.76	TERM	02/01-03/31 -832.76
GROSS WILBUR W	402196499 **TOTAL	MED	04	5	416.38 416.38				416.38
HASSALL BRIAN C	400800028 **TOTAL	MED	02	2	277.56 277.56				277.56
HUTCHINSON RODER	404929550 **TOTAL	MED	04	3	416.38 416.38				416.38
JOHNSON RAYMOND	155540521 **TOTAL	MED	04	4	416.38 416.38				416.38
JONES DAVID P	400278823 **TOTAL	MED	01	1	138.79 138.79				138.79
MCGUFFIN DAVID A	404646177 **TOTAL	MED	02	2	277.56 277.56				277.56
MERRIMAN MARK A	401159952 **TOTAL	MED	04	4	416.38 416.38				416.38
MORRIS FRED T	407868672 **TOTAL	MED	03	3	263.68 263.68				263.68
MUNTZ STEPHEN W	402025495 **TOTAL	MED	04	4	416.38 416.38				416.38
PARROTT DANIEL	404047819 **TOTAL	MED	04	4	416.38 416.38				416.38
RILOY JOHNNIE M	400153821 **TOTAL	MED	04	5	416.38 416.38				416.38

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6231.62		-832.76		5398.86

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	04	4	416.38 416.38				416.38
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56				277.56
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5773.63				5773.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	04	4	416.38				
	**TOTAL				416.38				416.38
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HERRINGTON KENNE	406210642	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HUTCHISON RANDY	402843762	MED	04	7	416.38				
	**TOTAL				416.38				416.38
KELLY III ERMAN	405825527	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	03	3	263.68				
	**TOTAL				263.68				263.68
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
TUCKER CHARLES D	403190725	MED	03	2	263.68				
	**TOTAL				263.68				263.68
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 5 TOTAL					3303.17				3303.17

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS JOE E	401465897 **TOTAL	MED	02	2	277.56 277.56				277.56
KEARNS TONY T	406066093 **TOTAL	MED	04	4	416.38 416.38				416.38
SAYLOR JOHN W	405588930 **TOTAL	MED	04	3	416.38 416.38				416.38
SLADE JASON E	402378696 **TOTAL	MED	01	1	138.79 138.79				138.79
SLADE JR WILLIAM	402763658 **TOTAL	MED	02	2	277.56 277.56				277.56
SOSBE LARRY B	406660158 **TOTAL	MED	01	1	138.79 138.79				138.79
VELEZ JUAN CARLO	242534504 **TOTAL	MED	03	2	263.68 263.68				263.68
DEPT 6 TOTAL					2067.93				2067.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 199091101237
BILLING PERIOD: 04/01/99 - 04/30/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEK KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00-2194

416.35 - 01-6131

277.59 - 01-6122

957.62 - 02-6131

6,648.00 - 03-6131

5,773.63 - 04-6131

3,663.93 - 05-6131

2,067.93 - 06-6131

19,943.84

General Fund

(chg Puckett, Tucker
Add Hennington)

2,220.63 - 07-6131

1,943.05 - 08-6131

4,163.68

Water Fund

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

ITEM NO. 15
SHEET 57 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 199032101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 01/14/99
PAYMENT DUE: 02/01/99
BILLING PERIOD: 02/01/99 - 02/28/99

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,885.55	360.76	24,246.31	_____	00363 00017
TOTALS ***	23,885.55	360.76	24,246.31	_____	
*** PLEASE PAY THIS AMOUNT ***			\$24,246.31		

If payment is not received by the end of the grace period, Medical and Pharmacy eligibility and claims may be suspended until the outstanding premium is received or the collection period elapses.

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 02/01/99

AMOUNT DUE: \$24,246.31

AMOUNT PAID: 24,246.31

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910	MED	04	4	416.38				
	**TOTAL				416.38				416.38
COY MELVIN D	402745004	MED	02	2	277.56				
	**TOTAL				277.56				277.56
CULBERSON HEATH	293846736	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FRYMAN JOHN M	404649384	MED	04	3	416.38				
	**TOTAL				416.38				416.38
GROSS WILBUR W	402196499	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HASSALL BRIAN C	400800028	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHINSON RODER	404929550	MED	04	3	416.38				
	**TOTAL				416.38				416.38
JOHNSON RAYMOND	155540521	MED	04	4	416.38				
	**TOTAL				416.38				416.38
JONES DAVID P	400278823	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MCGUFFIN DAVID A	404646177	MED	02	2	277.56				
	**TOTAL				277.56				277.56
MERRIMAN MARK A	401159952	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MORRIS FRED T	407868672	MED	03	3	263.68				
	**TOTAL				263.68				263.68
MUNTZ STEPHEN W	402025495	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PARROTT DANIEL	404047819	MED	04	4	416.38				
	**TOTAL				416.38				416.38
RILOY JOHNNIE M	400153821	MED	04	5	416.38				
	**TOTAL				416.38				416.38

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6648.00				6648.00

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	04	4	416.38 416.38				416.38
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56				277.56
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5773.63				5773.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	04	4	416.38				
	**TOTAL				416.38				416.38
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HERRINGTON KENNE	406210642	MED	04	5	416.38	416.38		ADD	01/01-01/31
	**TOTAL				416.38	416.38			832.76
HUTCHISON RANDY	402843762	MED	04	7	416.38				
	**TOTAL				416.38				416.38
KELLY III ERMAN	405825527	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	03	3	263.68	527.36	-832.76	CHG	12/01-01/31
	**TOTAL				263.68	527.36	-832.76		-41.72
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
TUCKER CHARLES D	403190725	MED	03	2	263.68	527.36	-277.58	CHG	12/01-01/31
	**TOTAL				263.68	527.36	-277.58		513.46
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 5 TOTAL					3303.17	1471.10	-1110.34		3663.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455	MED	01	1	138.79				
	**TOTAL				138.79				138.79
KEARNS JOE E	401465897	MED	02	2	277.56				
	**TOTAL				277.56				277.56
KEARNS TONY T	406066093	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SAYLOR JOHN W	405588930	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SLADE JASON E	402378696	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE JR WILLIAM	402763658	MED	02	2	277.56				
	**TOTAL				277.56				277.56
SOSBE LARRY B	406660158	MED	01	1	138.79				
	**TOTAL				138.79				138.79
VELEZ JUAN CARLO	242534504	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 6 TOTAL					2067.93				2067.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 199032101237
BILLING PERIOD: 02/01/99 - 02/28/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEK KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00-2194

416.35 - 01-6131

277.59 - 01-6122

957.62 - 02-6131

6,608.00 - 03-6131 (took 40% credit)

5,773.63 - 04-6131

3,303.17 - 05-6131

2,067.93 - 06-6131

19,543.08

General Fund

2,220.63 - 07-6131

1,943.05

4,163.68

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

P0001 00268
PAGE: 1

ITEM No. 15
SHEET 70 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 199060101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 02/21/99
PAYMENT DUE: 03/01/99
BILLING PERIOD: 03/01/99 - 03/31/99

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,885.55	.00	23,885.55	_____	00363 00017
TOTALS ***	23,885.55	.00	23,885.55	_____	

*** PLEASE PAY THIS AMOUNT *** \$23,885.55

Adjusted Balance
Please pay 23,845.55

If payment is not received by the end of the grace period, Medical and Pharmacy eligibility and claims may be suspended until the outstanding premium is received or the collection period elapses.

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 03/01/99

AMOUNT DUE: \$23,885.55

AMOUNT PAID: 23,845.55

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

United HealthCare
of Kentucky
Route MN002-0269
P.O. Box 1459
Minneapolis, MN 55440-1459

January 28, 1999

SECOND REQUEST

City of Cynthiana
Attn: Charleene Mcilvain
PO Box 67
Cynthiana, KY 41031

Group #: 101237

Dear Ms. Mcilvain:

Enclosed is a copy of a letter sent to you on December 10, 1998. As of today, an outstanding credit balance of <\$40.00> remains.

Please take this credit with your next invoice.

If you have questions, please call me at 1-888-596-2564.

Sincerely,



Betty Christensen
Billing Coordinator

enclosure

BC:dlf:033-3

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910	MED	04	4	416.38				
	**TOTAL				416.38				416.38
COY MELVIN D	402745004	MED	02	2	277.56				
	**TOTAL				277.56				277.56
CULBERSON HEATH	293846736	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FRYMAN JOHN M	404649384	MED	04	3	416.38				
	**TOTAL				416.38				416.38
GROSS WILBUR W	402196499	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HASSALL BRIAN C	400800028	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHINSON RODER	404929550	MED	04	3	416.38				
	**TOTAL				416.38				416.38
JOHNSON RAYMOND	155540521	MED	04	4	416.38				
	**TOTAL				416.38				416.38
JONES DAVID P	400278823	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MCGUFFIN DAVID A	404646177	MED	02	2	277.56				
	**TOTAL				277.56				277.56
MERRIMAN MARK A	401159952	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MORRIS FRED T	407868672	MED	03	3	263.68				
	**TOTAL				263.68				263.68
MUNTZ STEPHEN W	402025495	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PARROTT DANIEL	404047819	MED	04	4	416.38				
	**TOTAL				416.38				416.38
RILOY JOHNNIE M	400153821	MED	04	5	416.38				
	**TOTAL				416.38				416.38

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6648.00				6648.00

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247	MED	04	4	416.38				
	**TOTAL				416.38				416.38
BURDEN RONNIE D	404624302	MED	01	1	138.79				
	**TOTAL				138.79				138.79
CARSON CHARLES A	401113397	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DAVIS RICHARD R	400860164	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GIBSON WILLIAM M	403823523	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HAWKINS DARRIN K	407238908	MED	01	1	138.79				
	**TOTAL				138.79				138.79
KEARNS GARY B	403823320	MED	03	2	263.68				
	**TOTAL				263.68				263.68
KNIGHT GREGORY T	407948190	MED	03	3	263.68				
	**TOTAL				263.68				263.68
LYONS ROBERT T	406251447	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MARTIN JAMES H	404708919	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PERRIN WAGNER N	403313938	MED	02	2	277.56				
	**TOTAL				277.56				277.56
POWERS DAVID R	407644602	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SANDERS JAMES W	403983890	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SCHWARTZ RICHARD	407749251	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SIPE JERRY D	312845602	MED	01	1	138.79				
	**TOTAL				138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5773.63				5773.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	04	4	416.38				
	**TOTAL				416.38				416.38
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HERRINGTON KENNE	406210642	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HUTCHISON RANDY	402843762	MED	04	7	416.38				
	**TOTAL				416.38				416.38
KELLY III ERMAN	405825527	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	03	3	263.68				
	**TOTAL				263.68				263.68
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
TUCKER CHARLES D	403190725	MED	03	2	263.68				
	**TOTAL				263.68				263.68
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 5 TOTAL					3303.17				3303.17

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455	MED	01	1	138.79				
	**TOTAL				138.79				138.79
KEARNS JOE E	401465897	MED	02	2	277.56				
	**TOTAL				277.56				277.56
KEARNS TONY T	406066093	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SAYLOR JOHN W	405588930	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SLADE JASON E	402378696	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE JR WILLIAM	402763658	MED	02	2	277.56				
	**TOTAL				277.56				277.56
SOSBE LARRY B	406660158	MED	01	1	138.79				
	**TOTAL				138.79				138.79
VELEZ JUAN CARLO	242534504	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 6 TOTAL					2067.93				2067.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 199060101237
BILLING PERIOD: 03/01/99 - 03/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEK KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00 - 2194
416.35 - 01 - 6131
277.59 - 01 - 6122
957.62 - 02 - 6131
6,648.00 - 03 - 6131
6,079.03 - 04 - 6131 (Lyons chg. plan)
2,914.60 - 05 - 6131
2,067.93 - 06 - 6131

19,499.91

2,220.63 - 07 - 6131
1,943.05 - 08 - 6131

4,163.68

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
 SECTION 753
 LOUISVILLE, KY 40289
 (888) 596-2564 FAX (612) 833-6299

ITEM No. 15
 SHEET 84 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 199001101237

CITY OF CYNTHIANA
 ATTN: CHARLEENE MCILVAIN
 PO BOX 67
 CYNTHIANA, KY 41031

INVOICE DATE: 12/14/98
PAYMENT DUE: 01/01/99
BILLING PERIOD: 01/01/99 - 01/31/99

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,496.98	305.40	23,802.38	_____	00363 00017
TOTALS ***	23,496.98	305.40	23,802.38	_____	
*** PLEASE PAY THIS AMOUNT ***			\$23,802.38		

If payment is not received by the end of the grace period, Medical and Pharmacy eligibility and claims may be suspended until the outstanding premium is received or the collection period elapses.

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 01/01/99

AMOUNT DUE: \$23,802.38

AMOUNT PAID: 23,802.38

UNITED HEALTHCARE OF KENTUCKY LTD
 SECTION 753
 LOUISVILLE, KY 40289

CITY OF CYNTHIANA
 ATTN: CHARLEENE MCILVAIN
 PO BOX 67
 CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910	MED	04	4	416.38				
	**TOTAL				416.38				416.38
COY MELVIN D	402745004	MED	02	2	277.56				
	**TOTAL				277.56				277.56
CULBERSON HEATH	293846736	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FRYMAN JOHN M	404649384	MED	04	3	416.38				
	**TOTAL				416.38				416.38
GROSS WILBUR W	402196499	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HASSALL BRIAN C	400800028	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHINSON RODER	404929550	MED	04	3	416.38				
	**TOTAL				416.38				416.38
JOHNSON RAYMOND	155540521	MED	04	4	416.38				
	**TOTAL				416.38				416.38
JONES DAVID P	400278823	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MCGUFFIN DAVID A	404646177	MED	02	2	277.56				
	**TOTAL				277.56				277.56
MERRIMAN MARK A	401159952	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MORRIS FRED T	407868672	MED	03	3	263.68				
	**TOTAL				263.68				263.68
MUNTZ STEPHEN W	402025495	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PARROTT DANIEL	404047819	MED	04	4	416.38				
	**TOTAL				416.38				416.38
RILOY JOHNNIE M	400153821	MED	04	5	416.38				
	**TOTAL				416.38				416.38

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6648.00				6648.00

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	04	4	416.38 416.38	832.76 832.76	-527.36 -527.36	CHG	11/01-12/31 721.78
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56				277.56
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5773.63	832.76	-527.36		6079.03

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	04	4	416.38				
	**TOTAL				416.38				416.38
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHISON RANDY	402843762	MED	04	7	416.38				
	**TOTAL				416.38				416.38
KELLY III ERMAN	405825527	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
TUCKER CHARLES D	403190725	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 5 TOTAL					2914.60				2914.60

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS JOE E	401465897 **TOTAL	MED	02	2	277.56 277.56				277.56
KEARNS TONY T	406066093 **TOTAL	MED	04	4	416.38 416.38				416.38
SAYLOR JOHN W	405588930 **TOTAL	MED	04	3	416.38 416.38				416.38
SLADE JASON E	402378696 **TOTAL	MED	01	1	138.79 138.79				138.79
SLADE JR WILLIAM	402763658 **TOTAL	MED	02	2	277.56 277.56				277.56
SOSBE LARRY B	406660158 **TOTAL	MED	01	1	138.79 138.79				138.79
VELEZ JUAN CARLO	242534504 **TOTAL	MED	03	2	263.68 263.68				263.68
DEPT 6 TOTAL					2067.93				2067.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 199001101237
BILLING PERIOD: 01/01/99 - 01/31/99

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPES KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00-2194
416.35 - 01-6131
277.59 - 01-6122
957.62 - 02-6131
6,648.00 - 03-6131
5,620.93 - 04-6131
2,914.60 - 05-6131
2,206.72 - 06-6131 (2 mos Gross)

19,180.60

General Fund

2,220.63 - 07-6131
1,943.05 - 08-6131

4,163.68

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

P0001 01179
PAGE: 1

ITEM NO. 15
SHEET 97 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 198335101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 11/14/98
PAYMENT DUE: 12/01/98
BILLING PERIOD: 12/01/98 - 12/31/98

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,344.28	138.79	23,483.07		
TOTALS ***	23,344.28	138.79	23,483.07		00363 00017
*** PLEASE PAY THIS AMOUNT ***			\$23,483.07		

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 12/01/98

AMOUNT DUE: \$23,483.07

AMOUNT PAID: 23,483.07

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910	MED	04	4	416.38				
	**TOTAL				416.38				416.38
COY MELVIN D	402745004	MED	02	2	277.56				
	**TOTAL				277.56				277.56
CULBERSON HEATH	293846736	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FRYMAN JOHN M	404649384	MED	04	3	416.38				
	**TOTAL				416.38				416.38
GROSS WILBUR W	402196499	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HASSALL BRIAN C	400800028	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHINSON RODER	404929550	MED	04	3	416.38				
	**TOTAL				416.38				416.38
JOHNSON RAYMOND	155540521	MED	04	4	416.38				
	**TOTAL				416.38				416.38
JONES DAVID P	400278823	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MCGUFFIN DAVID A	404646177	MED	02	2	277.56				
	**TOTAL				277.56				277.56
MERRIMAN MARK A	401159952	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MORRIS FRED T	407868672	MED	03	3	263.68				
	**TOTAL				263.68				263.68
MUNTZ STEPHEN W	402025495	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PARROTT DANIEL	404047819	MED	04	4	416.38				
	**TOTAL				416.38				416.38
RILOY JOHNNIE M	400153821	MED	04	5	416.38				
	**TOTAL				416.38				416.38

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6648.00				6648.00

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	03	2	263.68 263.68				263.68
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56				277.56
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5620.93				5620.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006 **TOTAL	MED	04	4	416.38 416.38				416.38
CONNER LEROY W	405829374 **TOTAL	MED	02	2	277.56 277.56				277.56
HUTCHISON RANDY	402843762 **TOTAL	MED	04	7	416.38 416.38				416.38
KELLY III ERMAN	405825527 **TOTAL	MED	02	2	277.56 277.56				277.56
NICKERSON LAWREN	903947592 **TOTAL	MED	04	4	416.38 416.38				416.38
PUCKETT JOHN M	404110541 **TOTAL	MED	04	4	416.38 416.38				416.38
SAMS JOSEPH L	404949218 **TOTAL	MED	01	1	138.79 138.79				138.79
TUCKER CHARLES D	403190725 **TOTAL	MED	01	1	138.79 138.79				138.79
WILLIAMS LARRY R	400862324 **TOTAL	MED	04	3	416.38 416.38				416.38
DEPT 5 TOTAL					2914.60				2914.60

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
GROSS CHARLES A	405545455 **TOTAL	MED	01	1	138.79 138.79	138.79 138.79		ADD	11/01-11/30 277.58
KEARNS JOE E	401465897 **TOTAL	MED	02	2	277.56 277.56				277.56
KEARNS TONY T	406066093 **TOTAL	MED	04	4	416.38 416.38				416.38
SAYLOR JOHN W	405588930 **TOTAL	MED	04	3	416.38 416.38				416.38
SLADE JASON E	402378696 **TOTAL	MED	01	1	138.79 138.79				138.79
SLADE JR WILLIAM	402763658 **TOTAL	MED	02	2	277.56 277.56				277.56
SOSBE LARRY B	406660158 **TOTAL	MED	01	1	138.79 138.79				138.79
VELEZ JUAN CARLO	242534504 **TOTAL	MED	03	2	263.68 263.68				263.68
DEPT 6 TOTAL					2067.93	138.79			2206.72

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 198335101237
BILLING PERIOD: 12/01/98 - 12/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEs KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79	- 00-2194	
416.35	- 01-6131	
277.59	- 01-6122	
957.62	- 02-6131	
6,925.53	- 03-6131	(adding ² new police)
5,620.93	- 04-6131	(adding ² new firemen)
2,081.92	- 05-6131	(credit from Purcell)
1,512.76	- 06-6131	(credit from Knipper)
<hr/>		
17,931.49		✓

2,220.63	- 07-6131	
1,943.65	- 08-6131	
<hr/>		
4,163.68		✓

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INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

P0001 01117
PAGE: 1
ITEM No. 15
SHEET 110 OF 384

CF
WF

MASTER GROUP: 101237

INVOICE NUMBER: 198305101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 10/14/98
PAYMENT DUE: 11/01/98
BILLING PERIOD: 11/01/98 - 11/30/98

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,205.49	-971.53	22,233.96	<u>22,233.96</u>	00363 00017
TOTALS ***	23,205.49	-971.53	22,233.96	<u>22,233.96</u>	
*** PLEASE PAY THIS AMOUNT ***			\$22,233.96		

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 11/01/98

AMOUNT DUE: \$22,233.96

AMOUNT PAID: 22,233.96

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910	MED	04	4	416.38				
	**TOTAL				416.38				416.38
COY MELVIN D	402745004	MED	02	2	277.56				
	**TOTAL				277.56				277.56
CULBERSON HEATH	293846736	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FRYMAN JOHN M	404649384	MED	04	3	416.38				
	**TOTAL				416.38				416.38
GROSS WILBUR W	402196499	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HASSALL BRIAN C	400800028	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHINSON RODER	404929550	MED	04	3	416.38	416.38		ADD	10/01-10/31
	**TOTAL				416.38	416.38			832.76
JOHNSON RAYMOND	155540521	MED	04	4	416.38				
	**TOTAL				416.38				416.38
JONES DAVID P	400278823	MED	01	1	138.79	138.79		ADD	10/01-10/31
	**TOTAL				138.79	138.79			277.58
MCGUFFIN DAVID A	404646177	MED	02	2	277.56	555.12	-832.76	CHG	09/01-10/31
	**TOTAL				277.56	555.12	-832.76		-0.08
MERRIMAN MARK A	401159952	MED	04	4	416.38				
	**TOTAL				416.38				416.38
MORRIS FRED T	407868672	MED	03	3	263.68				
	**TOTAL				263.68				263.68
MUNTZ STEPHEN W	402025495	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PARROTT DANIEL	404047819	MED	04	4	416.38				
	**TOTAL				416.38				416.38
RILOY JOHNNIE M	400153821	MED	04	5	416.38				
	**TOTAL				416.38				416.38

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE MARLA J	402707474	MED	02	2	277.56				
	**TOTAL				277.56				277.56
TAPP WALTER L	402849842	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6648.00	1110.29	-832.76		6925.53

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247	MED	04	4	416.38				
	**TOTAL				416.38				416.38
BURDEN RONNIE D	404624302	MED	01	1	138.79				
	**TOTAL				138.79				138.79
CARSON CHARLES A	401113397	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DAVIS RICHARD R	400860164	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GIBSON WILLIAM M	403823523	MED	04	5	416.38				
	**TOTAL				416.38				416.38
HAWKINS DARRIN K	407238908	MED	01	1	138.79				
	**TOTAL				138.79				138.79
KEARNS GARY B	403823320	MED	03	2	263.68				
	**TOTAL				263.68				263.68
KNIGHT GREGORY T	407948190	MED	03	3	263.68				
	**TOTAL				263.68				263.68
LYONS ROBERT T	406251447	MED	03	2	263.68				
	**TOTAL				263.68				263.68
MARTIN JAMES H	404708919	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PERRIN WAGNER N	403313938	MED	02	2	277.56				
	**TOTAL				277.56				277.56
POWERS DAVID R	407644602	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SANDERS JAMES W	403983890	MED	04	4	416.38				
	**TOTAL				416.38				416.38
SCHWARTZ RICHARD	407749251	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SIPE JERRY D	312845602	MED	01	1	138.79				
	**TOTAL				138.79				138.79

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5620.93				5620.93

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	04	4	416.38				
	**TOTAL				416.38				416.38
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHISON RANDY	402843762	MED	04	7	416.38				
	**TOTAL				416.38				416.38
KELLY III ERMAN	405825527	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PURCELL DONALD W	406887425	MED	02		0.00		-832.68	TERM	08/01-10/31
	**TOTAL				0.00		-832.68		-832.68
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
TUCKER CHARLES D	403190725	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
DEPT 5 TOTAL					2914.60		-832.68		2081.92

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
KEARNS JOE E	401465897	MED	02	2	277.56				
	**TOTAL				277.56				277.56
KEARNS TONY T	406066093	MED	04	4	416.38				
	**TOTAL				416.38				416.38
KNIPPER KENNY W	406131663	MED	04		0.00		-416.38	TERM	08/01-08/31
	**TOTAL				0.00		-416.38		-416.38
SAYLOR JOHN W	405588930	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SLADE JASON E	402378696	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE JR WILLIAM	402763658	MED	02	2	277.56				
	**TOTAL				277.56				277.56
SOSBE LARRY B	406660158	MED	01	1	138.79				
	**TOTAL				138.79				138.79
VELEZ JUAN CARLO	242534504	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 6 TOTAL					1929.14		-416.38		1512.76

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 198305101237
BILLING PERIOD: 11/01/98 - 11/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEs KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00-2194
416.35 - 01-6131
277.59 - 01-6122
957.62 - 02-6131
6,231.65 - 03-6131
5,204.58 - 04-6131
2,498.25 - 05-6131
2,345.52 - 06-6131

18,070.35

General Fund

2,220.63 07-6131
1,943.05 08-6131

4,163.68

62/

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

ITEM NO. 15
SHEET 123 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 198244101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 08/14/98
PAYMENT DUE: 09/01/98
BILLING PERIOD: 09/01/98 - 09/30/98

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	22,650.38	971.56	23,621.94		
TOTALS ***	22,650.38	971.56	23,621.94	<u>22,372.82</u>	00363 00017
*** PLEASE PAY THIS AMOUNT ***			\$23,621.94		

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 09/01/98

AMOUNT DUE: \$23,621.94

AMOUNT PAID: 22,372.82

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

Paid

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
TODD BETTY L	400782524	MED	01		0.00		-277.58	TERM	07/01-08/31
	**TOTAL				0.00		-277.58		-277.58
DEPT 2 TOTAL					957.62		-277.58		680.04

957.62 Paid

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910 **TOTAL	MED	04	4	416.38 416.38				416.38
COY MELVIN D	402745004 **TOTAL	MED	02	2	277.56 277.56				277.56
CULBERSON HEATH	293846736 **TOTAL	MED	01	1	138.79 138.79				138.79
FRYMAN JOHN M	404649384 **TOTAL	MED	04	3	416.38 416.38				416.38
GROSS WILBUR W	402196499 **TOTAL	MED	04	5	416.38 416.38				416.38
HASSALL BRIAN C	400800028 **TOTAL	MED	02	2	277.56 277.56				277.56
JOHNSON RAYMOND	155540521 **TOTAL	MED	04	4	416.38 416.38				416.38
MCGUFFIN DAVID A	404646177 **TOTAL	MED	04	3	416.38 416.38				416.38
MERRIMAN MARK A	401159952 **TOTAL	MED	04	4	416.38 416.38				416.38
MORRIS FRED T	407868672 **TOTAL	MED	03	3	263.68 263.68				263.68
MUNTZ STEPHEN W	402025495 **TOTAL	MED	04	4	416.38 416.38				416.38
PARROTT DANIEL	404047819 **TOTAL	MED	04	4	416.38 416.38				416.38
RILOY JOHNNIE M	400153821 **TOTAL	MED	04	5	416.38 416.38				416.38
SLADE MARLA J	402707474 **TOTAL	MED	02	2	277.56 277.56				277.56
TAPP WALTER L	402849842 **TOTAL	MED	04	3	416.38 416.38				416.38

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6231.65				6231.65

6231.65 PAID

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	03	2	263.68 263.68				263.68
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SLADE JOHN C	403802479 **TOTAL	MED	03	2	263.68 263.68				263.68
SOSBE MICHAEL T	404842811 **TOTAL	MED	02	2	277.56 277.56				277.56

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
STINSON TERRY M	286520380	MED	03	2	263.68				263.68
	**TOTAL				263.68				
DEPT 4 TOTAL					5204.58				5204.58

PAID

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006	MED	04	4	416.38				
	**TOTAL				416.38				416.38
CONNER LEROY W	405829374	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUTCHISON RANDY	402843762	MED	04	7	416.38	832.76		ADD	07/01-08/31
	**TOTAL				416.38	832.76			1249.14
NICKERSON LAWREN	903947592	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PUCKETT JOHN M	404110541	MED	04	4	416.38				
	**TOTAL				416.38				416.38
PURCELL DONALD W	406887425	MED	02	2	277.56				
	**TOTAL				277.56				277.56
									<i>left emp - 7/31/98</i>
SAMS JOSEPH L	404949218	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WILLIAMS LARRY R	400862324	MED	04	3	416.38				
	**TOTAL				416.38				416.38
WILLIAMS JR MARV	406132146	MED	04		0.00		-416.38	TERM	08/01-08/31
	**TOTAL				0.00		-416.38		-416.38
DEPT 5 TOTAL					2775.81	832.76	-416.38		3192.19
					<i>2498.25</i>				
					<i>Paid</i>				

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
KEARNS JOE E	401465897	MED	02	2	277.56				
	**TOTAL				277.56				277.56
KEARNS TONY T	406066093	MED	04	4	416.38				
	**TOTAL				416.38				416.38
* KNIPPER KENNY W	406131663	MED	04	3	416.38	416.38		ADD	07/01-08/31
	**TOTAL				416.38	832.76			1249.14
						832.76			
SAYLOR JOHN W	405588930	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SLADE JASON E	402378696	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE JR WILLIAM	402763658	MED	02	2	277.56				
	**TOTAL				277.56				277.56
SOSBE LARRY B	406660158	MED	01	1	138.79				
	**TOTAL				138.79				138.79
VELEZ JUAN CARLO	242534504	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 6 TOTAL					2345.52	832.76			3178.28

for Aug. - see note

Paid

* - new hire - effective date 8/1/98 - only owe for Aug - left employment 8/19/98

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P.	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

2220.63
Paid

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609		MED 04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232		MED 04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611		MED 01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778		MED 04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421		MED 02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061		MED 02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230		MED 01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

2081.84
Paid

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 198244101237
BILLING PERIOD: 09/01/98 - 09/30/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEs KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79
					<i>Paid</i>				

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

138.79 - 00-2194

416.35 - 01-6131

277.59 - 01-6122

957.62 - 02-6131

6,231.65 - 03-6131

6,037.28 - 04-6131

3,330.95 - 05-6131

1,512.76 - 06-6131

18,902.99 ✓

General Fund

2,220.63 - 07-6131

1,943.05 - 08-6131

4,163.68 ✓

Water Fund

62/

ITEM No. 15
SHEET 136 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 198274101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 09/14/98
PAYMENT DUE: 10/01/98
BILLING PERIOD: 10/01/98 - 10/31/98

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	23,066.70	138.76	23,205.46	_____	00363 00017
TOTALS ***	23,066.70	138.76	23,205.46	_____	
*** PLEASE PAY THIS AMOUNT ***			\$23,205.46		

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 10/01/98

AMOUNT DUE: \$23,205.46

AMOUNT PAID: _____

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56				
	**TOTAL				277.56				277.56
LAIR JOHN	403861091	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 1 TOTAL					693.94				693.94

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56				
	**TOTAL				277.56				277.56
BURNS VIRGIE S	402703156	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCILVAIN CHARLEE	402742718	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 2 TOTAL					957.62				957.62

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPPAGE MICHAEL	405020910 **TOTAL	MED	04	4	416.38 416.38				416.38
COY MELVIN D	402745004 **TOTAL	MED	02	2	277.56 277.56				277.56
CULBERSON HEATH	293846736 **TOTAL	MED	01	1	138.79 138.79				138.79
FRYMAN JOHN M	404649384 **TOTAL	MED	04	3	416.38 416.38				416.38
GROSS WILBUR W	402196499 **TOTAL	MED	04	5	416.38 416.38				416.38
HASSALL BRIAN C	400800028 **TOTAL	MED	02	2	277.56 277.56				277.56
JOHNSON RAYMOND	155540521 **TOTAL	MED	04	4	416.38 416.38				416.38
MCGUFFIN DAVID A	404646177 **TOTAL	MED	04	3	416.38 416.38				416.38
MERRIMAN MARK A	401159952 **TOTAL	MED	04	4	416.38 416.38				416.38
MORRIS FRED T	407868672 **TOTAL	MED	03	3	263.68 263.68				263.68
MUNTZ STEPHEN W	402025495 **TOTAL	MED	04	4	416.38 416.38				416.38
PARROTT DANIEL	404047819 **TOTAL	MED	04	4	416.38 416.38				416.38
RILOY JOHNNIE M	400153821 **TOTAL	MED	04	5	416.38 416.38				416.38
SLADE MARLA J	402707474 **TOTAL	MED	02	2	277.56 277.56				277.56
TAPP WALTER L	402849842 **TOTAL	MED	04	3	416.38 416.38				416.38

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
WALKER JEREMY D	406211811	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WELLS BRIAN T	403780787	MED	01	1	138.79				
	**TOTAL				138.79				138.79
WHITAKER WILLIAM	407544449	MED	02	2	277.56				
	**TOTAL				277.56				277.56
WHITLOCK HAROLD	400584890	MED	02	2	277.56				
	**TOTAL				277.56				277.56
DEPT 3 TOTAL					6231.65				6231.65

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
ASBURY STEVEN E	403351247 **TOTAL	MED	04	4	416.38 416.38				416.38
BURDEN RONNIE D	404624302 **TOTAL	MED	01	1	138.79 138.79				138.79
CARSON CHARLES A	401113397 **TOTAL	MED	04	4	416.38 416.38				416.38
DAVIS RICHARD R	400860164 **TOTAL	MED	04	4	416.38 416.38				416.38
GIBSON WILLIAM M	403823523 **TOTAL	MED	04	5	416.38 416.38				416.38
HAWKINS DARRIN K	407238908 **TOTAL	MED	01	1	138.79 138.79				138.79
KEARNS GARY B	403823320 **TOTAL	MED	03	2	263.68 263.68				263.68
KNIGHT GREGORY T	407948190 **TOTAL	MED	03	3	263.68 263.68				263.68
LYONS ROBERT T	406251447 **TOTAL	MED	03	2	263.68 263.68				263.68
MARTIN JAMES H	404708919 **TOTAL	MED	04	4	416.38 416.38				416.38
PERRIN WAGNER N	403313938 **TOTAL	MED	02	2	277.56 277.56	277.56 277.56		ADD	09/01-09/30 555.12
POWERS DAVID R	407644602 **TOTAL	MED	04	4	416.38 416.38				416.38
SANDERS JAMES W	403983890 **TOTAL	MED	04	4	416.38 416.38				416.38
SCHWARTZ RICHARD	407749251 **TOTAL	MED	04	3	416.38 416.38				416.38
SIPE JERRY D	312845602 **TOTAL	MED	01	1	138.79 138.79	138.79 138.79		ADD	09/01-09/30 277.58

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
SLADE JOHN C	403802479	MED	03	2	263.68				
	**TOTAL				263.68				263.68
SOSBE MICHAEL T	404842811	MED	02	2	277.56				
	**TOTAL				277.56				277.56
STINSON TERRY M	286520380	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 4 TOTAL					5620.93	416.35			6037.28

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS DOUGLAS R	405948006 **TOTAL	MED	04	4	416.38 416.38				416.38
CONNER LEROY W	405829374 **TOTAL	MED	02	2	277.56 277.56				277.56
HUTCHISON RANDY	402843762 **TOTAL	MED	04	7	416.38 416.38				416.38
KELLY III ERMAN	405825527 **TOTAL	MED	02	2	277.56 277.56				277.56
NICKERSON LAWREN	903947592 **TOTAL	MED	04	4	416.38 416.38				416.38
PUCKETT JOHN M	404110541 **TOTAL	MED	04	4	416.38 416.38				416.38
PURCELL DONALD W	406887425 **TOTAL	MED	02	2	277.56 277.56				277.56
SAMS JOSEPH L	404949218 **TOTAL	MED	01	1	138.79 138.79				138.79
TUCKER CHARLES D	403190725 **TOTAL	MED	01	1	138.79 138.79	138.79 138.79		ADD	09/01-09/30 277.58
WILLIAMS LARRY R	400862324 **TOTAL	MED	04	3	416.38 416.38				416.38
DEPT 5 TOTAL					3192.16	138.79			3330.95

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
KEARNS JOE E	401465897	MED	02	2	277.56				
	**TOTAL				277.56				277.56
KEARNS TONY T	406066093	MED	04	4	416.38				
	**TOTAL				416.38				416.38
KNIPPER KENNY W	406131663	MED	04		0.00		-416.38	TERM	09/01-09/30
	**TOTAL				0.00		-416.38		-416.38
SAYLOR JOHN W	405588930	MED	04	3	416.38				
	**TOTAL				416.38				416.38
SLADE JASON E	402378696	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE JR WILLIAM	402763658	MED	02	2	277.56				
	**TOTAL				277.56				277.56
SOSBE LARRY B	406660158	MED	01	1	138.79				
	**TOTAL				138.79				138.79
VELEZ JUAN CARLO	242534504	MED	03	2	263.68				
	**TOTAL				263.68				263.68
DEPT 6 TOTAL					1929.14		-416.38		1512.76

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79				
	**TOTAL				138.79				138.79
FULLER EUGENE W	406980201	MED	04	4	416.38				
	**TOTAL				416.38				416.38
GILLIAM CLYDE P	314382389	MED	02	2	277.56				
	**TOTAL				277.56				277.56
HUBBARD JR WILLI	407987919	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MOSES DONALD L	400507641	MED	02	2	277.56				
	**TOTAL				277.56				277.56
NORTH ROGER D	403782461	MED	04	3	416.38				
	**TOTAL				416.38				416.38
POYNTER JAMES M	401643042	MED	01	1	138.79				
	**TOTAL				138.79				138.79
SLADE RONNIE E	406805308	MED	04	4	416.38				
	**TOTAL				416.38				416.38
DEPT 7 TOTAL					2220.63				2220.63

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CHOATE SHANNON E	311827609	MED	04	5	416.38				
	**TOTAL				416.38				416.38
MCCARTER KENNETH	465455232	MED	04	3	416.38				
	**TOTAL				416.38				416.38
MCKEE RONNIE B	405827611	MED	01	1	138.79				
	**TOTAL				138.79				138.79
MURPHY OMER I	406886778	MED	04	5	416.38				
	**TOTAL				416.38				416.38
OVERMAN RICHARD	404660421	MED	02	2	277.56				
	**TOTAL				277.56				277.56
ZUMWALT ROBERT A	406562061	MED	02	2	277.56				
	**TOTAL				277.56				277.56
*Cobra Detail									
HILL GENE N	402662230	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 8 TOTAL					2081.84				2081.84

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 198274101237
BILLING PERIOD: 10/01/98 - 10/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPES KENNY T	407084046	MED	01	1	138.79				
	**TOTAL				138.79				138.79
DEPT 9 TOTAL					138.79				138.79

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

August
Billing

138.79 - 00 - 2194

416.35 - 01 - 6131

277.59 - 01 - 6122

1,096.41 - 02 - ~~6122~~ 6131

6,231.65 - 03 - 6131

5,204.58 - 04 - 6131

2,761.90 - 05 - 6131

1,651.58 - 06 - 6131

17,778.85

(less William
less 13.91
overpayment)

2220.63 - 07 - 6131

1943.05 - 08 - 6131

4163.68

62

INVOICE

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289
(888) 596-2564 FAX (612) 833-6299

ITEM NO. 15
SHEET 149 OF 384

MASTER GROUP: 101237

INVOICE NUMBER: 198213101237

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

INVOICE DATE: 07/14/98
PAYMENT DUE: 08/01/98
BILLING PERIOD: 08/01/98 - 08/31/98

PRODUCT	CURRENT PREMIUM	ADJUSTMENTS	TOTAL	AMT PAID	INTERNAL USE ONLY
MEDICAL	22,095.23	22,095.23	44,190.46		
TOTALS ***	22,095.23	22,095.23	44,190.46	<u>22,081.32</u>	00363 00017
*** PLEASE PAY THIS AMOUNT ***			\$44,190.46		

PLEASE RETURN THIS ENTIRE PAGE WITH YOUR PAYMENT

MASTER GROUP: 101237

PAYMENT DUE: 08/01/98

AMOUNT DUE: \$44,190.46

AMOUNT PAID: * 22,081.32

UNITED HEALTHCARE OF KENTUCKY LTD
SECTION 753
LOUISVILLE, KY 40289

CITY OF CYNTHIANA
ATTN: CHARLEENE MCILVAIN
PO BOX 67
CYNTHIANA, KY 41031

* Please note ^{bill} → includes payments for July - were remitted in July - overpayment of \$13.91 on that billing was subtracted from this. Please see individual pay for corrections

51700000000101237 198213101237 0044190466

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 1 AFFAIRS

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
HICKS CLYDE	407648203	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
LAIR JOHN	403861091	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
DEPT 1 TOTAL					693.94	693.94			1387.88

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 2 ADMIN

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
BROOKS KATHY M	404600219	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
BURNS VIRGIE S	402703156	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
MCILVAIN CHARLEE	402742718	MED	03	2	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
TODD BETTY L	400782524	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
DEPT 2 TOTAL					1096.41	1096.41			2192.82

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
✓ COPPAGE MICHAEL	405020910	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ COY MELVIN D	402745004	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ CULBERSON HEATH	293846736	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ FRYMAN JOHN M	404649384	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ GROSS WILBUR W	402196499	MED	04	5	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ HASSALL BRIAN C	400800028	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ JOHNSON RAYMOND	155540521	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ MCGUFFIN DAVID A	404646177	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ MERRIMAN MARK A	401159952	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ MORRIS FRED T	407868672	MED	03	3	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
✓ MUNTZ STEPHEN W	402025495	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ PARROTT DANIEL	404047819	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ RILOY JOHNNIE M	400153821	MED	04	5	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ SLADE MARLA J	402707474	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ TAPP WALTER L	402849842	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 3 POLICE

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
WALKER JEREMY D	406211811	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
WELLS BRIAN T	403780787	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
WHITAKER WILLIAM	407544449	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
WHITLOCK HAROLD	400584890	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
DEPT 3 TOTAL					6231.65	6231.65			12463.30

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
✓ ASBURY STEVEN E	403351247	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ BURDEN RONNIE D	404624302	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ CARSON CHARLES A	401113397	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ DAVIS RICHARD R	400860164	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ GIBSON WILLIAM M	403823523	MED	04	5	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ HAWKINS DARRIN K	407238908	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ KEARNS GARY B	403823320	MED	03	2	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
✓ KNIGHT GREGORY T	407948190	MED	03	3	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
✓ LYONS ROBERT T	406251447	MED	03	2	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
✓ MARTIN JAMES H	404708919	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ POWERS DAVID R	407644602	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ SANDERS JAMES W	403983890	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ SCHWARTZ RICHARD	407749251	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ SLADE JOHN C	403802479	MED	03	2	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
✓ SOSBE MICHAEL T	404842811	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 4 FIRE

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
✓STINSON TERRY M	286520380	MED	03	2	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
DEPT 4 TOTAL					5204.58	5204.58			10409.16

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 5 WORK

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
✓ BROOKS DOUGLAS R	405948006	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ CONNER LEROY W	405829374	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ NICKERSON LAWREN	903947592	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ PUCKETT JOHN M	404110541	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ PURCELL DONALD W	406887425	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ SAMS JOSEPH L	404949218	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ WILLIAMS LARRY R	400862324	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
* WILLIAMS JR MARV	406132146	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
DEPT 5 TOTAL					2775.81	2775.81			5551.62
Randy Hutchison 402-84-3762 (omitted in error)					416.38	416.38			
					<u>\$ 3,192.19</u>	<u>\$ 2,775.81</u>			
* left employment 7/20/98									

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 6 PROP

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
✓ KEARNS JOE E	401465897	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ KEARNS TONY T	406066093	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ SAYLOR JOHN W	405588930	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ SLADE JASON E	402378696	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ SOSBE LARRY B	406660158	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ VELEZ JUAN CARLO	242534504	MED	03	2	263.68	263.68		ADD	07/01-07/31
	**TOTAL				263.68	263.68			527.36
DEPT 6 TOTAL					1651.58	1651.58			3303.16

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 7 WATER

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
CLARK DAVID P	406884547	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
FULLER EUGENE W	406980201	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
GILLIAM CLYDE P	314382389	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
HUBBARD JR WILLI	407987919	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
MOSES DONALD L	400507641	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
NORTH ROGER D	403782461	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
POYNTER JAMES M	401643042	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
SLADE RONNIE E	406805308	MED	04	4	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
DEPT 7 TOTAL					2220.63	2220.63			4441.26

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MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 8 SEWER

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
✓ CHOATE SHANNON E	311827609	MED	04	5	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ MCCARTER KENNETH	465455232	MED	04	3	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ MCKEE RONNIE B	405827611	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
✓ MURPHY OMER I	406886778	MED	04	5	416.38	416.38		ADD	07/01-07/31
	**TOTAL				416.38	416.38			832.76
✓ OVERMAN RICHARD	404660421	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
✓ ZUMWALT ROBERT A	406562061	MED	02	2	277.56	277.56		ADD	07/01-07/31
	**TOTAL				277.56	277.56			555.12
*Cobra Detail					1943.05	1943.05			
HILL GENE N	402662230	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
DEPT 8 TOTAL					2081.84	2081.84			4163.68

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

MASTER GROUP: 101237
GROUP NUMBER: 10279
CITY OF CYNTHIANA
DEPARTMENT 9 RECREATION

INVOICE NUMBER: 198213101237
BILLING PERIOD: 08/01/98 - 08/31/98

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PRD	RTE CDE	FA SZ	PREMIUM AMOUNT	ADD AMOUNT	TERM AMOUNT	RSN	ADJ RANGE/ NET TOTALS
COPEK KENNY T	407084046	MED	01	1	138.79	138.79		ADD	07/01-07/31
	**TOTAL				138.79	138.79			277.58
DEPT 9 TOTAL					138.79	138.79			277.58

*** ALL CHARGES/CREDITS TAKEN FOR ADDS/TERMS/CLASS CODE CHANGES ARE SUBJECT TO THE RETROACTIVE POLICY AS STATED IN YOUR CONTRACT

LIFE INSURANCE
FISCAL YEAR ENDED
JUNE 30, 1999

5.40 - 00-2194
21.60 - 02-6131
108.00 - 03-6131
97.20 - 04-6131
48.60 - 05-6131
43.20 06-6131

324.00

43.20 - 07-6131
32.40 - 08-6131
75.60

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
MAY 18, 1999

PREMIUM DUE DATE
JUNE 01, 1999

POLICY NUMBER DIVSN
00 633991 0001

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	ADD PREM	ADD VOL	PREMIUM DUE
1 403351247 ASBURY, STEVEN E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
2 405948006 BROOKS, DOUGLAS R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
3 404600219 BROOKS, KATHY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
4 404624302 BURDEN, RONNIE D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
5 402703156 BURNS, VIRGIE S	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
6 401113397 CARSON, CHARLES AL	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
7 311827609 CHODATE, SHANNON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
8 406884547 CLARK, DAVID P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
9 405829374 CONNER, LEROY W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
10 407084046 COPPE, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
11 405020910 COPPAGE, MICHAEL L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
12 402745004 COY, MELVIN D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
13 293846736 CULBERSON, HEATH R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
14 400860164 DAVIS, RICHARD R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
15 406980201 FULLER, EUGENE W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
16 403823523 GIBSON, WILLIAM M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
17 314382389 GILLIAM, CLYDE P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
18 405545455 GROSS, CHARLES	0100 12/01/98	4.40	20,000	1.00	20,000	5.40
19 402196499 GROSS, WILBUR W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
20 400800028 HASSALL, BRIAN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
21 407238988 HAWKINS, DARRIN K	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
22 407987919 HUBBARD, WILLIAM H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
23 404929550 HUTCHINSON, RODERI	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
24 402843762 HUTCHISON, RANDY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
25 155540521 JOHNSON, RAYMOND D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
26 400278823 JONES, DAVID P	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
27 403823320 KEARNS, GARY F	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
28 401465897 KEARNS, JOE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
29 406066093 KEARNS, TONY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
30 405825527 KELLY, ERMAN III	0100 09/02/98	4.40	20,000	1.00	20,000	5.40
31 407948190 KNIGHT, GREGORY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
32 406251447 LYONS, ROBERT T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
33 404708919 MARTIN, JAMES H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
34 465455232 MCCARTER, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
35 404646177 MCGUFFIN, DAVID A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
36 402742718 MCILVAIN, CHARLEEN	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
37 405827611 MCKEE, RONNIE B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
38 401159952 MERRIMAN, MARK A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
39 242534504 MORALES-VELEZ, JUA	0100 09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

People. Not just policies.®

POLICYOWNER COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
MAY 18, 1999

PREMIUM DUE DATE
JUNE 01, 1999

POLICY NUMBER 00 633991
DIVSN 0001

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40 407868672 MORRIS, FRED T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
41 400507641 MOSES, DONALD L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
42 402025495 MUNTZ, STEPHEN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
43 406886778 MURPHY, OMER I	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
44 403947592 NICKERSON, LAWRENC	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
45 403782461 NORTH, ROGER D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
46 404660421 OVERMAN, RICHARD W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
47 404047819 PARROTT, DANIEL E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
48 403313938 PERRIN, WAGONER	0100 09/16/98	4.40	20,000	1.00	20,000	5.40
49 407644602 POWERS, DAVID R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
50 401643042 POYNTER, JAMES M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
51 404110541 PUCKETT, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
52 400153821 RILEY, JOHNNIE M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
53 404949218 SAMS, JOSEPH L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
54 403983890 SANDERS, JAMES W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
55 405588930 SAYLOR, JOHN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
56 407749251 SCHWARTZ, RICHARD	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
57 312845602 SIPE, JERRY	0100 09/16/98	4.40	20,000	1.00	20,000	5.40
58 402378696 SLADE, JASON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
59 403802479 SLADE, JOHN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
60 402707474 SLADE, MARLA J	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
61 406805308 SLADE, RONNIE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
62 402763658 SLADE, WILLIAM E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
63 406660158 SOSBE, LARRY B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
64 404842811 SOSBE, MICHAEL T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
65 286520380 STINSON, TERRY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
66 402849842 TAPP, WALTER L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
67 400782524 TODD, BETTY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
68 403190725 TUCKER, CHARLES D	0100 09/27/98	4.40	20,000	1.00	20,000	5.40
69 406211811 WALKER, JEREMY D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
70 403780787 WELLS, BRIAN T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
71 407544449 WHITTAKER, WILLIAM	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
72 400584890 WHITLOCK, HAROLD O	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
73 400862324 WILLIAM, LARRY R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
74 406562061 ZUMWALT, ROBERT A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
75						
SUBTOTAL FOR BILLING CATEGORY 0100						399.60
*** MEMBER ADJUSTMENTS ***						
76 407648203 HICKS, CLYDE	0100 05/01/99 T	4.40-		1.00-		5.40-
77						
SUBTOTAL FOR BILLING CATEGORY 0100						5.40-

STANDARD INSURANCE COMPANY
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POLICYOWNER COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001

DATE PRINTED PREMIUM DUE DATE
MAY 18, 1999 JUNE 01, 1999

MEMBER	DIVISION TOTALS BY COVERAGE			DEPENDENT	
	CVRG	LIVES	VOLUME	PREMIUM LIVES	PREMIUM
78	BLIFE	74	1480000	0	.00
79	AD&D	74	1480000	0	.00
80					
81					

ADJUSTMENT CODE DESCRIPTIONS:
 A = ADD MEMBER
 P = SELECTED BENEFIT CHANGE
 T = TERMINATION
 U = ELECTED UNITS CHANGE
 X = MEMBER CORRECTIONS
 \$ = SALARY ADJUSTMENT

BILL SUMMARY TOTALS	
TOTAL PREMIUMS	399.60
TOTAL MEMBER ADJUSTMENTS	5.40-
TOTAL THIS BILL	394.20
OUTSTANDING BAL AS OF 05/18/99	5.40

PLEASE PAY THIS AMOUNT 399.60

STANDARD INSURANCE COMPANY
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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED-ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
POLICYOWNER COPY

5.40 - 00-2194
21.60 - 02-6131
102.60 - 03-6131
97.20 04-6131
59.40 05-6131 (Richardson)
43.20 06-6131

329.40

General Fund

221

43.20 - 07-6131
32.40 - 08-6131

75.60 Water Fund

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
 STANDARD INSURANCE COMPANY T4
 PO BOX 5980
 PORTLAND OR 97228-5980

NAME & ADDRESS
 CYNTHIANA CITY OF
 ATTN CHARLEEN MCILVAIN
 PO BOX 67
 CYNTHIANA KY 41031

POLICY NUMBER DIVSN
 00 633991 0001

DATE PRINTED PREMIUM DUE DATE
 JUNE 14, 1999 JULY 01, 1999

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
 YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
 THE BILLING STATEMENT.

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1 403351247 ASBURY, STEVEN E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
2 405948006 BROOKS, DOUGLAS R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
3 404600219 BROOKS, KATHY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
4 404624302 BURDEN, RONNIE D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
5 402703156 BURNS, VIRGIE S	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
6 401113397 CARDON, CHARLES AL	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
7 311827609 CHDATE, SHANNON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
8 406884547 CLARK, DAVID P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
9 405829374 CONNER, LEROY W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
10 407084046 COPES, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
11 405020910 COPPAGE, MICHAEL L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
12 402745004 COY, MELVIN D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
13 293846736 CULBERSON, HEATH R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
14 400860164 DAVIS, RICHARD R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
15 406980201 FULLER, EUGENE W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
16 403823523 GIBSON, WILLIAM M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
17 314382389 GILLAIM, CLYDE P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
18 405545455 GROSS, CHARLES	0100 12/01/98	4.40	20,000	1.00	20,000	5.40
19 402196499 GROSS, WILBUR W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
20 400800028 HASSALL, BRIAN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
21 407238988 HAWKINS, DARRIN K	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
22 407987919 HUBBARD, WILLIAM H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
23 404929550 HUTCHINSON, RODDERI	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
24 402843762 HUTCHISON, RANDY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
25 155540521 JOHNSON, RAYMOND D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
26 400278823 JONES, DAVID P	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
27 403823320 KEARNS, GARY F	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
28 401465897 KEARNS, JOE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
29 406066093 KEARNS, TONY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
30 405825527 KELLY, ERMAN III	0100 09/02/98	4.40	20,000	1.00	20,000	5.40
31 407948190 KNIGHT, GREGORY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
32 406251447 LYONS, ROBERT T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
33 404708919 MARTIN, JAMES H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
34 403315419 MASTIN, MARTIN C	0100 06/09/99	4.40	20,000	1.00	20,000	5.40
35 465455232 MCCARTER, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
36 404646177 MCGUFFIN, DAVID A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
37 402742718 MCILVAIN, CHARLEEN	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
38 405827611 MCKEE, RONNIE B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
39 401159952 MERRIMAN, MARK A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

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REMITTANCE COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001

DATE PRINTED PREMIUM DUE DATE
JUNE 14, 1999 JULY 01, 1999

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40 242534504 MORALES-VELEZ, JUA	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
41 407868672 MORRIS, FRED T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
42 400507641 MOSES, DONALD L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
43 402025495 MUNTZ, STEPHEN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
44 406886778 MURPHY, OMER I	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
45 403947592 NICKERSON, LAWRENC	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
46 403782461 NORTH, ROGER D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
47 404660421 OVERMAN, RICHARD W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
48 404047819 PARROTT, DANIEL E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
49 403313938 PERRIN, WAGDNER	0100 09/16/98	4.40	20,000	1.00	20,000	5.40
50 407644602 POWERS, DAVID R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
51 401643042 POYNTER, JAMES M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
52 404410544 PUGKETT, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
53 406217601 RICHARDSON, JASON	0100 05/28/99	4.40	20,000	1.00	20,000	5.40
54 400153821 RILEY, JOHNNIE M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
55 404949218 SAMS, JOSEPH L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
56 403983890 SANDERS, JAMES W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
57 405588930 SAYLOR, JOHN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
58 407749251 SCHWARTZ, RICHARD	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
59 312845602 SIPE, JERRY	0100 09/16/98	4.40	20,000	1.00	20,000	5.40
60 402378696 SLADE, JASON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
61 403802479 SLADE, JOHN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
62 402702474 SLADE, MARLA J	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
63 406805308 SLADE, RONNIE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
64 402763658 SLADE, WILLIAM E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
65 406660158 SOSBE, LARRY B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
66 404842811 SOSBE, MICHAEL T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
67 286520380 STINSON, TERRY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
68 402849842 TAPP, WALTER L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
69 400782524 TODD, BETTY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
70 403190725 TUCKER, CHARLES D	0100 09/27/98	4.40	20,000	1.00	20,000	5.40
71 406211811 WALKER, JEREMY D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
72 403780787 WELLS, BRIAN T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
73 407544449 WHITAKER, WILLIAM	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
74 400584890 WHITLOCK, HAROLD D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
75 400862324 WILLIAM, LARRY R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
76 406562061 ZUMWALT, ROBERT A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
77						
SUBTOTAL FOR BILLING CATEGORY 0100						410.40
*** MEMBER ADJUSTMENTS ***						
78 406217601 RICHARDSON, JASON	0100 05/28/99 A	4.40		1.00		5.40
79						
SUBTOTAL FOR BILLING CATEGORY 0100						5.40

Agg Corp.

STANDARD INSURANCE COMPANY

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REMITTANCE COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001

DATE PRINTED PREMIUM DUE DATE
JUNE 14, 1999 JULY 01, 1999

----- DIVISION TOTALS BY COVERAGE -----
MEMBER ----- DEPENDENT -----

MEMBER	CVRG	LIVES	VOLUME	PREMIUM	LIVES	PREMIUM
80	BLIFE	76	1520000	338.80	0	.00
81	AD&D	76	1520000	77.00	0	.00
82						
83						

ADJUSTMENT CODE DESCRIPTIONS:
A = ADD MEMBER
P = SELECTED BENEFIT CHANGE
T = TERMINATION
U = ELECTED UNITS CHANGE
X = MEMBER CORRECTIONS
\$ = SALARY ADJUSTMENT

----- BILL SUMMARY TOTALS -----

TOTAL PREMIUMS	410.40
TOTAL MEMBER ADJUSTMENTS	5.40
TOTAL THIS BILL	415.80
OUTSTANDING BAL AS OF 06/14/99	.00

84

PLEASE PAY THIS AMOUNT

415.80

STANDARD INSURANCE COMPANY
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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED-ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
REMITTANCE COPY

5.40 - 00 - 2194
21.60 - 02 - 6131
108.00 - 03 - 6131
97.20 - 04 - 6131
43.20 - 05 - 6131
43.20 - 06 - 6131
318.60

General Fund

43.20 - 07 - 6131
32.40 - 08 - 6131
75.60

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER 00 633991
DIVSN 0001

DATE PRINTED
APR. 16, 1999

PREMIUM DUE DATE
MAY 01, 1999

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1	403351247	ASBURY, STEVEN E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
2	405948006	BROOKS, DOUGLAS R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
3	404600219	BROOKS, KATHY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
4	404624302	BURDEN, RONNIE D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
5	402703156	BURNS, VIRGIE S	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
6	401113397	CARSON, CHARLES AL	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
7	311827609	CHODATE, SHANNON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
8	406884547	CLARK, DAVID P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
9	405829374	CONNOR, LEROY W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
10	407084046	COPE, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
11	405020910	COPPAGE, MICHAEL L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
12	402745004	COY, MELVIN D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
13	293846736	CULBERSON, HEATH R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
14	400860164	DAVIS, RICHARD R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
15	406980201	FULLER, EUGENE W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
16	403823523	GIBSON, WILLIAM M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
17	314382389	GILLIAM, CLYDE P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
18	405545455	GROSS, CHARLES	0100	12/01/98	4.40	20,000	1.00	20,000	5.40
19	402196499	GROSS, WILLBUR W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
20	400800028	HASSALL, BRIAN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
21	407238988	HAWKINS, DARRIN K	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
22	407648203	HICKS, CLYDE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
23	407987919	HUBBARD, WILLIAM H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
24	404929550	HUTCHINSON, RODERI	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
25	402843762	HUTCHINSON, RANDY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
26	155540521	JOHNSON, RAYMOND D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
27	400278823	JONES, DAVID P	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
28	403823320	KEARNS, GARY F	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
29	401465897	KEARNS, JOE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
30	406066093	KEARNS, TONY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
31	405825527	KELLY, ERMAN III	0100	09/02/98	4.40	20,000	1.00	20,000	5.40
32	407948190	KNIGHT, GREGORY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
33	406251447	LYONS, ROBERT T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
34	404708919	MARTIN, JAMES H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
35	465455232	MCCARTER, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
36	404646177	MGUFFIN, DAVID A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
37	402742718	MCILVAIN, CHARLEEN	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
38	405827611	MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
39	401159952	MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40

copy 4/13/99

STANDARD INSURANCE COMPANY

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POLICYOWNER COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

(CONT) NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
APR. 16, 1999

PREMIUM DUE DATE
MAY 01, 1999

POLICY NUMBER 00 633991
DIVSN 0001

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40 242534504 MORALES-VELEZ, JUA	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
41 407868672 MORRIS, FRED T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
42 400507641 MOSES, DONALD L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
43 402025495 MUNITZ, STEPHEN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
44 406886778 MURPHY, OMER I	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
45 403947592 NICKERSON, LAWRENC	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
46 403782461 NORTH, ROGER D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
47 404660421 OVERMAN, RICHARD W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
48 404047819 PARROTT, DANIEL E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
49 403313938 PERRIN, WAGNER	0100 09/16/98	4.40	20,000	1.00	20,000	5.40
50 407644602 POWERS, DAVID R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
51 401643042 POYNTER, JAMES M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
52 404110541 PUCKETT, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
53 400153821 RILEY, JOHNNIE M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
54 404949218 SAMS, JOSEPH L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
55 403983890 SANDERS, JAMES W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
56 405588930 SAYLOR, JOHN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
57 407749251 SCHWARTZ, RICHARD	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
58 312845602 SIPE, JERRY	0100 09/16/98	4.40	20,000	1.00	20,000	5.40
59 402378696 SLADE, JASON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
60 403802479 SLADE, JOHN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
61 402707474 SLADE, MARLA J	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
62 406805308 SLADE, RONNIE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
63 402763658 SLADE, WILLIAM E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
64 406660158 SOSBE, LARRY B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
65 404842811 SOSBE, MICHAEL T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
66 286520380 STINSON, TERRY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
67 402849842 TAPP, WALTER L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
68 400782524 TODD, BETTY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
69 403190725 TUCKER, CHARLES D	0100 09/27/98	4.40	20,000	1.00	20,000	5.40
70 406211811 WALKER, JEREMY D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
71 403780787 WELLS, BRIAN T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
72 407544449 WHITTAKER, WILLIAM	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
73 400584890 WHITLOCK, HAROLD D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
74 400862324 WILLIAM, LARRY R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
75 406562061 ZUMWALT, ROBERT A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
76						
SUBTOTAL FOR BILLING CATEGORY 0100						405.00
77	*** MEMBER ADJUSTMENTS ***					
77	406210642 HERRINGTON, KENNET	0100	04/01/99	T	4.40-	5.40-
78						
SUBTOTAL FOR BILLING CATEGORY 0100						5.40-

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001

DATE PRINTED PREMIUM DUE DATE
APR. 16, 1999 MAY 01, 1999

----- DIVISION TOTALS BY COVERAGE -----
MEMBER ----- DEPENDENT -----

CVRG	LIVES	VOLUME	PREMIUM	LIVES	PREMIUM
79	BLIFE 75	1500000	325.60	0	.00
80	AD&D 75	1500000	74.00	0	.00
81					
82					

ADJUSTMENT CODE DESCRIPTIONS:
 A = ADD MEMBER
 P = SELECTED BENEFIT CHANGE
 T = TERMINATION
 U = ELECTED UNITS CHANGE
 X = MEMBER CORRECTIONS
 \$ = SALARY ADJUSTMENT

----- BILL SUMMARY TOTALS -----

TOTAL PREMIUMS	405.00
TOTAL MEMBER ADJUSTMENTS	5.40-
TOTAL THIS BILL	399.60
OUTSTANDING BAL AS OF 04/16/99	.00

PLEASE PAY THIS AMOUNT

399.60

STANDARD INSURANCE COMPANY

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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
 PLEASE PAY AS BILLED--ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
 POLICYOWNER COPY

394.20

5.40 - 00-2194
5.40 - 01-6131
21.60 - 02-6131
108.00 - 03-6131
97.20 - 04-6131
43.20 - 05-6131
43.20 - 06-6131

(credit
from
Fund)

324.00

General Fund

43.20 - 07-6131
32.40 08-6131
75.60

Water Fund

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
MAR. 17, 1999

PREMIUM DUE DATE
APR. 01, 1999

POLICY NUMBER 00 633991
DIVSN 0001

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE	MEMBER ID NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1	403351247 ASBURY, STEVEN E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
2	405948006 BROOKS, DOUGLAS R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
3	404600219 BROOKS, KATHY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
4	404624302 BURDEN, RONNIE D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
5	402703156 BURNS, VIRGIE S	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
6	401113399 CHARSON, CHARLES AL	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
7	311827609 CHOATE, SHANNON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
8	406884547 CLARK, DAVID P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
9	405829374 CONNER, LEROY W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
10	407084046 COPES, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
11	405020910 COPPAGE, MICHAEL L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
12	402745004 COY, MELVIN D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
13	293846736 CULBERSON, HEATH R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
14	400860164 DAVIS, RICHARD R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
15	406980201 FULLER, EUGENE W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
16	403823523 GIBSON, WILLIAM M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
17	314382389 GILLIAM, CLYDE P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
18	405545455 GROSS, CHARLES	0100	12/01/98	4.40	20,000	1.00	20,000	5.40
19	402196499 GROSS, WILBUR W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
20	400800028 HASSALL, BRIAN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
21	407238988 HAWKINS, DARRIN K	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
22	406210942 HERRINGTON, KENNETH	0100	04/16/99	4.40	20,000	1.00	20,000	5.40
23	407648203 HICKS, CLYDE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
24	407987919 HUBBARD, WILLIAM H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
25	404929550 HUTCHINSON, RODERI	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
26	402843762 HUTCHINSON, RANDY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
27	155540521 JOHNSON, RAYMOND D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
28	400278823 JONES, DAVID P	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
29	403823320 KEARNS, GARY F	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
30	401465897 KEARNS, JOE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
31	406066093 KEARNS, TONY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
32	405825527 KELLY, ERMAN III	0100	09/02/98	4.40	20,000	1.00	20,000	5.40
33	407948190 KNIGHT, GREGORY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
34	406251447 LYONS, ROBERT T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
35	404708919 MARTIN, JAMES H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
36	465455232 MCCARTER, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
37	404646177 MCGUFFIN, DAVID A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
38	402742718 MCILVAIN, CHARLEEN	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
39	405827611 MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER 00 633991
DIVSN 0001

DATE PRINTED MAR. 17, 1999
PREMIUM DUE DATE APR. 01, 1999

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40	401159952	MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41	242534504	MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42	407868672	MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43	400507641	MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44	402025495	MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45	406886778	MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46	403947592	NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47	403782461	NORTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48	404660421	OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49	404047819	PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50	403313938	PERRIN, WAGONER	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
51	407644602	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
52	401643042	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53	404110541	PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54	400153821	RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55	404949218	SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56	403983890	SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57	405588930	SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58	407749251	SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59	312845602	SIPE, JERRY	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
60	402378696	SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
61	403802479	SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62	402707474	SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63	406805308	SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64	402763658	SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65	406660158	SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66	404842811	SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67	286520380	STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68	402849842	TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69	400782524	TODD, BETTY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
70	403190725	TUCKER, CHARLES D	0100	09/27/98	4.40	20,000	1.00	20,000	5.40
71	406211811	WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
72	403780787	WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
73	407544449	WHITTAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
74	400584890	WHITLOCK, HAROLD D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
75	400862324	WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
76	406562061	ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
77									
SUBTOTAL FOR BILLING CATEGORY 0100									410.40
78	404649384	FRYMAN, JOHN M	0100	02/01/99	8.80-		2.00-		10.80-
79									
SUBTOTAL FOR BILLING CATEGORY 0100									10.80-

STANDARD INSURANCE COMPANY

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POLICYOWNER COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001
DATE PRINTED PREMIUM DUE DATE
MAR. 17, 1999 APR. 01, 1999

MEMBER	DIVISION TOTALS BY COVERAGE	DEPENDENT
80	CVRG LIVES 76 VOLUME 1520000 PREMIUM LIVES 325.60 PREMIUM 74.00	0
81	AD&D 76 VOLUME 1520000 PREMIUM LIVES 0 PREMIUM 0.00	0
82		
83		

ADJUSTMENT CODE DESCRIPTIONS:
 A = ADD MEMBER
 P = SELECTED BENEFIT CHANGE
 T = TERMINATION
 U = ELECTED UNITS CHANGE
 X = MEMBER CORRECTIONS
 \$ = SALARY ADJUSTMENT

BILL SUMMARY TOTALS	
TOTAL PREMIUMS	410.40
TOTAL MEMBER ADJUSTMENTS	10.80-
TOTAL THIS BILL	399.60
OUTSTANDING BAL AS OF 03/17/99	.00

84 399.60

PLEASE PAY THIS AMOUNT

STANDARD INSURANCE COMPANY
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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED-ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
POLICYOWNER COPY

GROUP NAME	<i>City of Cynthia</i>	POLICY/DIV	<i>00-63399-1-0001</i>
PHONE #	<i>606-234-7150</i>	FORM PREPARED BY	<i>Shirley N. Swan</i>
		DATE	<i>3/31/99</i>

Please refer to your Administration Manual for further instructions on completing this form. New benefits and increases in coverage may be subject to eligibility/evidence of insurability requirements. **An enrollment card is required and should be kept on file by you for all contributory and life coverages.** Please consult your group policy or Administration Manual.

EMPLOYEE CHANGES OR CORRECTIONS

Social Security Number	Employee Name (Last, First, Middle Initial)	Effective Date of Change	New Billing Category	New Monthly Earnings	Coverage Type
<i>406-210642</i>	<i>Herrington, Kenneth W</i>	<i>3/17/99</i>			

EMPLOYEE TERMINATIONS

Social Security Number	Employee Name (Last, First, Middle Initial)	Date of Termination	Reason For Termination
<i>406-21-0642</i>	<i>Herrington, Kenneth W</i>	<i>3-17-99</i>	<i>resignation</i>

COMMENTS

FAX OPTION: To ensure prompt processing of member changes, please FAX this form toll free to 1-800-378-2403 or you may return this form with your payment. Changes shown here will be reflected on a subsequent billing statement.

5.40 - 00-2194
5.40 - 01-6131
21.60 - 02-6131
113.40 - 03-6131
97.20 - 04-6131
54.00 - 05-6131
43.20 - 06-6131

340.20

General Fund

43.20 - 07-6131
32.40 - 08-6131

75.60

Water Fund

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY 14
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
FEB. 11, 1999

POLICY NUMBER
00 6333991

DIVSN
0001

PREMIUM DUE DATE
MAR. 01, 1999

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1 403351247 ASBURY, STEVEN E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
2 405948006 BROOKS, DOUGLAS R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
3 404600219 BROOKS, KATHY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
4 404624302 BURDEN, RONNIE D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
5 402703156 BURNS, VIRGIE S	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
6 401113397 CARSON, CHARLES AL	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
7 311827609 CHOATE, SHANNON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
8 406884547 CLARK, DAVID P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
9 405829374 CONNER, LEROY W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
10 407084046 COPES, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
11 405020910 COPPAGE, MICHAEL L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
12 402745004 COY, MELVIN D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
13 293846736 CULBERSON, HEATH R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
14 400860164 DAVIS, RICHARD R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
15 404649384 FRYMAN, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
16 406980201 FULLER, EUGENE W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
17 403823523 GIBSON, WILLIAM M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
18 314382389 GILLIAM, CLYDE P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
19 405545455 GROSS, CHARLES	0100 12/01/98	4.40	20,000	1.00	20,000	5.40
20 402196499 GROSS, WILBUR W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
21 400800028 HASSALL, BRIAN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
22 407238988 HAWKINS, DARRIN K	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
23 406210642 HERRINGTON, KENNETH	0100 01/16/99	4.40	20,000	1.00	20,000	5.40
24 407648203 HICKS, CLYDE	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
25 407987919 HUBBARD, WILLIAM H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
26 404929550 HUTCHINSON, RODERI	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
27 402843762 HUTCHINSON, RANDY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
28 155540521 JOHNSON, RAYMOND D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
29 400278823 JONES, DAVID P	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
30 403823320 KEARNS, GARY F	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
31 401465897 KEARNS, JOE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
32 406066093 KEARNS, TONY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
33 405825527 KELLY, ERMAN III	0100 09/02/98	4.40	20,000	1.00	20,000	5.40
34 407948190 KNIGHT, GREGORY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
35 406251447 LYONS, ROBERT T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
36 404708919 MARTIN, JAMES H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
37 465455232 MCGARTER, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
38 404646177 MCGUFFIN, DAVID A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
39 402742718 MCILVAIN, CHARLEEN	0100 09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
FEB. 11, 1999

PREMIUM DUE DATE
MAR. 01, 1999

POLICY NUMBER 00 6333991
DIVSN 0001

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40	405827611	MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41	401159952	MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42	242534504	MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43	407868672	MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44	400507641	MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45	402025495	MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46	406886778	MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47	403947592	NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48	403782461	NORTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49	404660421	OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50	404047819	PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
51	403313938	PERRIN, WAGONER	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
52	407644602	POWERS, DAVID R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53	401643042	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54	404110541	PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55	400153821	RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56	404949218	SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57	403983890	SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58	405588930	SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59	407749251	SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
60	312845602	SIFE, JERRY	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
61	402378696	SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62	403802479	SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63	402707474	SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64	406805308	SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65	402763658	SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66	406660158	SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67	404842811	SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68	286520380	STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69	402849842	TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
70	400782524	TODD, BETTY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
71	403190725	TUCKER, CHARLES D	0100	09/27/98	4.40	20,000	1.00	20,000	5.40
72	406211811	WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
73	403780787	WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
74	407544449	WHITTAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
75	400584890	WHITLOCK, HAROLD D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
76	400862324	WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
77	406562061	ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
78									

81 SUBTOTAL FOR BILLING CATEGORY 0100 415.80

*** MEMBER ADJUSTMENTS ***
79 406210642 HERRINGTON, KENNET 0100 01/16/99 A 4.40
80 016560047 WIGLESWORTH, MAURE 0100 02/01/99 T 4.40-

81 SUBTOTAL FOR BILLING CATEGORY 0100 .00

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001
DATE PRINTED PREMIUM DUE DATE
FEB. 11, 1999 MAR. 01, 1999

----- DIVISION TOTALS BY COVERAGE -----
MEMBER ----- DEPENDENT -----

	CVRG	LIVES	VOLUME	PREMIUM	LIVES	PREMIUM
82	BLIFE	77	1540000	338.80	0	.00
83	AD&D	77	1540000	77.00	0	.00
84						
85						

- ADJUSTMENT CODE DESCRIPTIONS:**
 A = ADD MEMBER
 P = SELECTED BENEFIT CHANGE
 T = TERMINATION
 U = ELECTED UNITS CHANGE
 X = MEMBER CORRECTIONS
 \$ = SALARY ADJUSTMENT

----- BILL SUMMARY TOTALS -----

TOTAL PREMIUMS	415.80
TOTAL MEMBER ADJUSTMENTS	.00
TOTAL THIS BILL	415.80
OUTSTANDING BAL AS OF 02/11/99	.00

86 -----
 PLEASE PAY THIS AMOUNT 415.80

STANDARD INSURANCE COMPANY
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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
 PLEASE PAY AS BILLED - ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
 POLICYOWNER COPY

5.40 - 00 - 2194
5.40 - 01 - 6131
21.60 - 02 - 6131
118.80 - 03 - 6131
97.20 - 04 - 6131
48.60 - 05 - 6131
43.20 - 06 - 6131

340.20

General Fund

43.20 - 07 - 6131

32.40 - 08 - 6131

75.60

Water Fund

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
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PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
JAN. 18, 1999

PREMIUM DUE DATE
FEB. 01, 1999

POLICY NUMBER DIVSN
00 633991 0001

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1	403351247	ASBURY, STEVEN E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
2	405948006	BROOKS, DOUGLAS R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
3	404600219	BROOKS, KATHY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
4	404624302	BURDEN, RONNIE D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
5	402703156	BURNS, VIRGIE S	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
6	401113397	CARSON, CHARLES AL	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
7	311827609	CHODATE, SHANNON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
8	406884547	CLARK, DAVID P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
9	405829374	CONNOR, LEROY W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
10	407084046	COPEES, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
11	405020910	COPPAGE, MICHAEL L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
12	402745004	COY, MELVIN D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
13	293846736	CULBERSON, HEATH R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
14	400860164	DAVIS, RICHARD R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
15	404649384	FRYMAN, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
16	406980201	FULLER, EUGENE W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
17	403823523	GIBSON, WILLIAM M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
18	314382389	GILLIAM, CLYDE P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
19	405545455	GROSS, CHARLES	0100	12/01/98	4.40	20,000	1.00	20,000	5.40
20	402196499	GROSS, WILBUR W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
21	400800028	HASSALL, BRIAN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
22	407238988	HAWKINS, DARRIN K	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
23	407648203	HICKS, CLYDE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
24	407987919	HUBBARD, WILLIAM H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
25	404929550	HUTCHINSON, RODERI	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
26	402843762	HUTCHINSON, RANDY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
27	155540521	JOHNSON, RAYMOND D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
28	400278823	JONES, DAVID P	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
29	403823320	KEARNS, GARY F	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
30	401465897	KEARNS, JOE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
31	406066093	KEARNS, TONY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
32	405825527	KELLY, ERMAN III	0100	09/02/98	4.40	20,000	1.00	20,000	5.40
33	407948190	KNIGHT, GREGORY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
34	406251447	LYONS, ROBERT T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
35	404708919	MARTIN, JAMES H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
36	465455232	MCCARTER, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
37	404646177	MCGUFFIN, DAVID A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
38	402742718	MCILVAIN, CHARLEEN	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
39	405827611	MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40

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PO BOX 5980
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(CONT) NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER 00 633991
DIVSN 0001

DATE PRINTED JAN. 18, 1999
PREMIUM DUE DATE FEB. 01, 1999

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	ADD PREM	ADD VOL	PREMIUM DUE
40	401159952	MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41	242534504	MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42	407868672	MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43	400507641	MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44	402025495	MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45	406886778	MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46	403947592	NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47	403782461	NORTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48	404660421	OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49	404047819	PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50	403313938	PERRIN, WAGONER	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
51	407644602	POYNTER, DAVID R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
52	401643042	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53	404110541	PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54	400153821	RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55	404949218	SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56	403983890	SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57	405588930	SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58	407749251	SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59	312845602	SIPE, JERRY	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
60	402378696	SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
61	403802479	SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62	402707474	SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63	406805308	SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64	402763658	SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65	406660158	SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66	404842811	SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67	286520380	STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68	402849842	TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69	400782524	TODD, BETTY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
70	403190725	TUCKER, CHARLES D	0100	09/27/98	4.40	20,000	1.00	20,000	5.40
71	406211811	WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
72	403780787	WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
73	407544449	WHITTAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
74	400584890	WHITLOCK, HAROLD D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
75	016560047	WIGLESWORTH, MAURE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
76	400862324	WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
77	406562061	ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
78									

SUBTOTAL FOR BILLING CATEGORY 0100

415.80

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BILLING STATEMENT

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PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001
DATE PRINTED PREMIUM DUE DATE
JAN. 18, 1999 FEB. 01, 1999

	DIVISION TOTALS BY COVERAGE		DEPENDENT	
MEMBER	CVRG LIVES	VOLUME	PREMIUM LIVES	PREMIUM
79 BLIFE	77	1540000	0	.00
80 AD&D	77	1540000	0	.00
81				
82				

----- BILL SUMMARY TOTALS -----
TOTAL PREMIUMS 415.80
TOTAL MEMBER ADJUSTMENTS .00
TOTAL THIS BILL 415.80
OUTSTANDING BAL AS OF 01/18/99 .00

83

PLEASE PAY THIS AMOUNT

415.80

STANDARD INSURANCE COMPANY

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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED-ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
POLICYOWNER COPY

5.40 - 00 - 2194
5.40 - 01 - 6131
21.60 - 02 - 6131
118.80 - 03 - 6131
97.20 - 04 - 6131
48.60 - 05 - 6131
43.20 - 06 - 6131

340.20

43.20 - 07 - 6131
32.40 - 08 - 6131

75.60

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 87
CYNTHIANA KY 41031

POLICY NUMBER 00 633991
DIVSN 0001

DATE PRINTED DEC. 16, 1998
PREMIUM DUE DATE JAN. 01, 1999

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1 403351247 ASBURY, STEVEN E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
2 405948006 BROOKS, DOUGLAS R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
3 404600219 BROOKS, KATHY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
4 404624302 BURDEN, RONNIE D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
5 402703156 BURNS, VIRGIE S	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
6 401113397 CARSON, CHARLES AL	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
7 311827609 CHOATE, SHANNON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
8 406884547 CLARK, DAVID P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
9 405829374 CONNER, LEROY W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
10 407084046 COPPE, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
11 405020910 COPPAGE, MICHAEL L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
12 402745004 COY, MELVIN D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
13 293846736 CULBERSON, HEATH R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
14 400860164 DAVIS, RICHARD R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
15 404649384 FRYMAN, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
16 406980201 FULLER, EUGENE W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
17 403823523 GIBSON, WILLIAM M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
18 314382389 GILLIAM, CLYDE P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
19 405545455 GROSS, CHARLES	0100 12/01/98	4.40	20,000	1.00	20,000	5.40
20 402196499 GROSS, WILBUR W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
21 400800028 HASSALL, BRIAN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
22 407238988 HAWKINS, DARRIN K	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
23 407648203 HICKS, CLYDE	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
24 407987919 HUBBARD, WILLIAM H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
25 404929550 HUTCHINSON, RODDERI	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
26 402843762 HUTCHISON, RANDY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
27 155540521 JOHNSON, RAYMOND D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
28 400278823 JONES, DAVID P	0100 10/14/98	4.40	20,000	1.00	20,000	5.40
29 403823320 KEARNS, GARY F	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
30 401465897 KEARNS, JOE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
31 406066093 KEARNS, TONY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
32 405825527 KELLY, ERMAN III	0100 09/02/98	4.40	20,000	1.00	20,000	5.40
33 407948190 KNIGHT, GREGORY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
34 406251447 LYONS, ROBERT T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
35 404708919 MARTIN, JAMES H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
36 465455232 MCCARTER, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
37 404646177 MCGUFFIN, DAVID A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
38 402742718 MCILVAIN, CHARLEEN	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
39 405827611 MCKEE, RONNIE B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
DEC. 16, 1998

POLICY NUMBER
00 633991

PREMIUM DUE DATE
JAN. 01, 1999

LINE MEMBER ID NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40 401159952 MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41 242534504 MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42 407868672 MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43 400507641 MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44 402025495 MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45 406886778 MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46 403947592 NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47 403782461 NDRTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48 404660421 OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49 404047819 PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50 403313938 PERRIN, WAGONER	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
51 407644602 POWERS, DAVID R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
52 401643042 POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53 404110541 PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54 400153821 RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55 404949218 SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56 403983890 SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57 405588930 SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58 407749251 SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59 312845602 SIPE, JERRY	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
60 402378696 SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
61 403802479 SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62 402707474 SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63 406805308 SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64 402763658 SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65 406660158 SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66 404842811 SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67 286520380 STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68 402849842 TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69 400782524 TODD, BETTY L	0100	09/27/98	4.40	20,000	1.00	20,000	5.40
70 403190725 TUCKER, CHARLES D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
71 406211811 WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
72 403780787 WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
73 407544449 WHITTAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
74 400584890 WHITLOCK, HAROLD D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
75 016560047 WIGLESWORTH, MAURE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
76 400862324 WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
77 406562061 ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
78							

SUBTOTAL FOR BILLING CATEGORY 0100 415.80

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED DEC. 16, 1998
PREMIUM DUE DATE JAN. 01, 1999

POLICY NUMBER 00 633991
DIVSN 0001

MEMBER	DIVISION	TOTALS BY COVERAGE	DEPENDENT
79	BLIFE	77	0
80	AD&D	77	0

81
82

BILL SUMMARY TOTALS	
TOTAL PREMIUMS	415.80
TOTAL MEMBER ADJUSTMENTS	.00
TOTAL THIS BILL	415.80
OUTSTANDING BAL AS OF 12/16/98	.00

83

PLEASE PAY THIS AMOUNT 415.80

STANDARD INSURANCE COMPANY

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21.60 - 02 - 6131
118.80 - 03 - 6131
97.20 - 04 - 6131
48.60 - 05 - 6131
43.20 - 06 - 6131

340.20

General Fund

43.20 - 07 - 6131
32.40 - 08 - 6131

75.60

Water Fund

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY 14
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER 00 633991
DIVSN 0001

DATE PRINTED NOV. 17, 1998
PREMIUM DUE DATE DEC. 01, 1998

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1	403351247	ASBURY, STEVEN E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
2	405948006	BROOKS, DOUGLAS R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
3	404600219	BROOKS, KATHY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
4	404624302	BURDEN, RONNIE D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
5	402703156	BURNS, VIRGIE S	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
6	401113397	CARSON, CHARLES AL	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
7	311827609	CHODATE, SHANNON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
8	406884547	CLARK, DAVID P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
9	405829374	CONNOR, LEROY W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
10	407084046	COPE, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
11	405020910	COPPAGE, MICHAEL L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
12	402745004	COY, MELVIN D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
13	293846736	CULBERSON, HEATH R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
14	400860164	DAVIS, RICHARD R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
15	404649384	FRYMAN, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
16	406980201	FULLER, EUGENE W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
17	403823523	GIBSON, WILLIAM M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
18	314382389	GILLIAM, CLYDE P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
19	405545455	GROSS, CHARLES	0100	12/01/98	4.40	20,000	1.00	20,000	5.40
20	402196499	GROSS, WILBUR W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
21	400800028	HASSALL, BRIAN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
22	407238988	HAWKINS, DARRIN K	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
23	407648203	HICKS, CLYDE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
24	407987919	HUBBARD, WILLIAM H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
25	404929550	HUTCHINSON, RODERI	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
26	402843762	HUTCHINSON, RANDY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
27	155540521	JOHNSON, RAYMOND D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
28	400278823	JONES, DAVID P	0100	10/14/98	4.40	20,000	1.00	20,000	5.40
29	403823320	KEARNS, GARY F	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
30	401465897	KEARNS, JOE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
31	406066093	KEARNS, TONY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
32	405825527	KELLY, ERMAN III	0100	09/02/98	4.40	20,000	1.00	20,000	5.40
33	407948190	KNIGHT, GREGORY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
34	406251447	LYONS, ROBERT T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
35	404708919	MARTIN, JAMES H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
36	465455232	MCCARTER, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
37	404646177	MCGUFFIN, DAVID A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
38	402742718	MCILVAIN, CHARLEEN	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
39	405827611	MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY 14
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
NOV. 17, 1998

PREMIUM DUE DATE
DEC. 01, 1998

POLICY NUMBER 00 633991
DIVSN 0001

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	ADRD PREM	ADRD VOL	PREMIUM DUE
40	401159952	MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41	242534504	MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42	407868672	MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43	400507641	MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44	402025495	MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45	406886778	MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46	403947592	NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47	403782461	NORTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48	404660421	OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49	404047819	PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50	403313938	PERRIN, WAGONER	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
51	407644602	POWERS, DAVID R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
52	401643042	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53	404110541	PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54	400153821	RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55	404949218	SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56	403983890	SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57	405588930	SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58	407749251	SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59	312845602	SIFE, JERRY	0100	09/16/98	4.40	20,000	1.00	20,000	5.40
60	402378696	SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
61	403802479	SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62	402707474	SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63	406805308	SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64	402763658	SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65	406660158	SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66	404842811	SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67	286520380	STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68	402849842	TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69	400782524	TODD, BETTY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
70	403190725	TUCKER, CHARLES D	0100	09/27/98	4.40	20,000	1.00	20,000	5.40
71	406211811	WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
72	403780787	WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
73	407544449	WHITAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
74	400584890	WHITLOCK, HAROLD D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
75	016560047	WIGLESWORTH, MAURE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
76	400862324	WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
77	406562061	ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
78									

SUBTOTAL FOR BILLING CATEGORY 0100

415.80

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY 14
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001
DATE PRINTED PREMIUM DUE DATE
NOV. 17, 1998 DEC. 01, 1998

DIVISION TOTALS BY COVERAGE			
MEMBER	VOLUME	PREMIUM LIVES	DEPENDENT
79 CVRG LIVES	77	1540000	0
80 BLIFE	77	338.80	0
80 ADDR	77	1540000	0
81			
82			

BILL SUMMARY TOTALS	
TOTAL PREMIUMS	415.80
TOTAL MEMBER ADJUSTMENTS	.00
TOTAL THIS BILL	415.80
OUTSTANDING BAL AS OF 11/17/98	.00

PLEASE PAY THIS AMOUNT 415.80

STANDARD INSURANCE COMPANY

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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED-ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY TA
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
SEP. 15, 1998

PREMIUM DUE DATE
SEP. 01, 1998

POLICY NUMBER
00 633991

DIVSN
0001

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	ADD PREM	ADD VOL	PREMIUM DUE
1 403351247 ASBURY, STEVEN E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
2 405948006 BROOKS, DOUGLAS R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
3 404600219 BROOKS, KATHY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
4 404624302 BURDEN, RONNIE D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
5 402703156 BURNS, VIRGIE S	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
6 401113397 CARSON, CHARLES AL	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
7 311827609 CHDATE, SHANNON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
8 406884547 CLARK, DAVID P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
9 405829374 CONNER, LEROY W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
10 407084046 COPES, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
11 405020910 COPPAGE, MICHAEL L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
12 402745004 COY, MELVIN D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
13 293846736 CULBERSON, HEATH R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
14 400860164 DAVIS, RICHARD R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
15 404649384 FRYMAN, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
16 406980201 FULLER, EUGENE W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
17 403823523 GIBSON, WILLIAM M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
18 314382389 GILLIAM, CLYDE P	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
19 402196499 GROSS, WILBUR W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
20 400800028 HASSALL, BRIAN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
21 407238988 HAWKINS, DARRIN K	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
22 407648203 HICKS, CLYDE	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
23 407987919 HUBBARD, WILLIAM H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
24 402843762 HUTCHISON, RANDY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
25 155540521 JOHNSON, RAYMOND D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
26 403823320 KEARNS, GARY F	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
27 401465897 KEARNS, JOE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
28 406066093 KEARNS, TONY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
29 407948190 KNIGHT, GREGORY T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
30 406251447 LYONS, ROBERT T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
31 404708919 MARTIN, JAMES H	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
32 465455232 MCCARTER, KENNETH	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
33 404646177 MCGUFFIN, DAVID A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
34 402742718 MCVLVAIN, CHARLEEN	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
35 405827611 MCKEE, RONNIE B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
36 401159952 MERRIMAN, MARK A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
37 242534504 MORALES-VELEZ, JUA	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
38 407868672 MORRIS, FRED T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
39 400507641 MOSES, DONALD L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
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PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER 00 633991
DIVSN 0001

DATE PRINTED SEP. 15, 1998
PREMIUM DUE DATE SEP. 01, 1998

retained 4/30/98

LINE MEMBER ID NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40 402025495 MUNTZ, STEPHEN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
41 406886778 MURPHY, OMER I	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
42 403947592 NICKERSON, LAWRENC	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
43 403782461 NORTH, ROGER D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
44 516489050 GLENN, THEODORE	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
45 404660421 OVERMAN, RICHARD W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
46 404047819 PARROTT, DANIEL E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
47 407644602 POWERS, DAVID R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
48 401643042 POYNTER, JAMES M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
49 404110541 PUCKETT, JOHN M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
50 400153821 RILEY, JOHANNIE M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
51 404949218 SAMS, JOSEPH L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
52 403983890 SANDERS, JAMES W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
53 405588930 SAYLOR, JOHN W	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
54 407749251 SCHWARTZ, RICHARD	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
55 403378696 SLADE, JASON E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
56 403802479 SLADE, JOHN C	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
57 402707474 SLADE, MARLA J	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
58 406805308 SLADE, RONNIE E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
59 402763658 SLADE, WILLIAM E	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
60 406660158 SOSBE, LARRY B	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
61 404842811 SOSBE, MICHAEL T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
62 286520380 STINSON, TERRY M	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
63 402849842 TAPP, WALTER L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
64 400782524 TODD, BETTY L	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
65 406211811 WALKER, JEREMY D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
66 403780787 WELLS, BRIAN T	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
67 407544449 WHITAKER, WILLIAM	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
68 400584890 WHITLOCK, HAROLD D	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
69 016560047 WIGLESWORTH, MAURE	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
70 400862324 WILLIAM, LARRY R	0100 09/01/98	4.40	20,000	1.00	20,000	5.40
71 406562061 ZUMWALT, ROBERT A	0100 09/01/98	4.40	20,000	1.00	20,000	5.40

SUBTOTAL FOR BILLING CATEGORY 0100 383.40

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
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PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001

DATE PRINTED PREMIUM DUE DATE
SEP. 15, 1998 SEP. 01, 1998

----- DIVISION TOTALS BY COVERAGE -----
MEMBER ----- DEPENDENT -----

CVRG	LIVES	VOLUME	PREMIUM LIVES	PREMIUM
73	BLIFE 71	1420000	312.40	.00
74	AD&D 71	1420000	71.00	.00
75				
76				

----- BILL SUMMARY TOTALS -----

TOTAL PREMIUMS	383.40
TOTAL MEMBER ADJUSTMENTS	.00
TOTAL THIS BILL	383.40
CREDIT BALANCE AS OF 09/15/98	383.40-

77

PLEASE PAY THIS AMOUNT

.00

STANDARD INSURANCE COMPANY

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BILLING QUESTIONS? Please call (800) 348-3226
POLICYOWNER COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
 STANDARD INSURANCE COMPANY 74
 PO BOX 5980
 PORTLAND OR 97228-5980

NAME & ADDRESS
 CYNTHIANA CITY OF
 ATTN CHARLEEN MCLIVAIN
 PO BOX 67
 CYNTHIANA KY 41031

DATE PRINTED
 SEP. 15, 1998

PREMIUM DUE DATE
 SEP. 01, 1998

POLICY NUMBER
 00 633991

DIVSN
 0001

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LINE	MEMBER ID NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	ADBD PREM	ADBD VOL	PREMIUM DUE
1	403351247 ASBURY, STEVEN E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
2	405948006 BROOKS, DOUGLAS R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
3	404600219 BROOKS, KATHY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
4	404624302 BURDEN, RONNIE D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
5	402703156 BURNS, VIRGIE S	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
6	401113397 CARSON, CHARLES AL	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
7	311827609 CHOATE, SHANNON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
8	406884547 CLARK, DAVID P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
9	405829374 CONNER, LEROY W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
10	407084046 COPES, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
11	405020910 COPPAGE, MICHAEL L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
12	402745004 COY, MELVIN D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
13	293846736 CULBERSON, HEATH R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
14	400860164 DAVIS, RICHARD R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
15	404649384 FRYMAN, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
16	406980201 FULLER, EUGENE W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
17	403823523 GIBSON, WILLIAM M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
18	314382389 GILLIAM, CLYDE P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
19	402196499 GROSS, WILBUR W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
20	400800028 HASSALL, BRIAN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
21	407238988 HAWKINS, DARRIN K	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
22	407648203 HICKS, CLYDE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
23	407987919 HUBBARD, WILLIAM H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
24	402843762 HUTCHISON, RANDY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
25	155540521 JOHNSON, RAYMOND D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
26	403823320 KEARNS, GARY F	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
27	401465897 KEARNS, JOE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
28	406066093 KEARNS, TONY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
29	407948190 KNIGHT, GREGORY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
30	406251447 LYONS, ROBERT T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
31	404708919 MARTIN, JAMES H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
32	465455232 MCCARTER, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
33	404646177 MCGUFFIN, DAVID A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
34	402742718 MCGILVAIN, CHARLEEN	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
35	405827611 MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
36	401159952 MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
37	242534504 MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
38	407868672 MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
39	400507641 MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40

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REMITTANCE COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
SEP. 15, 1998

PREMIUM DUE DATE
SEP. 01, 1998

POLICY NUMBER
00 633991

DIVSN
0001

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40	402025495	MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41	406886778	MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42	403947592	NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43	403782461	NORTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44	516489050	OLIN, THEODORE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45	404660421	OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46	404047819	PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47	407644602	POWERS, DAVID R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48	401643042	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49	404110541	PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50	400153821	RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
51	404949218	SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
52	403983890	SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53	405588930	SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54	407749251	SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55	402378696	SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56	403802479	SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57	402707474	SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58	406805308	SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59	402763658	SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
60	406660158	SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
61	404842811	SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62	286520380	STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63	402849842	TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64	400782524	TODD, BETTY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65	406211811	WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66	403780787	WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67	407544449	WHITTAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68	400584890	WHITTAKER, HAROLD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69	016560047	WIGLESWORTH, MAURE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
70	400862324	WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
71	406562061	ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
72									

SUBTOTAL FOR BILLING CATEGORY 0100

383.40

STANDARD INSURANCE COMPANY

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REMITTANCE COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
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PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 6333991 0001

DATE PRINTED PREMIUM DUE DATE
SEP. 15, 1998 SEP. 01, 1998

----- DIVISION TOTALS BY COVERAGE -----			
MEMBER	VOLUME	PREMIUM LIVES	DEPENDENT
73 CVRG LIVES	71	1420000	0
73 BLIFE	71	312.40	0
74 AD&D	71	71.00	0

----- BILL SUMMARY TOTALS -----	
TOTAL PREMIUMS	383.40
TOTAL MEMBER ADJUSTMENTS	.00
TOTAL THIS BILL	383.40
CREDIT BALANCE AS OF 09/15/98	383.40-

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STANDARD INSURANCE COMPANY
People. Not just policies.®
COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED--ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
BILLING QUESTIONS? Please call (800) 348-3226
REMITTANCE COPY
PAGE 3

PLEASE PAY THIS AMOUNT

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- 0 -	- 00 -	2194	(credit from Sept)
5.40	- 01 -	6131	
21.60	- 02 -	6131	
108.00	- 03 -	6131	
97.20	- 04 -	6131	(2 new fire) credit
37.80	- 05 -	6131	
37.80	- 06 -	6131	
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307.80		✓	

General Fund

43.20	- 07 -	6131
32.40	- 08 -	6131
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75.60		J

221

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY 74
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
SEP. 16, 1998

PREMIUM DUE DATE
OCT. 01, 1998

POLICY NUMBER 00 633991
DIVSN 0001

*** PLEASE NOTE: TO HELP US CORRECTLY APPLY YOUR PAYMENT, PLEASE WRITE
YOUR POLICY NUMBER ON YOUR CHECK AND INCLUDE THE REMITTANCE COPY OF
THE BILLING STATEMENT.

LINE	MEMBER ID NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	ADBD PREM	ADBD VOL	PREMIUM DUE
1	403351247 ASBURY, STEVEN E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
2	405948006 BROOKS, DOUGLAS R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
3	404600219 BROOKS, KATHY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
4	404624302 BURDEN, RONNIE D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
5	402703156 BURNS, VIRGIE S	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
6	401113397 CARSON, CHARLES AL	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
7	311827609 CHOATE, SHANNON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
8	406884547 CLARK, DAVID P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
9	405829374 CONNER, LEROY W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
10	407084046 COPES, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
11	405020910 COPPAGE, MICHAEL L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
12	402745004 COY, MELVIN D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
13	293846736 CULBERSON, HEATH R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
14	400860164 DAVIS, RICHARD R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
15	404649384 FRYMAN, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
16	406980201 FULLER, EUGENE W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
17	403823523 GIBSON, WILLIAM M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
18	314382389 GILLIAM, CLYDE P	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
19	402196499 GROSS, WILBUR W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
20	400800028 HASSALL, BRIAN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
21	407238988 HAWKINS, DARRIN K	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
22	407648203 HICKS, CLYDE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
23	407987919 HUBBARD, WILLIAM H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
24	402843762 HUTCHISON, RANDY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
25	155540521 JOHNSON, RAYMOND D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
26	403823320 KEARNS, GARY F	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
27	401465897 KEARNS, JOE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
28	406066093 KEARNS, TONY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
29	407948190 KNIGHT, GREGORY T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
30	406251447 LYONS, ROBERT T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
31	404708919 MARTIN, JAMES H	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
32	465455232 MCCARTER, KENNETH	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
33	404646177 MCGUFFIN, DAVID A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
34	402742718 MCILVAIN, CHARLEEN	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
35	405827611 MCKEE, RONNIE B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
36	401159952 MERRIMAN, MARK A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
37	242534504 MORALES-VELEZ, JUA	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
38	407868672 MORRIS, FRED T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
39	400507641 MOSES, DONALD L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40

STANDARD INSURANCE COMPANY

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POLICYOWNER COPY

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY TA
PO BOX 5980
PORTLAND OR 97228-5980

(CONT) NAME & ADDRESS
CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

DATE PRINTED
SEP. 16, 1998

PREMIUM DUE DATE
OCT. 01, 1998

POLICY NUMBER 00 633991
DIVSN 0001

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40	402025495	MUNTZ, STEPHEN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
41	406886778	MURPHY, OMER I	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
42	403947592	NICKERSON, LAWRENC	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
43	403782461	NORTH, ROGER D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
44	516489050	OLIN, THEODORE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
45	404660421	OVERMAN, RICHARD W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
46	404047819	PARROTT, DANIEL E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
47	407644602	POWERS, DAVID R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
48	401643042	POYNTER, JAMES M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
49	404110541	PUCKETT, JOHN M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
50	400153821	RILEY, JOHNNIE M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
51	404949218	SAMS, JOSEPH L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
52	403983890	SANDERS, JAMES W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
53	405588930	SAYLOR, JOHN W	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
54	407749251	SCHWARTZ, RICHARD	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
55	402378696	SLADE, JASON E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
56	403802479	SLADE, JOHN C	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
57	402707474	SLADE, MARLA J	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
58	406805308	SLADE, RONNIE E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
59	402763658	SLADE, WILLIAM E	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
60	406660158	SOSBE, LARRY B	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
61	404842811	SOSBE, MICHAEL T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
62	286520380	STINSON, TERRY M	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
63	402849842	TAPP, WALTER L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
64	400782524	TODD, BETTY L	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
65	406211811	WALKER, JEREMY D	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
66	403780787	WELLS, BRIAN T	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
67	407544449	WHITTAKER, WILLIAM	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
68	400584890	WHITLOCK, HAROLD O	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
69	016560047	WIGLESWORTH, MAURE	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
70	400862324	WILLIAM, LARRY R	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
71	406562061	ZUMWALT, ROBERT A	0100	09/01/98	4.40	20,000	1.00	20,000	5.40
72									

SUBTOTAL FOR BILLING CATEGORY 0100

383.40

STANDARD INSURANCE COMPANY

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT TO
STANDARD INSURANCE COMPANY T4
PO BOX 5980
PORTLAND OR 97228-5980

NAME & ADDRESS
(CONT) CYNTHIANA CITY OF
ATTN CHARLEEN MCILVAIN
PO BOX 67
CYNTHIANA KY 41031

POLICY NUMBER DIVSN
00 633991 0001

DATE PRINTED PREMIUM DUE DATE
SEP. 16, 1998 OCT. 01, 1998

----- DIVISION TOTALS BY COVERAGE -----		----- DEPENDENT -----	
MEMBER			
CVRG LIVES	VOLUME	PREMIUM LIVES	PREMIUM
73 BLIFE 71	1420000	0	.00
74 AD&D 71	1420000	0	.00

75
76
TOTAL THIS BILL 383.40
TOTAL PREMIUMS 383.40
TOTAL MEMBER ADJUSTMENTS .00
OUTSTANDING BAL AS OF 09/16/98 .00

77

PLEASE PAY THIS AMOUNT 383.40

STANDARD INSURANCE COMPANY

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COMPLETE THE ENCLOSED EMPLOYEE CHANGE FORM FOR ADDS, CHANGES AND TERMINATIONS.
PLEASE PAY AS BILLED-ADJUSTMENTS WILL APPEAR ON A SUBSEQUENT STATEMENT.
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POLICYOWNER COPY

LIFE INSURANCE
FISCAL YEAR ENDED
JUNE 30, 1998

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5.50 -	01 - 6131
22.00 -	02 - 6131
110.00 -	03 - 6131
99.00 -	04 - 6131
44.00 -	05 - 6131
49.50 -	06 - 6131
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335.50	

General Fund

44.00 -	07 - 6131
44.00 -	08 - 6131
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88.00	

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ACORDIA OF LEXINGTON, INC.
333 W. VINE, STE 600
LEXINGTON, KY 40507-1627
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

Payable To:

ACORDIA OF LEXINGTON, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JULY 1, 1997	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	INSURANCE CLASS	SEX	TYPE OF COVERAGE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED	
					CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT			
24	ASBURY, STEVEN		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
39	BARKER, CHARLES T		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
32	BROOKS, KATHY M		F	O				52B3310000		4.90								
								52K0110000		.60								5.50
27	BURDEN, JEFFERY M		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
51	BURDEN, RONNIE D		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
33	BURGESS SR, WILLIAM		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
42	BURNS, VIRGIE S		F	O				52B3310000		4.90								
								52K0110000		.60								5.50
34	CANSON, CHARLES A		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
40	CLARK, DAVID		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
1	COFFEY, MICHAEL R		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
37	CONNOR, LEROY W		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
32	COPEL, KENNY		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
23	COPPAGE, MICHAEL L		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
46	COY, MELVIN D		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
42	DAVIS, RICHARD R		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
49	DUFF, MIKE		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
45	FRYMAN, JOHN H		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
36	FULLER, EUGENE E		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
42	GIBSON, WILLIAM M		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
59	GILLIAN, CLYDE		M	O				52B3310000		4.90								
								52K0110000		.60								5.50

IMPORTANT - DO NOT OVERLOOK

1. Any contributions, payment or premiums are received conditionally subject to acceptance by the Insurance Company and/or Service Contractors. Partial contributions, payments or premiums are not acceptable.
2. Our records list these employees as eligible by employee class under your Employee Welfare Benefit Plan. Please advise as to misclassification or omission of any eligible employee.
3. Draw a line through terminating employee(s) and show date(s) of termination and home address(es).
4. Non-plan payments are not a part of your Employee Welfare Plan and appear on this billing for your convenience.

PLEASE RETAIN THIS COPY FOR YOUR FILES

ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. ITEM NO. 15
 333 W. VINE, STE 600 SHEET 208 OF 384
 LEXINGTON, KY 40507-1627
 PHONE: 606-226-5368

Payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT #: 55535

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JULY 1, 1997	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INSURANCE CLASSIFICATION	TYPE OF SERVICE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
59	GRAYSON, DONALD G		N O				52B3310000		4.90						5.50
							52K0110000		.60						
29	GROSS, WILBUR W		N O				52B3310000		4.90						5.50
							52K0110000		.60						
27	HASSALL, BRIAN C		N O				52B3310000		4.90						5.50
							52K0110000		.60						
27	HAWKINS, DARRIN K		N O				52B3310000		4.90						5.50
							52K0110000		.60						
48	HICKS, CLYDE		N O				52B3310000		4.90						5.50
							52K0110000		.60						
28	HILL, GENE H		N O				52B3310000		4.90						5.50
							52K0110000		.60						
20	HUBBARD, JEREMY		N O				52B3310000		4.90						5.50
							52K0110000		.60						
29	HUBBARD, WILLIAM H		N O				52B3310000		4.90						5.50
							52K0110000		.60						
42	HUTCHISON, RANDY		N O				52B3310000		4.90						5.50
							52K0110000		.60						
28	JOHNSON, RAYMOND D		N O				52B3310000		4.90						5.50
							52K0110000		.60						
42	KEARNS, GARY F		N O				52B3310000		4.90						5.50
							52K0110000		.60						
30	KEARNS, JOE E		N O				52B3310000		4.90						5.50
							52K0110000		.60						
36	KEARNS, TONY T		N O				52B3310000		4.90						5.50
							52K0110000		.60						
26	KELLY, DANNY		N O				52B3310000		4.90						5.50
							52K0110000		.60						
28	KNIGHT, GREGORY T		N O				52B3310000		4.90						5.50
							52K0110000		.60						
47	LEMONS, GREG T		N O				52B3310000		4.90						5.50
							52K0110000		.60						
27	LYONS, ROBERT T		N O				52B3310000		4.90						5.50
							52K0110000		.60						
23	MARIHO, FREDERICK S		N O				52B3310000		4.90						5.50
							52K0110000		.60						
27	MARTIN, JAMES H		N O				52B3310000		4.90						5.50
							52K0110000		.60						
30	MCCARTER, KENNETH H		N O				52B3310000		4.90						5.50
							52K0110000		.60						
47	MCCUFFIN, DAVID A		N O				52B3310000		4.90						5.50

IMPORTANT - DO NOT OVERLOOK

- Any contributions, payment or premiums are received conditionally subject to acceptance by the Insurance Company and/or Service Contractors. Partial contributions, payments or premiums are not acceptable.
- Our records list these employees as eligible by employee class under your Employee Welfare Benefit Plan. Please advise as to misclassification or omission of any eligible employee.
- Draw a line through terminating employee(s) and show date(s) of termination and home address(es).
- Non-plan payments are not a part of your Employee Welfare Plan and appear on this billing for your convenience.

PLEASE RETAIN THIS COPY FOR YOUR FILES

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600
 LEXINGTON, KY 40507-1627 SHEET 209 OF 384
 PHONE: 606-226-5368

Payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
JULY 1, 1997	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	I N S U R A N C E C L A S S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
46	MCILVAH, CHARLEEN M	F	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
31	MCKEE, RONNIE B	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
30	MORALES-VELEZ, JUAN	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
40	MORRIS, FRED T	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
58	MOSES, DONALD L	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
37	MUNTZ, STEPHEN W	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
36	MURPHY, OMER I	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
27	NICKERSON, LAWRENCE	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
45	NORTH, ROGER D	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
53	OLIN, THEODORE C	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
49	OVERMAN, RICHARD W	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
30	PARROTT, DANIEL E	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
31	PDE, WILLIAM L	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
42	POWERS, DAVID R	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
49	POYNTER, JAMES M	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
28	SANEDERS, JAMES W	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
54	SAYLOR, JOHN W	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
37	SCHWARTZ, RICHARD	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
33	SHOPE, JEFF	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
21	SLADE, JASON E	M	O				52K0110000			.60						5.50
							52B3310000			4.90						5.50

IMPORTANT - DO NOT OVERLOOK

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ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC.
 333 W. VINE, STE 600
 LEXINGTON, KY 40507-1627
 PHONE: 506-226-5368

ITEM NO. 15
 SHEET 210 OF 384

payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT #: 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JULY 1, 1997	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
43	SLADE, JOHN C	M	O		52B3310000			4.90								5.50
48	SLADE, MARLA J	F	O		52K0110000			.60								5.50
33	SLADE, RONNIE	M	O		52B3310000			4.90								5.50
50	SOSBE, LARRY D	M	O		52K0110000			.60								5.50
31	SOSBE, MICHAEL T	M	O		52B3310000			4.90								5.50
27	STEVENSON, BRADLEY C	M	O		52K0110000			.60								5.50
55	STINSON, TERRY M	M	O		52B3310000			4.90								5.50
34	TAPP, WALTER L	M	O		52K0110000			.60								5.50
45	TAYLOR, BILLY J	M	O		52B3310000			4.90								5.50
46	TODD, BETTY L	F	O		52K0110000			.60								5.50
38	WALKER, JEREMY D	M	O		52B3310000			4.90								5.50
28	WELLS, BRIAN T	M	O		52K0110000			.60								5.50
56	WHITAKER, WILLIAM G	M	O		52B3310000			4.90								5.50
25	WIGLESHORTH, MAUREEN	F	O		52K0110000			.60								5.50
39	WIGLESHORTH, VINCENT	M	O		52B3310000			4.90								5.50
42	WILLIAMS, LARRY R	M	O		52K0110000			.60								5.50
35	ZUMWALT, ROBERT A	M	O		52B3310000			4.90								5.50

Left emp 6/27/97

HEALTH TOTAL:

DENTAL TOTAL:

TOTALS	1560000	429.00	429.00
			- 5.50
			423.50

IMPORTANT - DO NOT OVERLOOK

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ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600 LEXINGTON, KY 40507-1627 SHEET 211 OF 384
 PHONE: 606-226-5368

HEALTH CARE ACCT 0 55555

Payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA

KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CN KY -A70466
BILLING FOR	
JULY 1, 1997	

↑ PAYMENT DUE ↑
 PAGE 5

AGE	EMPLOYEE NAME	INS CLASS	TYPE	SEX	CONT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
						CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		

TOTAL CURRENT BILLING 429.00

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PLEASE RETAIN THIS COPY FOR YOUR FILES

5.50 - 00 - 2194
5.50 - 01 - 6131
23.00 - 02 - 6131 (~~23.00~~ \$1.00 overpat)
110.00 - 03 - 6131
93.50 - 04 - 6131
44.00 - 05 - 6131
44.00 - 06 - 6131

324.50

General Fund

44.00 - 07 - 6131
44.00 - 08 - 6131

88.00

Water Fund

62

ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600 LEXINGTON, KY 40507-1627 SHEET 213 OF 384
 PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CN KY -A70466
BILLING FOR	
AUGUST 1, 1997	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	INSURANCE TYPE CODE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	ASBURY, STEVEN	N O				52B3310000		4.90							
						52K0110000		.60							5.50
59	BARKER, CHARLES T	N O				52B3310000		4.90							
						52K0110000		.60							5.50
52	BROOKS, KATHY M	F O				52B3310000		4.90							
						52K0110000		.60							5.50
28	BURDEN, JEFFERY M	N O				52B3310000		4.90							
						52K0110000		.60							5.50
51	BURDEN, RONNIE D	N O				52B3310000		4.90							
						52K0110000		.60							5.50
33	BURSESS SR, WILLIAM	N O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
42	BURNS, VIRGIE S	F O				52B3310000		4.90							
						52K0110000		.60							5.50
34	CARSON, CHARLES A	N O				52B3310000		4.90							
						52K0110000		.60							5.50
40	CLARK, DAVID	N O				52B3310000		4.90							
						52K0110000		.60							5.50
1	COFFEY, MICHAEL R	N O				52B3310000		4.90							
						52K0110000		.60							5.50
37	CONNER, LEROY M	N O				52B3310000		4.90							
						52K0110000		.60							5.50
32	COPE, KENNY	N O				52B3310000		4.90							
						52K0110000		.60							5.50
23	COPPAGE, MICHAEL L	N O				52B3310000		4.90							
						52K0110000		.60							5.50
46	COY, MELVIN D	N O				52B3310000		4.90							
						52K0110000		.60							5.50
42	DAVIS, RICHARD R	N O				52B3310000		4.90							
						52K0110000		.60							5.50
49	DUFF, MIKE	N O				52B3310000		4.90							
						52K0110000		.60							5.50
45	FRYMAN, JOHN M	N O				52B3310000		4.90							
						52K0110000		.60							5.50
37	FULLER, EUGENE E	N O				52B3310000		4.90							
						52K0110000		.60							5.50
42	GIBSON, WILLIAM M	N O				52B3310000		4.90							
						52K0110000		.60							5.50
59	GILLIAN, CLYDE	N O				52B3310000		4.90							
						52K0110000		.60							5.50

Left over

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ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600 SHEET 214 OF 384
 LEXINGTON, KY 40507-1627
 PHONE: 606-226-5368

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
AUGUST 1, 1997	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	EMPLOYEE TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
59	GRAYSON, DONALD G	H O				52B3310000		4.90						5.5
29	GROSS, WILBUR W	H O				52R0110000		.60						5.5
27	HASSALL, BRIAN C	H O				52B3310000		4.90						5.5
27	HAWKINS, DARRIN K	H O				52R0110000		.60						5.5
48	HICKS, CLYDE	H O				52B3310000		4.90						5.5
38	HILL, GENE H	H O				52R0110000		.60						5.5
20	HUBBARD, JEREMY	H O				52B3310000		4.90						5.5
29	HUBBARD, WILLIAM H	H O				52R0110000		.60						5.5
42	HUTCHISON, RANDY	H O				52B3310000		4.90						5.5
38	JOHNSON, RAYMOND D	H O				52R0110000		.60						5.5
42	KEARNS, GARY F	H O				52B3310000		4.90						5.5
60	KEARNS, JOE E	H O				52R0110000		.60						5.5
36	KEARNS, TONY T	H O				52B3310000		4.90						5.5
35	KELLY, DANNY	H O				52R0110000		.60						5.5
38	KNIGHT, GREGORY T	H O				52B3310000		4.90						5.5
47	LEMONS, GREG T	H O				52R0110000		.60						5.5
28	LYONS, ROBERT T	H O				52B3310000		4.90						5.5
53	MARINO, FREDERICK S	H O				52R0110000		.60						5.5
37	MARTIN, JAMES H	H O				52B3310000		4.90						5.5
30	MCCARTER, KENNETH H	H O				52R0110000		.60						5.5
47	MCCUFFIN, DAVID A	H O				52B3310000		4.90						5.5

left emp.

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ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600 SHEET 215 OF 384
 LEXINGTON, KY 40507-1627
 PHONE: 606-226-5368

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

able To:

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
AUGUST 1, 1997	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	INS CLASS	EMP	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
46	MCILVAIN, CHARLEEN N	F	0				52K0110000								5.51
							52B3310000		4.90						
1	MCKEE, RONNIE B	H	0				52K0110000								5.51
							52B3310000		4.90						
30	MORALES-VELEZ, JUAN	H	0				52K0110000								5.51
							52B3310000		4.90						
40	MORRIS, FRED T	H	0				52K0110000								5.51
							52B3310000		4.90						
58	ROSES, DONALD L	H	0				52K0110000								5.51
							52B3310000		4.90						
37	MUNTZ, STEPHEN W	H	0				52K0110000								5.51
							52B3310000		4.90						
36	MURPHY, OMER I	H	0				52K0110000								5.51
							52B3310000		4.90						
28	HICKERSON, LAWRENCE	H	0				52K0110000								5.51
							52B3310000		4.90						
45	NORTH, ROGER D	H	0				52K0110000								5.51
							52B3310000		4.90						
53	DLIN, THEODORE C	H	0				52K0110000								5.51
							52B3310000		4.90						
49	OVERMAN, RICHARD W	H	0				52K0110000								5.51
							52B3310000		4.90						
30	PARROTT, DANIEL E	H	0				52K0110000								5.51
							52B3310000		4.90						
31	POE, WILLIAM L	H	0				52K0110000								5.51
							52B3310000		4.90						
42	POWERS, DAVID R	H	0				52K0110000								5.51
							52B3310000		4.90						
49	POYNTER, JAMES H	H	0				52K0110000								5.51
							52B3310000		4.90						
28	SAHEDERS, JAMES W	H	0				52K0110000								5.51
							52B3310000		4.90						
54	SAYLOR, JOHN W	H	0				52K0110000								5.51
							52B3310000		4.90						
37	SCHWARTZ, RICHARD	H	0				52K0110000								5.51
							52B3310000		4.90						
33	SHOPE, JEFF	H	0				52K0110000								5.51
							52B3310000		4.90						
21	SLADE, JASON E	H	0				52K0110000								5.51
							52B3310000		4.90						
							52K0110000		.60						5.51

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ACORDIA OF LEXINGTON, INC. ITEM NO. 15
 333 W. VINE, STE 600
 LEXINGTON, KY 40507-1627 SHEET 216 OF 384
 PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CH KY -A70466
BILLING FOR	
AUGUST 1, 1997	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
43	SLADE, JOHN C	H O				52B3310000		4.90						
						52K0110000		.60						5.5
48	SLADE, MARLA J	F O				52B3310000		4.90						
						52K0110000		.60						5.5
43	SLADE, RONNIE	H O				52B3310000		4.90						
						52K0110000		.60						5.5
50	SOSBE, LARRY B	H O				52B3310000		4.90						
						52K0110000		.60						5.5
32	SOSBE, MICHAEL T	H O				52B3310000		4.90						
						52K0110000		.60						5.5
27	STEVENSON, BRADLEY C	H O				52B3310000		4.90						
						52K0110000		.60						5.5
45	STINSON, TERRY M	H O				52B3310000		4.90						
						52K0110000		.60						5.5
35	TAPP, WALTER L	H O				52B3310000		4.90						
						52K0110000		.60						5.5
46	TAYLOR, BILLY J	H O				52B3310000		4.90						
						52K0110000		.60						5.5
47	TODD, BETTY L	F O				52B3310000		4.90						
						52K0110000		.60						5.5
28	WALKER, JEREMY D	H O				52B3310000		4.90						
						52K0110000		.60						5.5
28	WELLS, BRIAN T	H O				52B3310000		4.90						
						52K0110000		.60						5.5
56	WHITAKER, WILLIAM G	H O				52B3310000		4.90						
						52K0110000		.60						5.5
25	WIGLESWORTH, MAUREEN	F O				52B3310000		4.90						
						52K0110000		.60						5.5
42	WILLIAMS, LARRY R	H O				52B3310000		4.90						
						52K0110000		.60						5.5
55	ZUNWALT, ROBERT A	H O				52B3310000		4.90						
						52K0110000		.60						5.5

HEALTH TOTAL:

DENTAL TOTAL:

TOTALS 1540000 423.50 423.50

TOTAL CURRENT BILLING 423.50

11.00
 412.50

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5.50 - 00-2194
5.50 - 01-6131
21.50 - 02-6131
110.00 - 03-6131
93.50 - 04-6131
38.50 - 05-6131
44.00 - 06-6131
318.50

(50¢ credit
from previous)

General Fund

44.00 - 07-6131
44.00 - 08-6131
88.00
Water Fund

62

ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. ITEM NO. 15
 333 W. VINE, STE 600 SHEET 218 OF 384
 LEXINGTON, KY 40507-1327
 PHONE: 606-226-5368

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

able To:

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0800 0301	CA KY -A70466
BILLING FOR	
SEPTEMBER 1, 1997	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	I N S C L A S S	T Y P E C O D E	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	OVERPD AUG BILL ASBURY, STEVEN	M	99099				52B3310000			4.90						5.50
39	BARKER, CHARLES T	M	0				52K0110000			.60						5.50
52	BROOKS, KATHY M	F	0				52B3310000			4.90						5.50
28	BURDEN, JEFFERY M	M	0				52K0110000			.60						5.50
51	BURDEN, RONNIE D	M	0				52B3310000			4.90						5.50
42	BURKS, VIRGIE S	F	0				52K0110000			.60						5.50
34	CARSON, CHARLES A	M	0				52B3310000			4.90						5.50
40	CLARK, DAVID	M	0				52K0110000			.60						5.50
1	COFFEY, MICHAEL R	M	0				52B3310000			4.90						5.50
37	CONNOR, LEROY W	M	0				52K0110000			.60						5.50
32	COPEL, KENNY	M	0				52B3310000			4.90						5.50
23	COPPAGE, MICHAEL L	M	0				52K0110000			.60						5.50
46	COY, MELVIN D	M	0				52B3310000			4.90						5.50
42	DAVIS, RICHARD R	M	0				52K0110000			.60						5.50
50	DUFF, MIKE	M	0				52B3310000			4.90						5.50
45	FRYMAN, JOHN M	M	0				52K0110000			.60						5.50
37	FULLER, EUGENE E	M	0				52B3310000			4.90						5.50
53	GIBSON, WILLIAM M	M	0				52K0110000			.60						5.50
59	GILLIAM, CLYDE	M	0				52B3310000			4.90						5.50
59	GRAYSON, DONALD G	M	0				52K0110000			.60						5.50

IMPORTANT - DO NOT OVERLOOK

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PLEASE RETURN THIS COPY WITH PAYMENT

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600 SHEET 219 OF 384
 LEXINGTON, KY 40507-1627
 PHONE: 505-225-5368

Payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT #: 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
SEPTEMBER 1, 1997	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
29	GROSS, WILBUR W		M O				52K0110000		.60						5.50
							52B3310000		4.90						
28	HASSALL, BRIAN C		M O				52K0110000		.60						5.50
							52B3310000		4.90						
27	HAWKINS, DARRIN K		M O				52K0110000		.60						5.50
							52B3310000		4.90						
48	HICKS, CLYDE		M O				52K0110000		.60						5.50
							52B3310000		4.90						
39	HILL, GENE N		M O				52K0110000		.60						5.50
							52B3310000		4.90						
20	HUBBARD, JEREMY		M O				52K0110000		4.90						5.50
							52B3310000		4.90						5.50
29	HUBBARD, WILLIAM H		M O				52K0110000		.60						5.50
							52B3310000		4.90						
42	HUTCHISON, RANDY		M O				52K0110000		.60						5.50
							52B3310000		4.90						
39	JOHNSON, RAYMOND D		M O				52K0110000		.60						5.50
							52B3310000		4.90						
43	KEARNS, GARY F		M O				52K0110000		.60						5.50
							52B3310000		4.90						
40	KEARNS, JOE E		M O				52K0110000		.60						5.50
							52B3310000		4.90						
36	KEARNS, TONY T		M O				52K0110000		.60						5.50
							52B3310000		4.90						
35	KELLY, DANNY		M O				52K0110000		.60						5.50
							52B3310000		4.90						
38	KNIGHT, GREGORY T		M O				52K0110000		.60						5.50
							52B3310000		4.90						
28	LYONS, ROBERT T		M O				52K0110000		.60						5.50
							52B3310000		4.90						
53	MARINO, FREDERICK S		M O				52K0110000		.60						5.50
							52B3310000		4.90						
38	MARTIN, JAMES H		M O				52K0110000		.60						5.50
							52B3310000		4.90						
30	MCCARTER, KENNETH M		M O				52K0110000		.60						5.50
							52B3310000		4.90						
47	MCGUFFIN, DAVID A		M O				52K0110000		.60						5.50
							52B3310000		4.90						
46	MCILVAIN, CHARLEEN M		F O				52K0110000		.60						5.50
							52B3310000		4.90						
							52K0110000		.60						5.50

Deft comp 8/2/97

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ACORDIA OF LEXINGTON, INC.
333 W. VINE, STE 600
LEXINGTON, KY 40507-1627
PHONE: 606-226-5368

ITEM NO. 15
SHEET 220 OF 384

ACORDIA OF LEXINGTON, INC
PO BOX 2146
LEXINGTON KY 40595

HEALTH CARE ACCT #: 55555

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
SEPTEMBER 1, 1997	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	STATUS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
2	ACREE, RONNIE B		H O				52B3310000			4.90						5.50
31	MORALES-VELEZ, JUAN		H O				52K0110000			.60						5.50
40	MORRIS, FRED T		H O				52B3310000			4.90						5.50
58	MOSES, DONALD L		H O				52K0110000			.60						5.50
37	MUNTZ, STEPHEN W		H O				52R3310000			4.90						5.50
36	MURPHY, OMER I		H O				52K0110000			.60						5.50
38	NICKERSON, LAWRENCE		H O				52R3310000			4.90						5.50
45	NORTH, ROGER D		H O				52K0110000			.60						5.50
53	OLIN, THEODORE C		H O				52R3310000			4.90						5.50
39	OVERMAN, RICHARD W		H O				52K0110000			.60						5.50
40	PARROTT, DANIEL E		H O				52R3310000			4.90						5.50
31	PDE, WILLIAM L		H O				52K0110000			.60						5.50
42	POWERS, DAVID R		H O				52R3310000			4.90						5.50
30	POYNTER, JAMES M		H O				52K0110000			.60						5.50
38	SANEDERS, JAMES W		H O				52R3310000			4.90						5.50
55	SAYLOR, JOHN W		H O				52K0110000			.60						5.50
38	SCHWARTZ, RICHARD		H O				52R3310000			4.90						5.50
33	SHOPE, JEFF		H O				52K0110000			.60						5.50
42	SLADE, JASON E		H O				52R3310000			4.90						5.50
43	SLADE, JOHN C		H O				52K0110000			.60						5.50
48	SLADE, MARLA J		F O				52R3310000			4.90						5.50

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ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. 333 W. VINE, STE 600 LEXINGTON, KY 40507-1627 PHONE: 606-226-5368

ITEM NO. 15 SHEET 221 OF 384

HEALTH CARE ACCT # 55555

ACORDIA OF LEXINGTON, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
SEPTEMBER 1, 1997	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
43	SLADE, RONNIE		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
50	SOSBE, LARRY D		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
32	SOSKE, MICHAEL T		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
27	STEVENSON, BRADLEY C		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
45	STINSON, TERRY M		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
35	TAPP, WALTER L		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
46	TAYLOR, BILLY J		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
47	TODD, BETTY L		F O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
28	WALKER, JEREMY D		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
28	WELLS, BRIAN T		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
56	WHITAKER, WILLIAM G		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
26	WIGLESWORTH, MAUREEN		F O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
42	WILLIAMS, LARRY R		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
55	ZUNWALT, ROBERT A		M O				52K0110000			.60						5.50
							52B3310000			4.90						5.50
	HEALTH TOTAL:						52K0110000			.60						5.50
	DENTAL TOTAL:															
TOTALS							1500000			412.50						412.00

TOTAL CURRENT BILLING 412.00
less 1 emp - 5.50
406.50

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5.50	-	00-2194	
5.50	-	01-6131	
22.00	-	02-6131	
110.00	-	03-6131	(still not whitlock)
93.50	-	04-6131	
38.50	-	05-6131	(not Brooks not Puckett)
44.00	-	06-6131	
<u>319.00</u>			

General Fund

44.00	07-6131
33.00	08-6131
<u>77.00</u>	

Water Fund

62

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ACORDIA OF LEXINGTON, INC. ITEM NO. 15
 333 N. VINE, STE 600 SHEET 223 OF 384
 LEXINGTON, KY 40507-1627
 PHONE: 606-226-5368

payable To:
 ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A7D466
BILLING FOR	
OCTOBER 1, 1997	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	INS CLASS	TYPE SEX	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES		DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION		
24	ASBURY, STEVEN		M O		52B3310000			4.90						5.50
37	DARKER, CHARLES T		M O		52K0110000			4.90						5.50
33	BROOKS, KATHY M		F O		52B3310000			4.90						5.50
28	BURDEN, JEFFERY M		M O		52K0110000			.60						5.50
51	BURDEN, RONNIE D		M O		52B3310000			4.90						5.50
42	BURNS, VIRGIE S		F O		52K0110000			.60						5.50
34	CARSON, CHARLES A		M O		52B3310000			4.90						5.50
40	CLARK, DAVID		M O		52K0110000			.60						5.50
1	COFFEY, MICHAEL R		M O		52B3310000			4.90						5.50
38	CORNER, LEROY M		M O		52K0110000			.60						5.50
52	COPEL, KENNY		M O		52B3310000			4.90						5.50
23	COPPAGE, MICHAEL L		M O		52K0110000			.60						5.50
46	COY, MELVIN D		M O		52B3310000			4.90						5.50
42	DAVIS, RICHARD R		M O		52K0110000			.60						5.50
50	DUFF, MIKE		M O		52B3310000			4.90						5.50
45	FRYMAN, JOHN M		M O		52K0110000			.60						5.50
37	FULLER, EUGENE E		M O		52B3310000			4.90						5.50
43	GIBSON, WILLIAM M		M O		52K0110000			.60						5.50
39	GILLIAM, CLYDE		M O		52B3310000			4.90						5.50
50	GRAYSON, DONALD S		M O		52K0110000			4.90						5.50

Left emp 10/1/97

Left emp 9/10/97

Left emp 10/1/97

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ACORDIA OF LEXINGTON, INC. ITEM No. 15
 333 W. VINE, STE 600 LEXINGTON, KY 40507-1627 SHEET 224 OF 384
 PHONE: 606-226-5368

Payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
OCTOBER 1, 1997	

PAYMENT DUE

PAGE 2

AGE	EMPLOYEE NAME	INSURANCE CLASS	SEX	TYPE OF CONTRACT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED	
					CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT			
29	GROSS, WILBUR W		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
28	HASSALL, BRIAN C		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
28	HAWKINS, DARRIN K		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
48	HICKS, CLYDE		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
39	HILL, GENE H		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
29	HUBBARD, WILLIAM H		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
42	HUTCHISON, RANDY		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
39	JOHNSON, RAYMOND D		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
43	KEARNS, GARY F		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
40	KEARNS, JOE E		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
36	KEARNS, TONY T		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
35	KELLY, DANNY		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
38	KNIGHT, GREGORY T		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
28	LYONS, ROBERT T		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
53	MARINO, FREDERICK S		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
38	MARTIN, JAMES H		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
30	MCCARTER, KENNETH M		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
47	MCGUFFIN, DAVID A		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
46	MCILVAIN, CHARLEEN M		F	O				52B3310000		4.90								
								52K0110000		.60								5.50
2	MCKEE, RONNIE B		M	O				52B3310000		4.90								
								52K0110000		.60								5.50
31	MORALES-VELEZ, JUAN		M	O				52B3310000		4.90								

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ACORDIA OF LEXINGTON, INC. ITEM NO. 15
 333 W. VINE, STE 600 SHEET 225 OF 384
 LEXINGTON, KY 40507-1627
 PHONE: 606-226-5368

Payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
OCTOBER 1, 1997	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	I N S U R A N C E C L A S S	T Y P E O F C O V E R A G E	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
41	MORRIS, FRED T		M O				52K0110000		.60						5.50
							52B3310000		4.90						
58	MOSES, DONALD L		M O				52K0110000		.60						5.50
							52B3310000		4.90						
37	HUNTZ, STEPHEN W		M O				52K0110000		.60						5.50
							52B3310000		4.90						
36	MURPHY, OMER I		M O				52K0110000		.60						5.50
							52B3310000		4.90						
28	NICKERSON, LAWRENCE		M O				52K0110000		.60						5.50
							52B3310000		4.90						
45	NORTH, ROGER D		M O				52K0110000		.60						5.50
							52B3310000		4.90						
33	OLIN, THEODORE C		M O				52K0110000		.60						5.50
							52B3310000		4.90						
49	OVERMAN, RICHARD W		M O				52K0110000		.60						5.50
							52B3310000		4.90						
30	PARROTT, DANIEL E		M O				52K0110000		.60						5.50
							52B3310000		4.90						
32	POE, WILLIAM L		M O				52K0110000		.60						5.50
							52B3310000		4.90						
43	POWERS, DAVID R		M O				52K0110000		.60						5.50
							52B3310000		4.90						
50	POYNTER, JAMES M		M O				52K0110000		.60						5.50
							52B3310000		4.90						
29	SANS, JOSEPH L		M O				52K0110000		.60						5.50
							52B3310000		4.90						
28	SAHEDERS, JAMES W		M O				52K0110000		.60						5.50
							52B3310000		4.90						
35	SAYLOR, JOHN W		M O				52K0110000		.60						5.50
							52B3310000		4.90						
38	SCHWARTZ, RICHARD		M O				52K0110000		.60						5.50
							52B3310000		4.90						
33	SHOPE, JEFF		M O				52K0110000		.60						5.50
							52B3310000		4.90						
22	SLADE, JASON E		M O				52K0110000		.60						5.50
							52B3310000		4.90						
43	SLADE, JOHN C		M O				52K0110000		.60						5.50
							52B3310000		4.90						
48	SLADE, MARLA J		F O				52K0110000		.60						5.50
							52B3310000		4.90						

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ACORDIA OF LEXINGTON, INC.
 333 W. VINE, STE 600
 LEXINGTON, KY 40507-1627
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 226 OF 384

HEALTH CARE ACCT # 55555

payable To:

ACORDIA OF LEXINGTON, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA

KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CH KY -A70466
BILLING FOR	
OCTOBER 1, 1997	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	INSURANCE CLASS	EMPLOYEE STATUS	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
43	SLADE, RONNIE		N O				52B3310000		4.90						
							52K0110000		.60						5.50
50	SOSBE, LARRY B		N O				52B3310000		4.90						
							52K0110000		.60						5.50
32	SOSBE, MICHAEL T		N O				52B3310000		4.90						
							52K0110000		.60						5.50
27	STEVENSON, BRADLEY C		N O				52B3310000		4.90						
							52K0110000		.60						5.50
45	STINSON, TERRY M		N O				52B3310000		4.90						
							52K0110000		.60						5.50
35	TAPP, WALTER L		N O				52B3310000		4.90						
							52K0110000		.60						5.50
46	TAYLOR, BILLY J		N O				52B3310000		4.90						
							52K0110000		.60						5.50
47	TODD, BETTY L		F O				52B3310000		4.90						
							52K0110000		.60						5.50
28	WALKER, JEREMY D		N O				52B3310000		4.90						
							52K0110000		.60						5.50
29	WELLS, BRIAN T		N O				52B3310000		4.90						
							52K0110000		.60						5.50
56	WHITAKER, WILLIAM G		N O				52B3310000		4.90						
							52K0110000		.60						5.50
26	WIGLESWORTH, MAUREEN		F O				52B3310000		4.90						
							52K0110000		.60						5.50
42	WILLIAMS, LARRY R		N O				52B3310000		4.90						
							52K0110000		.60						5.50
55	ZUHVALT, ROBERT A		N O				52B3310000		4.90						
							52K0110000		.60						5.50

HEALTH TOTAL:

DENTAL TOTAL:

TOTALS 1500000 412.50

TOTAL CURRENT BILLING

less 3 emp.

412.50
~~412.50~~
~~- 16.50~~
396.00

IMPORTANT - DO NOT OVERLOOK

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PLEASE RETAIN THIS COPY FOR YOUR FILES

5.50 - 00 - 2194

5.50 - 01 - 6131

22.00 - 02 - 6131

110.00 - 03 - 6131 (still not whitlock)

93.50 - 04 - 6131

33.00 - 05 - 6131

44.00 - 06 - 6131 (not Puckett not Brooks)

313.50

44.00 - 07 - 6131

33.00 - 08 - 6131

77.00

62

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 228 OF 384

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA

KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
NOVEMBER 1, 1997	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	I N S U R A N C E C L A S S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	ASBURY, STEVEN		M O				52B3310000			4.90						
							52K0110000			.60						5.50
53	BROOKS, KATHY M		F O				52B3310000			4.90						
							52K0110000			.60						5.50
28	BURDEN, JEFFERY M		M O				52B3310000			4.90						
							52K0110000			.60						5.50
51	BURDEN, RONNIE D		M O				52B3310000			4.90						
							52K0110000			.60						5.50
42	BURNS, VIRGIE S		F O				52B3310000			4.90						
							52K0110000			.60						5.50
35	CARSON, CHARLES A		M O				52B3310000			4.90						
							52K0110000			.60						5.50
41	CLARK, DAVID		M O				52B3310000			4.90						
							52K0110000			.60						5.50
38	COOPER, LEROY W		M O				52B3310000			4.90						
							52K0110000			.60						5.50
32	COPE, KENNY		M O				52B3310000			4.90						
							52K0110000			.60						5.50
23	COPPAGE, MICHAEL L		M O				52B3310000			4.90						
							52K0110000			.60						5.50
46	COY, MELVIN D		M O				52B3310000			4.90						
							52K0110000			.60						5.50
42	DAVIS, RICHARD R		M O				52B3310000			4.90						
							52K0110000			.60						5.50
50	DUFF, MIKE		M O				52B3310000			4.90						
							52K0110000			.60						5.50
45	FRYMAN, JOHN M		M O				52B3310000			4.90						
							52K0110000			.60						5.50
37	FULLER, EUGENE E		M O				52B3310000			4.90						
							52K0110000			.60						5.50
43	GIBSON, WILLIAM M		M O				52B3310000			4.90						
							52K0110000			.60						5.50
59	GILLIAM, CLYDE		M O				52B3310000			4.90						
							52K0110000			.60						5.50
29	GROSS, WILBUR W		M O				52B3310000			4.90						
							52K0110000			.60						5.50
28	HASSALL, BRIAN C		M O				52B3310000			4.90						
							52K0110000			.60						5.50
28	HAWKINS, DARRIN K		M O				52B3310000			4.90						
							52K0110000			.60						5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 229 OF 384

HEALTH CARE ACCT #: 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
NOVEMBER 1, 1997	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INS CLASS	SEX	TYE	COV	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED	
						CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE			PAYMENT
49	HICKS, CLYDE		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
39	HILL, GENE H		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
29	HUDBARD, WILLIAM H		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
42	HUTCHISON, RANDY		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
39	JOHNSON, RAYMOND D		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
43	KEARNS, GARY F		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
60	KEARNS, JOE E		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
36	KEARNS, TONY T		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
35	KELLY, DANNY		M	O					52B3310000		4.90							5.50
									52K0110000		.60							
39	KNIGHT, GREGORY T		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
28	LYONS, ROBERT T		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
53	MARINO, FREDERICK S		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
38	MARTIN, JAMES H		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
20	MCCARTER, KENNETH H		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
47	MCGUFFIN, DAVID A		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
46	MCILVAIN, CHARLEEN M		F	O					52B3310000		4.90							
									52K0110000		.60							5.50
2	MCKEE, RONNIE B		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
31	MORALES-VELEZ, JUAN		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
41	MORRIS, FRED T		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
58	MOSES, DONALD L		M	O					52B3310000		4.90							
									52K0110000		.60							5.50
37	MUNTZ, STEPHEN H		M	O					52B3310000		4.90							

left emp.

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 230 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CN KY -A70466
BILLING FOR	
NOVEMBER 1, 1997	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	INS CLASS	TYPE CONT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
							52K0110000		.60						5.50
36	MURPHY, OMER I		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
28	NICKERSON, LAWRENCE		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
46	HORTH, ROGER D		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
53	OLIN, THEODORE C		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
49	OVERMAN, RICHARD W		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
30	PARROTT, DANIEL E		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
32	POE, WILLIAM L		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
43	POWERS, DAVID R		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
50	POYNTER, JAMES M		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
29	SANS, JOSEPH L		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
28	SAHEDERS, JAMES W		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
55	SAYLOR, JOHN W		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
38	SCHWARTZ, RICHARD		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
33	SHOPE, JEFF		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
22	SLADE, JASON E		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
43	SLADE, JOHN C		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
48	SLADE, MARLA J		F O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
43	SLADE, RONNIE		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
50	SOSBE, LARRY B		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50
32	SOSBE, MICHAEL T		M O				52B3310000		4.90						5.50
							52K0110000		.60						5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 231 OF 384

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
NOVEMBER 1, 1997	

PAYMENT DUE

PAGE 4

AGE	EMPLOYEE NAME	STATUS	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
27	STEVENSON, BRADLEY C	N O				52B3310000		4.90							
						52K0110000		.60							5.50
5	STINSON, TERRY M	N O				52B3310000		4.90							
						52K0110000		.60							5.50
5	TAPP, WALTER L	N O				52B3310000		4.90							
						52K0110000		.60							5.50
46	TAYLOR, BILLY J	N O				52B3310000		4.90							
						52K0110000		.60							5.50
47	TODD, BETTY L	F O				52B3310000		4.90							
						52K0110000		.60							5.50
8	WALKER, JEREMY D	N O				52B3310000		4.90							
						52K0110000		.60							5.50
9	WELLS, BRIAN T	N O				52B3310000		4.90							
						52K0110000		.60							5.50
56	WHITAKER, WILLIAM G	N O				52B3310000		4.90							
						52K0110000		.60							5.50
26	WIGLESWORTH, MAUREEN	F O				52B3310000		4.90							
						52K0110000		.60							5.50
2	WILLIAMS, LARRY R	N O				52B3310000		4.90							
						52K0110000		.60							5.50
5	ZUMWALT, ROBERT A	N O				52B3310000		4.90							
						52K0110000		.60							5.50

HEALTH TOTAL:

DENTAL TOTAL:

TOTALS	1440000	396.00	396.00
TOTAL CURRENT BILLING			396.00

less temp
 - 5.50
 390.50

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5.50	-	00	-	2194	
5.50	-	01	-	6131	
22.00	-	02	-	6131	
110.00	-	03	-	6131	(still not whit lock)
93.50	-	04	-	6131	
33.00	-	05	-	6131	(not Puckett not Brook)
<u>44.00</u>	-	06	-	6131	
313.50					

General Fund

44.00	-	07	-	6131
<u>33.00</u>	-	08	-	6131
77.00				

Water Fund

~~62~~
548

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368
 ITEM NO. 15
 SHEET 233 OF 384

able To:
 ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
DECEMBER 1, 1997	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	INSURANCE CATEGORY	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
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						52K0110000		.60							5.50
53	BROOKS, KATHY M	F O				52B3310000		4.90							
						52K0110000		.60							5.50
28	BURDEN, JEFFERY M	M O				52B3310000		4.90							
						52K0110000		.60							5.50
51	BURDEN, RONNIE D	M O				52B3310000		4.90							
						52K0110000		.60							5.50
43	BURNS, VIRGIE S	F O				52B3310000		4.90							
						52K0110000		.60							5.50
35	CARSON, CHARLES A	M O				52B3310000		4.90							
						52K0110000		.60							5.50
41	CLARK, DAVID	M O				52B3310000		4.90							
						52K0110000		.60							5.50
38	CONNOR, LEROY W	M O				52B3310000		4.90							
						52K0110000		.60							5.50
32	COPE, KENNY	M O				52B3310000		4.90							
						52K0110000		.60							5.50
23	COFFAGE, MICHAEL L	M O				52B3310000		4.90							
						52K0110000		.60							5.50
46	COY, MELVIN D	M O				52B3310000		4.90							
						52K0110000		.60							5.50
12	DAVIS, RICHARD R	M O				52B3310000		4.90							
						52K0110000		.60							5.50
50	DUFF, MIKE	M O				52B3310000		4.90							
						52K0110000		.60							5.50
45	FRYMAN, JOHN M	M O				52B3310000		4.90							
						52K0110000		.60							5.50
37	FULLER, EUGENE E	M O				52B3310000		4.90							
						52K0110000		.60							5.50
43	GIBSON, WILLIAM M	M O				52B3310000		4.90							
						52K0110000		.60							5.50
59	GILLIAN, CLYDE	M O				52B3310000		4.90							
						52K0110000		.60							5.50
29	GROSS, WILBUR W	M O				52B3310000		4.90							
						52K0110000		.60							5.50
28	HASSALL, BRIAN C	M O				52B3310000		4.90							
						52K0110000		.60							5.50
28	HAWKINS, DARRIN K	M O				52B3310000		4.90							
						52K0110000		.60							5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 234 OF 384

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
DECEMBER 1, 1997	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
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39	HILL, GENE H		H O				52B3310000		4.90							5.50
29	HUBBARD, WILLIAM H		H O				52B3310000		4.90							5.50
42	HUTCHISON, RANDY		H O				52B3310000		4.90							5.50
39	JOHNSON, RAYMOND D		H O				52B3310000		4.90							5.50
43	KEARNS, GARY F		H O				52B3310000		4.90							5.50
60	KEARNS, JOE E		H O				52B3310000		4.90							5.50
36	KEARNS, TONY T		H O				52B3310000		4.90							5.50
39	KNIGHT, GREGORY T		H O				52B3310000		4.90							5.50
28	LYONS, ROBERT T		H O				52B3310000		4.90							5.50
53	MARINO, FREDERICK S		H O				52B3310000		4.90							5.50
38	MARTIN, JAMES H		H O				52B3310000		4.90							5.50
30	MCCARTER, KENNETH M		H O				52B3310000		4.90							5.50
47	MCGUFFIN, DAVID A		H O				52B3310000		4.90							5.50
46	MCILVAIN, CHARLEEN M		F O				52B3310000		4.90							5.50
2	MCKEE, RONNIE B		H O				52B3310000		4.90							5.50
31	MORALES-VELEZ, JUAN		H O				52B3310000		4.90							5.50
41	MORRIS, FRED T		H O				52B3310000		4.90							5.50
59	MOSES, DONALD L		H O				52B3310000		4.90							5.50
37	MUNTZ, STEPHEN W		H O				52B3310000		4.90							5.50
36	MURPHY, ONEK I		H O				52B3310000		4.90							5.50

IMPORTANT - DO NOT OVERLOOK

- Any contributions, payment or premiums are received conditionally subject to acceptance by the Insurance Company and/or Service Contractors. Partial contributions, payments or premiums are not acceptable.
- Our records list these employees as eligible by employee class under your Employee Welfare Benefit Plan. Please advise as to misclassification or omission of any eligible employee.
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PLEASE RETAIN THIS COPY FOR YOUR FILES

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 235 OF 384

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
DECEMBER 1, 1997	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	INSURANCE SECTION	TYPE OF CONTRIBUTION	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
28	NICKERSON, LAURENCE	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
46	NORTH, ROGER D	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
53	DLIN, THEODORE C	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
49	QUERMAN, RICHARD W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
30	PARROTT, DANIEL E	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
32	PDE, WILLIAM L	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
43	POWERS, DAVID R	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
50	POYNTER, JAMES M	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
29	SANS, JOSEPH L	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
28	SANEDERS, JAMES W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
55	SAYLOR, JOHN W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
38	SCHWARTZ, RICHARD	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
33	SHOPE, JEFF	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
22	SLADE, JASON E	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
43	SLADE, JOHN C	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
48	SLADE, MARLA J	F	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
44	SLADE, RONNIE	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
50	SOSBE, LARRY B	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
32	SOSBE, MICHAEL T	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50
27	STEVENSON, BRADLEY C	M	O				52K0110000		.60						5.50
							52B3310000		4.90						5.50

IMPORTANT - DO NOT OVERLOOK

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ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 236 OF 384

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
DECEMBER 1, 1997	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	I NS U R A N C E	S T A T U S	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED	
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT			
45	STINSON, TERRY H		N O				52B3310000		4.90								
							52K0110000		.60								5.50
35	TAPP, WALTER L		N O				52B3310000		4.90								
							52K0110000		.60								5.50
46	TAYLOR, BILLY J		N O				52B3310000		4.90								
							52K0110000		.60								5.50
47	TODD, BETTY L		F O				52B3310000		4.90								
							52K0110000		.60								5.50
28	WALKER, JEREMY D		N O				52B3310000		4.90								
							52K0110000		.60								5.50
29	WELLS, BRIAN T		N O				52B3310000		4.90								
							52K0110000		.60								5.50
56	WHITAKER, WILLIAM G		N O				52B3310000		4.90								
							52K0110000		.60								5.50
26	WIGLESWORTH, MAUREEN		F O				52B3310000		4.90								
							52K0110000		.60								5.50
42	WILLIAMS, LARRY R		N O				52B3310000		4.90								
							52K0110000		.60								5.50
56	ZUNWALT, ROBERT A		N O				52B3310000		4.90								
							52K0110000		.60								5.50
HEALTH TOTAL:																	
DENTAL TOTAL:																	
TOTALS								1420000				390.50				390.50	
														TOTAL CURRENT BILLING		390.50	

IMPORTANT - DO NOT OVERLOOK

- Any contributions, payment or premiums are received conditionally subject to acceptance by the Insurance Company and/or Service Contractors. Partial contributions, payments or premiums are not acceptable.
- Our records list these employees as eligible by employee class under your Employee Welfare Benefit Plan. Please advise as to misclassification or omission of any eligible employee.
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PLEASE RETAIN THIS COPY FOR YOUR FILES

5.50	-	00-2194	
5.50	-	01-6131	
22.00	-	02-6131	(not whitlock)
93.50	-	03-6131	
99.00	-	04-6131	(not Puckett not Brooks not Preece)
33.00	-	05-6131	
	-	06-6131	
<u>44.00</u>			
302.50			

44.00	-	07-6131
33.00	-	08-6131
<u>77.00</u>		

548

Water Fund

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 238 OF 384

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

Payable To:

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CN KY -A70466
BILLING FOR	
JANUARY 1, 1998	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	INSURANCE CLASSIFICATION	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	ASBURY, STEVEN	N O				5203310000		4.90							5.50
53	BROOKS, KATHY M	F O				52K0110000		.60							5.50
28	BURDEN, JEFFERY M	N O				5203310000		4.90							5.50
52	BURDEN, RONNIE D	N O				52K0110000		.60							5.50
43	BURNS, VIRGIE S	F O				5203310000		4.90							5.50
35	CARSON, CHARLES A	N O				52K0110000		.60							5.50
41	CLARK, DAVID	N O				5203310000		4.90							5.50
38	CONNER, LEROY W	N O				52K0110000		.60							5.50
32	COPE, KENNY	N O				5203310000		4.90							5.50
23	COPPAGE, MICHAEL L	N O				52K0110000		.60							5.50
47	COY, MELVIN D	N O				5203310000		4.90							5.50
42	DAVIS, RICHARD R	N O				52K0110000		.60							5.50
50	DUFF, MIKE	N O				5203310000		4.90							5.50
45	FRYMAN, JOHN M	N O				52K0110000		.60							5.50
37	FULLER, EUGENE E	N O				5203310000		4.90							5.50
43	GIBSON, WILLIAM M	N O				52K0110000		.60							5.50
59	GILLIAN, CLYDE	N O				5203310000		4.90							5.50
29	GROSS, WILBUR W	N O				52K0110000		.60							5.50
28	HASSALL, BRIAN C	N O				5203310000		4.90							5.50
28	HAWKINS, DARRIN K	N O				52K0110000		.60							5.50

left emp 12/23/97

IMPORTANT - DO NOT OVERLOOK

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ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

ITEM No. 15
SHEET 239 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JANUARY 1, 1998	

PAYMENT DUE

PAGE 2

AGE	EMPLOYEE NAME	INSURANCE TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
49	HICKS, CLYDE	N O				5203310000		4.90						
						52K0110000		.60						5.50
39	HILL, GENE H	N O				5203310000		4.90						
						52K0110000		.60						5.50
29	HUBBARD, WILLIAM H	N O				5203310000		4.90						
						52K0110000		.60						5.50
42	HUTCHISON, RANDY	N O				5203310000		4.90						
						52K0110000		.60						5.50
39	JOHNSON, RAYMOND D	N O				5203310000		4.90						
						52K0110000		.60						5.50
43	KEARNS, GARY F	N O				5203310000		4.90						
						52K0110000		.60						5.50
60	KEARNS, JOE E	N O				5203310000		4.90						
						52K0110000		.60						5.50
36	KEARNS, TONY T	N O				5203310000		4.90						
						52K0110000		.60						5.50
39	KNIGHT, GREGORY T	N O				5203310000		4.90						
						52K0110000		.60						5.50
28	LYONS, ROBERT T	N O				5203310000		4.90						
						52K0110000		.60						5.50
53	MARIKO, FREDERICK S	N O				5203310000		4.90						
						52K0110000		.60						5.50
38	MARTIN, JAMES H	N O				5203310000		4.90						
						52K0110000		.60						5.50
30	MCCARTER, KENNETH N	N O				5203310000		4.90						
						52K0110000		.60						5.50
47	MCGUFFIN, DAVID A	N O				5203310000		4.90						
						52K0110000		.60						5.50
46	MCILVAIN, CHARLEEN M	F O				5203310000		4.90						
						52K0110000		.60						5.50
2	MCKEE, RONNIE K	N O				5203310000		4.90						
						52K0110000		.60						5.50
31	MORALES-VELEZ, JUAN	N O				5203310000		4.90						
						52K0110000		.60						5.50
41	MORRIS, FRED T	N O				5203310000		4.90						
						52K0110000		.60						5.50
59	MOSES, DONALD L	N O				5203310000		4.90						
						52K0110000		.60						5.50
37	HUNTZ, STEPHEN W	N O				5203310000		4.90						
						52K0110000		.60						5.50
36	MURPHY, ONER I	N O				5203310000		4.90						

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368
 ITEM No. 15
 SHEET 240 OF 384

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
JANUARY 1, 1998	

PAYMENT DUE

PAGE 3

AGE	EMPLOYEE NAME	SEX	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
28	NICKERSON, LAURENCE	M				52K0110000		.60					5.50	
46	WORTH, ROGER D	M				52B3310000		4.90					5.50	
53	OLIN, THEODORE C	M				52K0110000		.60					5.50	
50	QUERMAN, RICHARD W	M				52B3310000		4.90					5.50	
30	PARROTT, DANIEL E	M				52K0110000		.60					5.50	
32	POE, WILLIAM L	M				52B3310000		4.90					5.50	
43	POWERS, DAVID R	M				52K0110000		.60					5.50	
50	POYNTER, JAMES M	M				52B3310000		4.90					5.50	
30	SANS, JOSEPH L	M				52K0110000		.60					5.50	
28	SANEDERS, JAMES W	M				52B3310000		4.90					5.50	
55	SAYLOR, JOHN W	M				52K0110000		.60					5.50	
38	SCHWARTZ, RICHARD	M				52B3310000		4.90					5.50	
33	SHOPE, JEFF	M				52K0110000		.60					5.50	
22	SLADE, JASON E	M				52B3310000		4.90					5.50	
43	SLADE, JOHN C	M				52K0110000		.60					5.50	
48	SLADE, MARLA J	F				52B3310000		4.90					5.50	
44	SLADE, RONNIE	M				52K0110000		.60					5.50	
51	SOSBE, LARRY B	M				52B3310000		4.90					5.50	
32	SOSBE, MICHAEL T	M				52K0110000		.60					5.50	
27	STEVENSON, BRADLEY C	M				52B3310000		4.90					5.50	
						52K0110000		.60					5.50	

left emp. 12/10/91

IMPORTANT - DO NOT OVERLOOK

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ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 241 OF 384

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CH KY -A70466
BILLING FOR	
JANUARY 1, 1998	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	INSURANCE CLASSIFICATION	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
45	STINSON, TERRY M	H O				52R3310000		4.90							5.5
35	TAPP, WALTER L	H O				52K0110000		.60							5.5
46	TAYLOR, BILLY J	H O				52R3310000		4.90							5.5
47	TODD, BETTY L	F O				52K0110000		.60							5.5
29	WALKER, JEREMY D	H O				52R3310000		4.90							5.5
29	WELLS, BRIAN T	H O				52K0110000		.60							5.5
56	WHITAKER, WILLIAM G	H O				52R3310000		4.90							5.5
26	WIGLESWORTH, MAUREEN	F O				52K0110000		.60							5.5
42	WILLIAMS, LARRY R	H O				52R3310000		4.90							5.5
56	ZUNWALT, ROBERT A	H O				52K0110000		.60							5.5
	HEALTH TOTAL:														
	DENTAL TOTAL:														
TOTALS						1420000		390.50							390.50

TOTAL CURRENT BILLING 390.50

Less 2 emp - 11.00
 379.50

IMPORTANT - DO NOT OVERLOOK

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5.50	-	00-2194	
5.50	-	01-6131	
22.00	-	02-6131	
93.50	-	03-6131	(Not: Whitlock Riley Cullerson Merriman)
99.00	-	04-6131	
82.50	-	05-6131	(extra months on Puckett, Brooks)
<u>44.00</u>	-	06-6131	
352.00			

General Fund

44.00	-	07-6131
<u>27.50</u>	-	08-6131
71.50		

548 / Water Fund

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 243 OF 384

HEALTH CARE ACCT # 55355

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CH KY -A70466
BILLING FOR	
FEBRUARY 1, 1998	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	STATUS	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	ASBURY, STEVEN	M O				52B3310000		4.90							5.50
						52K0110000		.60							
26	BROOKS, DOUGLAS R	M O				52B3310000		4.90							33.00
						52B3310000		4.90							
						52B3310000		4.90							
						52B3310000		4.90							
						52B3310000		4.90							
						52B3310000		4.90							
						52B3310000		4.90							
						52K0110000		.60							
						52K0110000		.60							
						52K0110000		.60							
						52K0110000		.60							
53	BROOKS, KATHY M	F O				52B3310000		4.90							
						52K0110000		.60							5.50
52	BURDEN, RONNIE D	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
43	BURNS, VIRGIE S	F O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
35	CARSON, CHARLES A	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
41	CLARK, DAVID	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
38	CONNOR, LEROY W	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
32	COPEL, KENNY	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
23	COPPAGE, MICHAEL L	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
47	COY, MELVIN D	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
42	DAVIS, RICHARD R	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
50	DUFF, MIKE	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
46	FRYMAN, JOHN H	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50
37	FULLER, EUGENE E	M O				52B3310000		4.90							5.50
						52K0110000		.60							5.50

IMPORTANT - DO NOT OVERLOOK

- Any contributions, payment or premiums are received conditionally subject to acceptance by the Insurance Company and/or Service Contractors. Partial contributions, payments or premiums are not acceptable.
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ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5360

ITEM No. 15
 SHEET 244 OF 384

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
FEBRUARY 1, 1998	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INS CLASS	SEX	TYPE	CONTR	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED	
						CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT			
43	GIBSON, WILLIAM M		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
59	GILLIAN, CLYDE		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
39	GROSS, WILBUR W		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
28	HASSALL, BRIAN C		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
28	HANKINS, DARRIN K		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
49	HICKS, CLYDE		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
39	HILL, GENE M		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
29	HUBBARD, WILLIAM H		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
42	HUTCHISON, RANDY		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
39	JOHNSON, RAYMOND D		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
43	KEARNS, GARY F		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
60	KEARNS, JOE E		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
37	KEARNS, TONY T		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
39	KNIGHT, GREGORY T		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
38	LYONS, ROBERT T		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
53	MARINO, FREDERICK S		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
38	MARTIN, JAMES H		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
30	MCCARTER, KENNETH M		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
37	MCSUFFIN, DAVID A		M	O					52B3310000		4.90								
									52K0110000		.60								5.50
46	MCILVAIN, CHARLEEN M		F	O					52B3310000		4.90								
									52K0110000		.60								5.50
2	MCKEE, RONNIE B		M	O					52B3310000		4.90								

left emp!

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 245 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
FEBRUARY 1, 1998	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	INS CLASS	TYPE	CONT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
					CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
31	MORALES-VELEZ, JUAN	H	O		52K0110000											5.50
					52B3310000					4.90						
					52K0110000					.60						5.50
41	MORRIS, FRED T	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
39	MOSES, DONALD L	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
37	MUNTZ, STEPHEN W	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
37	MURPHY, OMER I	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
28	NICKERSON, LAWRENCE	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
46	NORTH, ROGER D	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
53	OLIN, THEODORE C	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
50	OVERMAN, RICHARD W	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
50	PARROTT, DANIEL E	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
52	POE, WILLIAM L	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
43	POWERS, DAVID R	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
50	POYNTER, JAMES M	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
26	PUCKETT, JOHN M	H	O		52B3310000					4.90	+1.60					
					52B3310000					4.90	+1.60					
					52B3310000					4.90	+1.60					
					52B3310000					4.90						
					52K0110000					.60						22.0
30	SANS, JOSEPH L	H	O		52B3310000					4.90						20.20
					52K0110000					.60						5.50
38	SANEDERS, JAMES W	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
55	SAYLOR, JOHN W	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
38	SCHWARTZ, RICHARD	H	O		52B3310000					4.90						
					52K0110000					.60						5.50
33	SHOPE, JEFF	H	O		52B3310000					4.90						

left emp

22.0
20.20

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 246 OF 384

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
FEBRUARY 1, 1998	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	IN S C L A S S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
22	SLADE, JASON E		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
43	SLADE, JOHN C		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
48	SLADE, MARLA J		F O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
44	SLADE, RONNIE		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
51	SOSBE, LARRY B		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
32	SOSBE, MICHAEL T		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
45	STINSON, TERRY M		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
35	TAPP, WALTER L		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
46	TAYLOR, BILLY J		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
47	TODD, BETTY L		F O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
29	WALKER, JEREMY D		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
29	WELLS, BRIAN T		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
57	WHITAKER, WILLIAM G		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
26	WIGLESWORTH, MAUREEN		F O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
42	WILLIAMS, LARRY R		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
56	ZUHWALT, ROBERT A		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50

HEALTH TOTAL:

DENTAL TOTAL:

TOTALS 1550000 432.70

434.5
~~432.70~~

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 247 OF 384

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
FEBRUARY 1, 1998	

PAYMENT DUE PAGE 5

AGE	EMPLOYEE NAME	EMPLOYEE TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		

TOTAL CURRENT BILLING

~~432.70~~
 434.50
 less 2 emp. - 11.00
 423.50

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5.50 - 00-2194

5.50 - 01-6131

22.00 - 02-6131

93.50 - 03-6131

99.00 - 04-6131

38.50 - 05-6131

- 06-6131

44.00

308.00

General Fund

(not:
Whitlock
Riley
Culbertson
Merriam)

(not:
Williams)
Purcell

44.00 - 07-6131

22.00 - 08-6131

66.00

Water Fund

548,

ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-224-5368

ITEM No. 15
 SHEET 249 OF 384

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 57

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
MARCH 1, 1998	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	INSURANCE TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	ASBURY, STEVEN	N O				52B3310000			4.90						5.50
						52K0110000			.60						
26	BROOKS, DOUGLAS R	N O				52B3310000			4.90						5.50
						52K0110000			.60						
33	BROOKS, KATHY M	F O				52B3310000			4.90						5.50
						52K0110000			.60						
32	BURDEN, RONNIE D	N O				52B3310000			4.90						5.50
						52K0110000			.60						
43	BURNS, VIRGIE S	F O				52B3310000			4.90						5.50
						52K0110000			.60						
35	CARSON, CHARLES A	N O				52B3310000			4.90						5.50
						52K0110000			.60						
41	CLARK, DAVID	N O				52B3310000			4.90						5.50
						52K0110000			.60						
38	CONNOR, LEROY W	N O				52B3310000			4.90						5.50
						52K0110000			.60						
32	COPE, KENNY	N O				52B3310000			4.90						5.50
						52K0110000			.60						
23	COPPAGE, MICHAEL L	N O				52B3310000			4.90						5.50
						52K0110000			.60						
47	COY, MELVIN D	N O				52B3310000			4.90						5.50
						52K0110000			.60						
42	DAVIS, RICHARD R	N O				52B3310000			4.90						5.50
						52K0110000			.60						
50	DUFF, MIKE	N O				52B3310000			4.90						5.50
						52K0110000			.60						
46	FRYMAN, JOHN M	N O				52B3310000			4.90						5.50
						52K0110000			.60						
37	FULLER, EUGENE E	N O				52B3310000			4.90						5.50
						52K0110000			.60						
43	GIBSON, WILLIAM M	N O				52B3310000			4.90						5.50
						52K0110000			.60						
59	GILLIAN, CLYDE	N O				52B3310000			4.90						5.50
						52K0110000			.60						
29	GROSS, WILBUR W	N O				52B3310000			4.90						5.50
						52K0110000			.60						
28	HASSALL, BRIAN C	N O				52B3310000			4.90						5.50
						52K0110000			.60						
28	HAWKINS, DARRIN K	N O				52B3310000			4.90						5.50
						52K0110000			.60						

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5360

ITEM No. 15
 SHEET 250 OF 384

payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
MARCH 1, 1998	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INSURANCE TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
49	HICKS, CLYDE	H O				5203310000		4.90						5.50
69	HUBBARD, WILLIAM H	H O				5203310000		4.90						5.50
42	HUTCHISON, RANDY	H O				5203310000		4.90						5.50
39	JOHNSON, RAYMOND D	H O				5203310000		4.90						5.50
43	KEARNS, GARY F	H O				5203310000		4.90						5.50
60	KEARNS, JOE E	H O				5203310000		4.90						5.50
37	KEARNS, TONY T	H O				5203310000		4.90						5.50
39	KNIGHT, GREGORY T	H O				5203310000		4.90						5.50
28	LYONS, ROBERT T	H O				5203310000		4.90						5.50
64	MARINO, FREDERICK S	H O				5203310000		4.90						5.50
33	MARTIN, JAMES H	H O				5203310000		4.90						5.50
30	MCCARTER, KENNETH M	H O				5203310000		4.90						5.50
47	MCGUFFIN, DAVID A	H O				5203310000		4.90						5.50
37	MCILVAIN, CHARLEEN M	F O				5203310000		4.90						5.50
32	MCKEE, RONNIE B	H O				5203310000		4.90						5.50
31	MORALES-VELEZ, JUAN	H O				5203310000		4.90						5.50
41	MORRIS, FRED T	H O				5203310000		4.90						5.50
39	MOSES, DONALD L	H O				5203310000		4.90						5.50
37	MUNTZ, STEPHEN M	H O				5203310000		4.90						5.50
37	MURPHY, OMER I	H O				5203310000		4.90						5.50
28	HICKERSON, LAWRENCE	H O				5203310000		4.90						5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 251 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
MARCH 1, 1998	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	INS CLASS	TYPE	SEX	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
					CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
46	NORTH, ROGER D			M				52K0110000		.60						5.50
								52B3310000		4.90						
								52K0110000		.60						5.50
53	OLIN, THEODORE C			M				52B3310000		4.90						
								52K0110000		.60						5.50
50	OVERMAN, RICHARD W			M				52B3310000		4.90						
								52K0110000		.60						5.50
31	PARROTT, DANIEL E			M				52B3310000		4.90						
								52K0110000		.60						5.50
43	POWERS, DAVID R			M				52B3310000		4.90						
								52K0110000		.60						5.50
50	POYNTER, JAMES M			M				52B3310000		4.90						
								52K0110000		.60						5.50
26	PUCKETT, JOHN M			M				52B3310000		4.90						
								52K0110000		.60						5.50
30	SAMS, JOSEPH L			M				52B3310000		4.90						
								52K0110000		.60						5.50
28	SANEDERS, JAMES W			M				52B3310000		4.90						
								52K0110000		.60						5.50
55	SAYLOR, JOHN W			M				52B3310000		4.90						
								52K0110000		.60						5.50
58	SCHWARTZ, RICHARD			M				52B3310000		4.90						
								52K0110000		.60						5.50
33	SHOPE, JEFF			M				52B3310000		4.90						
								52K0110000		.60						5.50
22	SLADE, JASON E			M				52B3310000		4.90						
								52K0110000		.60						5.50
43	SLADE, JOHN C			M				52B3310000		4.90						
								52K0110000		.60						5.50
48	SLADE, MARLA J			F				52B3310000		4.90						
								52K0110000		.60						5.50
44	SLADE, RONNIE			M				52B3310000		4.90						
								52K0110000		.60						5.50
51	SOSBE, LARRY B			M				52B3310000		4.90						
								52K0110000		.60						5.50
52	SOSBE, MICHAEL T			M				52B3310000		4.90						
								52K0110000		.60						5.50
45	STINSON, TERRY M			M				52B3310000		4.90						
								52K0110000		.60						5.50
35	TAPP, WALTER L			M				52B3310000		4.90						
								52K0110000		.60						5.50

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ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. WINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5348

ITEM NO. 15
 SHEET 252 OF 384

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
MARCH 1, 1993	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
46	TAYLOR, BILLY J		H O		52B3310000			4.90							5.50
47	TODD, BETTY L		F O		52K0110000			.60							5.50
49	WALKER, JEREMY D		H O		52B3310000			4.90							5.50
29	HELLS, BRIAN T		H O		52K0110000			.60							5.50
57	WHITAKER, WILLIAM S		H O		52B3310000			4.90							5.50
46	HIGLESNORTH, MAUREEN		F O		52K0110000			.60							5.50
42	WILLIAMS, LARRY R		H O		52B3310000			4.90							5.50
56	ZUNWALT, ROBERT A		H O		52K0110000			.60							5.50
HEALTH TOTAL:															
DENTAL TOTAL:															
TOTALS					1380000			379.50							379.50

left emp 2/14/98

TOTAL CURRENT BILLING 379.50

less 1 emp - 5.52
374.00

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PLEASE RETAIN THIS COPY FOR YOUR FILES

5.50 - 00 - 2194
5.50 - 01 - 6131
22.00 - 02 - 6131
115.50 - 03 - 6131
99.00 - 04 - 6131
38.50 - 05 - 6131
44.00 - 06 - 6131
330.00

(2600 Cullkerson
& Merriam
not: Riley
Whitlock)

(not:
M. Williams
Purcell)

General Fund

44.00 - 07 - 6131
22.00 - 08 - 6131
66.00

Water Fund

548

ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 254 OF 384

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
APRIL 1, 1998	

PAYMENT DUE

PAGE 1

AGE	EMPLOYEE NAME	STATUS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
24	ASBURY, STEVEN		M O				52B3310000			4.90						
							52K0110000			.60						5.50
26	BROOKS, DOUGLAS R		M O				52B3310000			4.90						
							52K0110000			.60						5.50
53	BROOKS, KATHY M		F O				52B3310000			4.90						
							52K0110000			.60						5.50
52	BURDEN, RONNIE D		M O				52B3310000			4.90						
							52K0110000			.60						5.50
43	BURNS, VIRGIE S		F O				52B3310000			4.90						
							52K0110000			.60						5.50
35	CARSON, CHARLES A		M O				52B3310000			4.90						
							52K0110000			.60						5.50
41	CLARK, DAVID		M O				52B3310000			4.90						
							52K0110000			.60						5.50
38	CONNOR, LEROY W		M O				52B3310000			4.90						
							52K0110000			.60						5.50
32	COPE, KENNY		M O				52B3310000			4.90						
							52K0110000			.60						5.50
23	COPPAGE, MICHAEL L		M O				52B3310000			4.90						
							52K0110000			.60						5.50
47	COY, MELVIN D		M O				52B3310000			4.90						
							52K0110000			.60						5.50
23	CULBERSON, HEATH R		M O				52B3310000			4.90						
							52K0110000			.60						11.00
42	DAVIS, RICHARD R		M O				52B3310000			4.90						
							52K0110000			.60						5.50
50	DUFF, MIKE		M O				52B3310000			4.90						
							52K0110000			.60						5.50
46	FRYMAN, JOHN M		M O				52B3310000			4.90						
							52K0110000			.60						5.50
37	FULLER, EUGENE E		M O				52B3310000			4.90						
							52K0110000			.60						5.50
43	GIBSON, WILLIAM M		M O				52B3310000			4.90						
							52K0110000			.60						5.50
59	GILLIAM, CLYDE		M O				52B3310000			4.90						
							52K0110000			.60						5.50
29	GROSS, WILBUR H		M O				52B3310000			4.90						
							52K0110000			.60						5.50

IMPORTANT - DO NOT OVERLOOK

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ANY QUESTIONS CONCERNING THIS BILL SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 255 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
APRIL 1, 1998	

PAYMENT DUE

PAGE 2

AGE	EMPLOYEE NAME	I N S U R A N C E C L A S S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
28	HASSALL, BRIAN C		M O				52B3310000		4.90							
							52K0110000		.60							5.50
28	HANKINS, DARRIN K		M O				52B3310000		4.90							
							52K0110000		.60							5.50
49	HICKS, CLYDE		M O				52B3310000		4.90							
							52K0110000		.60							5.50
29	HUBBARD, WILLIAM H		M O				52B3310000		4.90							
							52K0110000		.60							5.50
42	HUTCHISON, RANDY		M O				52B3310000		4.90							
							52K0110000		.60							5.50
39	JOHNSON, RAYMOND D		M O				52B3310000		4.90							
							52K0110000		.60							5.50
43	KEARNS, GARY F		M O				52B3310000		4.90							
							52K0110000		.60							5.50
60	KEARNS, JOE E		M O				52B3310000		4.90							
							52K0110000		.60							5.50
37	KEARNS, TONY T		M O				52B3310000		4.90							
							52K0110000		.60							5.50
39	KNIGHT, GREGORY T		M O				52B3310000		4.90							
							52K0110000		.60							5.50
28	LYONS, ROBERT T		M O				52B3310000		4.90							
							52K0110000		.60							5.50
54	MARINO, FREDERICK S		M O				52B3310000		4.90							
							52K0110000		.60							5.50
38	MARTIN, JAMES H		M O				52B3310000		4.90							
							52K0110000		.60							5.50
30	MCCARTER, KENNETH M		M O				52B3310000		4.90							
							52K0110000		.60							5.50
47	MCGUFFIN, DAVID A		M O				52B3310000		4.90							
							52K0110000		.60							5.50
47	MCILVAIN, CHARLEEN M		F O				52B3310000		4.90							
							52K0110000		.60							5.50
2	MCKEE, RONNIE B		M O				52B3310000		4.90							
							52K0110000		.60							5.50
29	MERRINAN, MARK A		M O				52B3310000		4.90							
							52K0110000		.60							11.00
31	MORALES-VELEZ, JUAN		M O				52B3310000		4.90							
							52K0110000		.60							5.50
41	MORRIS, FRED T		M O				52B3310000		4.90							

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM No. 15
 SHEET 256 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CH KY -A70466
BILLING FOR	
APRIL 1, 1998	

PAYMENT DUE

PAGE 3

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
59	MOSES, DONALD L		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
38	MUNTZ, STEPHEN W		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
37	MURPHY, OMER I		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
28	NICKERSON, LAWRENCE		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
46	NORTH, ROGER D		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
53	OLIN, THEODORE C		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
50	OVERMAN, RICHARD W		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
31	PARROTT, DANIEL E		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
43	POWERS, DAVID R		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
50	POYNTER, JAMES M		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
26	PUCKETT, JOHN M		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
30	SANS, JOSEPH L		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
28	SAHEDERS, JAMES H		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
55	SAYLOR, JOHN W		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
38	SCHWARTZ, RICHARD		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
33	SHOPE, JEFF		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
22	SLADE, JASON E		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
43	SLADE, JOHN C		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
49	SLADE, MARLA J		F O				52K0110000				.60					5.50
							52B3310000				4.90					5.50
44	SLADE, RONNIE		M O				52K0110000				.60					5.50
							52B3310000				4.90					5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368

ITEM NO. 15
 SHEET 257 OF 384

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
APRIL 1, 1998	

PAYMENT DUE

PAGE 4

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
51	SOSBE, LARRY B		M O				52B3310000			4.90						5.50
							52K0110000			.60						
32	SOSBE, MICHAEL T		M O				52B3310000			4.90						5.50
							52K0110000			.60						
45	STINSON, TERRY M		M O				52B3310000			4.90						5.50
							52K0110000			.60						
35	TAPP, WALTER L		M O				52B3310000			4.90						5.50
							52K0110000			.60						
46	TAYLOR, BILLY J		M O				52B3310000			4.90						5.50
							52K0110000			.60						
47	TODD, BETTY L		F O				52B3310000			4.90						5.50
							52K0110000			.60						
29	WALKER, JEREMY D		M O				52B3310000			4.90						5.50
							52K0110000			.60						
29	WELLS, BRIAN T		M O				52B3310000			4.90						5.50
							52K0110000			.60						
57	WHITAKER, WILLIAM G		M O				52B3310000			4.90						5.50
							52K0110000			.60						
26	WIGLESWORTH, MAUREEN		F O				52B3310000			4.90						5.50
							52K0110000			.60						
42	WILLIAMS, LARRY R		M O				52B3310000			4.90						5.50
							52K0110000			.60						

HEALTH TOTAL:

DENTAL TOTAL:

TOTALS							1440000			396.00						396.00
																TOTAL CURRENT BILLING

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PLEASE RETAIN THIS COPY FOR YOUR FILES

5.50	-	00 - 2194	
5.50	-	01 - 6131	
22.00	-	02 - 6131	
121.00	-	03 - 6131	(4 for Peley)
99.00	-	04 - 6131	
88.00	-	05 - 6131	(5 for Purcell 4 for M. Williams)
38.50	-	06 - 6131	
<hr/>			
379.50			

General Fund

44.00	-	07 - 6131
22.00	-	08 - 6131
<hr/>		
66.00		

548

ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
 333 W. VINE, STE 500
 LEXINGTON, KY 40507
 PHONE: 606-226-5368
 HEALTH CARE ACCT # 55555

ITEM No. 15
 SHEET 259 OF 384

Payable To:

ADMIN SERVICES GROUP, INC
 PO BOX 2146
 LEXINGTON KY 40595

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
MAY 1, 1998	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	I N S U R E N C E C L A S S	T Y P E O F C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
7 24	ASBURY, STEVEN	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
26	BROOKS, DOUGLAS R	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
53	BROOKS, KATHY M	F	O				52B3310000		4.90							
							52K0110000		.60							5.50
2 52	BURDEN, RONNIE D	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
3 43	BURNS, VIRGIE S	F	O				52B3310000		4.90							
							52K0110000		.60							5.50
35	CARSON, CHARLES A	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
41	CLARK, DAVID	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
1 38	CONNOR, LEROY W	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
3 33	COPE, KENNY	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
23	COPPAGE, MICHAEL L	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
47	COY, MELVIN D	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
23	CULBERSON, HEATH R	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
43	DAVIS, RICHARD R	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
50	DUFF, MIKE	M	O				52B3310000		4.90							5.50
							52K0110000		.60							5.50
46	FRYMAN, JOHN M	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
37	FULLER, EUGENE E	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
43	GIBSON, WILLIAM M	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
59	GILLIAN, CLYDE	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
29	GROSS, WILBUR W	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
28	HASSALL, BRIAN C	M	O				52B3310000		4.90							
							52K0110000		.60							5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

Check Payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CH KY -A70466
BILLING FOR	
MAY 1, 1998	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INSURANCE PLAN	TYPE OF ACCOUNT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
28	HAWKINS, DARRIN K	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
49	HICKS, CLYDE	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
30	HUBBARD, WILLIAM H	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
42	HUTCHISON, RANDY	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
39	JOHNSON, RAYMOND D	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
43	KEARNS, GARY F	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
60	KEARNS, JOE E	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
37	KEARNS, TONY T	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
39	KNIGHT, GREGORY T	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
28	LYONS, ROBERT T	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
54	MARINO, FREDERICK S	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
38	MARTIN, JAMES H	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
30	MCCARTER, KENNETH M	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
47	MCCUFFIN, DAVID A	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
47	MCILVAIN, CHARLEEN M	F	0				52B3310000		4.90						
							52K0110000		.60						5.5
2	MCKEE, RONNIE B	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
29	MERRIMAN, MARK A	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
31	MORALES-VELEZ, JUAN	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
41	MORRIS, FRED T	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
59	MOSES, DONALD L	N	0				52B3310000		4.90						
							52K0110000		.60						5.5
38	MUNTZ, STEPHEN W	N	0				52B3310000		4.90						

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333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5366

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
MAY 1, 1998	

↑ PAYMENT DUE ↑
PAGE 3

AGE	EMPLOYEE NAME	I N S U R A N C E S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
37	MURPHY, OMER I		H O				52K0110000			.60						5.5
							52B3310000			4.90						
							52K0110000			.60						5.5
28	HICKERSON, LAWRENCE		H O				52B3310000			4.90						
							52K0110000			.60						5.5
46	NORTH, ROGER D		H O				52B3310000			4.90						
							52K0110000			.60						5.5
54	BLIN, THEODORE C		H O				52B3310000			4.90						
							52K0110000			.60						5.5
50	OVERMAN, RICHARD W		H O				52B3310000			4.90						
							52K0110000			.60						5.5
31	PARROTT, DANIEL E		H O				52B3310000			4.90						
							52K0110000			.60						5.5
43	POWERS, DAVID R		H O				52B3310000			4.90						
							52K0110000			.60						5.5
50	POYNTER, JAMES M		H O				52B3310000			4.90						
							52K0110000			.60						5.5
26	PUCKETT, JOHN M		H O				52B3310000			4.90						
							52K0110000			.60						5.5
28	PURCELL, DONALD W		H O				52B3310000			4.90						
							52K0110000			.60						5.5
							52B3310000			4.90						
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							52B3310000			4.90						
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							52B3310000			4.90						
							52K0110000			.60						

ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5360

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
MAY 1, 1998	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	I N S C L A S S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
55	SAYLOR, JOHN W	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
8	SCHWARTZ, RICHARD	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
3	SHOPE, JEFF	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
22	SLADE, JASON E	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
43	SLADE, JOHN C	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
9	SLADE, MARLA J	F	O				52B3310000		4.90							
							52K0110000		.60							5.50
4	SLADE, RONNIE	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
51	SOSBE, LARRY B	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
32	SOSBE, MICHAEL T	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
6	STINSON, TERRY M	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
5	TAPP, WALTER L	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
46	TAYLOR, BILLY J	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
47	TODD, BETTY L	F	O				52B3310000		4.90							
							52K0110000		.60							5.50
9	WALKER, JEREMY D	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
9	WELLS, BRIAN T	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
57	WHITAKER, WILLIAM G	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
26	WIGLESWORTH, MAUREEN	F	O				52B3310000		4.90							
							52K0110000		.60							5.50
2	WILLIAMS JR, HARVIN	M	O				52B3310000		4.90							
							52K0110000		.60							5.50
							52B3310000		4.90							
							52K0110000		.60							5.50
							52B3310000		4.90							
							52K0110000		.60							5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CN KY -A70466
BILLING FOR	
MAY 1, 1993	

PAYMENT DUE PAGE 3

AGE	EMPLOYEE NAME	L I N E S U B S C R I B E R T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
42	WILLIAMS, LARRY R					52R0110000									22.00
	HEALTH TOTAL:					52B3310000									5.50
	DENTAL TOTAL:					52R0110000									
TOTALS						1660000									456.50
														TOTAL CURRENT BILLING	456.50

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5.50	-	00	-	2194
5.50	-	01	-	6131
22.00	-	02	-	6131
110.00	-	03	-	6131
99.00	-	04	-	6131
49.50	-	05	-	6131
33.00	-	06	-	6131
<hr/>				
324.50				

General Fund

44.00	-	07	-	6131
27.50	-	08	-	6131
<hr/>				
71.50				

Water Fund

548

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PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
JUNE 1, 1998	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	STATUS	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
24	ASBURY, STEVEN	M O				52B3310000		4.90						
26	BROOKS, DOUGLAS R	M O				52K0110000		.60						
						52B3310000		4.90						5.50
53	BROOKS, KATHY M	F O				52K0110000		.60						
						52B3310000		4.90						5.50
52	BURDEN, RONNIE D	M O				52K0110000		.60						
						52B3310000		4.90						5.50
43	BURNS, VIRGIE S	F O				52K0110000		.60						
						52B3310000		4.90						5.50
35	CARSON, CHARLES A	M O				52K0110000		.60						
						52B3310000		4.90						5.50
4	CLARK, DAVID	M O				52K0110000		.60						
						52B3310000		4.90						5.50
3	CONNOR, LERDY W	M O				52K0110000		.60						
						52B3310000		4.90						5.50
3	COPEL, KENNY	M O				52K0110000		.60						
						52B3310000		4.90						5.50
1	COPPAGE, MICHAEL L	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	COY, MELVIN D	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	CULDERSON, HEATH R	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	DAVIS, RICHARD R	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	FRYMAN, JOHN M	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	FULLER, EUGENE E	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	GIBSON, WILLIAM M	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	GILLIAM, CLYDE	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	GROSS, WILBUR W	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	HASSALL, BRIAN C	M O				52K0110000		.60						
						52B3310000		4.90						5.50
	HURYLUCK, STEVEN S	M O				52K0110000		.60						
						52B3310000		4.90						5.50
						52B3310000		4.90						5.50

left employment

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333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

payable To:

ADMN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JUNE 1, 1998	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	INSURANCE TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
			CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
28	HANKINS, DARRIN K	M O				52K0110000		.60						11.00
						52K0110000		.60						
						52B3310000		4.90						5.50
49	HICKS, CLYDE	M O				52K0110000		.60						
						52B3310000		4.90						
30	HUDDARD, WILLIAM H	M O				52K0110000		.60						5.50
						52B3310000		4.90						
43	HUTCHISON, RANDY	M O				52K0110000		.60						5.50
						52B3310000		4.90						
39	JOHNSON, RAYMOND D	M O				52K0110000		.60						5.50
						52B3310000		4.90						
43	KEARNS, GARY F	M O				52K0110000		.60						5.50
						52B3310000		4.90						
60	KEARNS, JOE E	M O				52K0110000		.60						5.50
						52B3310000		4.90						
37	KEARNS, TONY T	M O				52K0110000		.60						5.50
						52B3310000		4.90						
39	KNIGHT, GREGORY T	M O				52K0110000		.60						5.50
						52B3310000		4.90						
28	LYONS, ROBERT T	M O				52K0110000		.60						5.50
						52B3310000		4.90						
54	MARINO, FREDERICK S	M O				52K0110000		.60						5.50
						52B3310000		4.90						
38	MARTIN, JAMES H	M O				52K0110000		.60						5.50
						52B3310000		4.90						
30	MCCARTER, KENNETH M	M O				52K0110000		.60						5.50
						52B3310000		4.90						
48	MCGUFFIN, DAVID A	M O				52K0110000		.60						5.50
						52B3310000		4.90						
47	MCILVAIN, CHARLEEN M	F O				52K0110000		.60						5.50
						52B3310000		4.90						
2	MCKEE, RONNIE B	M O				52K0110000		.60						5.50
						52B3310000		4.90						
29	MERRIMAN, MARK A	M O				52K0110000		.60						5.50
						52B3310000		4.90						
31	MORALES-VELEZ, JOAN	M O				52K0110000		.60						5.50
						52B3310000		4.90						
41	MORRIS, FRED T	M O				52K0110000		.60						5.50
						52B3310000		4.90						
59	MOSES, DONALD L	M O				52K0110000		.60						5.50
						52B3310000		4.90						

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333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

able To:
ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

HEALTH CARE ACCT # 55355

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JUNE 1, 1998	

PAYMENT DUE PAGE 3

EMPLOYEE NAME	INS CLASS	SEX	TYPE CONT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES				DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE	PAYMENT		
8 MUNTZ, STEPHEN W		M	O				52K0110000									5.50
							52B3310000			4.90						
5 MURPHY, OMER I		M	O				52K0110000									5.50
							52B3310000			4.90						
8 WICKERSON, LAURENCE		M	O				52K0110000									5.50
							52B3310000			4.90						
6 NORTH, ROGER D		M	O				52K0110000									5.50
							52B3310000			4.90						
10 DVERMAN, RICHARD W		M	O				52K0110000									5.50
							52B3310000			4.90						
● PARROTT, DANIEL E		M	O				52K0110000									5.50
							52B3310000			4.90						
● POWERS, DAVID R		M	O				52K0110000									5.50
							52B3310000			4.90						
10 POYNTER, JAMES M		M	O				52K0110000									5.50
							52B3310000			4.90						
16 PUCKETT, JOHN M		M	O				52K0110000									5.50
							52B3310000			4.90						
● PURCELL, DONALD W		M	O				52K0110000									5.50
							52B3310000			4.90						
● RILEY JR, JOHNNIE M		M	O				52K0110000									5.50
							52B3310000			4.90						
0 SAMS, JOSEPH L		M	O				52K0110000									5.50
							52B3310000			4.90						
9 SANEDERS, JAMES W		M	O				52K0110000									5.50
							52B3310000			4.90						
● SAYLOR, JOHN W		M	O				52K0110000									5.50
							52B3310000			4.90						
● SCHWARTZ, RICHARD		M	O				52K0110000									5.50
							52B3310000			4.90						
3 SHOPE, JEFF		M	O				52K0110000									5.50
							52B3310000			4.90						
2 SLADE, JASON E		M	O				52K0110000									5.50
							52B3310000			4.90						
● SLADE, JOHN C		M	O				52K0110000									5.50
							52B3310000			4.90						
● SLADE, MARLA J		F	O				52K0110000									5.50
							52B3310000			4.90						
4 SLADE, RONNIE		M	O				52K0110000									5.50
							52B3310000			4.90						
							52K0110000			.60						

IMPORTANT - DO NOT OVERLOOK

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PLEASE RETAIN THIS COPY FOR YOUR FILES

ANY QUESTIONS CONCERNING THIS BILLING SHOULD BE REFERRED TO:

ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

Payable To:
ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CA KY -A70466
BILLING FOR	
JUNE 1, 1998	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	INS CLASS	TYPE	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES		DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION		
51	SOSBE, LARRY D		N O				52B3310000	4.90						
							52K0110000	.60						5.50
32	SOSBE, MICHAEL T		N O				52B3310000	4.90						
							52K0110000	.60						5.50
46	STINSON, TERRY M		N O				52B3310000	4.90						
							52K0110000	.60						5.50
35	TAPP, WALTER L		N O				52B3310000	4.90						
							52K0110000	.60						5.50
46	TAYLOR, BILLY J		N O				52B3310000	4.90						
							52K0110000	.60						5.50
47	TODD, BETTY L		F O				52B3310000	4.90						
							52K0110000	.60						5.50
29	WALKER, JEREMY D		N O				52B3310000	4.90						
							52K0110000	.60						5.50
29	WELLS, BRIAN T		N O				52B3310000	4.90						
							52K0110000	.60						5.50
57	WHITAKER, WILLIAM G		N O				52B3310000	4.90						
							52K0110000	.60						5.50
26	WIGLESWORTH, MAUREEN		F O				52B3310000	4.90						
							52K0110000	.60						5.50
32	WILLIAMS JR, MARVIN		N O				52B3310000	4.90						
							52K0110000	.60						5.50
43	WILLIAMS, LARRY R		N O				52B3310000	4.90						
							52K0110000	.60						5.50
HEALTH TOTAL:														
DENTAL TOTAL:														
TOTALS							1460000	401.50						401.50

TOTAL CURRENT BILLING 401.50
less 1 emp -5.50
396.00

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PLEASE RETAIN THIS COPY FOR YOUR FILES

5.50 - 00-2194

5.50 - 01-6131

22.00 - 02-6131

104.50 - 03-6131 (not Whitlock)

88.00 - 04-6131 (less Taylor Marino)

49.50 - 05-6131

33.00 - 06-6131

308.00

44.00 - 07-6131

22.00 - 08-6131 (Not Choate Zimmwalt)

66.00

548,

ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JULY 1, 1998	

PAYMENT DUE PAGE 1

AGE	EMPLOYEE NAME	SEX	STATUS	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
25	ASBURY, STEVEN	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
26	BROOKS, DOUGLAS R	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
53	BROOKS, KATHY M	F	O				52B3310000		4.90						
							52K0110000		.60						5.50
52	BURDEN, RONNIE D	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
43	BURNS, VIRGIE S	F	O				52B3310000		4.90						
							52K0110000		.60						5.50
95	CARSON, CHARLES A	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
41	CLARK, DAVID	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
38	CONNOR, LEROY W	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
33	COPEL, KENNY	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
24	COPPAGE, MICHAEL L	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
47	COY, MELVIN D	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
23	CULBERSON, HEATH R	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
43	DAVIS, RICHARD R	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
46	FRYMAN, JOHN M	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
37	FULLER, EUGENE E	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
43	GIBSON, WILLIAM M	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
60	GILLIAN, CLYDE	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
30	GROSS, WILBUR W	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
28	HASSALL, BRIAN C	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
28	HAWKINS, DARRIN K	M	O				52B3310000		4.90						
							52K0110000		.60						5.50

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ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CR KY -A70466
BILLING FOR	
JULY 1, 1998	

PAYMENT DUE PAGE 2

AGE	EMPLOYEE NAME	SEX	STATUS	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
49	HICKS, CLYDE	M	U				52B3310000		4.90						
							52K0110000		.60						5.50
30	HUBBARD, WILLIAM H	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
43	HUTCHISON, RANDY	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
39	JOHNSON, RAYMOND D	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
43	KEARNS, GARY F	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
41	KEARNS, JOE E	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
37	KEARNS, TONY T	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
39	KNIGHT, GREGORY T	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
28	LYONS, ROBERT T	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
54	MARINO, FREDERICK S	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
38	MARTIN, JAMES H	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
31	MCCARTER, KENNETH H	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
48	MCGUFFIN, DAVID A	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
47	MCILVAIN, CHARLEEN M	F	O				52B3310000		4.90						
							52K0110000		.60						5.50
2	MCKEE, RONNIE B	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
29	MERRIMAN, MARK A	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
31	MORALES-VELEZ, JUAN	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
41	MORRIS, FRED T	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
59	MOSES, DONALD L	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
38	MUNTZ, STEPHEN W	M	O				52B3310000		4.90						
							52K0110000		.60						5.50
37	MURPHY, OMER I	M	O				52B3310000		4.90						

Retired 6/29/98

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LEXINGTON KY 40595

HEALTH CARE ACCT # 55555

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA

KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CM KY -A70466
BILLING FOR	
JULY 1, 1998	

PAYMENT DUE

PAGE 3

AGE	EMPLOYEE NAME	I N S C L A S S	T Y P E C O N T	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED
				CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE		
28	NICKERSON, LAWRENCE	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
46	NORTH, ROGER D	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
50	OVERMAN, RICHARD W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
31	PARROTT, DANIEL E	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
43	POWERS, DAVID R	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
50	POYNTER, JAMES M	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
26	PUCKETT, JOHN M	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
28	PURCELL, DONALD W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
32	RILEY JR, JOHNNIE M	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
30	SANS, JOSEPH L	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
29	SANEDERS, JAMES W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
55	SAYLOR, JOHN W	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
38	SCHWARTZ, RICHARD	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
24	SHOPE, JEFF	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
22	SLADE, JASON E	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
44	SLADE, JOHN C	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
49	SLADE, MARLA J	F	O				52K0110000		.60						5.50
							52B3310000		4.90						
44	SLADE, RONNIE	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
51	SOSBE, LARRY D	M	O				52K0110000		.60						5.50
							52B3310000		4.90						
32	SOSBE, MICHAEL T	M	O				52K0110000		.60						5.50
							52B3310000		4.90						

left emp 6/1/98

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ADMINISTRATIVE SERVICES GROUP, INC.
333 W. VINE, STE 500
LEXINGTON, KY 40507
PHONE: 606-226-5368

HEALTH CARE ACCT # 55555

Payable To:

ADMIN SERVICES GROUP, INC
PO BOX 2146
LEXINGTON KY 40595

CITY OF CYNTHIANA
PO BOX 67

CYNTHIANA KY 41031

SERVICE CODE	ACCOUNT NUMBER
11 0000 0301	CN KY -A70466
BILLING FOR	
JULY 1, 1998	

PAYMENT DUE PAGE 4

AGE	EMPLOYEE NAME	INS CLASS	TYPE	CONT	HEALTH CARE COVERAGES			GROUP LIFE COVERAGES			DISABILITY COVERAGES		NON-PLAN		COVERAGE PERIOD	TOTAL BILLED	
					CODE	EMPLOYEE	DEPENDENT	CODE	VOLUME	EMPLOYER CONTRIBUTION	EMPLOYEE PREMIUM	CODE	CONTRIBUTION	CODE			PAYMENT
46	STINSON, TERRY M		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
35	TAPP, WALTER L		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
46	TAYLOR, BILLY J		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
47	TODD, BETTY L		F	O				52B3310000		4.90							
								52K0110000		.60							5.50
29	WALKER, JEREMY D		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
29	WELLS, BRIAN T		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
57	WHITAKER, WILLIAM G		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
26	WIGLESWORTH, MAUREEN		F	O				52B3310000		4.90							
								52K0110000		.60							5.50
32	WILLIAMS JR, MARVIN		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
43	WILLIAMS, LARRY R		M	O				52B3310000		4.90							
								52K0110000		.60							5.50
	HEALTH TOTAL:																
	DENTAL TOTAL:																

Ret 7/1/98

TOTALS								1420000		390.50							390.50
																	TOTAL CURRENT BILLING 390.50
																	Less 3 emp - 16.5
																	374.00

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HEALTH INSURANCE

FISCAL YEAR ENDED

JUNE 30, 1998

121.90	-	00	-	2194
390.05	-	01	-	6122 (2m Lar)
255.97	-	01	-	6131
999.51	-	02	-	6131
5,850.80	-	03	-	6131
5,399.80	-	04	-	6131
2,547.53	-	05	-	6131
2,669.43	-	06	-	6131
<hr/>				
18,234.99				

1,887.97	-	07	-	6131	(reflects credit on Clark chg)
2,047.79	-	08	-	6131	
<hr/>					
3,935.76					

62



Preferred Provider Group, Cross and Blue Shield Association

GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 1

OFFICE USE ONLY		
BILL CYCLE	BILL CLERK	BILL CONTROL NO.
10	20703	1950023-9
		GROUP NO.
		188930-400-3

DEPT.	INSURED NAME	ID NUMBER	COVERAGES				PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
			H	D	O	O								
01	CLYDE	407 64 8203-6	07			002	07-01	255.97	.00	.00	255.97			
LAIR	JOHN	403 86 1091-1	11			002	07-01	390.05	.00	.00	390.05			
DEPT. 01	TOTAL	2						646.02	.00	.00	646.02			

ITEM NO. 15
SHEET 276 OF 384

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, is a member of the Blue Cross and Blue Shield Association.

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:
606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2360 R. 3/96

PAYS FROM	PAYS TO
07-01-97	08-01-97

DATE BILLED	AMOUNT BILLED
07-14-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED
07-24-97	

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 2

OFFICE USE ONLY		GROUP NO.	
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	188930-400-3
10	20703	1950023-9	

DEPT.	INSURED NAME	ID NUMBER	COVERAGES		PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
			H	C								
02	ADMINISTRATION											
BROOKS	KATHY M	404 60 0219-6	10		002	07-01	390.05	.00	.00	390.05		
BURNS	VERGIE S	402 70 3156-5	10		002	07-01	390.05	.00	.00	390.05		
HILLVAIN	CHARLEEN M	402 74 2718-0	09		002	07-01	219.41	.00	.00	219.41		
TOTAL		3					999.51	.00	.00	999.51		

ITEM No. 15
SHEET 277 OF 384

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, is an independent licensee of the Blue Cross and Blue Shield Association.

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:
606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2560R 3/96

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED	PAYS FROM	PAYS TO
07-14-97	\$22560.80	07-01-97	08-01-97
DUE DATE	AMOUNT ENCLOSED		
07-24-97			

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO. 3	
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1950023-9	188930-400-3

DEPT. 03	INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
BURDEN	JEFFERY M	401 23 0074-0	11	002	07-01	390.05	.00	.00	390.05		
COPPAGE	MICHAEL L	405 02 0910-8	10	002	07-01	390.05	.00	.00	390.05		
COY	MELVIN D	402 74 5004-4	07	002	07-01	255.97	.00	.00	255.97		
FRYMAN	JOHN H	404 64 9386-3	10	002	07-01	390.05	.00	.00	390.05		
GRO	WILBUR M	402 19 6499-3	09	002	07-01	219.41	.00	.00	219.41		
HASSKILL	BRIAN C	400 80 0028-1	07	002	07-01	255.97	.00	.00	255.97		
JOHNSON	RAYMOND D	155 54 0521-8	11	002	07-01	390.05	.00	.00	390.05		
MCGUFFIN	DAVID A	404 64 6177-8	11	002	07-01	390.05	.00	.00	390.05		
HORRIS	FRED T	407 86 8672-2	09	002	07-01	219.41	.00	.00	219.41		
HUNTZ	STEPHEN M	402 02 5495-3	11	002	07-01	390.05	.00	.00	390.05		
OLIN	THEODORE H	516 48 9050-1	10	002	07-01	390.05	.00	.00	390.05		
PARROTT	DANIEL E	404 04 7819-9	10	002	07-01	390.05	.00	.00	390.05		
POWERS	DAVID R	407 64 4602-3	11	002	07-01	390.05	.00	.00	390.05		
SLADE	MARLA J	402 70 7474-8	07	002	07-01	255.97	.00	.00	255.97		
STEVENSON	BRADLEY C	404 25 4484-5	06	002	07-01	121.90	.00	.00	121.90		
TAPP	WALTER L	402 84 9842-7	10	002	07-01	390.05	.00	.00	390.05		
WALKER	JEREMY S	406 21 1811-0	06	002	07-01	121.90	.00	.00	121.90		
WELLS	BRIAN T	403 79 0787-4	06	002	07-01	121.90	.00	.00	121.90		
WHITTAKER	BRIAN G	407 54 4449-2	07	002	07-01	255.97	.00	.00	255.97		
WHITLOCK	HAROLD O	400 58 4890-7	06	002	07-01	121.90	.00	.00	121.90		

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BCBS 2560 R, 3/96

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606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	PAYS FROM	PAYS TO	AMOUNT BILLED
07-14-97	07-01-97	08-01-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED		
07-24-97			
PHONE NO. ON FILE	NEW PHONE NO.		
(606) 234 7153			



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 4

OFFICE USE ONLY		
BILL CYCLE	BILL CLERK	BILL CONTROL NO.
10	20703	1950023-9
GROUP NO.		188930-400-3

DEPT.	INSURED NAME	ID NUMBER	COVERAGES				PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
			H	O	O	O								
03	TOTAL	20						5850.80	.00	.00	5850.80			

ITEM NO. 15
SHEET 279 OF 384

Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Inc. Licenses of the Blue Cross and Blue Shield Association.

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:
606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

9CBS 2560 R, 3/86

PAYS FROM	07-01-97	PAYS TO	08-01-97
-----------	----------	---------	----------

DATE BILLED	AMOUNT BILLED
07-14-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED
07-24-97	

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	5
10	20703	
BILL CONTROL NO.	GROUP NO.	
1950023-9	188930-400-3	

DEPT.	INSURED NAME	ID NUMBER	3 COVERAGES HEALTH DUG OTHR	4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
DEPT: 04	FIRE										
ASBURY	STEVEN E	403 35 1247-7	11	002	07-01	390.05	.00	.00	390.05		
BURDEN	RONNIE D	404 62 4302-2	06	002	07-01	121.90	.00	.00	121.90		
CARSON	CHARLES A	401 11 3397-9	11	002	07-01	390.05	.00	.00	390.05		
DAVIS	RICHARD R	400 86 0164-7	11	002	07-01	390.05	.00	.00	390.05		
GIBB	WILLIAM H	403 82 3523-5	11	002	07-01	390.05	.00	.00	390.05		
HAWKINS	DARRIN K	407 23 8988-5	06	002	07-01	121.90	.00	.00	121.90		
KEARNS	GARY F	403 82 3320-1	11	002	07-01	390.05	.00	.00	390.05		
KNIGHT	GREGORY T	407 94 8190-8	09	002	07-01	219.41	.00	.00	219.41		
LEMONS	GREG T	404 70 8217-1	07	002	07-01	255.97	.00	.00	255.97		
LYONS	ROBERT T	406 25 1447-6	08	002	07-01	219.41	.00	.00	219.41		
MARINO	FREDERICK S	104 34 2893-1	07	002	07-01	255.97	.00	.00	255.97		
MARTIN	JAMES H	404 70 8919-8	11	002	07-01	390.05	.00	.00	390.05		
SANDERS	JAMES W	403 98 3890-1	10	002	07-01	390.05	.00	.00	390.05		
SCHWARTZ	RICHARD J	407 74 9251-4	10	002	07-01	390.05	.00	.00	390.05		
SLADE	JOHN C	403 80 2479-0	11	002	07-01	390.05	.00	.00	390.05		
SOSBE	MICHAEL T	404 84 2811-9	07	002	07-01	255.97	.00	.00	255.97		
STINSON	TERRY M	286 52 0380-8	09	002	07-01	219.41	.00	.00	219.41		
TAYLOR	BILLY J	407 64 8313-7	09	002	07-01	219.41	.00	.00	219.41		
DEPT. 04	TOTAL	18				5399.80	.00	.00	5399.80		

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, is an Equal Opportunity Employer. Member licenses of the Blue Cross and Blue Shield Association.

BCBS 2560 R-3196

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:
606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

PAYS FROM	PAYS TO
07-01-97	08-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
07-14-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED
07-24-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 6

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1950023-9	188930-400-3

DEPT.	INSURED NAME	ID NUMBER	3 COVERAGES				4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
			H	A	D	O								
DEPT. 05	WORKS													
	COFFEY MICHAEL R	402 86 9257-1	11			002	07-01	390.05	.00	.00	390.05			
	CONNER LEROY W	405 82 9574-1	07			002	07-01	255.97	.00	.00	255.97			
	HUBBARD JEREMY W	407 15 3670-7	06			002	07-01	121.90	.00	.00	121.90			
	HUTCHISON RANDY L	402 84 3762-6	09			002	07-01	219.41	.00	.00	219.41			
	KEE DANNY	402 92 5362-6	11			002	07-01	390.05	.00	.00	390.05			
	NICKERSON LAWRENCE E	403 94 7592-1	10			002	07-01	390.05	.00	.00	390.05			
	POE WILLIAM L	402 19 3683-2	11			002	07-01	390.05	.00	.00	390.05			
	WHEELSWORTH VINCENT B	405 19 9853-0	11			002	07-01	390.05	.00	.00	390.05			
	WILLIAMS LARRY R	400 86 2324-7	11			002	07-01	390.05	.00	.00	390.05			
DEPT. 05	TOTAL	9						2937.58	.00	.00	2937.58			

By Camp. 6/27/97

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BCBS 2560 R, 3/96

Make check payable to:
Anthem Blue Cross and Blue Shield

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
07-01-97	08-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
07-14-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED
07-24-97	

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 7

BILL CYCLE	OFFICE USE ONLY	BILL CONTROL NO.	GROUP NO.
10	20703	1950023-9	188930-400-3

DEPT.	INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 06	PROPERTY	400 02 8233-8	11	002	07-01	390.05	.00	.00	390.05		
BURGESS SR	WILLIAM D	405 66 7731-7	11	002	07-01	390.05	.00	.00	390.05		
DUFF	MIKE O	401 46 5897-3	07	002	07-01	255.97	.00	.00	255.97		
KEARNS	JOE E	406 06 6093-5	11	002	07-01	390.05	.00	.00	390.05		
KEARNS	TONY T	242 53 4504-1	08	002	07-01	219.41	.00	.00	219.41		
HOBBS VELEZ	JUAN C	405 58 8930-7	10	002	07-01	390.05	.00	.00	390.05		
SAYLOR	JOHN W	293 68 7668-3	11	002	07-01	390.05	.00	.00	390.05		
SHOPE	JEFF T	402 37 8696-0	06	002	07-01	121.90	.00	.00	121.90		
SLADE	JASON E	406 66 0158-3	06	002	07-01	121.90	.00	.00	121.90		
SOSBE	LARRY B										
DEPT. 06	TOTAL	9				2669.43	.00	.00	2669.43		

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606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

8685 2560 R, 3/96

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED	PAYS FROM	PAYS TO
07-14-97	\$22560.80	07-01-97	08-01-97
DUE DATE	AMOUNT ENCLOSED		
07-24-97			
PHONE NO. ON FILE	NEW PHONE NO.		
(606) 234 7153			



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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 8

OFFICE USE ONLY		PAGE NO. 8	
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1950023-9	188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		H	A	L								
DEPT. 07 WATER	406 88 4547-1	08			002	05-02	359.59CR	.00	.00	359.59CR		
CLARK DAVID P		06			002	05-02	321.67	.00	.00	321.67		
FULLER EUGENE M	406 98 0201-5	11			002	07-01	390.05	.00	.00	390.05		
GILLIAM CLYDE P	314 38 2389-0	07			002	07-01	255.97	.00	.00	255.97		
HULLER WILLIAM H	407 98 7919-4	06			002	07-01	121.90	.00	.00	121.90		
HOSBS DONALD L	400 50 7641-8	07			002	07-01	255.97	.00	.00	255.97		
NORTH ROGER D	403 78 2461-5	11			002	07-01	390.05	.00	.00	390.05		
POYNTER JAMES M	401 64 3042-4	06			002	07-01	121.90	.00	.00	121.90		
SLADE RONNIE E	406 80 5308-2	11			002	07-01	390.05	.00	.00	390.05		
DEPT. 07 TOTAL	8						1887.97	.00	.00	1887.97		

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606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	PAYS FROM	PAYS TO	AMOUNT BILLED
07-14-97	07-01-97	08-01-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED		
07-24-97			
PHONE NO. ON FILE	NEW PHONE NO.		
(606) 234 7153			



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 9

OFFICE USE ONLY	BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
	10	20703	1950023-9	188930-400-3

1	2	3	4	5	6	7	8	9	10	11
INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 08 WASTE WATER										
BARKER CHARLES T	405 48 2368-0	07	002	07-01	255.97	.00	.00	255.97		
GRAYSON DONALD Q	401 46 6686-8	06	002	07-01	121.90	.00	.00	121.90		
HILL GENE N	402 66 2230-3	06	002	07-01	121.90	.00	.00	121.90		
HCCARTER KENNETH M	465 45 5232-1	10	002	07-01	390.05	.00	.00	390.05		
HCCARTER RONNIE B	405 82 7611-6	06	002	07-01	121.90	.00	.00	121.90		
HURNEY OMER I	406 88 6778-9	11	002	07-01	390.05	.00	.00	390.05		
OVERMAN RICHARD M	404 66 0421-4	10	002	07-01	390.05	.00	.00	390.05		
ZUMWALT ROBERT A	406 56 2061-1	07	002	07-01	255.97	.00	.00	255.97		
DEPT. 08 TOTAL	8				2047.79	.00	.00	2047.79		

Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.

BCBS 2560 R, 3/95

Make check payable to:
Anthem Blue Cross and
Blue Shield

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:

606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
07-01-97	08-01-97

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

DATE BILLED	AMOUNT BILLED
07-14-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED
07-24-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 10

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1950023-9	188930-400-3

DEPT. 09 CODES	INSURED NAME	ID NUMBER	3. COVERAGES		4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
			H E A L T H	D E P E N D E N T								
DEPT. 09	RECREATION	407 08 4046-2	06		002	07-01	121.90	.00	.00	121.90		
	KENNY T											
DEPT. 09	TOTAL	1					121.90	.00	.00	121.90		
	TOTAL	78					22560.80	.00	.00	22560.80		
PKG	COVERAGE	CONTRACT TYPE					COUNT	MONTHLY RATE		CURRENT BILLED	ARREARS BILLED	TOTAL BILLED
002	OPTION 2000 HEALTH	006 (EMPLOYEE)					16	121.90		1950.40	199.77	2150.17
002	OPTION 2000 HEALTH	007 (EMPLOYEE/SP/USE)					14	255.97		3583.58	.00	3583.58
002	OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)					2	219.41		438.82	359.59CR	79.23
002	OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENT)					7	219.41		1535.87	.00	1535.87
002	OPTION 2000 HEALTH	010 (EMPLOYEE/SP/USE/DEPENDENT)					13	390.05		5070.65	.00	5070.65
002	OPTION 2000 HEALTH	011 (EMPLOYEE/SP/USE/DEPENDENT)					26	390.05		10141.30	.00	10141.30
	TOTAL									22720.62	159.82CR	22560.80

Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.

188930400 072497 071497 000000000 000000000 000225608001

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at: 606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

PAYS FROM	PAYS TO
07-01-97	08-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
07-14-97	\$22560.80
DUE DATE	AMOUNT ENCLOSED
07-24-97	29170.75
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

BCBS 2550 R. 3/96

Hand emp - 390.05
29170.75

121.90 - 00 - 2194

499.77 - 01 - 6131

146.25 - 01 - 6122

} correct
from fa

999.51 - 02 - 6131

5850.80 - 03 - 6131

5143.83 - 04 - 6131

2547.53 - 05 - 6131

2279.38 - 06 - 6131

17,588.97

General Fund

2047.79 - 07 - 6131

2047.79 - 08 - 6131

4095.58

Water Fund

62



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 1

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	GROUP NO.
10	20703	188930-400-3
BILL CONTROL NO.		
2050037-5		

DEPT.	INSURED NAME	ID NUMBER	3 COVERAGES		PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
			H	D								
DEPT. 01	AFFAIRS											
HICKS	CLYDE	407 64 8203-6	07		002	08-01	255.97	.00	.00	255.97		
LAIR	JOHN	403 86 1091-1	11		002	08-01	390.05	.00	.00	390.05		
DEPT. 01	TOTAL	2					646.02	.00	.00	646.02		

Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Independent Licensees of the Blue Cross and Blue Shield Association.

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:
606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2560 R. 7/96

PAYS FROM	08-01-97	PAYS TO	09-01-97
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DATE BILLED	07-24-97	AMOUNT BILLED	\$22330.57
DUE DATE	08-03-97	AMOUNT ENCLOSED	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	
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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 2

BILL CYCLE	OFFICE USE ONLY	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10		20703	2050037-5	188930-400-3

1	2	3	4	5	6	7	8	9	10	11
INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 02 - ADMINISTRATION										
BROOKS KATHY H	404 60 0219-6	10	002	08-01	390.05	.00	.00	390.05		
BURNS VIRGIE S	402 70 3156-5	10	002	08-01	390.05	.00	.00	390.05		
HILLVAIN CHARLEEN H	402 74 2718-0	09	002	08-01	219.41	.00	.00	219.41		
PT. 02 TOTAL					999.51	.00	.00	999.51		

Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Independent licensees of the Blue Cross and Blue Shield Association.

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at: 606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2560 R. 3/95

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

PAYS FROM	PAYS TO
08-01-97	09-01-97

DATE BILLED	AMOUNT BILLED
07-24-97	\$22330.57
DUE DATE	AMOUNT ENCLOSED
08-03-97	

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



Preferred Provider Blue Cross and Blue Shield Association

GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 3

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	2050037-5	188930-400-3

DEPT	INSURED NAME	ID NUMBER	COVERAGES				PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
			H	D	O	O								
03	POLICE													
BURDEN	JEFFERY H	401 23 0074-0	11				08-01	390.05	.00	.00	390.05			
COPPAGE	MICHAEL L	405 02 0910-8	10				08-01	390.05	.00	.00	390.05			
COY	HELVIN D	402 74 5004-4	07				08-01	255.97	.00	.00	255.97			
FRYMAN	JOHN M	404 64 9386-3	10				08-01	390.05	.00	.00	390.05			
GF	WILBUR W	402 19 6699-3	09				08-01	219.41	.00	.00	219.41			
HASSALL	BRIAN C	400 60 0028-1	07				08-01	255.97	.00	.00	255.97			
JOHNSON	RAYMOND D	155 54 0521-8	11				08-01	390.05	.00	.00	390.05			
HCGUFFIN	DAVID A	404 66 6177-8	11				08-01	390.05	.00	.00	390.05			
HARRIS	FRED T	407 86 8672-2	09				08-01	219.41	.00	.00	219.41			
MUNTZ	STEPHEN W	402 02 5495-3	11				08-01	390.05	.00	.00	390.05			
OLIN	THEODORE M	516 48 9050-1	10				08-01	390.05	.00	.00	390.05			
PARROTT	DANIEL E	404 04 7819-9	10				08-01	390.05	.00	.00	390.05			
POWERS	DAVID R	407 64 4602-3	11				08-01	390.05	.00	.00	390.05			
SLADE	MARLA J	402 70 7474-8	07				08-01	255.97	.00	.00	255.97			
STEVENSON	BRADLEY C	404 25 4484-5	06				08-01	121.90	.00	.00	121.90			
TAPP	WALTER L	402 84 9842-7	10				08-01	390.05	.00	.00	390.05			
WALKER	JEREMY S	406 21 1811-0	06				08-01	121.90	.00	.00	121.90			
WELLS	BRIAN T	403 78 0787-4	06				08-01	121.90	.00	.00	121.90			
WHITAKER	W G	407 54 4449-2	07				08-01	255.97	.00	.00	255.97			
WHITLOCK	HAROLD O	400 56 4890-7	06				08-01	121.90	.00	.00	121.90			

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8-CBS 2550 R, 3/96

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Make check payable to:
Anthem Blue Cross and Blue Shield

PAYS FROM	08-01-97	PAYS TO	09-01-97
-----------	----------	---------	----------

DATE BILLED	07-24-97	AMOUNT BILLED	\$22330.57
DUE DATE	08-03-97	AMOUNT ENCLOSED	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	
-------------------	----------------	---------------	--



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY			PAGE NO.
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	5
10	20703	2050037-5	
			GROUP NO.
			188930-400-3

DEPT. 04	INSURED NAME	ID NUMBER	3 COVERAGES		4	5	6	7	8	9	10	11
			H T H	R T H								
ASBURY	STEVEN E	403 35 1247-7	11		002	08-01	390.05	.00	.00	390.05		
BURDEN	RONNIE D	406 62 4302-2	06		002	08-01	121.90	.00	.00	121.90		
CARSON	CHARLES A	401 11 3397-9	11		002	08-01	390.05	.00	.00	390.05		
DAVIS	RICHARD R	400 86 0164-7	11		002	08-01	390.05	.00	.00	390.05		
GILMAN	WILLIAM M	403 82 3523-5	11		002	08-01	390.05	.00	.00	390.05		
HAWKINS	DARRIN K	407 23 8988-5	06		002	08-01	121.90	.00	.00	121.90		
KEARNS	GARY F	403 82 3320-1	11		002	08-01	390.05	.00	.00	390.05		
KNIGHT	GREGORY T	407 94 8190-8	09		002	08-01	219.41	.00	.00	219.41		
LEMONS	GREGORY T	404-70 8217-1	07		002	08-01	255.97	.00	.00	255.97		Relived 1/31/97
LYONS	ROBERT T	406 25 1447-6	08		002	08-01	219.41	.00	.00	219.41		
MARINO	FREDERICK S	104 34 2893-1	07		002	08-01	255.97	.00	.00	255.97		
MARTIN	JAMES H	406 70 8919-8	11		002	08-01	390.05	.00	.00	390.05		
SANDERS	JAMES W	403 98 3890-1	10		002	08-01	390.05	.00	.00	390.05		
SCHWARTZ	RICHARD J	407 74 9251-4	10		002	08-01	390.05	.00	.00	390.05		
SLADE	JOHN C	403 80 2479-0	11		002	08-01	390.05	.00	.00	390.05		
SOSBE	HICHAEL T	406 84 2811-9	07		002	08-01	255.97	.00	.00	255.97		
STINSON	TERRY M	286 52 0380-8	09		002	08-01	219.41	.00	.00	219.41		
TAYLOR	BILLY J	407 64 8313-7	09		002	08-01	219.41	.00	.00	219.41		
DEPT. 04	TOTAL		18				5399.80	.00	.00	5399.80		5143.83

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BCBS 2560 R 3/96

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Make check payable to:
Anthem Blue Cross and Blue Shield

PAYS FROM	PAYS TO
08-01-97	09-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACCORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
07-24-97	\$22330.57
DUE DATE	AMOUNT ENCLOSED
08-03-97	

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 6

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	2050037-5	188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES				4	5	6	7	8	9	10	11
				H E A L T H	D R U G	O H E R	O H E R								
DEPT. 05	WORKS														
COFFEY	MICHAEL R		402 86 9257-1				002	08-01	390.05	.00	.00	390.05			
CONNER	LEROY W		405 82 9374-1				002	08-01	255.97	.00	.00	255.97			
HUBBARD	JEREMY W		407 15 3670-7				002	08-01	121.90	.00	.00	121.90			
HUTCHISON	RANDY L		402 84 3762-6				002	08-01	219.41	.00	.00	219.41			
KE	DANNY		402 92 5362-6				002	08-01	390.05	.00	.00	390.05			
NICKERSON	LAWRENCE E		403 94 7592-1				002	08-01	390.05	.00	.00	390.05			
POE	WILLIAM L		402 19 3683-2				002	08-01	390.05	.00	.00	390.05			
WILLIAMS	LARRY R		400 86 2324-7				002	08-01	390.05	.00	.00	390.05			
DEPT. 05	TOTAL		8						2547.53	.00	.00	2547.53			

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Anthem Blue Cross and Blue Shield

BCBS 2560 R, 3/96

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	PAYS FROM	PAYS TO
07-24-97	08-01-97	09-01-97
DUE DATE	AMOUNT BILLED	AMOUNT ENCLOSED
08-03-97	\$22330.57	
PHONE NO. ON FILE	NEW PHONE NO.	
(606) 234 7153		



GROUP COPY

GROUP BILLING STATEMENT

BILL CYCLE	OFFICE USE ONLY	BILL CONTROL NO.	GROUP NO.
10		2050037-5	188930-400-3
BILL CLERK			
20703			

1	2	3	4	5	6	7	8	9	10	11	
DEPT. 06	INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
BURGESS-SR	WILLIAM D	400-02-8235-8	11	002	08-01	390.05	.00	.00	390.05		
DUFF	MIKE O	405 66 7731-7	11	002	08-01	390.05	.00	.00	390.05		
KEARNS	JOE E	401 46 5897-3	07	002	08-01	255.97	.00	.00	255.97		
KEARNS	TONY T	406 06 6093-5	11	002	08-01	390.05	.00	.00	390.05		
MCCLES VELEZ	JUAN C	242 53 4504-1	08	002	08-01	219.41	.00	.00	219.41		
SAYLOR	JOHN W	405 58 8930-7	10	002	08-01	390.05	.00	.00	390.05		
SHOPE	JEFF T	293 68 7648-3	11	002	08-01	390.05	.00	.00	390.05		
SLADE	JASON E	402 37 8696-0	06	002	08-01	121.90	.00	.00	121.90		
SOSBE	LARRY B	406 66 0158-3	06	002	08-01	121.90	.00	.00	121.90		
DEPT. 06	TOTAL		9			2669.43	.00	.00	2669.43		

Let comp 7/25/97

2219.38

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BCBS 2560 R. 7/96

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Make check payable to:
Anthem Blue Cross and Blue Shield

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40235-7940

PAYS FROM	PAYS TO
08-01-97	09-01-97

DATE BILLED	AMOUNT BILLED
07-24-97	\$22330.57
DUE DATE	AMOUNT ENCLOSED
08-03-97	

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 8

OFFICE USE ONLY		GROUP NO. 188930-400-3	
BILL CYCLE 10	BILL CLERK 20703	BILL CONTROL NO. 2050037-5	

1	2	3	4	5	6	7	8	9	10	11
INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 07 WATER										
CLARK DAVID P	406 88 4547-1	06	002	08-01	121.90	.00	.00	121.90		
FULLER EUGENE W	406 98 0201-5	11	002	08-01	390.05	.00	.00	390.05		
GILLIAN CLYDE P	314 38 2389-0	07	002	08-01	255.97	.00	.00	255.97		
HUBBARDJR WILLIAM H	407 98 7919-4	06	002	08-01	121.90	.00	.00	121.90		
MC DONALD L	400 50 7641-8	07	002	08-01	255.97	.00	.00	255.97		
NORTH ROGER D	403 78 2461-5	11	002	08-01	390.05	.00	.00	390.05		
POVNER JAMES H	401 64 3042-4	06	002	08-01	121.90	.00	.00	121.90		
SLADE RONNIE E	406 80 5308-2	11	002	08-01	390.05	.00	.00	390.05		
DEPT. 07 TOTAL					2047.79	.00	.00	2047.79		

All Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, are licensed under the Blue Cross and Blue Shield Association.

BCBS 2560 R. 3/98

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Anthem Blue Cross and
Blue Shield

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606-225-8727 OR 800-624-0097

PAYS FROM 08-01-97 PAYS TO 09-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
07-24-97	\$22330.57
DUE DATE	AMOUNT ENCLOSED
08-03-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 9

OFFICE USE ONLY			PAGE NO.
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	2050037-5	188930-400-3

1	2	3			4	5	6	7	8	9	10	11
		INSURED NAME	ID NUMBER	HEALTH PLAN								
DEPT. 08	WASTE WATER	CHARLES T	405 48 2368-0	07	002	08-01	255.97	.00	.00	255.97		
BARKER	DONALD G	401 46 6686-8	06	002	08-01	121.90	.00	.00	121.90			
GRAYSON	GENE N	402 66 2230-3	06	002	08-01	121.90	.00	.00	121.90			
HILL	KENNETH M	465 45 5232-1	10	002	08-01	390.05	.00	.00	390.05			
MCCARTER	RONNIE B	405 82 7611-6	06	002	08-01	121.90	.00	.00	121.90			
MURPHY	DIANE I	406 88 6778-4	11	002	08-01	390.05	.00	.00	390.05			
OVERMAN	RICHARD W	404 66 0421-4	10	002	08-01	390.05	.00	.00	390.05			
ZUMHALT	ROBERT A	406 56 2061-1	07	002	08-01	255.97	.00	.00	255.97			
DEPT. 08	TOTAL		8			2047.79	.00	.00	2047.79			

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Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2560 R. 3/96

PAYS FROM	PAYS TO
08-01-97	09-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED	PHONE NO. ON FILE	NEW PHONE NO.
07-24-97	\$22330.57	(606) 234 7153	
DUE DATE	AMOUNT ENCLOSED		
08-03-97			



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 10

OFFICE USE ONLY		GROUP NO. 10	
BILL CYCLE 10	BILL CLERK 20703	BILL CONTROL NO. 2050037-5	GROUP NO. 1889330-400-3

1	2	3 COVERAGES				4	5	6	7	8	9	10	11
		HEALTH	ACCIDENT	SICKLEAVE	DISABILITY								
DEPT. 09 - RECREATION KOPES KENNY T	407 08 4046-2	06				002	08-01	121.90	.00	.00	121.90		
DEPT. 09 TOTAL	1							121.90	.00	.00	121.90		
TOTAL	77							22330.57	.00	.00	22330.57		
***** S U N H A R Y *****													
PKG COVERAGE	CONTRACT TYPE							COUNT	MONTHLY RATE		CURRENT BILLED	ARREARS BILLED	TOTAL BILLED
002 OPTION 2000 HEALTH	006 (EMPLOYEE)							16	121.90		1950.40	.00	1950.40
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SPDUSE)							14	255.97		3583.58	.00	3583.58
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)							2	219.41		438.82	.00	438.82
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)							7	219.41		1535.87	.00	1535.87
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SPDUSE/DEPENDENT)							13	390.05		5070.65	.00	5070.65
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SPDUSE/DEPENDENTS)							25	390.05		9751.25	.00	9751.25
								TOTAL			22330.57	.00	22330.57

*Good work - 255.97
See imp - 390.05
6/26/97*

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Make check payable to:
Anthem Blue Cross and Blue Shield

PAYS FROM	PAYS TO
08-01-97	09-01-97

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
07-24-97	\$22330.57
DUE DATE	AMOUNT ENCLOSED
08-03-97	21,684.55

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

1889330400 080397 072497 000000000 000000000 000223305702

121.90	-	00-2194
377.87	-	01-6131
268.15	-	01-6122
999.51	-	02-6131
5850.80	-	03-6131
5143.83	-	04-6131
2815.68	-	05-6131
2279.38	-	06-6131
<hr/>		
17,857.12		

General Fund

2047.79	-	07-6131
2047.79	-	08-6131
<hr/>		
4095.58		

Water Fund

62



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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 1

GROUP NO. 188930-400-3

OFFICE USE ONLY		
BILL CYCLE 10	BILL CLERK 20703	BILL CONTROL NO. 2300078-0

2 INSURED NAME	3 ID NUMBER	3. COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H E A L T H	D I S C O V E R E D	O T H E R							
DEPT. 01 - AFFAIRS											
HICKS CLYDE	407 64 8203-6	07		09-01	255.97	.00	.00	255.97			
LATR JOHN	403 86 1091-1	11		09-01	390.05	.00	.00	390.05			
DEPT. 01 TOTAL	2				646.02	.00	.00	646.02			

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BCBS 2560 R. 3/86

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Administrator's Manual
for instructions and explanations.
For assistance, call your Customer
Service Representative at:

606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
09-01-97	10-01-97

DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	2
10	20703	
BILL CONTROL NO.		GROUP NO.
2300078-0		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 OTHER AMOUNT BILLED	10 TOTAL AMOUNT BILLED	11 UNPAID CODE	LAST KNOWN ADDRESS
		HEALTH	DRUG	OTHER								
DEPT. 02 - ADMINISTRATION												
BROOKS KATHY M	404 60 0219-6	10		002	09-01	390.05	.00	.00	.00	390.05		
BURNS VIRGIE S	402 70 3156-5	10		002	09-01	390.05	.00	.00	.00	390.05		
MCILVAIN CHARLEEN M	402 74 2718-0	09		002	09-01	219.41	.00	.00	.00	219.41		
DEPT. 02 TOTAL	3					999.51	.00	.00	.00	999.51		

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Independent licensees of the Blue Cross and Blue Shield Association.

BCBS 2560 R. 3/96

Make check payable to:
Anthem Blue Cross and
Blue Shield

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
09-01-97	10-01-97
DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	3
10	20703	
BILL CONTROL NO.		GROUP NO.
2300078-0		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		HEALTH	DUC	OTHER							
DEPT. 03 - POLICE											
BURDEN JEFFERY M	401 23 0074-0	11		09-01	390.05	.00	.00	390.05			
COPPAGE MICHAEL L	405 02 0910-8	10		09-01	390.05	.00	.00	390.05			
COY MELVIN D	402 74 5004-4	07		09-01	255.97	.00	.00	255.97			
FRYMAN JOHN M	404 64 9384-3	10		09-01	390.05	.00	.00	390.05			
GROSS WILBUR W	402 19 6499-3	09		09-01	219.41	.00	.00	219.41			
HASSALL BRIAN C	400 80 0028-1	07		09-01	255.97	.00	.00	255.97			
JOHNSON RAYMOND D	155 54 0521-8	11		09-01	390.05	.00	.00	390.05			
MCGUFFIN DAVID A	404 64 6177-8	11		09-01	390.05	.00	.00	390.05			
MORRIS FRED T	407 86 8672-2	09		09-01	219.41	.00	.00	219.41			
MUNTZ STEPHEN W	402 02 5495-3	11		09-01	390.05	.00	.00	390.05			
OLIN THEODORE	516 48 9050-1	10		09-01	390.05	.00	.00	390.05			
PARROTT DANIEL E	404 04 7819-9	10		09-01	390.05	.00	.00	390.05			
POWERS DAVID R	407 64 4602-3	11		09-01	390.05	.00	.00	390.05			
SLADE MARLA J	402 70 7474-8	07		09-01	255.97	.00	.00	255.97			
STEVENSON BRADLEY C	404 25 4484-5	06		09-01	121.90	.00	.00	121.90			
TAPP WALTER L	402 84 9842-7	10		09-01	390.05	.00	.00	390.05			
WALKER JEREMY S	406 21 1811-0	06		09-01	121.90	.00	.00	121.90			
WELLS BRIAN T	403 78 0787-4	06		09-01	121.90	.00	.00	121.90			
WHITAKER W G	407 54 4449-2	07		09-01	255.97	.00	.00	255.97			
WHITLOCK HAROLD O	400 56 4890-7	06		09-01	121.90	.00	.00	121.90			

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BCBS 2560 R. 3/96

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
09-01-97	10-01-97
DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 5
GROUP NO. 188930-400-3

OFFICE USE ONLY
BILL CONTROL NO. 2300078-0
BILL CYCLE 10
BILL CLERK 20703

1	2	3	4	5			6	7	8	9	10	11
				HEALTH	DRUG	OTHER						
DEPT. 04	FIRE											
ASBURY	STEVEN E	403 35 1247-7	11	002	09-01	390.05	.00	.00	.00	390.05		
BURDEN	RONNIE D	404 62 4302-2	06	002	09-01	121.90	.00	.00	.00	121.90		
CARSON	CHARLES A	401 11 3397-9	11	002	09-01	390.05	.00	.00	.00	390.05		
DAVIS	RICHARD R	400 86 0164-7	11	002	09-01	390.05	.00	.00	.00	390.05		
GIBSON	WILLIAM M	403 82 3523-5	11	002	09-01	390.05	.00	.00	.00	390.05		
HAWKINS	DARRIN K	407 23 8988-5	06	002	09-01	121.90	.00	.00	.00	121.90		
KEARNS	GARY F	403 82 3320-1	11	002	09-01	390.05	.00	.00	.00	390.05		
KNIGHT	GREGORY T	407 94 8190-8	09	002	09-01	219.41	.00	.00	.00	219.41		
LYONS	ROBERT T	406 25 1447-6	08	002	09-01	219.41	.00	.00	.00	219.41		
MARINO	FREDERICK S	104 34 2893-1	07	002	09-01	255.97	.00	.00	.00	255.97		
MARTIN	JAMES H	404 70 8919-8	11	002	09-01	390.05	.00	.00	.00	390.05		
SANDERS	JAMES W	403 98 3890-1	10	002	09-01	390.05	.00	.00	.00	390.05		
SCHWARTZ	RICHARD J	407 74 9251-4	10	002	09-01	390.05	.00	.00	.00	390.05		
SLADE	JOHN C	403 80 2479-0	11	002	09-01	390.05	.00	.00	.00	390.05		
SOSBE	MICHAEL T	404 84 2811-9	07	002	09-01	255.97	.00	.00	.00	255.97		
STINSON	TERRY M	286 52 0380-8	09	002	09-01	219.41	.00	.00	.00	219.41		
TAYLOR	BILLY J	407 64 8313-7	09	002	09-01	219.41	.00	.00	.00	219.41		
DEPT. 04	TOTAL		17			5143.83	.00	.00	.00	5143.83		

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606-225-8727 OR 800-624-0097

PAYS FROM 09-01-97
PAYS TO 10-01-97

DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
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LOUISVILLE, KY 40233-7940



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	6
10	20703	
BILL CONTROL NO.		GROUP NO.
2300078-0		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
		HEALTH	DRUG	OTHER							
		HEALTH	DRUG	OTHER	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 05 - WORKS											
BROOKS DOUGLAS R	405 94 8006-9	11			09-01	390.05	.00	.00	390.05		
COFFEY MICHAEL R	402 86 9257-1	11			09-01	390.05	.00	.00	390.05		
CONNER LEROY W	405 82 9374-1	07			09-01	255.97	.00	.00	255.97		
HUBBARD JEREMY W	407 15 3620-7	06			09-01	121.90	.00	.00	121.90		Left emp 8/9/97
HUTCHISON RANDY L	402 84 3762-6	09			09-01	219.41	.00	.00	219.41		
KELLY DANNY	402 92 5362-6	11			09-01	390.05	.00	.00	390.05		
NICKERSON LAWRENCE E	403 94 7592-1	10			09-01	390.05	.00	.00	390.05		
POE WILLIAM L	402 19 3683-2	11			09-01	390.05	.00	.00	390.05		
WILLIAMS LARRY R	400 86 2324-7	11			09-01	390.05	.00	.00	390.05		
DEPT. 05 TOTAL						2937.58	.00	.00	2937.58		
									2815.68		

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PAYS FROM	PAYS TO
09-01-97	10-01-97
DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
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GROUP BILLING STATEMENT

PAGE NO. 7

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 2300078-0	
GROUP NO. 188930-400-3	

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				HEALTH	DENTAL	OTHER							
	DEPT. 06 - PROPERTY												
	DUFF MIKE	0	405 64 7731-7	11			09-01	390.05	.00	.00	390.05		
	KEARNS JOE	E	401 46 5897-3	07			09-01	255.97	.00	.00	255.97		
	KEARNS TONY	T	406 06 6093-5	11			09-01	390.05	.00	.00	390.05		
	MORALES VELEZ JUAN	C	242 53 4304-1	08			09-01	219.41	.00	.00	219.41		
	SAYLOR JOHN	W	405 58 8930-7	10			09-01	390.05	.00	.00	390.05		
	SHOPE JEFF	T	293 68 7448-3	11			09-01	390.05	.00	.00	390.05		
	SLADE JASON	E	402 37 8696-0	06			09-01	121.90	.00	.00	121.90		
	SOSBE LARRY	B	406 66 0158-3	06			09-01	121.90	.00	.00	121.90		
	DEPT. 06 TOTAL		8					2279.38	.00	.00	2279.38		

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Service Representative at:

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PAYS FROM	PAYS TO
09-01-97	10-01-97

DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



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GROUP BILLING STATEMENT

PAGE NO. 8

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 2300078-0	
GROUP NO. 188930-400-3	

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H E A L T H	D R U G	O T H E R								
DEPT. 07 - WATER												
CLARK DAVID P	406 88 4547-1	06			002	09-01	121.90	.00	.00	121.90		
FULLER EUGENE W	406 98 0201-5	11			002	09-01	390.05	.00	.00	390.05		
GILLIAM CLYDE P	314 38 2389-0	07			002	09-01	255.97	.00	.00	255.97		
HUBBARDJR WILLIAM H	407 98 7919-4	06			002	09-01	121.90	.00	.00	121.90		
MOSES DONALD L	400 50 7641-8	07			002	09-01	255.97	.00	.00	255.97		
NORTH ROGER D	403 78 2461-5	11			002	09-01	390.05	.00	.00	390.05		
POYNTER JAMES M	401 64 3042-4	06			002	09-01	121.90	.00	.00	121.90		
SLADE RONNIE E	406 80 5308-2	11			002	09-01	390.05	.00	.00	390.05		
DEPT. 07 TOTAL	8						2047.79	.00	.00	2047.79		

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BCBS 2580R.3/96

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PAYS FROM 09-01-97	PAYS TO 10-01-97
DATE BILLED 08-18-97	AMOUNT BILLED \$22074.60
DUE DATE 09-01-97	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
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GROUP BILLING STATEMENT

PAGE NO. 9
GROUP NO. 188930-400-3

OFFICE USE ONLY
BILL CLERK BILL CONTROL NO. 2300078-0
BILL CYCLE 10 20703

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				F A I L H	D R U G	O T H E R							
DEPT. 06	WASTE WATER												
BARKER	CHARLES T	405 48	2368-0	07			09-01	255.97	.00	.00	255.97		
GRAYSON	DONALD G	401 66	6686-8	06			09-01	121.90	.00	.00	121.90		
HILL	GENE N	402 66	2230-3	06			09-01	121.90	.00	.00	121.90		
MCCARTER	KENNETH M	465 45	5232-1	10			09-01	390.05	.00	.00	390.05		
MCKEE	RONNIE B	405 82	7611-6	06			09-01	121.90	.00	.00	121.90		
MURPHY	OMER I	406 88	6778-4	11			09-01	390.05	.00	.00	390.05		
OVERMAN	RICHARD W	404 66	0421-4	10			09-01	390.05	.00	.00	390.05		
ZUMWALT	ROBERT A	406 56	2061-1	07			09-01	255.97	.00	.00	255.97		
DEPT. 06	TOTAL		8					2047.79	.00	.00	2047.79		

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PAYS FROM	09-01-97	PAYS TO	10-01-97
DATE BILLED	08-18-97	AMOUNT BILLED	\$22074.60
DUE DATE	09-01-97	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 10

GROUP NO. 188930-400-3

OFFICE USE ONLY	
BILL CLERK	BILL CONTROL NO
20703	2300078-0
BILL CYCLE	
10	

INSURED NAME	ID NUMBER	3. COVERAGES			5. BILL FROM DATE	6. HEALTH AMOUNT BILLED	7. OTHER AMOUNT BILLED	8. OTHER AMOUNT BILLED	9. TOTAL AMOUNT BILLED	10. UNPAID CODE	11. LAST KNOWN ADDRESS
		H E A L T H	D R U G	O T H E R							
DEPT. 09 - RECREATION COPIES KENNY T	407 08 4046-2	06			09-01	121.90	.00	.00	121.90		
DEPT. 09 TOTAL	1					121.90	.00	.00	121.90		
TOTAL	76					22074.60	.00	.00	22074.60		
***** S U M M A R Y *****											
PKG COVERAGE	CONTRACT TYPE	COUNT	MONTHLY RATE	CURRENT BILLED	ARREARS BILLED	TOTAL BILLED					
002 OPTION 2000 HEALTH	006 (EMPLOYEE)	16	121.90	1950.40	.00	1950.40					
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SPOUSE)	13	255.97	3327.61	.00	3327.61					
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)	2	219.41	438.82	.00	438.82					
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)	7	219.41	1535.87	.00	1535.87					
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SPOUSE/DEPENDENT)	13	390.05	5070.65	.00	5070.65					
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SPOUSE/DEPENDENTS)	25	390.05	9751.25	.00	9751.25					
TOTAL	TOTAL			22074.60	.00	22074.60					

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188930400 090197 081897 00000000 00000000 000220746003

PAYS FROM	PAYS TO
09-01-97	10-01-97
DATE BILLED	AMOUNT BILLED
08-18-97	\$22074.60
DUE DATE	AMOUNT ENCLOSED
09-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

121.90 - 00 - 2194
377.87 - 01 - 6131
268.15 - ~~01~~ - 6122
999.51 - 02 - 6131
5,850.80 - 03 - 6131
5,143.83 - 04 - 6131
2,425.63 - 05 - 6131
2,279.38 - 06 - 6131
17,467.07

General Fund

2,047.79 - 07 - 6131
1,669.92 - 08 - 6131
3,717.71

Water Fund

62



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	1
10	20703	
BILL CONTROL NO.		GROUP NO.
2580059-6		188930-400-3

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	DRUG	OTHER							
DEPT. 01 - AFFAIRS HICKS CLYDE	407 64 8203-6	07		002	10-01	255.97	.00	.00	255.97		
LAIR JOHN	403 86 1091-1	11		002	10-01	390.05	.00	.00	390.05		
DEPT. 01 TOTAL	2					646.02	.00	.00	646.02		

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PAYS FROM	PAYS TO
10-01-97	11-01-97
DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE	AMOUNT ENCLOSED
10-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
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LOUISVILLE, KY 40233-7940



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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 2

OFFICE USE ONLY

BILL CYCLE	BILL CLERK	BILL CONTROL NO	GROUP NO.
10	20703	2580059-6	188930-400-3

1	INSURED NAME	2	ID NUMBER	3. COVERAGES			5	6	7	8	9	10	11
				H	D	O							
				A	R	T	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
	DEPT. 02 - ADMINISTRATION												
	BROOKS KATHY M		404 60 0219-6	10			10-01	390.05	.00	.00	390.05		
	BURNS VIRGIE S		402 70 3156-5	10			10-01	390.05	.00	.00	390.05		
	MCILVAIN CHARLEEN M		402 74 2718-0	09			10-01	219.41	.00	.00	219.41		
	DEPT. 02 TOTAL		3					999.51	.00	.00	999.51		

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PAYS FROM	PAYS TO
10-01-97	11-01-97

DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE	AMOUNT ENCLOSED
10-01-97	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	GROUP NO.
10	20703	188930-400-3
BILL CONTROL NO.		
2580059-6		

1	2	3	4			5	6	7	8	9	10	11
			HEALTH	DEUC	OTHER							
INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS		
DEPT. 03 - POLICE												
BURDEN JEFFERY M	401 23 0074-0	11	002	10-01	390.05	.00	.00	390.05				
COPPAGE MICHAEL L	405 02 0910-6	10	002	10-01	390.05	.00	.00	390.05				
COY MELVIN D	402 74 5004-4	07	002	10-01	255.97	.00	.00	255.97				
FRYMAN JOHN M	404 64 9384-3	10	002	10-01	390.05	.00	.00	390.05				
GROSS WILBUR W	402 19 6499-3	09	002	10-01	219.41	.00	.00	219.41				
HASSALL BRIAN C	400 80 0028-1	07	002	10-01	255.97	.00	.00	255.97				
JOHNSON RAYMOND D	155 54 0521-8	11	002	10-01	390.05	.00	.00	390.05				
MCGUFFIN DAVID A	404 64 6177-8	11	002	10-01	390.05	.00	.00	390.05				
MORRIS FRED T	407 86 8672-2	09	002	10-01	219.41	.00	.00	219.41				
MUNTZ STEPHEN W	402 02 5495-3	11	002	10-01	390.05	.00	.00	390.05				
OLIN THEODORE	516 48 9050-1	10	002	10-01	390.05	.00	.00	390.05				
PARROTT DANIEL E	404 04 7819-9	10	002	10-01	390.05	.00	.00	390.05				
POWERS DAVID R	407 64 4602-3	11	002	10-01	390.05	.00	.00	390.05				
SLADE MARLA J	402 70 7474-8	07	002	10-01	255.97	.00	.00	255.97				
STEVENSON BRADLEY C	404 25 4484-5	06	002	10-01	121.90	.00	.00	121.90				
TAPP WALTER L	402 84 9842-7	10	002	10-01	390.05	.00	.00	390.05				
WALKER JEREMY S	406 21 1811-0	06	002	10-01	121.90	.00	.00	121.90				
WELLS BRIAN T	403 78 0787-4	06	002	10-01	121.90	.00	.00	121.90				
WHITAKER W	407 54 4449-2	07	002	10-01	255.97	.00	.00	255.97				
WHITLOCK HAROLD O	400 58 4890-7	06	002	10-01	121.90	.00	.00	121.90				

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
10-01-97	11-01-97
DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE	AMOUNT ENCLOSED
10-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

BCBS 2560 R. 3/96



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GROUP BILLING STATEMENT

PAGE NO. 5

OFFICE USE ONLY	
BILL CLERK	BILL CONTROL NO.
20703	2580059-6
BILL CYCLE	GROUP NO.
10	188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
		HEALTH	DUG	OTHER							
DEPT. 04 FIRE											
ASBURY STEVEN E	403 35 1247-7	11		002	390.05	.00	.00	.00	390.05		
BURDEN RONNIE D	404 62 4302-2	06		002	121.90	.00	.00	.00	121.90		
CARSON CHARLES A	401 11 3397-9	11		002	390.05	.00	.00	.00	390.05		
DAVIS RICHARD R	400 86 0164-7	11		002	390.05	.00	.00	.00	390.05		
GIBSON WILLIAM H	403 82 3523-5	11		002	390.05	.00	.00	.00	390.05		
HAWKINS DARRIN K	407 23 8988-5	06		002	121.90	.00	.00	.00	121.90		
KEARNS GARY F	403 82 3320-1	11		002	390.05	.00	.00	.00	390.05		
KNIGHT GREGORY T	407 94 8190-8	09		002	219.41	.00	.00	.00	219.41		
LYONS ROBERT T	406 25 1447-6	08		002	219.41	.00	.00	.00	219.41		
MARINO FREDERICK S	104 34 2893-1	07		002	255.97	.00	.00	.00	255.97		
MARTIN JAMES H	404 70 8919-8	11		002	390.05	.00	.00	.00	390.05		
SANDERS JAMES W	403 98 3890-1	10		002	390.05	.00	.00	.00	390.05		
SCHWARTZ RICHARD J	407 74 9251-4	10		002	390.05	.00	.00	.00	390.05		
SLADE JOHN C	403 80 2479-0	11		002	390.05	.00	.00	.00	390.05		
SOSBE MICHAEL T	404 84 2811-9	07		002	255.97	.00	.00	.00	255.97		
STINSON TERRY M	286 52 0380-8	09		002	219.41	.00	.00	.00	219.41		
TAYLOR BILLY J	407 64 8313-7	09		002	219.41	.00	.00	.00	219.41		
DEPT. 04 TOTAL	17				5143.83	.00	.00	.00	5143.83		

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Service Representative at:

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PAYS FROM	PAYS TO
10-01-97	11-01-97
DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE	AMOUNT ENCLOSED
10-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 6

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 2580059-6	GROUP NO. 188930-400-3

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	DROUG	OTHER								
DEPT. 05 - WORKS												
BROOKS DOUGLAS R	405 94 8006-9	11		002	10-01	390.05	.00	.00	390.05			
GOFFBY MICHAEL R	402 86 9257-1	11		002	10-01	390.05	.00	.00	390.05			
CONNER LEROY W	405 82 9374-1	07		002	10-01	255.97	.00	.00	255.97			
HUTCHISON RANDY L	402 84 3762-6	09		002	10-01	219.41	.00	.00	219.41			
KELLY DANNY	402 92 5362-6	11		002	10-01	390.05	.00	.00	390.05			
NICKERSON LAWRENCE E	403 94 7592-1	10		002	10-01	390.05	.00	.00	390.05			
POE WILLIAM L	402 19 3683-2	11		002	10-01	390.05	.00	.00	390.05			
WILLIAMS LARRY R	400 86 2324-7	11		002	10-01	390.05	.00	.00	390.05			
DEPT. 05 TOTAL						2815.68	.00	.00	2815.68			
									2425.63			

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PAYS FROM 10-01-97	PAYS TO 11-01-97
DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE 10-01-97	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 7

GROUP NO. 188930-400-3

OFFICE USE ONLY		
BILL CYCLE	BILL CLERK	BILL CONTROL NO.
10	20703	2580059-6

1	2	3	COVERAGES			4	5	6	7	8	9	10	11
			H	D	O								
INSURED NAME	ID NUMBER	H	D	O	O	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 06 - PROPERTY													
DUFF MIKE O	405 64 7731-7	11				002	10-01	390.05	.00	.00	390.05		
KEARNS JOE E	401 46 5897-3	07				002	10-01	255.97	.00	.00	255.97		
KEARNS TONY T	406 06 6093-5	11				002	10-01	390.05	.00	.00	390.05		
MORALES VELEZ JUAN C	242 53 4504-1	08				002	10-01	219.41	.00	.00	219.41		
SAYLOR JOHN W	405 58 8930-7	10				002	10-01	390.05	.00	.00	390.05		
SHOPE JEFF T	293 68 7648-3	11				002	10-01	390.05	.00	.00	390.05		
SLADE JASON E	402 37 8696-0	06				002	10-01	121.90	.00	.00	121.90		
SOSBE LARRY B	406 66 0158-3	06				002	10-01	121.90	.00	.00	121.90		
DEPT. 06 TOTAL	8							2279.38	.00	.00	2279.38		

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PAYS FROM	PAYS TO
10-01-97	11-01-97

DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE	AMOUNT ENCLOSED
10-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

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GROUP BILLING STATEMENT

PAGE NO. 8

OFFICE USE ONLY	
BILL CLERK	BILL CONTROL NO
10	2580059-6
BILL CYCLE	GROUP NO.
10	20703
188930-400-3	

1	INSURED NAME	2	ID NUMBER	3. COVERAGES			5	6	7	8	9	10	11
				H	D	O							
	DEPT. 07 - WATER												
	CLARK DAVID P		406 88 4547-1	06			10-01	121.90	.00	.00	121.90		
	FULLER EUGENE W		406 98 0201-5	11			10-01	390.05	.00	.00	390.05		
	GILLIAH CLYDE P		314 38 2389-0	07			10-01	255.97	.00	.00	255.97		
	HUBBARDJR WILLIAM H		407 98 7919-4	06			10-01	121.90	.00	.00	121.90		
	MOSES DONALD L		400 50 7641-8	07			10-01	255.97	.00	.00	255.97		
	NORTH ROGER D		403 76 2461-5	11			10-01	390.05	.00	.00	390.05		
	POYNTER JAMES M		401 64 3042-4	06			10-01	121.90	.00	.00	121.90		
	SLADE RONNIE E		406 80 5308-2	11			10-01	390.05	.00	.00	390.05		
	DEPT. 07 TOTAL		8					2047.79	.00	.00	2047.79		

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PAYS FROM	PAYS TO
10-01-97	11-01-97

DATE BILLED	AMOUNT BILLED
09-15-97	\$21952.70
DUE DATE	AMOUNT ENCLOSED
10-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

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GROUP BILLING STATEMENT

PAGE NO. 9

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 2580059-6	GROUP NO. 188930-400-3

1	2	3	4	5	6	7	8	9	10	11						
											INSURED NAME	ID NUMBER	HEALTH	COVERAGE	PKG. NO.	BILL FROM DATE
DEPT. 06	- WASTE WATER															
	BARKER CHARLES	07		10-01	255.97	.00	.00	255.97								Left emp 9/30/97
	GRAYSON DONALD	06		10-01	121.90	.00	.00	121.90								Left emp 9/30/97
	HILL GENE	06		10-01	121.90	.00	.00	121.90								
	MCCARTER KENNETH	10		10-01	390.05	.00	.00	390.05								
	MCKEE RONNIE	06		10-01	121.90	.00	.00	121.90								
	MURPHY OMER	11		10-01	390.05	.00	.00	390.05								
	OVERMAN RICHARD	10		10-01	390.05	.00	.00	390.05								
	ZUMWALT ROBERT	07		10-01	255.97	.00	.00	255.97								
DEPT. 06	TOTAL				2047.79	.00	.00	2047.79								

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PAYS FROM 10-01-97	PAYS TO 11-01-97
DATE BILLED 09-15-97	AMOUNT BILLED \$21952.70
DUE DATE 10-01-97	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 10

GROUP NO. 188930-400-3

OFFICE USE ONLY	
BILL CYCLE 10	BILL CONTROL NO. 2580059-6
BILL CLERK 20703	

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				HEALTH	DENTAL	OTHER							
DEPT. 09	RECREATION												
002	KENNY T	407 08 4046-2		06	002	10-01	121.90	.00	121.90	.00	121.90		
DEPT. 09	TOTAL	1					121.90	.00	121.90	.00	121.90		
	TOTAL	75					21952.70	.00	21952.70	.00	21952.70		
***** S U H A R Y *****													
PKG	COVERAGE	CONTRACT TYPE					COUNT	MONTHLY RATE	CURRENT BILLED	ARREARS BILLED	TOTAL BILLED		
002	OPTION 2000 HEALTH	006 (EMPLOYEE)					15	121.90	1828.50	.00	1828.50		
002	OPTION 2000 HEALTH	007 (EMPLOYEE/SPOUSE)					13	255.97	3327.61	.00	3327.61		
002	OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)					2	219.41	438.82	.00	438.82		
002	OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)					7	219.41	1535.87	.00	1535.87		
002	OPTION 2000 HEALTH	010 (EMPLOYEE/SPOUSE/DEPENDENT)					13	390.05	5070.65	.00	5070.65		
002	OPTION 2000 HEALTH	011 (EMPLOYEE/SPOUSE/DEPENDENTS)					25	390.05	9751.25	.00	9751.25		
	TOTAL							TOTAL	21952.70	.00	21952.70		

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606-225-8727 OR 800-624-0097

188930400 100197 091597 000000000 000000000 000219527008

PAYS FROM	10-01-97	PAYS TO	11-01-97
DATE BILLED	09-15-97	AMOUNT BILLED	\$21952.70
DUE DATE	10-01-97	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

ACORDIA OF LEXINGTON, INC.
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CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

121.90	-	00 - 2194
377.87	-	01 - 6131
268.15	-	01 - 6122
999.51	-	02 - 6131
6,240.85	-	03 - 6131
5,692.30	-	04 - 6131
2,498.19	-	05 - 6131
2,279.38	-	06 - 6131
<hr/>		
18,478.75		

(cross-add wife
Taylor-add wife
(2 mos. SAMS)

2,047.79	-	07 - 6131
1,669.92	-	08 - 6131
<hr/>		
3,717.71		

62



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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE 10	BILL CLERK 20703	1
BILL CONTROL NO. 2830210-8		GROUP NO. 188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	DRUG	OTHER							
DEPT. 01 - AFFAIRS HICKS CLYDE LAIR	407 64 8203-6 403 86 1091-1	07	07	07	11-01	255.97	.00	.00	255.97		
DEPT. 01 TOTAL	2				11-01	390.05	.00	.00	390.05		
						646.02	.00	.00	646.02		

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PAYS FROM	11-01-97	PAYS TO	12-01-97
DATE BILLED	10-10-97	AMOUNT BILLED	\$22586.51
DUE DATE	11-01-97	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

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GROUP BILLING STATEMENT

PAGE NO. 2

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BILL CLERK

BILL CONTROL NO. 2830210-8

BILL CYCLE 10

GROUP NO. 188930-400-3

1	2	3	4	5	6	7	8	9	10	11					
											INSURED NAME	ID NUMBER	HEALTH PLAN	COVERAGE	PKG. NO.
	DEPT. 02 - ADMINISTRATION														
	BROOKS KATHY H														
	BURNS VIRGIE S														
	MCILVAIN CHARLEEN H														
	DEPT. 02 TOTAL														

8CBS 2560 R. 3/96

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PAYS FROM	11-01-97	PAYS TO	12-01-97
DATE BILLED	10-10-97	AMOUNT BILLED	\$22586.51
DUE DATE	11-01-97	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	3
1.0	20703	
BILL CONTROL NO.		GROUP NO.
2830210-8		188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				HEALTH	DRUG	OTHER							
DEPT. 03	POLICE												
BURDEN	JEFFERY M		401 23 0074-0	11			11-01	390.05	.00	390.05			
COPPAGE	MICHAEL L		405 02 0910-8	10			11-01	390.05	.00	390.05			
COY	MELVIN D		402 74 5004-4	07			11-01	255.97	.00	255.97			
FRYMAN	JOHN M		404 64 9384-3	10			11-01	390.05	.00	390.05			
GROSS	WILBUR W		402 19 6499-3	11			11-01	390.05	.00	390.05			
HASSALL	BRIAN C		400 80 0028-1	07			11-01	255.97	.00	255.97			
JOHNSON	RAYMOND D		155 54 0521-8	11			11-01	390.05	.00	390.05			
MCGUFFIN	DAVID A		404 64 6177-8	11			11-01	390.05	.00	390.05			
MORRIS	FRED T		407 86 8672-2	09			11-01	219.41	.00	219.41			
MUNTZ	STEPHEN W		402 02 5495-3	11			11-01	390.05	.00	390.05			
OLIN	THEODORE		516 48 9050-1	10			11-01	390.05	.00	390.05			
PARROTT	DANIEL E		404 04 7819-9	10			11-01	390.05	.00	390.05			
POWERS	DAVID R		407 64 4602-3	11			11-01	390.05	.00	390.05			
SLADE	MARLA J		402 70 7474-8	07			11-01	255.97	.00	255.97			
STEVENSON	BRADLEY C		404 25 4484-5	06			11-01	121.90	.00	121.90			
TAPP	WALTER L		402 84 9842-7	10			11-01	390.05	.00	390.05			
WALKER	JEREMY S		406 21 1811-0	06			11-01	121.90	.00	121.90			
WELLS	BRIAN T		403 78 0787-4	06			11-01	121.90	.00	121.90			
WHITAKER	H G		407 54 4449-2	07			11-01	255.97	.00	255.97			
WHITLOCK	HAROLD O		400 58 4890-7	06			11-01	121.90	.00	121.90			

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PAYS FROM	PAYS TO
11-01-97	12-01-97
DATE BILLED	AMOUNT BILLED
10-10-97	\$22586.51
DUE DATE	AMOUNT ENCLOSED
11-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

BILL CYCLE 10	BILL CLERK 20703	BILL CONTROL NO. 2830210-B	PAGE NO. 5
OFFICE USE ONLY			GROUP NO. 188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		1 HEALTH	2 D R U G	3 O T H E R							
DEPT. 04 - FIRE											
ASBURY STEVEN E	403 35 1247-7	11			390.05	.00	.00	390.05			
BURDEN RONNIE D	404 62 4302-2	06			121.90	.00	.00	121.90			
CARSON CHARLES A	401 11 3397-9	11			390.05	.00	.00	390.05			
DAVIS RICHARD R	400 86 0164-7	11			390.05	.00	.00	390.05			
GIBSON WILLIAM M	403 82 3523-5	11			390.05	.00	.00	390.05			
HAWKINS DARRIN K	407 23 8988-5	06			121.90	.00	.00	121.90			
KEARNS GARY F	403 82 3320-1	11			390.05	.00	.00	390.05			
KNIGHT GREGORY T	407 94 8190-8	09			219.41	.00	.00	219.41			
LYONS ROBERT T	406 25 1447-6	08			219.41	.00	.00	219.41			
MARINO FREDERICK S	104 34 2893-1	07			255.97	.00	.00	255.97			
MARTIN JAMES H	404 70 8919-8	11			390.05	.00	.00	390.05			
SANDERS JAMES W	403 98 3890-1	10			390.05	.00	.00	390.05			
SCHWARTZ RICHARD J	407 74 9251-4	10			390.05	.00	.00	390.05			
SLADE JOHN C	403 80 2479-0	11			390.05	.00	.00	390.05			
SOSBE MICHAEL T	404 84 2811-9	07			255.97	.00	.00	255.97			
STINSON TERRY M	286 52 0380-8	09			219.41	.00	.00	219.41			
TAYLOR BILLY J	407 64 8313-7	11			390.05	.00	.00	390.05			
DEPT. 04 TOTAL	17				5314.47	.00	.00	5314.47			

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PAYS FROM 11-01-97	PAYS TO 12-01-97
DATE BILLED 10-10-97	AMOUNT BILLED \$22586.51
DUE DATE 11-01-97	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	6
10	20703	
BILL CONTROL NO.		GROUP NO.
2830210-8		188930-400-3

1	2	3 COVERAGES			4	5	6	7	8	9	10	11
		HEALTH	DRUG	OTHER								
INSURED NAME	ID NUMBER	HEALTH	DRUG	OTHER	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 05 - WORKS												
BROOKS DOUGLAS R	405 94 8006-9	11			002	11-01	390.05	.00	.00	390.05		
CONNER LEROY W	405 82 9374-1	07			002	11-01	255.97	.00	.00	255.97		
HUTCHISON RANDY L	402 84 3762-6	09			002	11-01	219.41	.00	.00	219.41		
KELLY DANNY	402 92 5362-6	11			002	11-01	390.05	.00	.00	390.05		
NICKERSON LAWRENCE E	403 94 7592-1	10			002	11-01	390.05	.00	.00	390.05		
POE WILLIAM L	402 19 3683-2	11			002	11-01	390.05	.00	.00	390.05		
PUCKETT JOHN M	404 11 0541-7	08			002	11-01	219.41	.00	.00	219.41		
SAMS JOSEPH L	404 94 9218-0	06			002	10-01	243.80	.00	.00	243.80		
WILLIAMS LARRY R	400 86 2324-7	11			002	11-01	390.05	.00	.00	390.05		
DEPT. 05 TOTAL							2888.84	.00	.00	2888.84		
										2,498.79		

Left emp. 10/8/97

- 2 MOS.

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PAYS FROM	PAYS TO
11-01-97	12-01-97
DATE BILLED	AMOUNT BILLED
10-10-97	\$22586.51
DUE DATE	AMOUNT ENCLOSED
11-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 7

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 2830210-8	
GROUP NO. 188930-400-3	

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				HEALTH	DRUG	OTHER							
DEPT. 06	PROPERTY					PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DUFF	MIKE	0	405 64 7731-7	11		002	11-01	390.05	.00	.00	390.05		
KEARNS	JOE	E	401 46 5897-3	07		002	11-01	255.97	.00	.00	255.97		
KEARNS	TONY	T	406 06 6093-5	11		002	11-01	390.05	.00	.00	390.05		
MORALES	VELEZ	C	242 53 4504-1	08		002	11-01	219.41	.00	.00	219.41		
SAYLOR	JOHN	W	405 58 8930-7	10		002	11-01	390.05	.00	.00	390.05		
SHOPE	JEFF	T	293 68 7648-3	11		002	11-01	390.05	.00	.00	390.05		
SLADE	JASON	E	402 37 8696-0	06		002	11-01	121.90	.00	.00	121.90		
SOSBE	LARRY	B	406 66 0158-3	06		002	11-01	121.90	.00	.00	121.90		
DEPT. 06	TOTAL		8					2279.58	.00	.00	2279.58		

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PAYS FROM 11-01-97	PAYS TO 12-01-97
DATE BILLED 10-10-97	AMOUNT BILLED \$22586.51
DUE DATE 11-01-97	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

ACORDIA OF LEXINGTON, INC.
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	8
10	20703	
BILL CONTROL NO.		GROUP NO.
2830210-8		188930-400-3

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	DRUG	OTHER								
DEPT. 07 - WATER												
CLARK DAVID P	406 88 4547-1	06		002	11-01	121.90	.00	.00	121.90			
FULLER EUGENE W	406 98 0201-5	11		002	11-01	390.05	.00	.00	390.05			
GILLIAM CLYDE P	314 38 2389-0	07		002	11-01	255.97	.00	.00	255.97			
HUBBARDJR WILLIAM H	407 98 7919-4	06		002	11-01	121.90	.00	.00	121.90			
MOSES DONALD L	400 50 7641-8	07		002	11-01	255.97	.00	.00	255.97			
NORTH ROGER D	403 78 2461-5	11		002	11-01	390.05	.00	.00	390.05			
POYNTER JAMES M	401 64 3042-4	06		002	11-01	121.90	.00	.00	121.90			
SLADE RONNIE E	406 80 5308-2	11		002	11-01	390.05	.00	.00	390.05			
DEPT. 07 TOTAL						2047.79	.00	.00	2047.79			

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PAYS FROM	PAYS TO
11-01-97	12-01-97
DATE BILLED	AMOUNT BILLED
10-10-97	\$22586.51
DUE DATE	AMOUNT ENCLOSED
11-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	9
10	20703	
BILL CONTROL NO.		GROUP NO.
2830210-8		188930-400-3

1	2	3	4			5	6	7	8	9	10	11
			DEPT.	ID NUMBER	COVERAGE							
DEPT. 08	WASTE WATER											
HILL	GENE N	06	002	11-01	121.90	.00	.00	121.90				
MCCARTER	KENNETH M	10	002	11-01	390.05	.00	.00	390.05				
MCKEE	RONNIE B	06	002	11-01	121.90	.00	.00	121.90				
MURPHY	OMER I	11	002	11-01	390.05	.00	.00	390.05				
OVERMAN	RICHARD W	10	002	11-01	390.05	.00	.00	390.05				
ZUMWALT	ROBERT A	07	002	11-01	255.97	.00	.00	255.97				
DEPT. 06	TOTAL				1669.92	.00	.00	1669.92				

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PAYS FROM	PAYS TO
11-01-97	12-01-97

DATE BILLED	AMOUNT BILLED
10-10-97	\$22586.51
DUE DATE	AMOUNT ENCLOSED
11-01-97	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY

BILL CYCLE: 10
BILL CLERK: 20703
BILL CONTROL NO.: 2830210-8

PAGE NO.: 10
GROUP NO.: 188930-400-3

GROUP COPY



1	2	3	COVERAGES				4	5	6	7	8	9	10	11
			HEALTH	DRUG	OTHER	OTHER								
INSURED NAME	ID NUMBER				PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS		
DEPT. 09 RECREATION KENNY T	407 08 4046-2	06			002	11-01	121.90	.00	.00	121.90				
DEPT. 09 TOTAL	1						121.90	.00	.00	121.90				
TOTAL	74						21989.27	.00	.00	21989.27				

BCBS 2500 R. 3/96

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PAYS FROM: 11-01-97
PAYS TO: 12-01-97

DATE BILLED: 10-10-97
AMOUNT BILLED: \$22586.51

DUE DATE: 11-01-97
AMOUNT ENCLOSED

PHONE NO. ON FILE: (606) 234 7153
NEW PHONE NO.

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	11
10	20703	
BILL CONTROL NO.		GROUP NO.
2830210-8		188930-400-3

INSURED NAME	ID NUMBER	3. COVERAGES			BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		H A L T H	D R U G	O T H E R						
***** S U M M A R Y *****										
PKG COVERAGE	CONTRACT TYPE									
002 OPTION 2000 HEALTH	006 (EMPLOYEE)			15	121.90		1828.50		121.90	1950.60
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SP/USE)			12	255.97		3071.64		.00	3071.64
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)			3	219.41		650.23		.00	650.23
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)			5	219.41		1097.05		.00	1097.05
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SP/USE/DEPENDENT)			13	390.05		5070.65		.00	5070.65
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SP/USE/DEPENDENTS)			26	390.05		10141.30		.00	10141.30
						TOTAL	21867.37		121.90	21989.27
								PLUS PREVIOUS SHORTAGE +		597.24
								MINUS PREVIOUS OVERAGE -		.00
								TOTAL AMOUNT BILLED		22586.51
										less emp - 390.05
										22,196.46

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188930400 10197 10197 00000000 00000000 000225865104

PAYS FROM	PAYS TO
11-01-97	12-01-97

DATE BILLED	AMOUNT BILLED
10-10-97	\$22586.51
DUE DATE	AMOUNT ENCLOSED
11-01-97	22,196.46

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	606-234-7150

121.90 - 00 - 2194
377.87 - 01 - 6131
268.15 - 01 - 6122
865.43 - 02 - 6131
5,119.44 - 03 - 6131
5,704.52 - 04 - 6131
2,376.89 - 05 - 6131
2,279.38 - 06 - 6131

17,113.58

General Fund

2,047.79 - 07 - 6131
1669.92 - 08 - 6131

3,717.71

62

Water Fund



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GROUP BILLING STATEMENT

PAGE NO. 1

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 3440201-6	GROUP NO. 188930-400-3

2 INSURED NAME	3 ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H A L H	D R U G	O T H E R							
DEPT. 01 - AFFAIRS HICKS CLYDE	407 64 8203-6	07		002	01-01	255.97	.00	.00	255.97		
LAIR JOHN	403 86 1091-1	11		002	01-01	390.05	.00	.00	390.05		
DEPT. 01 TOTAL	2					646.02	.00	.00	646.02		

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PAYS FROM	PAYS TO	AMOUNT BILLED
01-01-98	02-01-98	\$21477.32
DATE BILLED	DUE DATE	AMOUNT ENCLOSED
12-10-97	01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.	
(606) 234 7153		

CITY OF CYNTHIANA
PO BOX 67
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	2
10	20703	
BILL CONTROL NO.		GROUP NO.
3440201-6		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES				5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 OTHER AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		U	D	O	O							
DEPT. 02 - ADMINISTRATION												
BROOKS KATHY M	404 60 0219-6	10			01-01	390.05	.00	.00	.00	390.05	255.11	Changyan H Empy oblu 1/1/97
BURNS VIRGIE S	402 70 3156-5	10			01-01	390.05	.00	.00	.00	390.05		
MCILVAIN CHARLEEN M	402 74 2718-0	08			01-01	219.41	.00	.00	.00	219.41		
DEPT. 02 TOTAL	3					999.51	.00	.00	.00	999.51	865.13	

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PAYS FROM	PAYS TO
01-01-98	02-01-98
DATE BILLED	AMOUNT BILLED
12-10-97	\$21477.32
DUE DATE	AMOUNT ENCLOSED
01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	3
10	20703	
BILL CONTROL NO.		GROUP NO.
3440201-6		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	DUR	QHER							
DEPT. 03 POLICE											
BURDEN JEFFERY M	401-23-0074-0	11			002 01-01	390.05	.00	.00	390.05		left camp 12/13
COPPAGE MICHAEL L	405 02 0910-8	11			002 01-01	390.05	.00	.00	390.05		
COY HELVIN D	402 74 5004-4	07			002 01-01	255.97	.00	.00	255.97		
FRYMAN JOHN M	404 64 9384-3	10			002 01-01	390.05	.00	.00	390.05		
GROSS WILBUR W	402 19 6499-3	11			002 01-01	390.05	.00	.00	390.05		
HASSALL BRIAN C	400 80 0028-1	07			002 01-01	255.97	.00	.00	255.97		
JOHNSON RAYMOND D	155 54 0521-8	11			002 01-01	390.05	.00	.00	390.05		
HCGUFFIN DAVID A	404 64 6177-8	11			002 01-01	390.05	.00	.00	390.05		
MORRIS FRED T	407 86 8672-2	09			002 01-01	219.41	.00	.00	219.41		
HUNTZ STEPHEN W	402 02 5495-3	11			002 01-01	390.05	.00	.00	390.05		
OLIN THEODORE	516 48 9050-1	10			002 01-01	390.05	.00	.00	390.05		
PARROTT DANIEL E	404 04 7819-9	10			002 01-01	390.05	.00	.00	390.05		
SLADE MARLA J	402 70 7474-8	07			002 01-01	255.97	.00	.00	255.97		
STEVENSON BRADNEY C	404-25-4484-5	06			002 01-01	121.90	.00	.00	121.90		left camp 12/10
TAPP WALTER L	402 84 9842-7	10			002 01-01	390.05	.00	.00	390.05		
WALKER JEREMY S	406 21 1811-0	06			002 01-01	121.90	.00	.00	121.90		
WELLS BRIAN T	403 78 0787-4	06			002 01-01	121.90	.00	.00	121.90		
WHITAKER W	407 54 4449-2	07			002 01-01	255.97	.00	.00	255.97		
WHITLOCK HAROLD O	400 58 4890-7	06			002 01-01	121.90	.00	.00	121.90		
DEPT. 03 TOTAL						5631.39	.00	.00	5631.39		

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5111.44

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PAYS FROM	PAYS TO
01-01-98	02-01-98
DATE BILLED	AMOUNT BILLED
12-10-97	\$21477.32
DUE DATE	AMOUNT ENCLOSED
01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	4
10	20703	
BILL CONTROL NO.		GROUP NO.
3440201-6		188930-400-3

INSURED NAME	ID NUMBER	3. COVERAGES			5	6	7	8	9	10	11
		HEALTH	DUR	OTHER							
		PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS		
DEPT. 04 - FIRE											
ASBURY STEVEN E	403 35 1247-7	002	01-01	390.05	.00	.00	390.05				
BURDEN RONNIE D	404 62 4302-2	002	01-01	121.90	.00	.00	121.90				
CARSON CHARLES A	401 11 3397-9	002	01-01	390.05	.00	.00	390.05				
DAVIS RICHARD R	400 86 0164-7	002	01-01	390.05	.00	.00	390.05				
GIBSON WILLIAM M	403 82 3523-5	002	01-01	390.05	.00	.00	390.05				
HAWKINS DARRIN K	407 23 8988-5	002	01-01	121.90	.00	.00	121.90				
KEARNS GARY F	403 82 3320-1	002	01-01	390.05	.00	.00	390.05				
KNIGHT GREGORY T	407 94 8190-8	002	01-01	219.41	.00	.00	219.41				
LYONS ROBERT T	406 25 1447-6	002	01-01	219.41	.00	.00	219.41				
MARINO FREDERICK S	104 34 2893-1	002	01-01	255.97	.00	.00	255.97				
MARTIN JAMES H	404 70 8919-8	002	01-01	390.05	.00	.00	390.05				
POWERS DAVID R	407 64 4602-3	002	01-01	390.05	.00	.00	390.05				
SANDERS JAMES W	403 98 3890-1	002	01-01	390.05	.00	.00	390.05				
SCHWARTZ RICHARD J	407 74 9251-4	002	01-01	390.05	.00	.00	390.05				
SLADE JOHN C	403 80 2479-0	002	01-01	390.05	.00	.00	390.05				
SOSBE MICHAEL T	404 84 2811-9	002	01-01	255.97	.00	.00	255.97				
STINSON TERRY M	286 52 0380-8	002	01-01	219.41	.00	.00	219.41				
TAYLOR BILLY J	407 64 8513-7	002	01-01	390.05	.00	.00	390.05				
DEPT. 04 TOTAL	18			5704.52	.00	.00	5704.52				

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BCBS 2560 R. 3/96

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PAYS FROM	PAYS TO
01-01-98	02-01-98
DATE BILLED	AMOUNT BILLED
12-10-97	\$21477.32
DUE DATE	AMOUNT ENCLOSED
01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE 10	BILL CLERK 20703	5
BILL CONTROL NO. 3440201-6		GROUP NO. 188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		1 HEALTH	2 DRUG	3 OTHER							
DEPT .05 - WORKS											
BROOKS DOUGLAS R	405 94 8006-9	11			01-01	390.05	.00	.00	390.05		
CONNER LEROY W	405 82 9374-1	07			01-01	255.97	.00	.00	255.97		
HUTCHISON RANDY L	402 84 3762-6	09			01-01	219.41	.00	.00	219.41		
NICKERSON LAWRENCE E	403 94 7592-1	10			01-01	390.05	.00	.00	390.05		
POE WILLIAM L	402 19 3683-2	11			01-01	390.05	.00	.00	390.05		
PUCKETT JOHN M	404 11 0561-7	08			01-01	219.41	.00	.00	219.41		
SAMS JOSEPH L	404 94 9218-0	06			01-01	121.90	.00	.00	121.90		
WILLIAMS LARRY R	400 86 2324-7	11			01-01	390.05	.00	.00	390.05		
DEPT .05 TOTAL						2376.89	.00	.00	2376.89		

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BCBS 2560 R. 3/96

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
01-01-98	02-01-98
DATE BILLED	AMOUNT BILLED
12-10-97	\$21477.32
DUE DATE	AMOUNT ENCLOSED
01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ACORDIA OF LEXINGTON, INC.
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP BILLING STATEMENT

OFFICE USE ONLY

BILL CYCLE 10	BILL CLERK 20703	BILL CONTROL NO. 3440201-6	PAGE NO. 6
GROUP NO. 188930-400-3			

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H E A L T H	D R U G	O T H E R							
DEPT. 06 - PROPERTY											
DUFF MIKE	405 64 7731-7	11			390.05	.00	.00	390.05			
KEARNS JOE	401 46 5897-3	07			255.97	.00	.00	255.97			
KEARNS TONY	406 06 6093-5	11			390.05	.00	.00	390.05			
MORALES VELEZ JUAN	242 53 4504-1	08			219.41	.00	.00	219.41			
SAYLOR JOHN	405 58 8930-7	10			390.05	.00	.00	390.05			
SHOPE JEFF	293 68 7648-3	11			390.05	.00	.00	390.05			
SLADE JASON	402 37 8696-0	06			121.90	.00	.00	121.90			
SOSBE LARRY	406 66 0158-3	06			121.90	.00	.00	121.90			
DEPT. 06 TOTAL	8				2279.38	.00	.00	2279.38			

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606-225-8727 OR 800-624-0097

PAYS FROM 01-01-98	PAYS TO 02-01-98
DATE BILLED 12-10-97	AMOUNT BILLED \$21477.32
DUE DATE 01-01-98	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

ACORDIA OF LEXINGTON, INC.
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CYNTHIANA, KY 41031



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GROUP BILLING STATEMENT

PAGE NO. 7

OFFICE USE ONLY	
BILL CYCLE	BILL CLERK
10	20703
BILL CONTROL NO.	GROUP NO.
3440201-6	188930-400-3

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H	D	O								
DEPT. 07 - WATER												
CLARK DAVID P	406 88 4547-1	06			002	01-01	121.90	.00	.00	121.90		
FULLER EUGENE W	406 98 0201-5	11			002	01-01	390.05	.00	.00	390.05		
GILLIAM CLYDE P	314 38 2389-0	07			002	01-01	255.97	.00	.00	255.97		
HUBBARDJR WILLIAM H	407 98 7919-4	06			002	01-01	121.90	.00	.00	121.90		
MOSES DONALD L	400 50 7641-8	07			002	01-01	255.97	.00	.00	255.97		
NORTH ROGER D	403 78 2461-5	11			002	01-01	390.05	.00	.00	390.05		
POYNTER JAMES M	401 64 3042-4	06			002	01-01	121.90	.00	.00	121.90		
SLADE RONNIE E	406 60 5308-2	11			002	01-01	390.05	.00	.00	390.05		
DEPT. 07 TOTAL							2047.79	.00	.00	2047.79		

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PAYS FROM	PAYS TO
01-01-98	02-01-98
DATE BILLED	AMOUNT BILLED
12-10-97	\$21477.32
DUE DATE	AMOUNT ENCLOSED
01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 8

OFFICE USE ONLY	
BILL CLERK	BILL CONTROL NO.
20703	3440201-6
BILL CYCLE	GROUP NO.
10	188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H A L L H	D R U G	O T H E R							
DEPT. 08 - WASTE WATER HILL GENE N	402 66 2230-3	06		002	01-01	121.90	.00	121.90			
MCCARTER KENNETH M	465 45 5232-1	10		002	01-01	390.05	.00	390.05			
MCKEE RONNIE B	405 82 7611-6	06		002	01-01	121.90	.00	121.90			
MURPHY OMER I	406 88 6778-4	11		002	01-01	390.05	.00	390.05			
OVERMAN RICHARD W	404 66 0421-4	10		002	01-01	390.05	.00	390.05			
ZUMWALT ROBERT A	406 56 2061-1	07		002	01-01	255.97	.00	255.97			
DEPT. 08 TOTAL	6					1669.92	.00	1669.92			

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PAYS FROM	PAYS TO
01-01-98	02-01-98
DATE BILLED	AMOUNT BILLED
12-10-97	\$21477.32
DUE DATE	AMOUNT ENCLOSED
01-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 9

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 3440201-6	GROUP NO. 188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		H E L T H	D I S A B I L I T Y	O T H E R						
DEPT. 09 RECREATION KOPES KENNY T	407 08 4046-2	06		002	01-01	121.90	.00	121.90		
DEPT. 09 TOTAL	1					121.90	.00	121.90		
TOTAL	73					21477.32	.00	21477.32		
***** S U M M A R Y *****										
PKG COVERAGE	CONTRACT TYPE	COUNT	MONTHLY RATE	CURRENT BILLED	ARREARS BILLED	TOTAL BILLED				
002 OPTION 2000 HEALTH	006 (EMPLOYEE)	15	121.90	1826.50	.00	1826.50				
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SPOUSE)	12	255.97	3071.64	.00	3071.64				
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)	4	219.41	877.64	.00	877.64				
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)	4	219.41	877.64	.00	877.64				
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SPOUSE/DEPENDENT)	12	390.05	4680.60	.00	4680.60				
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SPOUSE/DEPENDENTS)	26	390.05	10141.30	.00	10141.30				
TOTAL	TOTAL			21477.32	.00	21477.32				

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188930400 010198 121097 000000000 000000000 000214773200

PAYS FROM 01-01-98	PAYS TO 02-01-98
DATE BILLED 12-10-97	AMOUNT BILLED \$21477.32
DUE DATE 01-01-98	AMOUNT ENCLOSED
PHONE NO. ON FILE (606) 234 7153	NEW PHONE NO.

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

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LOUISVILLE, KY 40233-7940

121.90	-	00 - 2194
377.87	-	01 - 6131
268.15	-	<u>01</u> - <u>6122</u>
865.43	-	02 - 6131
5,509.49	-	03 - 6131
5,704.52	-	04 - 6131
2,632.86	-	05 - 6131
2,279.38	-	06 - 6131
<hr/>		
17,759.60		

(not:
Culbunon
mermin)

General Fund

2,047.79	-	07 - 6131
1,292.05	-	08 - 6131
<hr/>		
3,339.84		

Water Fund

62/



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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	1
10	20703	
BILL CONTROL NO.		GROUP NO.
0410115-7		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H E A L T H	D I S A B I L I T Y	O T H E R							
DEPT. 01 - AFFAIRS											
HICKS CLYDE	407 64 8203-6	07		002	255.97	.00	.00	255.97			
LAIR JOHN	403 86 1091-1	11		002	390.05	.00	.00	390.05			
DEPT. 01 TOTAL	2				646.02	.00	.00	646.02			
COBRA											
Hill, Gene. N. 402-66-2230											
121.90											

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PAYS FROM	PAYS TO
03-01-98	04-01-98
DATE BILLED	AMOUNT BILLED
02-10-98	\$21355.41
DUE DATE	AMOUNT ENCLOSED
03-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

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PAGE NO. 2

GROUP NO. 188930-400-3

BILL CYCLE 10

BILL CLERK 20703

BILL CONTROL NO. 0410115-7

INSURED NAME	ID NUMBER	3. COVERAGES			5. BILL FROM DATE	6. HEALTH AMOUNT BILLED	7. OTHER AMOUNT BILLED	8. OTHER AMOUNT BILLED	9. TOTAL AMOUNT BILLED	10. UNPAID CODE	11. LAST KNOWN ADDRESS
		HEALTH	DROUG	OTHER							
DEPT. 02 ADMINISTRATION											
BROOKS KATHY M	404 60 0219-6	07			255.97	.00	.00	255.97			
BURNS VIRGIE S	402 70 3156-5	10			390.05	.00	.00	390.05			
MCILVAIN CHARLEEN H	402 74 2718-0	08			219.41	.00	.00	219.41			
DEPT. 02 TOTAL	3				865.43	.00	.00	865.43			

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PAYS FROM	PAYS TO	DATE BILLED	AMOUNT BILLED
03-01-98	04-01-98	02-10-98	\$21355.41
		DUE DATE	AMOUNT ENCLOSED
		03-01-98	
PHONE NO. ON FILE		NEW PHONE NO.	
(606) 234 7153			

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CLERK	BILL CONTROL NO.	3
10	20703	
GROUP NO.		188930-400-3
		0410115-7

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		1 HEALTH	2 DRUG	3 OTHER							
DEPT. 03 - POLICE											
COPPAGE MICHAEL L	405 02 0910-8	11			03-01	390.05	.00	.00	390.05		
COY MELVIN D	402 74 5004-4	07			03-01	255.97	.00	.00	255.97		
FRYMAN JOHN M	404 64 9384-3	10			03-01	390.05	.00	.00	390.05		
GROSS WILBUR W	402 19 6499-3	11			03-01	390.05	.00	.00	390.05		
HASSALL BRIAN C	400 80 0028-1	07			03-01	255.97	.00	.00	255.97		
JOHNSON RAYMOND D	155 54 0521-8	11			03-01	390.05	.00	.00	390.05		
MCGUFFIN DAVID A	404 64 6177-8	11			03-01	390.05	.00	.00	390.05		
MORRIS FRED T	407 86 8672-2	09			03-01	219.41	.00	.00	219.41		
HUNTZ STEPHEN W	402 02 5495-3	11			03-01	390.05	.00	.00	390.05		
OLIN THEODORE	516 48 9050-1	10			03-01	390.05	.00	.00	390.05		
PARROTT DANIEL E	404 04 7819-9	10			03-01	390.05	.00	.00	390.05		
RILEY JR JOHNNIE M	400 15 3821-5	11			03-01	390.05	.00	.00	390.05		
SLADE MARLA J	402 70 7474-8	07			03-01	255.97	.00	.00	255.97		
TAPP WALTER L	402 84 9842-7	10			03-01	390.05	.00	.00	390.05		
WALKER JEREMY S	406 21 1811-0	06			03-01	121.90	.00	.00	121.90		
WELLS BRIAN T	403 78 0787-4	06			03-01	121.90	.00	.00	121.90		
WHITAKER W G	407 54 4449-2	07			03-01	255.97	.00	.00	255.97		
WHITLOCK HAROLD O	400 58 4890-7	06			03-01	121.90	.00	.00	121.90		
DEPT. 03 TOTAL	18					5509.49	.00	.00	5509.49		

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PAYS FROM	PAYS TO
03-01-98	04-01-98
DATE BILLED	AMOUNT BILLED
02-10-98	\$21355.41
DUE DATE	AMOUNT ENCLOSED
03-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
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GROUP BILLING STATEMENT

OFFICE USE ONLY

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	PAGE NO.
10	20703	0410115-7	4
GROUP NO.			188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H	D	Q							
DEPT. 04 - FIRE											
ASBURY STEVEN E	403 35 1247-7	11			03-01	390.05	.00	.00	390.05		
BURDEN RONNIE D	404 62 4302-2	06			03-01	121.90	.00	.00	121.90		
CARSON CHARLES A	401 11 3397-9	11			03-01	390.05	.00	.00	390.05		
DAVIS RICHARD R	400 86 0164-7	11			03-01	390.05	.00	.00	390.05		
GIBSON WILLIAM M	403 82 3523-5	11			03-01	390.05	.00	.00	390.05		
HAWKINS DARRIN K	407 23 8988-5	06			03-01	121.90	.00	.00	121.90		
KEARNS GARY F	403 82 3320-1	11			03-01	390.05	.00	.00	390.05		
KNIGHT GREGORY T	407 94 8190-8	09			03-01	219.41	.00	.00	219.41		
LYONS ROBERT T	406 25 1447-6	08			03-01	219.41	.00	.00	219.41		
MARINO FREDERICK S	104 34 2893-1	07			03-01	255.97	.00	.00	255.97		
MARTIN JAMES H	404 70 8919-8	11			03-01	390.05	.00	.00	390.05		
POWERS DAVID R	407 64 4602-3	11			03-01	390.05	.00	.00	390.05		
SANDERS JAMES W	403 98 3890-1	10			03-01	390.05	.00	.00	390.05		
SCHWARTZ RICHARD J	407 74 9251-4	10			03-01	390.05	.00	.00	390.05		
SLADE JOHN C	403 80 2479-0	11			03-01	390.05	.00	.00	390.05		
SOSBE MICHAEL T	404 84 2811-9	07			03-01	255.97	.00	.00	255.97		
STINSON TERRY M	286 52 0380-8	09			03-01	219.41	.00	.00	219.41		
TAYLOR BILLY J	407 64 8313-7	11			03-01	390.05	.00	.00	390.05		
DEPT. 04 TOTAL	18					5704.52	.00	.00	5704.52		

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PAYS FROM	PAYS TO	DATE BILLED	AMOUNT BILLED
03-01-98	04-01-98	02-10-98	\$21355.41
		DUE DATE	AMOUNT ENCLOSED
		03-01-98	
PHONE NO. ON FILE		NEW PHONE NO.	
(606) 234 7153			

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	5
10	20703	
BILL CONTROL NO.		GROUP NO.
0410115-7		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	ACCIDENT	SICKLEAVE							
DEPT. 05 - WORKS											
BROOKS DOUGLAS R	405 94 8006-9	11			03-01	390.05	.00	.00	390.05		
CONNER LEROY W	405 82 9374-1	07			03-01	255.97	.00	.00	255.97		
HUTCHISON RANDY L	402 84 3762-6	09			03-01	219.41	.00	.00	219.41		
NICKERSON LAWRENCE E	403 94 7592-1	11			03-01	390.05	.00	.00	390.05		
PUCKETT JOHN M	404 11 0541-7	09			03-01	219.41	.00	.00	219.41		
PURCELL DONALD W	406 88 7425-2	07			03-01	255.97	.00	.00	255.97		
SAMS JOSEPH L	404 94 9218-0	06			03-01	121.90	.00	.00	121.90		
WILLIAMS LARRY R	400 86 2329-7	11			03-01	390.05	.00	.00	390.05		
WILLIAMS JR MARVIN G	406 13 2146-5	11			03-01	390.05	.00	.00	390.05		
DEPT. 05 TOTAL						2632.86	.00	.00	2632.86		

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BCBS 2560 R, 3/98

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
03-01-98	04-01-98
DATE BILLED	AMOUNT BILLED
02-10-98	\$21355.41
DUE DATE	AMOUNT ENCLOSED
03-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	6
10	20703	
BILL CONTROL NO.		GROUP NO.
0410115-7		188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				HEALTH	DENTAL	OTHER							
				HEALTH	DENTAL	OTHER	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
	DEPT. 06 - PROPERTY												
	DUFF MIKE		405 64 7731-7	11			03-01	390.05	.00	.00	390.05		
	KEARNS JOE		401 46 5897-3	07			03-01	255.97	.00	.00	255.97		
	KEARNS TONY		406 06 6093-5	11			03-01	390.05	.00	.00	390.05		
	MORALES VELEZ JUAN		242 53 4504-1	08			03-01	219.41	.00	.00	219.41		
	SAYLOR JOHN		405 58 8930-7	10			03-01	390.05	.00	.00	390.05		
	SHOPE JEFF		293 68 7648-3	11			03-01	390.05	.00	.00	390.05		
	SLADE JASON		402 37 8696-0	06			03-01	121.90	.00	.00	121.90		
	SOSBE LARRY		406 66 0158-3	06			03-01	121.90	.00	.00	121.90		
	DEPT. 06 TOTAL		6					2279.38	.00	.00	2279.38		

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BCBS 2560 R. 3/98

Make check payable to:
Anthem Blue Cross and Blue Shield

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606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
03-01-98	04-01-98
DATE BILLED	AMOUNT BILLED
02-10-98	\$21355.41
DUE DATE	AMOUNT ENCLOSED
03-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
 PO BOX 67
 CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
 PO BOX 37940
 LOUISVILLE, KY 40233-7940



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GROUP BILLING STATEMENT

PAGE NO. 7

OFFICE USE ONLY	
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 0410115-7	GROUP NO. 188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		1 HEALTH	2 D R U G	3 O T H E R							
DEPT. 07 - WATER											
CLARK DAVID P	406 88 4547-1	06			03-01	121.90	.00	.00	121.90		
FULLER EUGENE W	406 98 0201-5	11			03-01	390.05	.00	.00	390.05		
GILLIAM CLYDE P	314 38 2389-0	07			03-01	255.97	.00	.00	255.97		
HUBBARDJR WILLIAM H	407 98 7919-4	06			03-01	121.90	.00	.00	121.90		
MOSES DONALD L	400 50 7641-8	07			03-01	255.97	.00	.00	255.97		
NORTH ROGER D	403 78 2461-5	11			03-01	390.05	.00	.00	390.05		
POYNTER JAMES M	401 64 3042-4	06			03-01	121.90	.00	.00	121.90		
SLADE RONNIE E	406 80 5308-2	11			03-01	390.05	.00	.00	390.05		
DEPT. 07 TOTAL						2047.79	.00	.00	2047.79		

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PAYS FROM	PAYS TO
03-01-98	04-01-98
DATE BILLED	AMOUNT BILLED
02-10-98	\$21355.41
DUE DATE	AMOUNT ENCLOSED
03-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 8

OFFICE USE ONLY

BILL CLERK 20703

BILL CONTROL NO. 0410115-7

BILL CYCLE 10

GROUP NO. 188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			4	5	6	7	8	9	10	11
		H	D	O								
DEPT. 08 - WASTE WATER												
MCCARTER KENNETH M	465 45 5232-1	10		002	03-01	390.05	.00	.00	.00	390.05		
MCKEE RONNIE B	405 82 7611-6	06		002	03-01	121.90	.00	.00	.00	121.90		
MURPHY OMER I	406 88 6778-4	11		002	03-01	390.05	.00	.00	.00	390.05		
OVERMAN RICHARD W	404 66 0421-4	10		002	03-01	390.05	.00	.00	.00	390.05		
ZUMHALT ROBERT A	406-56-2061-1	07		002	03-01	255.97	.00	.00	.00	255.97		
DEPT. 08 TOTAL	5					1548.02	.00	.00	.00	1548.02		
										1,292.05		

Left emp 2/14/98

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PAYS FROM	03-01-98	PAYS TO	04-01-98
DATE BILLED	02-10-98	AMOUNT BILLED	\$21355.41
DUE DATE	03-01-98	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	9
10	20703	
BILL CONTROL NO.		GROUP NO.
0410115-7		188930-400-3

INSURED NAME	ID NUMBER	3. COVERAGES			5. BILL FROM DATE	6. HEALTH AMOUNT BILLED	7. OTHER AMOUNT BILLED	8. OTHER AMOUNT BILLED	9. TOTAL AMOUNT BILLED	10. UNPAID CODE	11. LAST KNOWN ADDRESS
		HEALTH	DROUG	OTHER							
DEPT. 09 - RECREATION COPES KENNY T	407 08 4046-2	06			03-01	121.90	.00	.00	121.90		
DEPT. 09 TOTAL	1					121.90	.00	.00	121.90		
TOTAL	72					21355.41	.00	.00	21355.41		
***** S U M M A R Y *****											
PKG COVERAGE	CONTRACT TYPE					COUNT	MONTHLY RATE		CURRENT BILLED	ARRARS BILLED	TOTAL BILLED
002 OPTION 2000 HEALTH	006 (EMPLOYEE)					13	121.90		1584.70	.00	1584.70
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SPQUSB)					14	255.97		3583.58	.00	3583.58
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)					3	219.41		658.23	.00	658.23
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)					5	219.41		1097.05	.00	1097.05
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SPQUSB/DEPENDENT)					10	390.05		3900.50	.00	3900.50
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SPQUSB/DEPENDENTS)					27	390.05		10531.35	.00	10531.35
								TOTAL	21355.41	.00	21355.41

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188930400 030198 021098 00000000 00000000 000213554106

PAYS FROM	PAYS TO
03-01-98	04-01-98
DATE BILLED	AMOUNT BILLED
02-10-98	\$21355.41
DUE DATE	AMOUNT ENCLOSED
03-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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LOUISVILLE, KY 40233-7940

121.90	-	00	-	2194
377.87	-	01	-	6131
268.15	-	01	-	6122
865.43	-	02	-	6131
5,509.49	-	03	-	6131
5,704.52	-	04	-	6131
2,888.83	-	05	-	6131
2,279.38	-	06	-	6131
<hr/>				
18,015.57				

General Fund

2,047.79	-	07	-	6131
1,548.02	-	08	-	6131
<hr/>				
3,595.81				

62

Water Fund



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GROUP BILLING STATEMENT

PAGE NO. 1

OFFICE USE ONLY

GROUP NO. 188930-400-3

BILL CYCLE 10

BILL CLERK 20703

BILL CONTROL NO. 0120047-0

INSURED NAME	ID NUMBER	3. COVERAGES			BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		U A L I	D R U G	O T H E R							
DEPT. 01 - AFFAIRS	407 64 8203-6	07		002	02-01	255.97	.00	.00	255.97		
HICKS CLYDE	403 86 1091-1	11		002	02-01	390.05	.00	.00	390.05		
LAIR JOHN											
DEPT. 01 TOTAL	2					646.02	.00	.00	646.02		

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PAYS FROM	02-01-98	PAYS TO	03-01-98
DATE BILLED	01-12-98	AMOUNT BILLED	\$22367.13
DUE DATE	02-01-98	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

CITY OF CYNTHIANA
PO BOX 67
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	2
10	20703	
BILL CONTROL NO.		GROUP NO.
0120047-0		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		1 HEALTH	2 D R U C	3 O T H E R							
DEPT. 02 - ADMINISTRATION											
BROOKS BRIAN A	404 13 5755-9	06			01-01	243.80	.00	.00	243.80		
COBRA 123199									121.98		
BROOKS KATHY M	404 60 0219-6	07			02-01	255.97	.00	.00	255.97		
BURNS VIRGIE S	402 70 3156-5	10			02-01	390.05	.00	.00	390.05		
MCILVAIN CHARLEEN M	402 74 2718-0	08			02-01	219.41	.00	.00	219.41		
DEPT. 02 TOTAL	4					1109.23	.00	.00	1109.23		
									987.33		

No longer needs COBRA effective 2/1/98

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PAYS FROM	PAYS TO
02-01-98	03-01-98
DATE BILLED	AMOUNT BILLED
01-12-98	\$22367.13
DUE DATE	AMOUNT ENCLOSED
02-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
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GROUP BILLING STATEMENT

PAGE NO. 3

OFFICE USE ONLY	
BILL CYCLE	BILL CLERK
1.0	20703
BILL CONTROL NO. 0120047-0	
GROUP NO. 188930-400-3	

1	INSURED NAME	2	ID NUMBER	3. COVERAGES			5	6	7	8	9	10	11
				HEALTH	DROUG	OTHER							
DEPT. 03 - POLICE													
COPPAGE	MICHAEL L	405	02 0910-8	11			002	02-01	390.05	.00	.00	390.05	
COY	MELVIN D	402	74 5004-6	07			002	02-01	255.97	.00	.00	255.97	
FRYMAN	JOHN M	404	64 9384-3	10			002	02-01	390.05	.00	.00	390.05	
GROSS	WILBUR W	402	19 6499-3	11			002	02-01	390.05	.00	.00	390.05	
HASSALL	BRIAN C	400	80 0028-1	07			002	02-01	255.97	.00	.00	255.97	
JOHNSON	RAYMOND D	155	54 0521-8	11			002	02-01	390.05	.00	.00	390.05	
MCGUFFIN	DAVID A	404	64 6177-8	11			002	02-01	390.05	.00	.00	390.05	
MORRIS	FRED T	407	86 8672-2	09			002	02-01	219.41	.00	.00	219.41	
HUNTZ	STEPHEN W	402	02 5495-3	11			002	02-01	390.05	.00	.00	390.05	
OLIN	THEODORE	516	48 9050-1	10			002	02-01	390.05	.00	.00	390.05	
PARROTT	DANIEL E	404	04 7819-9	10			002	02-01	390.05	.00	.00	390.05	
RILEY JR	JOHNNIE M	400	15 3821-5	11			002	02-01	390.05	.00	.00	390.05	
SLADE	MARLA J	402	70 7474-8	07			002	02-01	255.97	.00	.00	255.97	
TAPP	WALTER L	402	84 9842-7	10			002	02-01	390.05	.00	.00	390.05	
WALKER	JEREMY S	406	21 1811-0	06			002	02-01	121.90	.00	.00	121.90	
WELLS	BRIAN T	403	78 0787-4	06			002	02-01	121.90	.00	.00	121.90	
WHTAKER	W G	407	54 4449-2	07			002	02-01	255.97	.00	.00	255.97	
WHTLOCK	HAROLD O	400	58 4890-7	06			002	02-01	121.90	.00	.00	121.90	
DEPT. 03 TOTAL			18						5509.49	.00	.00	5509.49	

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PAYS FROM	PAYS TO
02-01-98	03-01-98
DATE BILLED	AMOUNT BILLED
01-12-98	\$22367.13
DUE DATE	AMOUNT ENCLOSED
02-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
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LOUISVILLE, KY 40233-7940



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GROUP BILLING STATEMENT

PAGE NO. 4
GROUP NO. 188930-400-3

OFFICE USE ONLY
BILL CONTROL NO. 0120047-0
BILL CLERK 20703

1	INSURED NAME	2	ID NUMBER	3. COVERAGES			5	6	7	8	9	10	11
				H	A	J							
				HEALTH	ACCIDENT	DISABILITY	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 04	- FIRE												
ASBURY	STEVEN E	403 35	1247-7	11			02-01	390.05	.00	.00	390.05		
BURDEN	RONNIE D	404 62	4302-2	06			02-01	121.90	.00	.00	121.90		
CARSON	CHARLES A	401 11	3397-9	11			02-01	390.05	.00	.00	390.05		
DAVIS	RICHARD R	400 86	0164-7	11			02-01	390.05	.00	.00	390.05		
GIBSON	WILLIAM M	403 82	3523-5	11			02-01	390.05	.00	.00	390.05		
HAWKINS	DARRIN K	407 23	8988-5	06			02-01	121.90	.00	.00	121.90		
KEARNS	GARY F	403 82	3320-1	11			02-01	390.05	.00	.00	390.05		
KNIGHT	GREGORY T	407 94	8190-8	09			02-01	219.41	.00	.00	219.41		
LYONS	ROBERT T	406 25	1447-6	08			02-01	219.41	.00	.00	219.41		
MARINO	FREDERICK S	104 34	2893-1	07			02-01	255.97	.00	.00	255.97		
MARTIN	JAMES H	404 70	8919-8	11			02-01	390.05	.00	.00	390.05		
POWERS	DAVID R	407 64	4602-3	11			02-01	390.05	.00	.00	390.05		
SANDERS	JAMES W	403 98	3890-1	10			02-01	390.05	.00	.00	390.05		
SCHWARTZ	RICHARD J	407 74	9251-4	10			02-01	390.05	.00	.00	390.05		
SLADE	JOHN C	403 80	2479-0	11			02-01	390.05	.00	.00	390.05		
SOSBE	MICHAEL T	404 84	2811-9	07			02-01	255.97	.00	.00	255.97		
STINSON	TERRY M	286 52	0380-8	09			02-01	219.41	.00	.00	219.41		
TAYLOR	BILLY J	407 64	8313-7	11			02-01	390.05	.00	.00	390.05		
DEPT. 04	TOTAL		16					5704.52	.00	.00	5704.52		

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PAYS FROM 02-01-98 PAYS TO 03-01-98

DATE BILLED	AMOUNT BILLED
01-12-98	\$22367.13
DUE DATE	AMOUNT ENCLOSED
02-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
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CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	PAGE NO.
10	20703	0120047-0	5
GROUP NO.			188930-400-3

1	2	3 COVERAGES			4	5	6	7	8	9	10	11
		HEALTH	DURUG	OTHER								
INSURED NAME	ID NUMBER	HEALTH	DURUG	OTHER	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT .05 - WORKS												
BROOKS DOUGLAS R	405 94 8006-9	11			002	02-01	390.05	.00	.00	390.05		
CONNER LEROY W	405 82 9374-1	07			002	02-01	255.97	.00	.00	255.97		
HUTCHISON RANDY L	402 84 3762-6	09			002	02-01	219.41	.00	.00	219.41		
NICKERSON LAWRENCE E	403 94 7592-1	10			002	02-01	390.05	.00	.00	390.05		
POE WILLIAM L	402-19-3683-2	11			002	02-01	390.05	.00	.00	390.05		
PUCKETT JOHN M	404 11 0561-7	08			002	02-01	219.41	.00	.00	219.41		
PURCELL DONALD W	406 88 7425-2	07			002	01-01	511.94	.00	.00	511.94		
SAMS JOSEPH L	404 94 9218-0	06			002	02-01	121.90	.00	.00	121.90		
WILLIAMS LARRY R	400 86 2324-7	11			002	02-01	390.05	.00	.00	390.05		
WILLIAMS JR MARVIN G	406 13 2146-5	11			002	02-01	390.05	.00	.00	390.05		
DEPT .05 TOTAL	10						3278.88	.00	.00	3278.88		
										2,888.83		

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PAYS FROM	PAYS TO
02-01-98	03-01-98

DATE BILLED	AMOUNT BILLED
01-12-98	\$22367.13
DUE DATE	AMOUNT ENCLOSED
02-01-98	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

BCBS 2560 R. 3/98



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GROUP BILLING STATEMENT

OFFICE USE ONLY

PAGE NO. **6**
GROUP NO. **188930-400-3**

BILL CYCLE **10** BILL CLERK **20703** BILL CONTROL NO. **0120047-0**

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11
				HEALTH	DENTAL	OTHER							
	DEPT. 06 - PROPERTY												
	DUFF MIKE		405 64 7731-7	11		002	02-01	390.05	.00	.00	390.05		
	KEARNS JOE		401 46 5897-3	07		002	02-01	255.97	.00	.00	255.97		
	KEARNS TONY		406 06 6093-5	11		002	02-01	390.05	.00	.00	390.05		
	MORALES VELEZ JUAN		242 53 4504-1	08		002	02-01	219.41	.00	.00	219.41		
	SAYLOR JOHN		405 58 8930-7	10		002	02-01	390.05	.00	.00	390.05		
	SHOPE JEFF		293 68 7648-3	11		002	02-01	390.05	.00	.00	390.05		
	SLADE JASON		402 37 8696-0	06		002	02-01	121.90	.00	.00	121.90		
	SOSBE LARRY		406 66 0158-3	06		002	02-01	121.90	.00	.00	121.90		
	DEPT. 06 TOTAL		8					2279.38	.00	.00	2279.38		

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BCBS 2560R, 3/96

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PAYS FROM	02-01-98	PAYS TO	03-01-98
DATE BILLED	01-12-98	AMOUNT BILLED	\$22367.13
DUE DATE	02-01-98	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP BILLING STATEMENT

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PAGE NO. 7

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	0120047-0	188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			5	6	7	8	9	10	11	
				H	D	C								HEALTH AMOUNT BILLED
				HEALTH	DISC	UMER	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
DEPT. 07	WATER													
	CLARK DAVID P		406 88 4547-1	06			002	02-01	121.90	.00	.00	121.90		
	FULLER EUGENE W		406 98 0201-5	11			002	02-01	390.05	.00	.00	390.05		
	GILLIAM CLYDE P		314 38 2389-0	07			002	02-01	255.97	.00	.00	255.97		
	HUBBARDJR WILLIAM H		407 98 7919-4	06			002	02-01	121.90	.00	.00	121.90		
	MOSES DONALD L		400 50 7641-8	07			002	02-01	255.97	.00	.00	255.97		
	NORTH ROGER D		403 78 2461-5	11			002	02-01	390.05	.00	.00	390.05		
	POYNTER JAMES M		401 64 3042-4	06			002	02-01	121.90	.00	.00	121.90		
	SLADE RONNIE E		406 80 5308-2	11			002	02-01	390.05	.00	.00	390.05		
DEPT. 07	TOTAL								2047.79	.00	.00	2047.79		

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BCBS 2560 R. 3/86

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PAYS FROM	PAYS TO	DATE BILLED	AMOUNT BILLED
02-01-98	03-01-98	01-12-98	\$22367.13
		DUE DATE	AMOUNT ENCLOSED
		02-01-98	
PHONE NO. ON FILE		NEW PHONE NO.	
(606) 234 7153			

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

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GROUP BILLING STATEMENT

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PAGE NO. 9



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OFFICE USE ONLY	
BILL CYCLE 10	BILL CONTROL NO 0120047-0
BILL CLERK 20703	GROUP NO. 188930-400-3

1 INSURED NAME	2 ID NUMBER	3. COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H E A L T H	D R U G	O T H E R							
DEPT. 09 - RECREATION KOPES KENNY T	407 08 4046-2	06		002	02-01	121.90	.00	.00	121.90		
DEPT. 09 TOTAL	1					121.90	.00	.00	121.90		
TOTAL	75					22367.13	.00	.00	22367.13		
***** S U M M A R Y *****											
PKG COVERAGE	CONTRACT TYPE	COUNT	MONTHLY RATE	CURRENT BILLED	ARREARS BILLED	TOTAL BILLED					
002 OPTION 2000 HEALTH	006 (EMPLOYEE)	15	121.90	1828.50	121.90	1950.40					
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SPOUSE)	14	255.97	3583.58	255.97	3839.55					
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)	4	219.41	877.64	.00	877.64					
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)	4	219.41	877.64	.00	877.64					
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SPOUSE/DEPENDENT)	11	390.05	4290.55	.00	4290.55					
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SPOUSE/DEPENDENTS)	27	390.05	10531.35	.00	10531.35					
TOTAL	TOTAL			21989.26	377.87	22367.13					

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188930400 020198 011298 000000000 000000000 000223671304

PAYS FROM	PAYS TO
02-01-98	03-01-98
DATE BILLED	AMOUNT BILLED
01-12-98	\$22367.13
DUE DATE	AMOUNT ENCLOSED
02-01-98	21,733.28
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

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121.90 - 00 - 2194
377.87 - 01 - 6131
268.15 - 01 - 6122
865.43 - 02 - 6131
6,326.18 - 03 - 6131
5,704.52 - 04 - 6131
2,803.50 - 05 - 6131
2,279.38 - 06 - 6131

18,746.93

*(prorated portion
for March
calculation)*

General Fund

2,047.79 - 07 - 6131
1,292.05 - 08 - 6131

3,339.84

62



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GROUP BILLING STATEMENT

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	PAGE NO.
10	20703	0690143-1	1
			GROUP NO.
			188930-400-3

INSURED NAME	ID NUMBER	3. COVERAGES			5	6	7	8	9	10	11	LAST KNOWN ADDRESS
		HEALTH	DRUG	OTHER								
DEPT. 01 - AFFAIRS												
HICKS CLYDE	407 64 8203-6	07		002	04-01	255.97	.00	.00	255.97			
LAIR JOHN	403 86 1091-1	11		002	04-01	390.05	.00	.00	390.05			
DEPT. 01 TOTAL	2					646.02	.00	.00	646.02			

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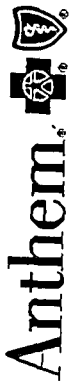
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PAYS FROM	PAYS TO	DATE BILLED	AMOUNT BILLED
04-01-98	05-01-98	03-10-98	\$22969.23
		DUE DATE	AMOUNT ENCLOSED
		04-01-98	
PHONE NO. ON FILE		NEW PHONE NO.	
(606) 234 7153			

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.	2
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	0690143-1	18930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H A L H	D R U G	O T H E R							
DEPT. 02 - ADMINISTRATION											
BROOKS KATHY M	404 60 0219-6	07			255.97	.00	.00	255.97			
BURNS VIRGIE S	402 70 3156-5	10			390.05	.00	.00	390.05			
MCILVAIN CHARLEEN H	402 74 2718-0	08			219.41	.00	.00	219.41			
DEPT. 02 TOTAL	3				865.43	.00	.00	865.43			

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PAYS FROM	PAYS TO	DATE BILLED	AMOUNT BILLED
04-01-98	05-01-98	03-10-98	\$22969.23
		DUE DATE	AMOUNT ENCLOSED
		04-01-98	
PHONE NO. ON FILE		NEW PHONE NO.	
(606) 234 7153			

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

PAGE NO. 3

OFFICE USE ONLY	
BILL CLERK	BILL CONTROL NO.
20703	0690143-1
BILL CYCLE	GROUP NO.
10	188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		V	D	O							
DEPT. 03 - POLICE											
COPPAGE MICHAEL L	405 02 0910-8	11			04-01	390.05	.00	.00	390.05		
COY MELVIN D	402 74 5004-4	07			04-01	255.97	.00	.00	255.97		
CULBERSON HEATH R	293 84 6736-0	06			03-01	243.80	.00	.00	243.80		
FRYMAN JOHN M	404 64 9584-3	10			04-01	390.05	.00	.00	390.05		
GROSS WILBUR W	402 19 6499-3	11			04-01	390.05	.00	.00	390.05		
HASSALL BRIAN C	400 80 0028-1	07			04-01	255.97	.00	.00	255.97		
JOHNSON RAYMOND D	155 54 0521-8	11			04-01	390.05	.00	.00	390.05		
HCGUFFIN DAVID A	404 64 6177-8	11			04-01	390.05	.00	.00	390.05		
HERRIMAN MARK A	401 15 9952-4	09			03-01	438.82	.00	.00	438.82		
MORRIS FRED T	407 86 8672-2	09			04-01	219.41	.00	.00	219.41		
HUNTZ STEPHEN W	402 02 5495-3	11			04-01	390.05	.00	.00	390.05		
OLIN THEODORE	516 48 9050-1	10			04-01	390.05	.00	.00	390.05		
PARROTT DANIEL E	404 04 7819-9	10			04-01	390.05	.00	.00	390.05		
RILEY JR JOHNNIE M	400 15 3821-5	11			04-01	390.05	.00	.00	390.05		
SLADE MARLA J	402 70 7474-8	07			04-01	255.97	.00	.00	255.97		
TAPP WALTER L	402 84 9842-7	10			04-01	390.05	.00	.00	390.05		
WALKER JEREMY S	406 21 1811-0	06			04-01	121.90	.00	.00	121.90		
WELLS BRIAN T	403 78 0787-4	06			04-01	121.90	.00	.00	121.90		
WHITAKER W G	407 54 4449-2	07			04-01	255.97	.00	.00	255.97		
WHITLOCK HAROLD O	400 58 4890-7	07			04-01	255.97	.00	.00	255.97		

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PAYS FROM	PAYS TO
04-01-98	05-01-98
DATE BILLED	AMOUNT BILLED
03-10-98	\$22969.23
DUE DATE	AMOUNT ENCLOSED
04-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
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8CBS 2560 R. 3/98



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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	5
10	20703	
BILL CONTROL NO.		GROUP NO.
0690143-1		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		HEALTH	ACCIDENT	SICKLEAVE							
DEPT. 04 - FIRE											
ASBURY STEVEN E	403 35 1247-7	11			04-01	390.05	.00	.00	390.05		
BURDEN RONNIE D	404 62 4302-2	06			04-01	121.90	.00	.00	121.90		
CARSON CHARLES A	401 11 3397-9	11			04-01	390.05	.00	.00	390.05		
DAVIS RICHARD R	400 86 0164-7	11			04-01	390.05	.00	.00	390.05		
GIBSON WILLIAM M	403 82 3523-5	11			04-01	390.05	.00	.00	390.05		
HAWKINS DARRIN K	407 23 8988-5	06			04-01	121.90	.00	.00	121.90		
KEARNS GARY F	403 82 3320-1	11			04-01	390.05	.00	.00	390.05		
KNIGHT GREGORY T	407 94 8190-8	09			04-01	219.41	.00	.00	219.41		
LYONS ROBERT T	406 25 1447-6	08			04-01	219.41	.00	.00	219.41		
MARINO FREDERICK S	104 34 2893-1	07			04-01	255.97	.00	.00	255.97		
MARTIN JAMES H	404 70 8919-8	11			04-01	390.05	.00	.00	390.05		
POWERS DAVID R	407 64 4602-3	11			04-01	390.05	.00	.00	390.05		
SANDERS JAMES W	403 98 3890-1	10			04-01	390.05	.00	.00	390.05		
SCHWARTZ RICHARD J	407 74 9251-4	10			04-01	390.05	.00	.00	390.05		
SLADE JOHN C	403 80 2479-0	11			04-01	390.05	.00	.00	390.05		
SOSBE MICHAEL T	404 84 2811-9	07			04-01	255.97	.00	.00	255.97		
STINSON TERRY M	286 52 0380-8	09			04-01	219.41	.00	.00	219.41		
TAYLOR BILLY J	407 64 8513-7	11			04-01	390.05	.00	.00	390.05		
DEPT. 04 TOTAL	18					5704.52	.00	.00	5704.52		

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PAYS FROM	PAYS TO
04-01-98	05-01-98
DATE BILLED	AMOUNT BILLED
03-10-98	\$22969.23
DUE DATE	AMOUNT ENCLOSED
04-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
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GROUP BILLING STATEMENT

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PAGE NO. 6

BILL CYCLE 10	BILL CLERK 20703	BILL CONTROL NO. 0690143-1	GROUP NO. 188930-400-3
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INSURED NAME	ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		1 HEALTH	2 OTHER	3 OTHER							
DEPT. 05 - WORKS											
BROOKS DOUGLAS R	405 94 8006-9	11			04-01	390.05	.00	.00	390.05		
CONNER LEROY W	405 82 9374-1	07			04-01	255.97	.00	.00	255.97		
HUTCHISON RANDY L	402 84 3762-6	11			04-01	390.05	.00	.00	390.05		
NICKERSON LAWRENCE E	403 94 7592-1	11			04-01	390.05	.00	.00	390.05		
PUCKETT JOHN M	404 11 0541-7	09			04-01	219.41	.00	.00	219.41		
PURCELL DONALD W	406 88 7425-2	07			04-01	255.97	.00	.00	255.97		
SAMS JOSEPH L	404 94 9218-0	06			04-01	121.90	.00	.00	121.90		
WILLIAMS LARRY R	400 86 2324-7	11			04-01	390.05	.00	.00	390.05		
WILLIAMSJR MARVIN G	406 13 2146-5	11			04-01	390.05	.00	.00	390.05		
DEPT. 05 TOTAL						2803.50	.00	.00	2803.50		

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PAYS FROM	PAYS TO
04-01-98	05-01-98
DATE BILLED	AMOUNT BILLED
03-10-98	\$22969.23
DUE DATE	AMOUNT ENCLOSED
04-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
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GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	7
10	20703	
BILL CONTROL NO.		GROUP NO.
0690143-1		188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES				BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		H E A L T H	D R U G	O T H E R	O T H E R						
DEPT. 06 - PROPERTY											
DUFF MIKE	405 64 7731-7	11			04-01	390.05	.00	390.05			
KEARNS JOE	401 46 5897-3	07			04-01	255.97	.00	255.97			
KEARNS TONY	406 06 6093-5	11			04-01	390.05	.00	390.05			
MORALES VELEZ JUAN	242 53 4504-1	08			04-01	219.41	.00	219.41			
SAYLOR JOHN	405 58 8930-7	10			04-01	390.05	.00	390.05			
SHOPE JEFF	293 68 7648-3	11			04-01	390.05	.00	390.05			
SLADE JASON	402 37 8696-0	06			04-01	121.90	.00	121.90			
SOSBE LARRY	406 66 0158-3	06			04-01	121.90	.00	121.90			
DEPT. 06 TOTAL	8					2279.38	.00	2279.38			

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PAYS FROM	PAYS TO
04-01-98	05-01-98
DATE BILLED	AMOUNT BILLED
03-10-98	\$22969.23
DUE DATE	AMOUNT ENCLOSED
04-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

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GROUP BILLING STATEMENT

PAGE NO. 8

GROUP NO. 188930-400-3

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BILL CLERK 20703

BILL CONTROL NO. 0690143-1

BILL CYCLE 10

INSURED NAME	ID NUMBER	3 COVERAGES			BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
		H	A	L							
DEPT. 07 - WATER											
CLARK DAVID P	406 88 4547-1	06			121.90	.00	.00	121.90			
FULLER EUGENE W	406 98 0201-5	11			390.05	.00	.00	390.05			
GILLIAM CLYDE P	314 38 2389-0	07			255.97	.00	.00	255.97			
HUBBARD JR WILLIAM H	407 98 7919-4	06			121.90	.00	.00	121.90			
MOSES DONALD L	400 50 7641-8	07			255.97	.00	.00	255.97			
NORTH ROGER D	403 78 2461-5	11			390.05	.00	.00	390.05			
POYNTER JAMES M	401 64 3042-4	06			121.90	.00	.00	121.90			
SLADE RONNIE E	406 80 5308-2	11			390.05	.00	.00	390.05			
DEPT. 07 TOTAL					2047.79	.00	.00	2047.79			

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606-225-8727 OR 800-624-0097

PAYS FROM	04-01-98	PAYS TO	05-01-98
DATE BILLED	03-10-98	AMOUNT BILLED	\$22969.23
DUE DATE	04-01-98	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

CITY OF CYNTHIANA
PO BOX 67
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GROUP BILLING STATEMENT

PAGE NO. 9
GROUP NO. 188930-400-3

OFFICE USE ONLY
BILL CLERK 20703
BILL CONTROL NO. 0690143-1
BILL CYCLE 10

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H E A L T H	D R U G	O T H E R							
DEPT. 06 - WASTE WATER HILL GENE N	402 66 2230-3	06		04-01	121.90	.00	.00	121.90			
COBRA 080199 MCCARTER KENNETH M	465 45 5232-1	10		04-01	390.05	.00	.00	390.05			
MCKEE RONNIE B	405 82 7611-6	06		04-01	121.90	.00	.00	121.90			
MURPHY OMER I	406 88 6778-4	11		04-01	390.05	.00	.00	390.05			
OVERMAN RICHARD W	404 66 0421-4	10		04-01	390.05	.00	.00	390.05			
DEPT. 06 TOTAL	5				1413.95	.00	.00	1413.95			
COBRA Zumwalt, Sandra	401 64 8264				121.90						

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Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:

606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
04-01-98	05-01-98
DATE BILLED	AMOUNT BILLED
03-10-98	\$22969.23
DUE DATE	AMOUNT ENCLOSED
04-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 10

BILL CYCLE	10	BILL CLERK	20703	OFFICE USE ONLY
BILL CONTROL NO.	0690143-1	GROUP NO.	188930-400-3	

1	2	3	COVERAGES				5	6	7	8	9	10	11
			HEALTH	DRUG	OTHER	OTHER							
INSURED NAME	ID NUMBER				BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS	
DEPT. 09 - RECREATION COPES KENNY T	407 08 4046-2	06			04-01	121.90	.00	.00	.00	121.90			
DEPT. 09 TOTAL	1					121.90	.00	.00	.00	121.90			
TOTAL	74					22208.67	.00	.00	.00	22208.67			

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BCBS 2560 R. 3/96

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606-225-8727 OR 800-624-0097

PAYS FROM	04-01-98	PAYS TO	05-01-98
DATE BILLED	03-10-98	AMOUNT BILLED	\$22969.23
DUE DATE	04-01-98	AMOUNT ENCLOSED	
PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940



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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 11

GROUP NO. 188930-400-3

OFFICE USE ONLY
 BILL CLERK: 20703
 BILL CONTROL NO.: 0690143-1

1 INSURED NAME	2 ID NUMBER	3 COVERAGES			5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 OTHER AMOUNT BILLED	9 TOTAL AMOUNT BILLED	10 UNPAID CODE	11 LAST KNOWN ADDRESS
		H A L H	D R U G	O T H E R							
***** S U M M A R Y *****											
PKG COVERAGE	CONTRACT TYPE				COUNT	MONTHLY RATE		CURRENT BILLED	ARREARS BILLED	TOTAL BILLED	
002 OPTION 2000 HEALTH	006 (EMPLOYEE)				14	121.90		1706.60	121.90	1828.50	
002 OPTION 2000 HEALTH	007 (EMPLOYEE/SPOUSE)				14	255.97		3583.58	.00	3583.58	
002 OPTION 2000 HEALTH	008 (EMPLOYEE/DEPENDENT)				3	219.41		658.23	.00	658.23	
002 OPTION 2000 HEALTH	009 (EMPLOYEE/DEPENDENTS)				5	219.41		1097.05	219.41	1316.46	
002 OPTION 2000 HEALTH	010 (EMPLOYEE/SPOUSE/DEPENDENT)				10	390.05		3900.50	.00	3900.50	
002 OPTION 2000 HEALTH	011 (EMPLOYEE/SPOUSE/DEPENDENTS)				28	390.05		10921.40	.00	10921.40	
	TOTAL							21867.36	341.31	22208.67	
								PLUS PREVIOUS SHORTAGE +		760.56	
								MINUS PREVIOUS OVERAGE -		.00	
								TOTAL AMOUNT BILLED		22969.23	

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BCBS 2580 R. 3/86

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188930400 040198 031098 00000000 00000000 000229692309

PAYS FROM	PAYS TO
04-01-98	05-01-98
DATE BILLED	AMOUNT BILLED
03-10-98	\$22969.23
DUE DATE	AMOUNT ENCLOSED
04-01-98	
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY			PAGE NO.
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	1
10	20703	1100070-8	
			GROUP NO.
			188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES			4	5	6	7	8	9	10	11
				H	D	O								
DEPT. 01	AFFAIRS													
HICKS	CLYDE	407 64 8203-6	07	002	05-01	255.97	.00	.00	255.97					
LAIR	JOHN	403 86 1091-1	11	002	05-01	390.05	.00	.00	390.05					
DEPT. 01	TOTAL		2			646.02	.00	.00	646.02					

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BCBS 2510 R 3196

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED	PAYS FROM	PAYS TO
04-20-98	\$23615.22	05-01-98	06-01-98
DUE DATE	AMOUNT ENCLOSED		
05-05-98	22,713.22		
PHONE NO. ON FILE	NEW PHONE NO.		
(606) 234 7153			



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 2

BILL CYCLE 10	BILL CLERK 20703	OFFICE USE ONLY BILL CONTROL NO. 1100070-8	GROUP NO. 1889350-400-3
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1	2	3 COVERAGES		4	5	6	7	8	9	10	11	
		H E L T H	O T H E R									PKG. NO.
DEPT. 02	ADMINISTRATION											
BROOKS	KATHY M	404 60 0219-6	07	002	05-01	255.97	.00	.00	255.97			
BURNS	VIRGIE S	402 70 3156-5	10	002	05-01	390.05	.00	.00	390.05			
MCILVAIN	CHARLEEN M	402 74 2718-0	08	002	05-01	219.41	.00	.00	219.41			
DEPT. 02	TOTAL		3			865.43	.00	.00	865.43			

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BCBS 2560 R 3/96

PAYS FROM	05-01-98	PAYS TO	06-01-98
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DATE BILLED	04-20-98	AMOUNT BILLED	\$23615.22
DUE DATE	05-05-98	AMOUNT ENCLOSED	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	
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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO.

3

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1100070-8	188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES				4	5	6	7	8	9	10	11
				H	A	D	O								
	DEPT. 03 - POLICE														
	COPAGE MICHAEL L		405 02 0910-8				002	05-01	390.05	.00	.00	390.05			
	COY MELVIN D		402 74 5004-4				002	05-01	255.97	.00	.00	255.97			
	CUIBERSON HEATH R		293 84 6736-0				002	05-01	121.90	.00	.00	121.90			
	FRYMAN JOHN M		404 64 9384-3				002	05-01	390.05	.00	.00	390.05			
	GROSS WILBUR W		402 19 6499-3				002	05-01	390.05	.00	.00	390.05			
	HASSALL BRIAN C		400 80 0028-1				002	05-01	255.97	.00	.00	255.97			
	JOHNSON RAYMOND D		155 54 0521-8				002	05-01	390.05	.00	.00	390.05			
	MCGUFFIN DAVID A		404 64 6177-8				002	05-01	390.05	.00	.00	390.05			
	MERRIMAN MARK A		401 15 9952-4				002	04-01	219.41CR	.00	.00	219.41CR			
	MORRIS FRED T		407 86 8672-2				002	05-01	219.41	.00	.00	219.41			
	HUNTZ STEPHEN W		402 02 5495-3				002	05-01	390.05	.00	.00	390.05			
	OLIN THEODORE		516 48 9050-1				002	05-01	390.05	.00	.00	390.05			
	PARROTT DANIEL E		404 04 7819-9				002	05-01	390.05	.00	.00	390.05			
	RILEY JR JOHNNIE M		400 15 3821-5				002	05-01	390.05	.00	.00	390.05			
	SLADE MARLA J		402 70 7474-2				002	05-01	255.97	.00	.00	255.97			
	TAPP WALTER L		402 84 9842-7				002	05-01	390.05	.00	.00	390.05			
	WALKER JEREMY S		406 21 1811-0				002	05-01	121.90	.00	.00	121.90			
	WELLS BRIAN T		403 78 0787-4				002	05-01	121.90	.00	.00	121.90			
	WHITAKER W G		407 54 4449-2				002	05-01	255.97	.00	.00	255.97			
	WHITLOCK HAROLD O		400 58 4890-7				002	05-01	255.97	.00	.00	255.97			

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PAYS FROM	PAYS TO
05-01-98	06-01-98

DATE BILLED	AMOUNT BILLED
04-20-98	\$23615.22
DUE DATE	AMOUNT ENCLOSED
05-05-98	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

BCBS 2560 R, 3/96



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 4

BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1100070-8	188930-400-3

1	2	3		4	5	6	7	8	9	10	11
		DEPT.	TOTAL								
		DEPT. 03	TOTAL	INSURED NAME	ID NUMBER	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
					20	6326.15	.00	.00	6326.15		
									5936.10		

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BCBS 2560 R. 3/96

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED	PAYS FROM	PAYS TO
04-20-98	\$23615.22	05-01-98	06-01-98
DUE DATE	AMOUNT ENCLOSED		
05-05-98			

PHONE NO. ON FILE (606) 234 7153
NEW PHONE NO.



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	5
10	20703	
BILL CONTROL NO.	BILL CONTROL NO.	GROUP NO.
1100070-8	1100070-8	1889330-400-3

1	2	3 COVERAGES				4	5	6	7	8	9	10	11
DEPT. 04	INSURED NAME	ID NUMBER	H E L T H	D I S C O V E R E D	P K G. N O.	BILL F R O M D A T E	HEALTH A M O U N T B I L L E D	OTHER A M O U N T B I L L E D	OTHER A M O U N T B I L L E D	TOTAL A M O U N T B I L L E D	UNPAID C O D E	LAST KNOWN ADDRESS	
ASBURY	STEVEN E	403 35 1247-7	11		002	05-01	390.05	.00	.00	390.05			
BURDEN	RONNIE D	404 62 4302-2	06		002	05-01	121.90	.00	.00	121.90			
CARSON	CHARLES A	401 11 3397-9	11		002	05-01	390.05	.00	.00	390.05			
DAVIS	RICHARD R	400 86 0164-7	11		002	05-01	390.05	.00	.00	390.05			
GIBSON	WILLIAM M	403 82 3523-5	11		002	05-01	390.05	.00	.00	390.05			
HAWKINS	DARRIN K	407 23 0988-5	06		002	05-01	121.90	.00	.00	121.90			
KEARNS	GARY F	403 82 3320-1	11		002	05-01	390.05	.00	.00	390.05			
KNIGHT	GREGORY T	407 94 0190-8	09		002	05-01	219.41	.00	.00	219.41			
LYONS	ROBERT T	406 25 1447-6	08		002	05-01	219.41	.00	.00	219.41			
MARINO	FREDERICK S	104 34 2893-1	07		002	05-01	255.97	.00	.00	255.97			
MARTIN	JAMES H	404 70 8919-8	11		002	05-01	390.05	.00	.00	390.05			
POWERS	DAVID R	407 64 4602-3	11		002	05-01	390.05	.00	.00	390.05			
SANDERS	JAMES W	403 98 3890-1	10		002	05-01	390.05	.00	.00	390.05			
SCHWARTZ	RICHARD J	407 74 9251-4	10		002	05-01	390.05	.00	.00	390.05			
SLADE	JOHN C	403 80 2479-0	11		002	05-01	390.05	.00	.00	390.05			
SOSBE	MICHAEL T	404 84 2811-9	07		002	05-01	255.97	.00	.00	255.97			
STINSON	TERRY M	286 52 0380-8	09		002	05-01	219.41	.00	.00	219.41			
TAYLOR	BILLY J	407 64 0313-7	11		002	05-01	390.05	.00	.00	390.05			
DEPT. 04	TOTAL	18					5704.52	.00	.00	5704.52			

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Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2500 R. 3/98

PAYS FROM	PAYS TO
05-01-98	06-01-98

DATE BILLED	AMOUNT BILLED
04-20-98	\$23615.22
DUE DATE	AMOUNT ENCLOSED
05-05-98	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



Registered nurse Blue Cross and Blue Shield Association

GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 6

BILL CYCLE	OFFICE USE ONLY	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10		20703	1100070-8	188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES				4	5	6	7	8	9	10	11
				H	O	P	O								
DEPT. 05	WORKS														
BROOKS	DOUGLAS R		405 94 8006-9					002	05-01	390.05	.00	.00	390.05		
CONNER	LEROY W		405 82 9374-1					002	05-01	255.97	.00	.00	255.97		
HITCHISON	RANDY L		402 84 3762-6					002	05-01	390.05	.00	.00	390.05		
NICKERSON	LAWRENCE E		403 94 7592-1					002	05-01	390.05	.00	.00	390.05		
PUCKETT	JOHN M		404 11 0541-7					002	05-01	219.41	.00	.00	219.41		
PURCELL	DONALD W		406 88 7425-2					002	05-01	255.97	.00	.00	255.97		
SAMS	JOSEPH L		404 94 9218-0					002	05-01	121.90	.00	.00	121.90		
WILLIAMS	LARRY R		400 86 2324-7					002	05-01	390.05	.00	.00	390.05		
WILLIAMSJR	MARVIN G		406 13 2146-5					002	05-01	390.05	.00	.00	390.05		
DEPT. 05	TOTAL		9							2803.50	.00	.00	2803.50		

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BCBS 2560 R 3/96

PAYS FROM	05-01-98	PAYS TO	06-01-98
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DATE BILLED	04-20-98	AMOUNT BILLED	\$23615.22
DUE DATE	05-05-98	AMOUNT ENCLOSED	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	(606) 234 7153	NEW PHONE NO.	
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GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 7

OFFICE USE ONLY	GROUP NO. 188930-400-3
BILL CYCLE 10	BILL CLERK 20703
BILL CONTROL NO. 1.100070-8	

1	INSURED NAME	2	ID NUMBER	3 COVERAGES				4	5	6	7	8	9	10	11
				H	A	D	O								
DEPT. 06	PROPERTY	0	405-64-7731-7	11				002	05-01	390.05	.00	.00	390.05		
DUE	MIKE														
KEARNS	JOE	E	401 46 5897-3	07				002	05-01	255.97	.00	.00	255.97		
KEARNS	TONY	T	406 06 6093-5	11				002	05-01	390.05	.00	.00	390.05		
HORLES VELEZ	JUAN	C	242 53 4504-1	08				002	05-01	219.41	.00	.00	219.41		
SAYLOR	JOHN	M	405 58 8930-7	10				002	05-01	390.05	.00	.00	390.05		
SHOBE	JEFF	T	293 68 7648-3	11				002	05-01	390.05	.00	.00	390.05		
SLADE	JASON	E	402 37 8696-0	06				002	05-01	121.90	.00	.00	121.90		
SOSBE	LARRY	B	406 66 0158-3	06				002	05-01	121.90	.00	.00	121.90		
DEPT. 06	TOTAL		8							2279.38	.00	.00	2279.38		

deceased 3/30/98

1,889.33

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BCBS 2560 R 3/95

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For assistance, call your Customer
Service Representative at:
606-225-8727 OR 800-624-0097

PAYS FROM	PAYS TO
05-01-98	06-01-98

DATE BILLED	AMOUNT BILLED
04-20-98	\$23615.22
DUE DATE	AMOUNT ENCLOSED
05-05-98	

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY			PAGE NO.
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	8
1.0	20703	1100070-8	
			GROUP NO.
			188930-400-3

1	INSURED NAME	2	ID NUMBER	3 COVERAGES		4	5	6	7	8	9	10	11
				H E L T H	D I S C O V E R Y								
DEPT. 07	WATER												
CLARK	DAVID P		406 88 4547-1	06		002	05-01	121.90	.00	.00	121.90		
FULLER	EUGENE Y		406 98 0201-5	11		002	05-01	390.05	.00	.00	390.05		
GILLIAM	CLYDE P		314 38 2389-0	07		002	05-01	255.97	.00	.00	255.97		
HUBBARDJR	WILLIAM H		407 98 7919-4	06		002	05-01	121.90	.00	.00	121.90		
MOSES	DONALD L		400 50 7641-8	07		002	05-01	255.97	.00	.00	255.97		
NORTH	ROGER D		403 78 2461-5	11		002	05-01	390.05	.00	.00	390.05		
POYNTER	JAMES M		401 64 3042-4	06		002	05-01	121.90	.00	.00	121.90		
SLADE	RONNIE E		406 80 5308-2	11		002	05-01	390.05	.00	.00	390.05		
DEPT. 07	TOTAL		8					2047.79	.00	.00	2047.79		

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BCBS 2560 R. 3/95

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PAYS FROM	PAYS TO
05-01-98	06-01-98
DATE BILLED	AMOUNT BILLED
04-20-98	\$23615.22
DUE DATE	AMOUNT ENCLOSED
05-05-98	

PHONE NO. ON FILE: (606) 234 7153
NEW PHONE NO.



® Registered marks Blue Cross and Blue Shield Association.

GROUP COPY

GROUP BILLING STATEMENT

OFFICE USE ONLY		PAGE NO.
BILL CYCLE	BILL CLERK	9
1.0	20703	
BILL CONTROL NO.	BILL CONTROL NO.	
1100070-8	1100070-8	
GROUP NO.	GROUP NO.	
188930-400-3	188930-400-3	

DEPT	INSURED NAME	ID NUMBER	COVERAGES	PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
CHIOATE	SHANNON E	311 82 7609-4	11	002	05-01	390.05	.00	.00	390.05		
MAURLUCK	STEVEN S	100 52 8510-3	07	002	05-01	255.97	.00	.00	255.97		
HILL	GENE N	402 66 2230-3	06	002	05-01	121.90	.00	.00	121.90		
COBRA 080199											
HCCARTER	KENNETH M	465 45 5232-1	10	002	05-01	390.05	.00	.00	390.05		
HCKEE	RONNIE B	405 82 7611-6	06	002	05-01	121.90	.00	.00	121.90		
MURPHY	OMER I	406 88 6778-4	11	002	05-01	390.05	.00	.00	390.05		
OVERMAN	RICHARD W	406 66 0621-4	10	002	05-01	390.05	.00	.00	390.05		
ZUMWALT	SANDRA S	407 64 8264-2	06	002	04-01	243.80	.00	.00	243.80		
COBRA 090199											
DEPT. 06	TOTAL	8				2303.77	.00	.00	2303.77		

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Independent licensees of the Blue Cross and Blue Shield Association.

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at: 606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

BCBS 2560 R. 3/96

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED
04-20-98	\$23615.22
DUE DATE	AMOUNT ENCLOSED
05-05-98	
PAYS FROM	PAYS TO
05-01-98	06-01-98
PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 10

OFFICE USE ONLY		
BILL CYCLE	BILL CLERK	BILL CONTROL NO.
10	20703	1100070-8
		GROUP NO.
		188930-400-3

DEPT.	INSURED NAME	ID NUMBER	3 COVERAGES			PKG. NO.	BILL FROM DATE	HEALTH AMOUNT BILLED	OTHER AMOUNT BILLED	OTHER AMOUNT BILLED	TOTAL AMOUNT BILLED	UNPAID CODE	LAST KNOWN ADDRESS
			H	R	O								
09	RECREATION	407 08 4046-2	06			002	05-01	121.90	.00	.00	121.90		
	KENNY T												
		1						121.90	.00	.00	121.90		
	TOTAL	77						23098.46	.00	.00	23098.46		

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Independent licensees of the Blue Cross and Blue Shield Association.

BCBS 2500 R, 3/98

Make check payable to:
Anthem Blue Cross and
Blue Shield

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at:
606-225-8727 OR 800-624-0097

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

DATE BILLED	AMOUNT BILLED	PAYS FROM	PAYS TO
04-20-98	\$23615.22	05-01-98	06-01-98
DUE DATE	AMOUNT ENCLOSED		
05-05-98			

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	



GROUP COPY

GROUP BILLING STATEMENT

PAGE NO. 11

OFFICE USE ONLY		GROUP NO.	
BILL CYCLE	BILL CLERK	BILL CONTROL NO.	GROUP NO.
10	20703	1100070-8	188930-400-3

INSURED NAME	ID NUMBER	3 COVERAGES			4 PKG. NO.	5 BILL FROM DATE	6 HEALTH AMOUNT BILLED	7 OTHER AMOUNT BILLED	8 MONTHLY RATE	9 OTHER AMOUNT BILLED	10 TOTAL AMOUNT BILLED	11 UNPAID CODE	LAST KNOWN ADDRESS
		HEALTH	DENTAL	OPTHEALTH									
***** S U M M A R Y *****													
002	006 (EMPLOYEE)						15	121.90	1628.50	121.90	1950.40		
002	007 (EMPLOYEE/SPOUSE)						15	255.97	3839.55	.00	3839.55		
002	008 (EMPLOYEE/DEPENDENT)						3	219.61	658.23	.00	658.23		
002	009 (EMPLOYEE/DEPENDENT)						4	219.61	877.64	219.41CR	658.23		
002	010 (EMPLOYEE/SPOUSE/DEPENDENT)						10	390.05	3900.50	.00	3900.50		
002	011 (EMPLOYEE/SPOUSE/DEPENDENT)						30	390.05	11701.50	390.05	12091.55		
	TOTAL								22805.92	292.54	23098.46		
									PLUS PREVIOUS SHORTAGE +		516.76		
									MINUS PREVIOUS OVERAGE -		.00		
									TOTAL AMOUNT BILLED		23615.22		

Anthem Health Plans, an affiliate of Anthem Blue Cross and Blue Shield, Independent licensees of the Blue Cross and Blue Shield Association.

BCBS 2560 R. 3/96

188930400 050598 042098 000000000 000000000 000236152201

Please see your Group Administrator's Manual for instructions and explanations. For assistance, call your Customer Service Representative at: 606-225-8727 OR 800-624-0097

Make check payable to:
Anthem Blue Cross and Blue Shield

PAYS FROM	PAYS TO
05-01-98	06-01-98

DATE BILLED	AMOUNT BILLED
04-20-98	\$23615.22
DUE DATE	AMOUNT ENCLOSED
05-05-98	22,713.22

CITY OF CYNTHIANA
PO BOX 67
CYNTHIANA, KY 41031

ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 37940
LOUISVILLE, KY 40233-7940

PHONE NO. ON FILE	NEW PHONE NO.
(606) 234 7153	

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

PROPOSED ADJUSTMENT OF THE)
WHOLESALE WATER SERVICE RATES OF) ADMINISTRATIVE
THE CITY OF CYNTHIANA, KENTUCKY) CASE NO. 99-300

RECEIVED
DEC 14 1999
PUBLIC SERVICE
COMMISSION

RESPONSE OF CITY OF CYNTHIANA
TO COMMISSION'S ORDER DATED NOVEMBER 29, 1999

VOLUME III

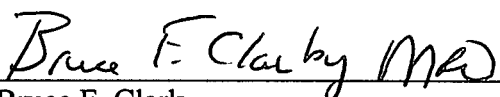
Bruce F. Clark
Michele M. Whittington
STITES & HARBISON
421 West Main Street
P.O. Box 634
Frankfort, KY 40602-0634
Telephone: (502) 223-3477
COUNSEL FOR CITY OF CYNTHIANA

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Supplemental Response was served by first class mail, postage prepaid, upon the following parties of record, this 13th day of December, 1999.

Dorothy Jo Mastin, Esq.
9 South Walnut Street
Cynthiana, KY 41031

William R. Toadvine, President
Harrison County Water Association, Inc.
P. O. Box 215
Cynthiana, KY 41031



Bruce F. Clark

RECEIVED
DEC 14 1999
SERVICE
COMMISSION

CITY OF CYNTHIANA

REQUEST:

- a. Refer to Cynthiana's Response to the Commission's Order of October 1, 1999, Item 5a, Sheet 24 of 43. It appears that the bond ordinance requires a minimum debt service coverage of 1.25 percent. Explain why a 1.20 percent debt service coverage was used in Cynthiana's cost-of-service study.
- b. Recalculate Cynthiana's cost of service using a 1.25 percent debt service in place of the requested 1.20 percent.

RESPONSE:

- a. Because of an error, the incorrect debt service coverage ratio was provided to Mr. Miller. The correct ratio is 125%.
- b. See Revised Exhibits 6 and 7 to the study, which immediately follow this response. In addition, upon further investigation it was discovered that the allocation of debt service costs was in error. The revised allocation factors, and their derivation are provided in the response to the following data request.

Witness: Carlos Miller

EXHIBIT 6

SUMMARY OF TEST PERIOD COSTS

	WATER PRODUCTION	TRANSMISSION & DISTRIBUTION	METERS & SERVICES	CUSTOMER ACCOUNTS	TOTALS
Operation & Maintenance	327,402 ⁽³⁾	100,116 ⁽³⁾	745 ⁽¹⁾	112,608 ⁽²⁾	\$540,871
Depreciation	201,831 ⁽³⁾	77,144 ⁽³⁾	1245 ⁽¹⁾	5,173 ⁽²⁾	285,393
Debt Service	439,177 ⁽⁴⁾	69,730 ⁽⁴⁾			508,907
Debt Service Coverage @ 25%	<u>109,794</u>	<u>17,433</u>	<u> </u>	<u> </u>	<u>127,227</u>
	1,078,204	264,423	1990	117,781	1,462,398
Less: Debt Service					508,907
Debt Service Coverage					127,227
Total Water Operating Expenses per Audit					<u>\$826,264</u>

(1) See Exhibit 5, Item 1

(2) See Exhibit 5, Item 2

(3) Costs for 1999 based on document provided by City and contained in Appendix A

(4) Per breakdown of 1992 Bond Issue provided by City:

	<u>%</u>	<u>Proportioned Debt Service</u>			
					3-yr. <u>Average</u>
		<u>1999</u>	<u>2000</u>	<u>2001</u>	
Water Production:	68.84	\$446,289	437,133	434,109	439,177
Trans. & Dist.:	10.93	70,859	69,406	68,925	69,730
Sewer:	<u>20.23</u>	<u>131,151</u>	<u>128,460</u>	<u>127,572</u>	<u>129,061</u>
Total Debt Service per Audit:	1.000	\$648,299	634,999	630,606	637,968

EXHIBIT 7**ALLOCATION OF PRODUCTION AND TRANSMISSION COSTS
AND
DETERMINATION OF WHOLESALE RATE**

I. <u>Test Period Costs</u>	<u>TOTAL COST</u>	<u>ALLOCATION FACTOR</u>	<u>COST ALLOCATED TO HCWA</u>
1.1 <u>Operating & Maintenance</u>			
Water Production	\$327,402	.4697 ⁽⁵⁾	153,781
Transmission & Distribution	100,116	.4404 ⁽⁵⁾	44,091
1.2 <u>Debt Service</u>			
Water Production	439,177	.4697	206,281
Transmission & Distribution	69,730	.4404	30,709
1.3 <u>Debt Service Coverage</u>			
Water Production	109,794	.4697	51,570
Transmission & Distribution	17,433	.4404	7,677
1.4 <u>Depreciation</u>			
Water Production	201,831	.4697	94,800
Transmission & Distribution	77,144	.4404	33,974
TOTAL TEST PERIOD COSTS	<u>\$1,342,627</u>		<u>\$622,883</u>
II. <u>Test Period Adjustments</u>			
2.1 <u>Cost of 1998 Drought</u>			
Water Production	\$26,283 ⁽¹⁾	.4697	12,345
2.2 <u>Rate Case Expense</u>	\$7,667 ⁽²⁾	1.0 ⁽²⁾	7,667
2.3 <u>Raw Water Pump</u>			
Depreciation	<u>\$14,382⁽³⁾</u>	.4697	<u>6,755</u>
Total Adjustments	<u>\$48,332</u>		<u>\$26,767</u>
Total Cost	<u>\$1,390,959</u>		<u>\$649,650</u>

Wholesale Rate = \$649,650 ÷ 295,300.1 = 2.20 per 1000 Gallons

⁽¹⁾ Exhibit 5, Item 3

⁽²⁾ Exhibit 5, Item 4. Allocation factor equals 1.0 because rate case is specifically for the purpose of determining HCWA rate.

⁽³⁾ Exhibit 5, Item 5

⁽⁴⁾ Exhibit 5, Item 6. Allocation factor is usage factor calculated in Exhibit 4.

⁽⁵⁾ Water Production Factor, See Exhibit 4

⁽⁶⁾ Transmission Factor, See Exhibit 4



CITY OF CYNTHIANA

REQUEST:

Refer to the Direct Testimony of Carlos F. Miller at 6. Provide the workpapers and supporting documents used to develop the debt service factors used to allocate the principal and interest payments to the Water Department.

RESPONSE:

The 1992 bond issue, which was in a principal amount of \$5.82 million, was used to refund the 1978 and 1987 bond issues. At the time of the refunding, the principal balances of the 1978 and 1987 issues were \$1,210,000 and \$4,420,000 respectively.

The proceeds of the 1978 bond issue were utilized as follows:

Table 1

Purpose	Allocation	Amount	% of Original Issue
Refunding of 1956 Bond Issue	Sewer	\$115,000	4.08%
Refunding of 1964 Bond Issue	Water Production	\$820,000	29.08%
Refunding of 1969 Bond Issue	Water Distribution	\$40,000	1.42%
Refunding of 1971 Bond Issue	Water Distribution	\$450,000	15.95%
New Sewer Construction	Sewer	\$1,395,000	49.47%
Total		\$2,820,000	100

Witness: Carlos Miller

Applying these percentages to the principal balance of the 1978 bond refunded by the 1992 bond issue, the allocations are:

Table 2

Use	Percentage	Amount (\$1,210,000 x applicable percentage) Refunded by 1992 Bond Issue
Sewer	53.55%	\$647,955
Water Production	29.08%	\$351,868
Water Distribution	17.37%	\$210,177
Totals	100%	\$1,210,000

The proceeds of the 1987 bond issue were utilized as follows:

Table 3

Purpose	Allocation	Amount	% of Original Issue
Water Intake to Licking River	Water Production	\$3,231,056	75.82
Engineering/Design	Water Production	\$166,480	3.91
Water Tower	Distribution	\$390,998	9.17
Sewer	Sewer	\$472,999	11.1
Total		\$4,261,533	100

Applying these percentages to the principal balance of the 1987 bond refunded by the 1992 bond issue, the allocations are:

Table 4

Use	Percentage	Amount (percentage x \$4,420,000) Refunded by 1992 Bond Issue
Sewer	11.1%	\$490,620
Water Production	79.73	\$3,524,066
Water Distribution	9.17%	405,314
Totals	100%	\$4,420,000

Witness: Carlos Miller

Totaling the amounts refunded by the 1992 bond issue by use (Tables 2 and 4) produces the following allocations for application to the 1992 bond principal and interest:

Table 5

Use	Amount of 1978 Bond Issue Refunded by 1992 Bond Issue (Table 2)	Amount of 1987 Bond Issue Refunded by 1992 Bond Issue (Table 4)	Total	Allocation Percentage for 1992 Bond Issue Principal and Interest
Sewer	\$647,955	\$490,620	\$1,138,575	20.23%
Water Production	\$351,868	\$3,524,066	\$3,875,934	68.84%
Water Distribution	\$210,177	\$405,314	\$615,491	10.93%
Totals			\$5,630,000	100.00%

The supporting papers are being compiled and will be filed as a supplement to this response.

Witness: Carlos Miller

CITY OF CYNTHIANA

REQUEST:

Refer to Cynthiana's Response to the Commission's Order of October 1, 1999, Item 9.

- a. Does Cynthiana allocate the depreciation of the trucks and maintenance vehicles or office equipment between its Water and Sewer Departments?
- b. If no, explain why these expenses are not allocated between these departments.
- c. Provide the basis for the following depreciation lives:
 - (1) Plant 33 Years
 - (2) Engineering Fees 20 Years
 - (3) Intake, Pumping Imp. 33 Years
 - (4) Water Distribution System 33 Years

RESPONSE:

- a. No.
- b. This has been a long-standing practice that has not been reviewed because the depreciation amounts are immaterial on an annual basis. As explained in the response to Item 12(a)(5), the entry for current office equipment was in error and the depreciation expense should have been:

Department	Item	Depreciation Period	Amount
Water	Meters (\$12,125.00)	33 years	\$367.42
Sewer	Lab testing equipment (\$11,407.71)	5 years	\$2,281.54

- c. The depreciation schedules are long standing and were fixed by the city and its consultants and accountants at the time they were adopted. The "lives" used are within acceptable practices used by most municipal entities.

Witness: Jerry Hensley

CITY OF CYNTHIANA

REQUEST:

Refer to the Direct Testimony of Carlos F. Miller at 5. Provide a detailed analysis of the incremental drought cost of \$78,848. Provide a copy of the supporting invoice for any item that exceeds \$500.

RESPONSE:

Expense Category	Amount
Road Repairs to Pump at Main Licking	\$20,471.83
Labor	42,034.39
Food	2,107.78
Electricity	11,483.42
Mileage	1,649.88
Incidental Expenses	1,158.47
Total	\$78,805.77

The invoices immediately follow this response.

Witness: Carlos Miller/Charleen McIlvain

M

T


W

T

F

S

JUNE 1999

<p>New Moon 13th</p> <p>158 7 7-10 T <i>David 1/2 day</i> <i>David 1/2 day</i></p>	<p>152 1 <i>David Lawrence</i></p>	<p>153 2 <i>David Lawrence</i></p>	<p>154 3 <i>David Lawrence</i> <i>Sharon Sick (LWST)</i></p>	<p>155 4 <i>David Lawrence</i> <i>10 HRS SERY</i></p>	<p>156 5</p>
<p>165 14 <i>David 1/2 day</i> <i>David 1/2 day</i> <i>1 HR LWKE</i></p>	<p>166 15 <i>David 1/2 day</i> <i>David 1/2 day</i> <i>1 HR LWKE</i></p>	<p>167 16 <i>David 1/2 day</i> <i>David 1/2 day</i> <i>1 HR LWKE</i></p>	<p>168 17 <i>David 1/2 day</i> <i>David 1/2 day</i> <i>1 HR LWKE</i></p>	<p>169 18 <i>David 1/2 day</i> <i>David 1/2 day</i> <i>1 HR LWKE</i></p>	<p>170 19</p>
<p>172 21 <i>Call Chuck</i> <i>14 HR T up</i> <i>Sharon's up</i></p>	<p>173 22 <i>David</i></p>	<p>174 23</p>	<p>175 24</p>	<p>176 25</p>	<p>177 26 </p>
<p>179 28</p>	<p>180 29 <i>David</i></p>	<p>181 30</p>	<p>First Quarter 20th</p>	<p>Full Moon 28th</p>	

MAY 1999

M T W T F S S
 3 4 5 6 7 8
 10 11 12 13 14 15

JULY 1999

S M T W T F S
 1 2 3
 4 5 6 7 8 9 10
 11 12 13 14 15 16 17

Main Licking - Brooks Trucking

<i>6/7/99</i>	<i>- Rock</i>	<i>- Haul Time</i>	<i>268.91</i>
<i>6/8/99</i>	<i>- Rock</i>	<i>Haul Time</i>	<i>89.03</i>
	<i>The Rock Group Time for truck</i>		<i>456.55</i>

<i>6/8/99</i>	<i>- Waste from Ball Field</i>	<i>4 1/2 hrs</i>	
<i>6/9/99</i>	<i>"</i>	<i>6 hrs</i>	
<i>6/10/99</i>	<i>"</i>	<i>7 1/2 hrs</i>	
<i>6/11/99</i>	<i>"</i>	<i>1-1/2 hrs</i>	
<i>6/16/99</i>	<i>"</i>	<i>7-1/2 hrs</i>	
<i>6/17/99</i>	<i>"</i>	<i>7-1/2 hrs</i>	
	<i>Haul Time</i>	<i>Total</i>	<i>\$2,082.94</i>

\$ 63.⁰⁰ hr.

per Blue Book (D.O.T.)

0.00
215.00
63.00
152.419 00

0.00 T

22,219.18 +

16,095.21 +

3,720.00 +

Labor 42,034.39 T

Wage Cost at Main Licking Pump - August 1999

Employee	Hourly Rate	OT Rate	Reg Hours	OT Hours	Wage	Fica	Retirement	WC Rate	Worker Comp	Total
James Poynter	12.59	18.89	152	78.5	3396.55	246.84	247.27	0.0416	141.30	4,031.95
William Hubbard	13.33	20.00	28	14.5	663.24	48.20	48.28	0.0416	27.59	787.32
Donald Moses	10.17	15.26	0	24	366.24	26.62	26.66	0.0416	15.24	434.75
Roger North	7.91	11.87	64	28	838.60	60.95	61.05	0.0416	34.89	995.48
Clyde Gilliam	10.73	16.10	0	60	966.00	70.20	70.32	0.0416	40.19	1,146.71
Donnie Brooks	6.69	10.04	56	20	575.44	41.82		0.0416	23.94	641.20
Gene Fuller	12.68	19.02	86	44	1927.36	140.07	140.31	0.0416	80.18	2,287.92
Ronnie Slade	9.45	14.18	32	105	1791.30	130.18	130.41	0.0064	11.46	2,063.35
David Clark	8.33	12.50	61	122	2033.13	147.76	148.01	0.0064	13.01	2,341.91
Leroy Conner	13.53	20.30	0	18	365.40	26.56	26.60	0.0733	26.78	445.34
Larry Williams	11.06	16.59	0	33	547.47	39.79	39.86	0.0733	40.13	667.24
Randy Hutchison	8.41	12.62	8	13	231.34	16.81	16.84	0.0891	20.61	285.61
Lawrence Nickerson	7.92	11.88	56	38	894.96	65.04	65.15	0.0733	65.60	1,090.75
Doug Brooks	7.37	11.06	88	41	1102.02	80.09	80.23	0.0733	80.78	1,343.11
Joe Sams	7.37	11.06	88	29	969.30	70.44	70.57	0.0733	71.05	1,181.36
Erman Kelly	6.76	10.14	80	25	794.30	57.73	57.83	0.0733	58.22	968.07
Charlie Tucker	6.76	10.14	56	45	834.86	60.67	60.78	0.0733	61.20	1,017.51
Joe Hutchison	6.5	9.75	2		13.00	0.94	0.95	0.0733	0.95	15.84
Marty Mastin	6.76	10.14	32	17	388.70	28.25	28.30	0.0733	28.49	473.74
Total			889	755	18699.21	1358.96	1319.41		841.60	22,219.18

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: James Paynter

TIME

	Date	To-From	Total Time	Job	Reg	OT
MON	8-2-99	12 midnight 12 noon	12 hrs.	Pump	8	4
Tues	8-3-99	12 noon 12 midnight	12 hrs.	"	8	4
Thur	8-5-99	12 noon 12 midnight	12 hrs.	"	8	4
Fri	8-6-99	12 noon 12 midnight	12 hrs.	"	8	4
SAT	8-7-99	12 noon 12 midnight	12 hrs.	"		12
SUN	8-8-99	8 PM 12 noon	8 hrs	"		8
Tues	8-10-99	12 noon 12 midnight	12 hrs	"	8	4
Wed	8-11-99	12 noon 12 midnight	12 hrs.	"	8	4
Fri	8-13-99	12 mid-12 noon	12 HRS	"	8	4
MON	8-16-99	12 am - 12 noon	12 HRS	"	8	4
Wed	8-18-99	12 noon - 12 mid	12 HRS	"	8	4
Fri	8-20-99	12 noon - 12 mid	12 HRS	"	8	4
Wed	7-21-99	7:15 am - 9:45	2.5 HRS	TRIAL Run		2.5
Wed	8-14-99	6 am - 10 am	4 HRS.	Changes oil		4
Mon	8-16-99	12 am - 12 noon	12 HRS	Pump	8	4
Wed	8-18-99	12 noon - 12 mid	12 HRS	Pump	8	4
Fri	8-20-99	12 noon - 12 mid	12 HRS	Pump	8	4
M-F	8-23 TO 8-27 ?	8 am - 4 pm	8 HRS-40	Pump	40	
MON	8-30-99	8 am - 4 pm	8 Hr	Pump	8	
					<u>230 1/2</u>	<u>152 78. 1/2</u>

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: Gene Fuller

TIME

	Date	To-From	Total Time	Job	R	OT
Tues	8-3-99	12 noon 12 midnight	12 hrs.	Pump	8	4
Wed	8-4-99	12 noon 8 pm	8 hrs.	"	8	
Sat	8-7-99	12 midnight 12 noon	12 hrs	"		12
Mon	8-9-99	12 midnight 12 noon	12 hrs	"	8	4
Thur	8-12-99	12 noon 12 midnight	12 hrs.	"	8	4
Fri	8-13-99	12 noon 12 midnight	12 hrs.	"	8	4
SUN	8-15-99	12 noon 12 midnight	12 hrs.	"		12
Tues	8-17-99	12 noon 6 pm	6 hrs.	"	6	
Thurs	8-19-99	12 midnight 12 noon	12 hrs.	"	8	4
Mon	8-23-99	4 pm - 12 midnight	8 hrs.	"	8	
Tues	8-24-99	4 pm - 12 midnight	8 hrs.	"	8	
Thur	8-26-99	4 pm - 12	8 hrs.	"	8	
Fri	8-27-99	4 pm - 12	8 hrs.	"	8	
			130		86	44

Gene W. Fuller

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: Ronnie Slade

TIME

	Date	To-From	Total Time	Job	Reg	OT
Thurs	8-5-99	12 noon 12 midnight	12 hrs.	Pump	4	8
Fri	8-6-99	12 noon 12 midnight	12 hrs.	"	4	8
SAT	8-7-99	12 noon 12 midnight	12 hrs.	"	4	8
SUN	8-8-99	12 noon 8 PM	8 hrs.	"	4	4
Wed	8-11-99	12 noon 12 midnight	12 hrs.	"	4	8
Thur	8-12-99	12 noon 12 midnight	12 hrs.	"	4	8
Fri	8-13-99	12 noon 12 midnight	12 hrs.	"	4	8
Tues	8-17-99	12 noon 12 noon	12 hrs.	"	4	8
SUN	8-22-99	12 midnight - 8 AM	9 hrs.	"		9
MON	8-23-99	12 midnight - 8 AM	9 hrs.	"		9
Thes	8-24-99	12 midnight 8 AM	9 hrs.	"		9
SAT	8-28-99	12 AM - 8 AM	9 hrs.	"		9
SUN	8-29-99	4 PM - 12 AM	9 hrs.	"		9
			137			
					32	105

Gene W. Fuller

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: David Clark

TIME

	Date	To-From	Total Time	Job	Reg	OT
MON	8-2-99	12 noon 12 midnight	12 hrs.	Pump	4	8
Tues	8-3-99	12 noon 12 midnight	12 hrs.	"	4	8
Wed	8-4-99	12 noon 8 pm.	8 hrs.	"	4	4
Fri	8- 5 -99	12 midnight 12 noon	12 hrs.	"	4	8
SUN	8-8-99	12 midnight 12 noon	12 hrs.	"		12
MON	8-9-99	12 noon 12 midnight	12 hrs	"	4	8
Wed	8-11-99	12 noon 12 midnight	12 hrs.	"	4	8
Thue	8-12-99	12 noon 12 midnight	12 hrs	"	4	8
SAT	8-14-99	6 Am 12 noon	8 hrs	"		8
MON	8-16-99	12 midnight 6 Pm	12 hrs	"	4	8
Tues	8-17-99	12 midnight 12 noon	6 hrs	"		6
Thurs	8-19-99	12 midnight	12 hrs.	"	4	8
SAT	8-21-99	8 Am - 4 pm	9 hrs.	"		9
SUN	8-22-99	4 pm - 12 midnite	9 hrs.	"		9
Thurs	8-26-99	12 midnite - 8 Am	9 hrs.	"	9	
FRI	8-27-99	8 Am - 4 pm	8 hrs	"	8	

Gene W. Fuller

NAME: LARRY WILLIAMS

TIME

Date	To-From	Total Time	Job
8-23-99 8-23-99		1	FOOD TO PUMP
8-24-99		1	"
8-26-99	PUMP	2	PUT TRAILER ^{TANK}
8-28-99	PUMP	1	FOOD TO PUMP
8-29-99	PUMP	1	FOOD TO PUMP
8-30-99	"	1	"
		33 OT	

NAME: LARRY WILLIAMS

TIME

Date	To-From	Total Time	Job
8-5-99	8-5-99 LEAK	1	ROAD TO ROAD LEAK
8-6-99		2	FOOD TO PUMP
8-7-99		1	11
8-8-99		2	11
8-9-99		1	11
8-10-99		1	11
8-12-99		1	11
8-13-99		2	11
8-14-99		2	11
8-15-99		2	11
8-17-99		2	11
8-18-99		2	11
8-19-99		2	11
8-20-99		2	
8-21-99		2	
8-22-99		1	

✓

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: Lawrence Nickerson

TIME

	Date	To-From	Total Time	Job	Reg	OT
Fri	8-6-99	12 midnight 12 noon	12 hrs.	Pump	8	4
SAT	8-7-99	12 noon 12 midnight	12 hrs.	"		12
Tues	8-10-99	6 TO 7 FOOD	1 hrs	FOOD TO PUMP		1
Wed	8-11-99	6 TO 7 FOOD	1 hrs	FOOD TO PUMP		1
SUN	8-15-99	12:00 NOON 12:00 MIDNIGHT	12 hrs	PUMP	8	4
	8-18-99	12:00 NOON 12:00 MID	12	12	8	4
Thurs	8-19-99	4: PM 12: AM	8	PUMP	8	
Fri	8-20-99	"	"	"	8	
SAT	8-21-99	"	"	"		8
SUN	8-22-99	"	"	"		8
MON	8-23-99	"	"	"	8	
Tues	8-24-99	"	"	"	8	
Wed	8-25-99	"	"	"	8	
			94		56	38

NAME: DOUG BROOKS

✓

TIME

	Date	To-From	Total Time	Job	Reg	OT
Mon	8-2-99		12	WATER PLANT	8	4
Tues	8-3-99		12	11	8	4
Wed	8-4-99	4 PM 12 AM	8	11	8	
Thur	8-5-99	7 AM LEAK	1	PUMP		1
Fri	8-6-99	12 AM 8 AM	8	WATER PLANT PUMP	8	
Sat	8-7-99	8 AM 4 PM	8	WATER PLANT		8
Sun	8-8-99	4 PM 12 AM	8	WATER PLANT		8
Tues	8-10-99	12 AM 8 AM	8	11	8	8
Wed	8-18-99	12 AM 12 NOON	8	11 PUMP	8	
Thur	8-19-99	12:00 AM 12:00 MID	8	1 11	8	
Fri	8-20-99	11	11	11	8	
Sat	8-21-99	11	11	11		8
Sun	8-22-99	11	11	11		8
Mon	8-23-99	11	11	11	8	
Tues	8-24-99	11	11	11	8	
Wed	8-25-99	11	11	11	8	

129

88 41

NAME: JOE SAMS

✓

TIME

	Date	To-From	Total Time	Job	Reg	OT
Mon	8-2-99	WATER PLANT	8	WATER PLANT	8	
Tues	8-3-99	"	8	"	8	
Wed	8-4-99	"	8	"	8	
Thur	8-5-99	8 AM 4 PM 4 PM	9	"	8	1
Fri	8-6-99	12 AM 12 AM	8	"	8	
SUN	8-8-99	8 AM 8 AM	8	"		8
Mon	8-9-99	4 PM	8	"	8	
Tues	8-10-99	4 PM 12 AM	8	"	8	8
Wed	8-18-99	12:00 NOON 12:00 MID	12	PUMP	8	4
Wed	8-25-99	4:00 PM 12:00 AM	8	PUMP	8	
Thur	8-26-99	"	"	"	8	
Fri	8-27-99	"	"	"	8	
SAT	8-28-99	"	"	"		8
SUN	8-29-99	"	"	"		8
			117		88	29

NAME: KELLY EDMAN

TIME

	Date	To-From	Total Time	Job	Reg	OT
Thue	8-5-99	12 AM 8 AM 1 hr LEAK	9	WATER PLANT	8	1
Fri	8-6-99	8 AM 4 PM	8	11	8	
SAT	8-7-99	4 PM 12 AM	8	11	8	8
MON	8-9-99	12 AM 8 AM	8	11	8	
Tues	8-10-99	8 AM 4 PM	8	11	8	
Thur	8-19-99	8: AM 4: PM	8	PUMP	8	
Fri	8-20-99	11	11	11	8	
SAT	8-21-99	11	11	11		8
SUN	8-22-99	11	11	11		8
MON	8-23-99	11	11	11	8	
Tues	8-24-99	11	11	11	8	
Wed	8-25-99	11	11	11	8	
Thur	8-26-99 ?	11	11	11	8	
			105		80	25

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: Charles Tucker

TIME

	Date	To-From	Total Time	Job	R	OT
SUN	8-8-99	12 midnight 12 noon	12 hrs.	Pump		12
MON	8-9-99	WATER PLANT	12 hrs.		8	4
Tues	8-3-99	WATER PLANT	12 hrs		8	4
THURS	8-19-99	6 TO 7 FROM TO	1	FOOD TO PUMP		1
MON	8-10-99 ?	12:00 AM 12:00 NOON	12	PUMP	8	4
MON	8-23-99 ?	12:00 NOON 12:00 mid	12	PUMP	8	4
	8-26-99	8:00 8:00 AM 4:00 PM	8	PUMP	8	
Fri	8-27-99	11	11	11	8	
SAT	8-28-99	11	11	11		8
SUN	8-29-99	11	11	11		8
MON	8-30-99	11	11	11	8	
			101		<hr/> 56 45	

Public Works

Period from 9/11/99 to 9/24/99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
5001															
Leroy Conner ✓	8	8	8	4	4	4	14.5						8	8	49
Works				4											
Water				4											52
Sewer															2
Main Licking			2 1/2			1									3 1/2
Total															106.5
5002															
Larry Williams ✓		8	8	8.5	8	8	14.5						8	8	31
Works															
Water		8		8.5	8	8									69.5
Sewer															
Main Licking			2 1/2	1	1										9.5
Total															110
5003															
Randy Hutchison ✓		8	8	8.5	8	8	14.5						8	8	68.5
Works															
Water		8		8.5	8	8									68.5
Sewer															
Main Licking															
Total															99
5004															
Lawrence Nickerson ✓		8	8	8	6.5	8	8						8	8	11
Works															
Water		8													25
Sewer															
Property															
Main Licking			8	4	8	8	8	19	8	6	6	5	1	8	19.5
Total															66
															121.5

Public Works

Period from ___ / ___ / ___ to ___ / ___ / ___

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
5005 Doug Brooks Works Water Sewer Main Licking		8	8	8.5	8	8	14.5								8
										8	8	8	8		47
										8	8	8	8	8	40
															95
5006 Joe Sams Works Water Sewer Main Licking			8												31
										8	8	8	8	6 1/2	14.5
									8	8					16.5
									8	8					58.5
5008 Erman Kelly Works Water Sewer Main Licking			8												104
															24
															16.5
															66.5
5009 Charlie Tucker Works Water Sewer Property Main Licking			8	3											10
															22
															27
															17
															38
															98

Public Works

Period from ___ / ___ / ___ to ___ / ___ / ___

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
5012 Marty Mastin ✓ Works Water Sewer Main Licking Total			8	0	0	0	0			0	0				8
				8.5											8.5
										8			8	8	29
															40.5
5013 Joe Hutchison ✓ Works Water Sewer Main Licking Total			8		X										16
				8											16
Works Water Sewer Main Licking Total															

Supervisor _____

Public Works

Period from 9 / 25 / 99 to 10 / 8 / 99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
5001 ✓ Leroy Conner Works Water Sewer Main Licking	2 3		8	4 6	6 4	4 4	8 8			8	8	8	8	8	6.4 1.9 8 1 9.2
5002 ✓ Larry Williams Works Water Sewer Main Licking		1					8			8	8	8	8	8	5.2 25.5 9
5003 ✓ Randy Hutclison Works Water Sewer Main Licking		1													87.5
5004 ✓ Lawrence Nickerson Works Water Sewer Property Main Licking	3		2	4	6	4	4	4		4	4	4	4	6	40 5 1 40 1.2
Total															98.8

Public Works

Period from 9 / 25 / 99 to 10 / 8 / 99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
5005 Doug Brooks Works Water Sewer Main Licking	8	8	8	8	8	8	8	8	8	8	8	8	8	8	1 1/2
5006 Joe Sams Works Water Sewer Main Licking	3		8	8	2	1 1/2	10			8	8	9	8	8	53.1 28.5 9
5008 Erman Kelly Works Water Sewer Main Licking	8	8	8	8	8	8	8	8	8	8	8	8	8	8	90.5
5009 Charlie Tucker Works Water Sewer Property Main Licking			8	8	2	1 1/2	6			8	8	9	8	8	4.9 25.5 8
Total															112
Total															82.5

Public Works

Period from 9 / 25 / 99 to 10 / 8 / 99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
5012 Marty Mastin Works Water Sewer Main Licking	8	8	8	8	8	8	8	8	8	8	8	8	8	8	112
Total															112
5013 John Works Water Sewer Main Licking															
Total															
KENY PHILLIP Works Water Sewer Main Licking					2		10			8	8	9	8	8	53
Total				8	8	1 1/2	8								17.5
															8
															78.2

Supervisor Severy Connor

Main Licking

Time Sheet - Larry Sosbe

Period from 9/11/99 to 9/24/99

Date	Sat 11	Sun 12	Mon 13	Tues 14	Wed 15	Thurs 16	Fri 17	Sat 18	Sun 19	Mon 20	Tues 21	Wed 22	Thurs 23	Fri 24	Total
Larry Sosbe															
Water															
Sewer			8	8	8	8						8			
Property															
Public Works															
Main Licking						8	8			10	8		8	8	
Total															

Signed _____

Time Sheet -- Larry Sosbe

Period from 9/25/99 to 10/8/99

Date	Sat 25	Sun 26	Mon 27	Tues 28	Wed 29	Thurs 30	Fri 1	Sat 2	Sun 3	Mon 4	Tues 5	Wed 6	Thurs 7	Fri 8	Total
6005															
Larry Sosbe															
Water															
Sewer															
Property															
Public Works															
Main Licking															
Total															

Signed _____

Main Licking

Water Department

Period from 9 / 11 / 99 to 9 / 24 / 99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
7001 James Poynter Hrs-Water Dept			9	9	9	9	9			9	10	9	9	9	91
Hrs-Main Licking			9	9	9	9	9			9	10	9	9	9	90
7002 William Hubbard Hrs-Water Dept			10	9	9	9	9			10	9	8	8	8	89
Hrs-Main Licking															
7003 Donald Moses Hrs-Water Dept			10	9	9	9	9			10	9	8	8	8	89
Hrs-Main Licking			8	8	8	8	8		8	8	8	8	8	8	96
7004 Roger North Hrs-Water Dept	10	10			10					8	8	8	8	8	96
Hrs-Main Licking								10	10			8	10		60
Total					10	10	10	10	10	10	10	10	10	10	20
7006 Clyde Gilliam Hrs-Water Dept			10	10	10	10	10			10	10	10	10	10	82
Hrs-Main Licking															
Total			10	10	10	10	10	6	6	10	10	10	10	10	82

North Main Hours Water Department

Period from 9/25/9 to 10/8/99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
7001 James Poynter Hrs-Water Dept			9	9	9	9	9			9	9	9	9	9	90
Hrs-Main Licking			9	9	9	9	9			9	9	9	9	9	90
Total			9	9	9	9	9			9	9	9	9	9	90
7002 William Hubbard Hrs-Water Dept			9	8	8	8.5	9			8	9.5	8.5	8.5	8.5	86
Hrs-Main Licking			9	8	8	8.5	9			8	9.5	8.5	8.5	8.5	86
Total			9	8	8	8.5	9			8	9.5	8.5	8.5	8.5	86
7003 Donald Moses Hrs-Water Dept		8	8	8	8	8	8		8	8	8	8	8	8	96
Hrs-Main Licking		8	8	8	8	8	8		8	8	8	8	8	8	96
Total		8	8	8	8	8	8		8	8	8	8	8	8	96
7004 Roger North Hrs-Water Dept	10	10			2	10	8		10	8					80
Hrs-Main Licking					8										16
Total	10	10			10	10	8		10	8					96
7006 Clyde Gilliam Hrs-Water Dept	6	6	10	10	10		10			10	10	10	10	10	92
Hrs-Main Licking															
Total	6	6	10	10	10		10			10	10	10	10	10	92

Water Distribution

Period from 9/11/99 to 9/24/99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
7501 Gene Fuller Hrs-Water Dept	4	8	8	4	7	8	13			8	*	8	8	15	
Hrs-Main Licking			8					8							
Total	4	8	16	4	7	8	13	8		8		8	8	15	
7502 Ronnie Slade Hrs-Water Dept	4		8	8	4	4	*			8		8	8	8	
Hrs-Main Licking					8				9						
Total	4		8	8	12	4			9	8		8	8	16	
7503 David Clark Hrs-Water Dept	2		8	8	8	8	8			8		8	8	9	
Hrs-Main Licking				8				9							
Total	2		8	16	8	8	8	9		8		8	8	9	

* - Comp Time

North Main Wrs.

Water Distribution

Period from 9/25/99 to 10/8/99

Date	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Total
7501 Gene Fuller Hrs-Water Dept			6 2V	8	3 5V	8.5	11	6	6	8	8	8	8	8	95.5
Hrs-Main Licking															0
7502 Ronnie Slade Hrs-Water Dept			8	8	8	8.5	11	6	6	8	8	8	8	8	90.5
Hrs-Main Licking			9	8	8	9.5	8		9	8.5	8	9	8	8	84
Total		9	9	8	8	9.5	16		9	8.5	8	9	8	16	118
7503 David Clark Hrs-Water Dept			4 4I	V	9	10	8			7	8	4	8	8	78
Hrs-Main Licking	9	9							9			9			36
Total	9	9	8	8	9	10	8		9	7	8	13	8	8	114

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: MARTY MASTIN

TIME

Date	To-From	Total Time	Job
9-22-99	4:00 + 4:00	8	Pumping
9-23-99	()		
9-24-99			
9-25-99			
9-26-99	11	11	11
9-27-99			
9-28-99	11	11	11
9-29-99	11	11	11
9-30-99	11	11	11
10-1-99			
10-2-99			
10-3-99			
10-4-99			
10-5-99			
10-6-99	11	11	11
10-7-99	11	11	11

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: MARTY MASTIN

TIME

Date	PM To-From AM	Total Time	Job
10-8-99	4:00 to 12:00	8	Pumping
10-9-99	11	11	11
10-10-99	11	11	11
10-11-99	11	11	11
10-12-99	11	11	11

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: BROOKS

TIME

Date	To-From <small>AM</small> 12:00 <small>AM</small> TO 8:00	Total Time	Job
9-21-99		8	Pumping
9-22-99			
9-23-99			
9-24-99			
9-25-99			
9-26-99			
9-27-99			
9-28-99			
9-29-99			
9-30-99			
10-1-99			
10-2-99			
10-3-99			
10-4-99			
10-5-99			
10-6-99			

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: EM KELLY

TIME

Date	To-From	Total Time	Job
9-15-99	PM 4:00 To AM 12:00	8	PUMP
9-16-99	" "	8	"
9-17-99	" "		
9-18-99	" "		
9-19-99	" "		
9-20-99	" "		
9-21-99	" "	"	"
9-25-99	" "		
9-26-99	" "		
9-27-99	" "		
9-28-99	" "	"	"
9-29-99			
9-30-99			
10-1-99			
10-2-99			
10-3-99			

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: JOE SAMS

TIME

Date	To-From	Total Time	Job
9-13-99	<i>mid</i> AM 12:00 To 8:00 AM	8	PUMPING
9-14-99	11 11	8	11
9-15-99	11 11	8	11
9-16-99	11 11	11	11
9-17-99	11 11	11	11
9-18-99	11 11	11	11
9-19-99	11 11	11	11
9-20-99	11 11	11	11

HOURS WORKED RELATED TO PUMPING WATER FROM MAIN LICKING RIVER

NAME: LAWRENCE

TIME

Date	To-From	Total Time	Job
9-13-99	AM PM 8:00 To 4:00	8	MAIN LICKING PUMPS
9-14-99	" "	8	"
9-15-99	" "	8	"
9-16-99	" "	"	"
9-17-99	" "	"	"
9-18-99	" "	"	"
9-19-99	" "	"	"

Roovie McKee

Devils Back Bone

Aug - 18 - 12 hrs + 4

21 - 8 hrs - OT

22 - 8 hrs

25 - 8

28 - 8

29 - 8

0638

Sept - 1 - 8

14 - 8

16 - 8

18 - 8

19 - 8

21 - 8

23 - 8 - OT

25 - 8

26 - 8

28 - 8

30 - 8 - OT

~~Oct 2 - 8~~

~~3 - 8~~

5 - 8

7 - 8 - OT

14 Reg. 28 OT

9 - 8

10 - 8

12 - 8

1459