

FORM 392 -Current Month -  
Revision date: 01/2000

AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: JANUARY 2001

Insurance/Employees:		Rate	Premium
<b>ACTIVE EMPLOYEES</b>			
<b>LIFE INSURANCE:</b>			
5,179,000	1	Life - Basic \$0.32 per \$1,000	\$ 1,657.28
1,420,000	2	A. D. & D. (\$10,000 cov. per e \$0.038 per \$1,000	53.96
0	3	Life - Supplemental \$0.35 per \$1,000	0.00
192,500	4	Life - Optional \$0.35 per \$1,000	67.38
<b>DISABILITY:</b>			
259,957	5	Long Term Disability (non unio \$0.400 per \$100	1,039.83
142	6	Short-term Managed Disability \$1.17 per EMPLOYEE	166.14
0	7	A. & S.-Coverage for New Jerse \$0.20 per \$10	0.00
<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
4	8	Employees without dependent coverage	\$270.72 1,082.88
15	9	Employees with dependent coverage	\$688.01 10,320.15
<b>MANAGED CHOICE / HMO</b>			
22	10	Employees without dependent coverage	\$238.66 5,250.52
98	11	Employees with dependent coverage	\$606.89 59,475.22
Actives' subtotal:			\$79,113.36

CONTINUATION OF COVERAGE

<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
0	12	Individual (former emp., spouse, or dependent)	\$270.72 0.00
0	13	Family (2 or more individuals)	\$688.01 0.00
0	14	Under age 65 dependent (1) of a deceased retir	\$270.72 0.00
0	15	Under age 65 dependents (>1) of a deceased re	\$688.01 0.00
0	16	*Medicare supplement, in Comprehensive Plan	\$166.12 0.00
<b>MANAGED CHOICE / HMO</b>			
0	17	Individual (former emp., spouse, or dependent)	\$238.66 0.00
0	18	Family (2 or more individuals)	\$606.89 0.00
0	19	Under age 65 dependent (1) of a deceased retir	\$238.66 0.00
0	20	Under age 65 dependents (>1) of a deceased re	\$606.89 0.00
3	21	*Medicare supplement, in Managed Choice Plan	\$166.12 498.36
Continuation of Coverage Subtotal:			\$498.36
Total Premiums for Current Month:			\$79,611.72

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: FEBRUARY 2001

Insurance/Employees:		Rate	Premium
ACTIVE EMPLOYEES			
LIFE INSURANCE:			
5,235,000	1 Life - Basic	\$0.32 per \$1,000	\$1,675.20
1,420,000	2 A. D. & D. (\$10,000 cov. per e	\$0.038 per \$1,000	53.96
0	3 Life - Supplemental	\$0.35 per \$1,000	0.00
192,500	4 Life - Optional	\$0.35 per \$1,000	67.38
DISABILITY:			
259,957	5 Long Term Disability (non unio	\$0.400 per \$100	1,039.83
142	6 Short-term Managed Disability	\$1.17 per EMPLOYEE	166.14
0	7 A. & S.-Coverage for New Jerse	\$0.20 per \$10	0.00
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:			
COMPREHENSIVE MAJOR MEDICAL			
4	8 Employees without dependent coverage	\$270.72	1,082.88
15	9 Employees with dependent coverage	\$688.01	10,320.15
MANAGED CHOICE / HMO			
22	10 Employees without dependent coverage	\$238.66	5,250.52
98	11 Employees with dependent coverage	\$606.89	59,475.22
Actives' subtotal:			\$79,131.28

CONTINUATION OF COVERAGE

MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:			
COMPREHENSIVE MAJOR MEDICAL			
0	12 Individual (former emp., spouse, or dependent)	\$270.72	0.00
0	13 Family (2 or more individuals)	\$688.01	0.00
0	14 Under age 65 dependent (1) of a deceased retir	\$270.72	0.00
0	15 Under age 65 dependents (>1) of a deceased re	\$688.01	0.00
0	16 *Medicare supplement, in Comprehensive Plan	\$166.12	0.00
MANAGED CHOICE / HMO			
1	17 Individual (former emp., spouse, or dependent)	\$238.66	238.66
0	18 Family (2 or more individuals)	\$606.89	0.00
0	19 Under age 65 dependent (1) of a deceased retir	\$238.66	0.00
0	20 Under age 65 dependents (>1) of a deceased re	\$606.89	0.00
3	21 *Medicare supplement, in Managed Choice Plan	\$166.12	498.36
Continuation of Coverage Subtotal:			\$737.02
Total Premiums for Current Month:			\$79,868.30

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: March 2001

Insurance/Employees:		Rate	Premium
ACTIVE EMPLOYEES			
LIFE INSURANCE:			
5,281,000	1	Life - Basic \$0.32 per \$1,000	\$1,689.92
1,440,000	2	A. D. & D. (\$10,000 cov. per e \$0.038 per \$1,000	54.72
0	3	Life - Supplemental \$0.35 per \$1,000	0.00
192,500	4	Life - Optional \$0.35 per \$1,000	67.38
DISABILITY:			
256,394	5	Long Term Disability (non unio \$0.400 per \$100	1,025.58
144	6	Short-term Managed Disability \$1.17 per EMPLOYEE	168.48
0	7	A. & S.-Coverage for New Jerse \$0.20 per \$10	0.00
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:			
COMPREHENSIVE MAJOR MEDICAL			
4	8	Employees without dependent coverage \$270.72	1,082.88
15	9	Employees with dependent coverage \$688.01	10,320.15
MANAGED CHOICE / HMO			
23	10	Employees without dependent coverage \$238.66	5,489.18
99	11	Employees with dependent coverage \$606.89	60,082.11
Actives' subtotal:			\$79,980.40

CONTINUATION OF COVERAGE

MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:			
COMPREHENSIVE MAJOR MEDICAL			
0	12	Individual (former emp., spouse, or dependent) \$270.72	0.00
0	13	Family (2 or more individuals) \$688.01	0.00
0	14	Under age 65 dependent (1) of a deceased retir \$270.72	0.00
0	15	Under age 65 dependents (>1) of a deceased re \$688.01	0.00
0	16	*Medicare supplement, in Comprehensive Plan \$166.12	0.00
MANAGED CHOICE / HMO			
1	17	Individual (former emp., spouse, or dependent) \$238.66	238.66
0	18	Family (2 or more individuals) \$606.89	0.00
0	19	Under age 65 dependent (1) of a deceased retir \$238.66	0.00
0	20	Under age 65 dependents (>1) of a deceased re \$606.89	0.00
3	21	*Medicare supplement, in Managed Choice Plan \$166.12	498.36
Continuation of Coverage Subtotal:			\$737.02
Total Premiums for Current Month:			\$80,717.42

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: April 2001

Insurance/Employees:		Rate	Premium
ACTIVE EMPLOYEES			
LIFE INSURANCE:			
5,221,000	1	Life - Basic	\$0.32 per \$1,000 \$1,670.72
1,420,000	2	A. D. & D. (\$10,000 cov. per e	\$0.038 per \$1,000 53.96
0	3	Life - Supplemental	\$0.35 per \$1,000 0.00
192,500	4	Life - Optional	\$0.35 per \$1,000 67.38
DISABILITY:			
256,644	5	Long Term Disability (non unio	\$0.400 per \$100 1,026.58
144	6	Short-term Managed Disability	\$1.17 per EMPLOYEE 168.48
0	7	A. & S.-Coverage for New Jerse	\$0.20 per \$10 0.00
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:			
COMPREHENSIVE MAJOR MEDICAL			
3	8	Employees without dependent coverage	\$270.72 812.16
13	9	Employees with dependent coverage	\$688.01 8,944.13
MANAGED CHOICE / HMO			
23	10	Employees without dependent coverage	\$238.66 5,489.18
100	11	Employees with dependent coverage	\$606.89 60,689.00
Actives' subtotal:			\$78,921.59

CONTINUATION OF COVERAGE

MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:			
COMPREHENSIVE MAJOR MEDICAL			
0	12	Individual (former emp., spouse, or dependent)	\$270.72 0.00
0	13	Family (2 or more individuals)	\$688.01 0.00
0	14	Under age 65 dependent (1) of a deceased retir	\$270.72 0.00
0	15	Under age 65 dependents (>1) of a deceased re	\$688.01 0.00
0	16	*Medicare supplement, in Comprehensive Plan	\$166.12 0.00
MANAGED CHOICE / HMO			
1	17	Individual (former emp., spouse, or dependent)	\$238.66 238.66
0	18	Family (2 or more individuals)	\$606.89 0.00
0	19	Under age 65 dependent (1) of a deceased retir	\$238.66 0.00
0	20	Under age 65 dependents (>1) of a deceased re	\$606.89 0.00
3	21	*Medicare supplement, in Managed Choice Plan	\$166.12 498.36
Continuation of Coverage Subtotal:			\$737.02
Total Premiums for Current Month:			\$79,658.61

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: May 2001

Insurance/Employees:	Rate	Premium
<b>ACTIVE EMPLOYEES</b>		
<b>LIFE INSURANCE:</b>		
5,221,000 1 Life - Basic	\$0.32 per \$1,000	\$1,670.72
1,450,000 2 A. D. & D. (\$10,000 cov. per e	\$0.038 per \$1,000	55.10
0 3 Life - Supplemental	\$0.35 per \$1,000	0.00
192,500 4 Life - Optional	\$0.35 per \$1,000	67.38
<b>DISABILITY:</b>		
253,457 5 Long Term Disability (non unio	\$0.400 per \$100	1,013.83
144 6 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0 7 A. & S.-Coverage for New Jerse	\$0.20 per \$10	0.00
<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>		
<b>COMPREHENSIVE MAJOR MEDICAL</b>		
3 8 Employees without dependent coverage	\$270.72	812.16
13 9 Employees with dependent coverage	\$688.01	8,944.13
<b>MANAGED CHOICE / HMO</b>		
23 10 Employees without dependent coverage	\$238.66	5,489.18
100 11 Employees with dependent coverage	\$606.89	60,689.00
Actives' subtotal:		\$78,909.98

**CONTINUATION OF COVERAGE**

<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>		
<b>COMPREHENSIVE MAJOR MEDICAL</b>		
0 12 Individual (former emp., spouse, or dependent)	\$270.72	0.00
0 13 Family (2 or more individuals)	\$688.01	0.00
0 14 Under age 65 dependent (1) of a deceased retir	\$270.72	0.00
0 15 Under age 65 dependents (>1) of a deceased re	\$688.01	0.00
0 16 *Medicare supplement, in Comprehensive Plan	\$166.12	0.00
<b>MANAGED CHOICE / HMO</b>		
0 17 Individual (former emp., spouse, or dependent)	\$238.66	0.00
0 18 Family (2 or more individuals)	\$606.89	0.00
0 19 Under age 65 dependent (1) of a deceased retir	\$238.66	0.00
0 20 Under age 65 dependents (>1) of a deceased re	\$606.89	0.00
3 21 *Medicare supplement, in Managed Choice Plan	\$166.12	498.36
Continuation of Coverage Subtotal:		\$498.36
Total Premiums for Current Month:		\$79,408.34

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: June 2001

Insurance/Employees:		Rate	Premium
<b>ACTIVE EMPLOYEES</b>			
<b>LIFE INSURANCE:</b>			
5,221,000	1 Life - Basic	\$0.32 per \$1,000	\$1,670.72
1,450,000	2 A. D. & D. (\$10,000 cov. per e	\$0.038 per \$1,000	55.10
0	3 Life - Supplemental	\$0.35 per \$1,000	0.00
192,500	4 Life - Optional	\$0.35 per \$1,000	67.38
<b>DISABILITY:</b>			
253,457	5 Long Term Disability (non unio	\$0.400 per \$100	1,013.83
144	6 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0	7 A. & S.-Coverage for New Jerse	\$0.20 per \$10	0.00
<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
3	8 Employees without dependent coverage	\$270.72	812.16
13	9 Employees with dependent coverage	\$688.01	8,944.13
<b>MANAGED CHOICE / HMO</b>			
23	10 Employees without dependent coverage	\$238.66	5,489.18
101	11 Employees with dependent coverage	\$606.89	61,295.89
Actives' subtotal:			<b>\$79,516.87</b>

**CONTINUATION OF COVERAGE**

<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
0	12 Individual (former emp., spouse, or dependent)	\$270.72	0.00
0	13 Family (2 or more individuals)	\$688.01	0.00
0	14 Under age 65 dependent (1) of a deceased retir	\$270.72	0.00
0	15 Under age 65 dependents (>1) of a deceased re	\$688.01	0.00
0	16 *Medicare supplement, in Comprehensive Plan	\$166.12	0.00
<b>MANAGED CHOICE / HMO</b>			
1	17 Individual (former emp., spouse, or dependent)	\$238.66	238.66
0	18 Family (2 or more individuals)	\$606.89	0.00
0	19 Under age 65 dependent (1) of a deceased retir	\$238.66	0.00
0	20 Under age 65 dependents (>1) of a deceased re	\$606.89	0.00
3	21 *Medicare supplement, in Managed Choice Plan	\$166.12	498.36
Continuation of Coverage Subtotal:			<b>\$737.02</b>
Total Premiums for Current Month:			<b>\$80,253.89</b>

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: July 2001

Insurance/Employees:		Rate	Premium
<b>ACTIVE EMPLOYEES</b>			
<b>LIFE INSURANCE:</b>			
5,221,000	1 Life - Basic	\$0.32 per \$1,000	\$1,670.72
1,440,000	2 A. D. & D. (\$10,000 cov. per em	\$0.038 per \$1,000	54.72
0	3 Life - Supplemental	\$0.35 per \$1,000	0.00
192,500	4 Life - Optional	\$0.35 per \$1,000	67.38
<b>DISABILITY:</b>			
253,457	5 Long Term Disability (non union	\$0.400 per \$100	1,013.83
144	6 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0	7 A. & S.-Coverage for New Jersey	\$0.20 per \$10	0.00
<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
1	8 Employees without dependent coverage	\$270.72	270.72
8	9 Employees with dependent coverage	\$688.01	5,504.08
<b>MANAGED CHOICE / HMO</b>			
21	10 Employees without dependent coverage	\$238.66	5,011.86
108	11 Employees with dependent coverage	\$606.89	65,544.12
Actives' subtotal:			\$79,305.91

**CONTINUATION OF COVERAGE**

<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
0	12 Individual (former emp., spouse, or dependent)	\$270.72	0.00
0	13 Family (2 or more individuals)	\$688.01	0.00
0	14 Under age 65 dependent (1) of a deceased retiree	\$270.72	0.00
0	15 Under age 65 dependents (>1) of a deceased retiree	\$688.01	0.00
0	16 *Medicare supplement, in Comprehensive Plan	\$166.12	0.00
<b>MANAGED CHOICE / HMO</b>			
1	17 Individual (former emp., spouse, or dependent)	\$238.66	238.66
0	18 Family (2 or more individuals)	\$606.89	0.00
0	19 Under age 65 dependent (1) of a deceased retiree	\$238.66	0.00
0	20 Under age 65 dependents (>1) of a deceased retiree	\$606.89	0.00
3	21 *Medicare supplement, in Managed Choice Plan	\$166.12	498.36
Continuation of Coverage Subtotal:			\$737.02
Total Premiums for Current Month:			\$80,042.93

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

*D. Bailey  
Downs  
Wiggen*

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AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2000)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: August 2001

Insurance/Employees:		Rate	Premium
<b>ACTIVE EMPLOYEES</b>			
<b>LIFE INSURANCE:</b>			
5,433,000	1	Life - Basic	\$0.32 per \$1,000 \$1,738.56
1,450,000	2	A. D. & D. (\$10,000 cov. per e	\$0.038 per \$1,000 55.10
0	3	Life - Supplemental	\$0.35 per \$1,000 0.00
192,500	4	Life - Optional	\$0.35 per \$1,000 67.38
<b>DISABILITY:</b>			
269,749	5	Long Term Disability (non unio	\$0.400 per \$100 1,079.00
145	6	Short-term Managed Disability	\$1.17 per EMPLOYEE 169.65
0	7	A. & S.-Coverage for New Jerse	\$0.20 per \$10 0.00
<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
1	8	Employees without dependent coverage	\$270.72 270.72
8	9	Employees with dependent coverage	\$688.01 5,504.08
<b>MANAGED CHOICE / HMO</b>			
26	10	Employees without dependent coverage	\$238.66 6,205.16
106	11	Employees with dependent coverage	\$606.89 64,330.34
Actives' subtotal:			\$79,419.99

**CONTINUATION OF COVERAGE**

<b>MEDICAL, DENTAL, &amp; PRESCRIPTION COVERAGE:</b>			
<b>COMPREHENSIVE MAJOR MEDICAL</b>			
0	12	Individual (former emp., spouse, or dependent)	\$270.72 0.00
0	13	Family (2 or more individuals)	\$688.01 0.00
0	14	Under age 65 dependent (1) of a deceased retir	\$270.72 0.00
0	15	Under age 65 dependents (>1) of a deceased re	\$688.01 0.00
0	16	*Medicare supplement, in Comprehensive Plan	\$166.12 0.00
<b>MANAGED CHOICE / HMO</b>			
0	17	Individual (former emp., spouse, or dependent)	\$238.66 0.00
0	18	Family (2 or more individuals)	\$606.89 0.00
0	19	Under age 65 dependent (1) of a deceased retir	\$238.66 0.00
0	20	Under age 65 dependents (>1) of a deceased re	\$606.89 0.00
3	21	*Medicare supplement, in Managed Choice Plan	\$166.12 498.36
Continuation of Coverage Subtotal:			\$498.36
Total Premiums for Current Month:			\$79,918.35

*D. Dudley  
Downs  
WUSA*



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Revision date: 09/2001

**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
(Rates effective September 1, 2001)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: September, 2001

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

60	4,985,000	1 Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,470.58
85	2,756,000	2 Life - Basic (Bargaining)	\$0.295	per	\$1,000	813.02
85	850,000	3 A. D. & D. (\$10,000 cov. per em	\$0.020	per	\$1,000	17.00
60	600,000	4 A. D. & D. (Non Bargaining)	\$0.020	per	\$1,000	12.00
2	172,350	5 Life - Voluntary Under 30	\$0.06	per	\$1,000	10.34
5	565,925	6 Life - Voluntary 30-34	\$0.08	per	\$1,000	45.27
10	851,912	7 Life - Voluntary 35-39	\$0.10	per	\$1,000	85.19
7	427,480	8 Life - Voluntary 40-44	\$0.12	per	\$1,000	51.30
5	286,242	9 Life - Voluntary 45-49	\$0.20	per	\$1,000	57.25
10	659,216	10 Life - Voluntary 50-54	\$0.35	per	\$1,000	230.73
2	137,010	11 Life - Voluntary 55-59	\$0.63	per	\$1,000	86.32
0		12 Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
0		13 Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0		14 Life - Voluntary 70-74	\$2.21	per	\$1,000	0.00
0		15 Life - Voluntary Over 74	\$3.67	per	\$1,000	0.00
50	1,000,000	16 Life - Dependent Spouse	\$0.29	per	\$1,000	290.00
63	630,000	17 Life - Dependent Children	\$0.12	per	\$1,000	75.60
0		18 Life - Supplemental	\$0.35	per	\$1,000	0.00
7	192,500	19 Life - Optional	\$0.35	per	\$1,000	67.38

DISABILITY:

275,320	20 Long Term Disability (non union	\$0.400	per	\$100	1,101.28
145	21 Short-term Managed Disability	\$1.17	per	EMPLOYEE	169.65
	22 A. & S.-Coverage for New Jerse	\$0.20	per	\$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

27	23 Employees without dependent coverage	\$275.00		7,425.00
115	24 Employees with dependent coverage	\$680.00		78,200.00
1	25 Employees with single dental coverage only	\$19.08		19.08
	26 Employees with dependent dental coverage o	\$47.70		0.00

Actives' subtotal:

\$90,226.99

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

	27 Individual (former emp., spouse, or dependent	\$275.00		0.00
	28 Family (2 or more individuals)	\$680.00		0.00
	29 Under age 65 dependent (1) of a deceased ret	\$275.00		0.00
	30 Under age 65 dependents (>1) of a deceased	\$680.00		0.00
3	31 *Medicare supplement, in Comprehensive Pla	\$225.92		677.76

*D. Bailey  
D. Owens  
A. Gasser*

Continuation of Coverage Subtotal: \$677.76

Total Premiums for Current Month: \$90,904.75

\* Includes dependents at least 65 years of age of a deceased retiree, and  
medicare disabled dependents (any age) of deceased retirees.

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**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
(Rates effective September 1, 2001)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: October 2001

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

60	4,985,000	1 Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,470.58
86	2,793,000	2 Life - Basic (Bargaining)	\$0.295	per	\$1,000	823.94
86	860,000	3 A. D. & D. (\$10,000 cov. per em)	\$0.020	per	\$1,000	17.20
60	600,000	4 A. D. & D. (Non Bargaining)	\$0.020	per	\$1,000	12.00
2	172,350	5 Life - Voluntary Under 30	\$0.06	per	\$1,000	10.34
6	638,143	6 Life - Voluntary 30-34	\$0.08	per	\$1,000	51.05
10	851,912	7 Life - Voluntary 35-39	\$0.10	per	\$1,000	85.19
7	427,480	8 Life - Voluntary 40-44	\$0.12	per	\$1,000	51.30
5	286,242	9 Life - Voluntary 45-49	\$0.20	per	\$1,000	57.25
10	659,216	10 Life - Voluntary 50-54	\$0.35	per	\$1,000	230.73
2	137,010	11 Life - Voluntary 55-59	\$0.63	per	\$1,000	86.32
0		12 Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
0		13 Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0		14 Life - Voluntary 70-74	\$2.21	per	\$1,000	0.00
0		15 Life - Voluntary Over 74	\$3.67	per	\$1,000	0.00
51	1,020,000	16 Life - Dependent Spouse	\$0.29	per	\$1,000	295.80
65	650,000	17 Life - Dependent Children	\$0.12	per	\$1,000	78.00
0		18 Life - Supplemental	\$0.35	per	\$1,000	0.00
7	192,500	19 Life - Optional	\$0.35	per	\$1,000	67.38

**DISABILITY:**

311,430	20 Long Term Disability (non union)	\$0.400	per	\$100	1,245.72
146	21 Short-term Managed Disability	\$1.17	per	EMPLOYEE	170.82
	22 A. & S.-Coverage for New Jerse	\$0.20	per	\$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

27	23 Employees without dependent coverage	\$275.00		7,425.00
116	24 Employees with dependent coverage	\$680.00		78,880.00
1	25 Employees with single dental coverage only	\$19.08		19.08
	26 Employees with dependent dental coverage o	\$47.70		0.00

Actives' subtotal:

**\$91,077.70**

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

	27 Individual (former emp., spouse, or dependent)	\$275.00		0.00
	28 Family (2 or more individuals)	\$680.00		0.00
	29 Under age 65 dependent (1) of a deceased ret	\$275.00		0.00
	30 Under age 65 dependents (>1) of a deceased	\$680.00		0.00
3	31 *Medicare supplement, in Comprehensive Pla	\$225.92		677.76

*D. Bailey  
Downs  
Crigger*

Continuation of Coverage Subtotal: \$677.76

Total Premiums for Current Month: \$91,755.46

\* Includes dependents at least 65 years of age of a deceased retiree, and  
medicare disabled dependents (any age) of deceased retirees.

FORM 392 -Current Month -  
Revision date: 09/2001

**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
(Rates effective September 1, 2001)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: November 2001

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

LIVES	LIFE INSURANCE:				
60	4,985,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000		\$1,470.58
86	2,793,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000		823.94
86	860,000	3 A. D. & D. (\$10,000 cov. per em	\$0.020 per \$1,000		17.20
60	600,000	4 A. D. & D. (Non Bargaining)	\$0.020 per \$1,000		12.00
2	172,350	5 Life - Voluntary Under 30	\$0.06 per \$1,000		10.34
6	638,143	6 Life - Voluntary 30-34	\$0.08 per \$1,000		51.05
10	851,912	7 Life - Voluntary 35-39	\$0.10 per \$1,000		85.19
7	427,480	8 Life - Voluntary 40-44	\$0.12 per \$1,000		51.30
5	286,242	9 Life - Voluntary 45-49	\$0.20 per \$1,000		57.25
10	659,216	10 Life - Voluntary 50-54	\$0.35 per \$1,000		230.73
2	137,010	11 Life - Voluntary 55-59	\$0.63 per \$1,000		86.32
0		12 Life - Voluntary 60-64	\$0.75 per \$1,000		0.00
0		13 Life - Voluntary 65-69	\$1.37 per \$1,000		0.00
0		14 Life - Voluntary 70-74	\$2.21 per \$1,000		0.00
0		15 Life - Voluntary Over 74	\$3.67 per \$1,000		0.00
51	1,020,000	16 Life - Dependent Spouse	\$0.29 per \$1,000		295.80
65	650,000	17 Life - Dependent Children	\$0.12 per \$1,000		78.00
0		18 Life - Supplemental	\$0.35 per \$1,000		0.00
7	192,500	19 Life - Optional	\$0.35 per \$1,000		67.38

**DISABILITY:**

311,430	20 Long Term Disability (non union)	\$0.400 per \$100	1,245.72
146	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	170.82
	22 A. & S.-Coverage for New Jersey	\$0.20 per \$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

27	23 Employees without dependent coverage	\$275.00	7,425.00
116	24 Employees with dependent coverage	\$680.00	78,880.00
1	25 Employees with single dental coverage only	\$19.08	19.08
	26 Employees with dependent dental coverage or	\$47.70	0.00

Actives' subtotal:

**\$91,077.70**

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

	27 Individual (former emp., spouse, or dependent)	\$275.00	0.00
	28 Family (2 or more individuals)	\$680.00	0.00
	29 Under age 65 dependent (1) of a deceased ret	\$275.00	0.00
	30 Under age 65 dependents (>1) of a deceased	\$680.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan	\$225.92	677.76

*Gregg  
Downs  
Bailey*

Continuation of Coverage Subtotal:

\$677.76

Total Premiums for Current Month:

\$91,755.46

\* Includes dependents at least 65 years of age of a deceased retiree, and  
medicare disabled dependents (any age) of deceased retirees.

FORM 392 -Current Month -  
Revision date: 09/2001

**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
(Rates effective September 1, 2001)

COMPANY: KENTUCKY-AMERICAN WATER COMPANY  
MONTH OF: December 2001

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

60	4,994,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,473.23
86	2,878,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	849.01
86	860,000	3 A. D. & D. (\$10,000 cov. per em	\$0.020 per \$1,000	17.20
60	600,000	4 A. D. & D. (Non Bargaining)	\$0.020 per \$1,000	12.00
2	172,350	5 Life - Voluntary Under 30	\$0.06 per \$1,000	10.34
6	638,143	6 Life - Voluntary 30-34	\$0.08 per \$1,000	51.05
10	851,912	7 Life - Voluntary 35-39	\$0.10 per \$1,000	85.19
7	427,480	8 Life - Voluntary 40-44	\$0.12 per \$1,000	51.30
5	286,242	9 Life - Voluntary 45-49	\$0.20 per \$1,000	57.25
10	659,216	10 Life - Voluntary 50-54	\$0.35 per \$1,000	230.73
2	137,010	11 Life - Voluntary 55-59	\$0.63 per \$1,000	86.32
0		12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0		13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0		14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0		15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
50	1,020,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	295.80
62	650,000	17 Life - Dependent Children	\$0.12 per \$1,000	78.00
0		18 Life - Supplemental	\$0.35 per \$1,000	0.00
7	192,500	19 Life - Optional	\$0.35 per \$1,000	67.38

DISABILITY:

311,430	20 Long Term Disability (non union	\$0.400 per \$100	1,245.72
146	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	170.82
	22 A. & S.-Coverage for New Jerse	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

27	23 Employees without dependent coverage	\$275.00	7,425.00
115	24 Employees with dependent coverage	\$680.00	78,200.00
1	25 Employees with single dental coverage only	\$19.08	19.08
	26 Employees with dependent dental coverage or	\$47.70	0.00

Actives' subtotal:

\$90,425.42

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

	27 Individual (former emp., spouse, or dependent)	\$275.00	0.00
	28 Family (2 or more individuals)	\$680.00	0.00
	29 Under age 65 dependent (1) of a deceased re	\$275.00	0.00
	30 Under age 65 dependents (>1) of a deceased	\$680.00	0.00
2	31 *Medicare supplement, in Comprehensive Plan	\$225.92	451.84

*Wiggin  
Bailey*

*(no downs posted away)*

Continuation of Coverage Subtotal: \$451.84

Total Premiums for Current Month: \$90,877.26

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.



FORM 392 - TOTAL  
Revision date: 01/2002

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: KENTUCKY AMERICAN WATER COMPANY  
MONTH OF: January, 2002

Insurance/Employees:		Rate	Premium
<b>ACTIVE EMPLOYEES</b>			
<b>LIVES</b>	<b>LIFE INSURANCE:</b>		
62	3,215,117	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000 \$948.46
85	2,827,656	2 Life - Basic (Bargaining)	\$0.295 per \$1,000 834.16
85	850,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000 17.00
62	620,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000 12.40
2	172,350	5 Life - Voluntary Under 30	\$0.06 per \$1,000 10.34
6	613,283	6 Life - Voluntary 30-34	\$0.08 per \$1,000 49.06
9	787,230	7 Life - Voluntary 35-39	\$0.10 per \$1,000 78.72
7	447,073	8 Life - Voluntary 40-44	\$0.12 per \$1,000 53.65
6	358,418	9 Life - Voluntary 45-49	\$0.20 per \$1,000 71.68
10	673,714	10 Life - Voluntary 50-54	\$0.35 per \$1,000 235.80
2	137,010	11 Life - Voluntary 55-59	\$0.63 per \$1,000 86.32
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000 0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000 0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000 0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000 0.00
48	960,000	16 Life - Dependent Spouse	\$0.29 per \$1,000 278.40
56	560,000	17 Life - Dependent Children	\$0.12 per \$1,000 67.20
0	0	18 Life - Supplemental	\$0.35 per \$1,000 0.00
7	192,500	19 Life - Optional	\$0.35 per \$1,000 67.38

DISABILITY:		Rate	Premium
311,430	20 Long Term Disability (non union only)	\$0.400 per \$100	1,245.72
144	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:		Rate	Premium
27	23 Employees without dependent coverage	\$303.00	8,181.00
113	24 Employees with dependent coverage	\$748.00	84,524.00
1	25 Employees with single dental coverage only	\$19.08	19.08
0	26 Employees with dependent dental coverage only	\$47.70	0.00

Actives' subtotal: \$96,948.85

**CONTINUATION OF COVERAGE**

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:		Rate	Premium
0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
0	28 Family (2 or more individuals)	\$748.00	0.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
2	31 *Medicare supplement, in Comprehensive Plan	\$225.92	451.84

Continuation of Coverage Subtotal: \$451.84

**TOTAL PREMIUM TO BE PAID TO TRUST: \$97,400.69**

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 -Current Month -  
Revision date: 01/2002

**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
(Rates effective January 1, 2002)

COMPANY: Kentucky-American Water Company  
MONTH OF: February 2002

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

60	4,904,000	1 Life - Basic (Non Bargaining)	\$0.295 per	\$1,000	\$1,446.68
84	2,802,000	2 Life - Basic (Bargaining)	\$0.295 per	\$1,000	826.59
84	840,000	3 A. D. & D. (\$10,000 cov. per employee)	\$0.020 per	\$1,000	16.80
60	600,000	4 A. D. & D. (Non Bargaining)	\$0.020 per	\$1,000	12.00
2	172,351	5 Life - Voluntary Under 30	\$0.06 per	\$1,000	10.34
6	613,284	6 Life - Voluntary 30-34	\$0.08 per	\$1,000	49.06
9	788,062	7 Life - Voluntary 35-39	\$0.10 per	\$1,000	78.81
7	449,382	8 Life - Voluntary 40-44	\$0.12 per	\$1,000	53.93
6	359,625	9 Life - Voluntary 45-49	\$0.20 per	\$1,000	71.93
10	676,210	10 Life - Voluntary 50-54	\$0.35 per	\$1,000	236.67
1	36,546	11 Life - Voluntary 55-59	\$0.63 per	\$1,000	23.02
0	0	12 Life - Voluntary 60-64	\$0.75 per	\$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per	\$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per	\$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per	\$1,000	0.00
49	980,000	16 Life - Dependent Spouse	\$0.29 per	\$1,000	284.20
60	600,000	17 Life - Dependent Children	\$0.12 per	\$1,000	72.00
0	0	18 Life - Supplemental	\$0.35 per	\$1,000	0.00
10	195,000	19 Life - Optional	\$0.35 per	\$1,000	68.25

DISABILITY:

272,320	20 Long Term Disability (non union only)	\$0.400 per	\$100	1,089.28
144	21 Short-term Managed Disability	\$1.17 per EMPLOYEE		168.48
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per	\$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

36	23 Employees without dependent coverage	\$303.00	10,908.00
122	24 Employees with dependent coverage	\$748.00	91,256.00
0	25 Employees with single dental coverage only	\$22.66	0.00
0	26 Employees with dependent dental coverage only	\$56.66	0.00

Actives' subtotal:

\$106,672.04

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
0	28 Family (2 or more individuals)	\$748.00	0.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
2	31 *Medicare supplement, in Comprehensive Plan	\$248.51	497.02

Continuation of Coverage Subtotal:

\$497.02

Total Premiums for Current Month:

\$107,169.06

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 -Current Month -  
Revision date: 01/2002

**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
(Rates effective January 1, 2002)

COMPANY: Kentucky-American Water Company  
MONTH OF: March 2002

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

LIVES	AMOUNT	DESCRIPTION	RATE	PER	MAXIMUM	PREMIUM
60	4,904,000	1 Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,446.68
85	2,935,000	2 Life - Basic (Bargaining)	\$0.295	per	\$1,000	865.83
85	850,000	3 A. D. & D. (\$10,000 cov. per employee)	\$0.020	per	\$1,000	17.00
60	600,000	4 A. D. & D. (Non Bargaining)	\$0.020	per	\$1,000	12.00
2	172,351	5 Life - Voluntary Under 30	\$0.06	per	\$1,000	10.34
6	613,284	6 Life - Voluntary 30-34	\$0.08	per	\$1,000	49.06
9	788,062	7 Life - Voluntary 35-39	\$0.10	per	\$1,000	78.81
7	449,382	8 Life - Voluntary 40-44	\$0.12	per	\$1,000	53.93
6	359,625	9 Life - Voluntary 45-49	\$0.20	per	\$1,000	71.93
9	637,751	10 Life - Voluntary 50-54	\$0.35	per	\$1,000	223.21
2	75,005	11 Life - Voluntary 55-59	\$0.63	per	\$1,000	47.25
0	0	12 Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21	per	\$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67	per	\$1,000	0.00
49	980,000	16 Life - Dependent Spouse	\$0.29	per	\$1,000	284.20
60	600,000	17 Life - Dependent Children	\$0.12	per	\$1,000	72.00
0	0	18 Life - Supplemental	\$0.35	per	\$1,000	0.00
10	195,000	19 Life - Optional	\$0.35	per	\$1,000	68.25

**DISABILITY:**

272,320	20 Long Term Disability (non union only)	\$0.400	per	\$100	1,089.28
145	21 Short-term Managed Disability	\$1.17	per EMPLOYEE		169.65
0	22 A. & S.-Coverage for New Jersey only	\$0.20	per	\$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

35	23 Employees without dependent coverage			\$303.00	10,605.00
122	24 Employees with dependent coverage			\$748.00	91,256.00
0	25 Employees with single dental coverage only			\$22.66	0.00
0	26 Employees with dependent dental coverage only			\$56.66	0.00

Actives' subtotal:

\$106,420.42

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	27 Individual (former emp., spouse, or dependent)			\$303.00	0.00
0	28 Family (2 or more individuals)			\$748.00	0.00
0	29 Under age 65 dependent (1) of a deceased retiree			\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree			\$748.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan			\$248.51	745.53

Continuation of Coverage Subtotal:

\$745.53

Total Premiums for Current Month:

\$107,165.95

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: April 2002

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

61	5,002,000	1	Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,475.59
85	2,922,000	2	Life - Basic (Bargaining)	\$0.295	per	\$1,000	861.99
85	850,000	3	A. D. & D. (\$10,000 cov. per employee)	0.020	per	\$1,000	17.00
61	610,000	4	A. D. & D. (Non Bargaining)	0.020	per	\$1,000	12.20
1	30,098	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	1.81
8	790,897	6	Life - Voluntary 30-34	\$0.08	per	\$1,000	63.27
8	638,932	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	63.89
8	598,512	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	71.82
6	359,625	9	Life - Voluntary 45-49	\$0.20	per	\$1,000	71.93
9	637,751	10	Life - Voluntary 50-54	\$0.35	per	\$1,000	223.21
2	75,005	11	Life - Voluntary 55-59	\$0.63	per	\$1,000	47.25
0	0	12	Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
0	0	13	Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0	0	14	Life - Voluntary 70-74	\$2.21	per	\$1,000	0.00
0	0	15	Life - Voluntary Over 74	\$3.67	per	\$1,000	0.00
49	980,000	16	Life - Dependent Spouse	\$0.29	per	\$1,000	284.20
62	620,000	17	Life - Dependent Children	\$0.12	per	\$1,000	74.40
0	0	18	Life - Supplemental	\$0.35	per	\$1,000	0.00
10	195,000	19	Life - Optional	\$0.35	per	\$1,000	68.25

**DISABILITY:**

277,716	20	Long Term Disability (non union only)	\$0.400	per	\$100	1,110.86
146	21	Short-term Managed Disability	\$1.17	per	EMPLOYEE	170.82
0	22	A. & S.-Coverage for New Jersey only	\$0.20	per	\$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

38	23	Employees without dependent coverage			\$303.00	11,514.00
112	24	Employees with dependent coverage			\$748.00	83,776.00
0	25	Employees with single dental coverage only			\$22.66	0.00
1	26	Employees with dependent dental coverage only			\$56.66	56.66

Actives' subtotal: \$99,965.15

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	27	Individual (former emp., spouse, or dependent)			\$303.00	0.00
0	28	Family (2 or more individuals)			\$748.00	0.00
0	29	Under age 65 dependent (1) of a deceased retiree			\$303.00	0.00
0	30	Under age 65 dependents (>1) of a deceased retiree			\$748.00	0.00
3	31	*Medicare supplement, in Comprehensive Plan			\$248.51	745.53

Continuation of Coverage Subtotal: \$745.53

**TOTAL PREMIUM TO BE PAID TO TRUST: \$100,710.68**

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: May 2002

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

60	5,092,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,502.14
85	2,922,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	861.99
85	850,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	17.00
60	600,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	12.00
1	32,822	5 Life - Voluntary Under 30	\$0.06 per \$1,000	1.97
9	840,155	6 Life - Voluntary 30-34	\$0.08 per \$1,000	67.21
8	646,699	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.67
8	617,685	8 Life - Voluntary 40-44	\$0.12 per \$1,000	74.12
6	368,221	9 Life - Voluntary 45-49	\$0.20 per \$1,000	73.64
9	644,645	10 Life - Voluntary 50-54	\$0.35 per \$1,000	225.63
2	75,005	11 Life - Voluntary 55-59	\$0.63 per \$1,000	47.25
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
49	980,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	284.20
62	620,000	17 Life - Dependent Children	\$0.12 per \$1,000	74.40
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
10	195,000	19 Life - Optional	\$0.35 per \$1,000	68.25

DISABILITY:

282,676	20 Long Term Disability (non union only)	\$0.400 per \$100	1,130.70
145	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	169.65
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

38	23 Employees without dependent coverage	\$303.00	11,514.00
112	24 Employees with dependent coverage	\$748.00	83,776.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$100,021.48

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
0	28 Family (2 or more individuals)	\$748.00	0.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan	\$248.51	745.53

Continuation of Coverage Subtotal: \$745.53

TOTAL PREMIUM TO BE PAID TO TRUST: \$100,767.01

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: June 2002

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

59	5,035,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,485.33
84	2,887,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	851.67
84	840,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.80
59	590,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	11.80
1	32,822	5 Life - Voluntary Under 30	\$0.06 per \$1,000	1.97
10	873,123	6 Life - Voluntary 30-34	\$0.08 per \$1,000	69.85
8	646,699	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.67
8	617,685	8 Life - Voluntary 40-44	\$0.12 per \$1,000	74.12
6	368,221	9 Life - Voluntary 45-49	\$0.20 per \$1,000	73.64
8	571,554	10 Life - Voluntary 50-54	\$0.35 per \$1,000	200.04
3	148,096	11 Life - Voluntary 55-59	\$0.63 per \$1,000	93.30
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
49	980,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	284.20
63	630,000	17 Life - Dependent Children	\$0.12 per \$1,000	75.60
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
10	195,000	19 Life - Optional	\$0.35 per \$1,000	68.25

**DISABILITY:**

279,561	20 Long Term Disability (non union only)	\$0.400 per \$100	1,118.24
143	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	167.31
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

36	23 Employees without dependent coverage	\$303.00	10,908.00
111	24 Employees with dependent coverage	\$748.00	83,028.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$98,649.45

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
0	28 Family (2 or more individuals)	\$748.00	0.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan	\$248.51	745.53

Continuation of Coverage Subtotal: \$745.53

**TOTAL PREMIUM TO BE PAID TO TRUST: \$99,394.98**

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: July 2002

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

59	5,035,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,485.33
85	2,920,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	861.40
85	850,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	17.00
59	590,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	11.80
1	32,822	5 Life - Voluntary Under 30	\$0.06 per \$1,000	1.97
10	873,122	6 Life - Voluntary 30-34	\$0.08 per \$1,000	69.85
8	646,698	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.67
8	617,684	8 Life - Voluntary 40-44	\$0.12 per \$1,000	74.12
6	368,221	9 Life - Voluntary 45-49	\$0.20 per \$1,000	73.64
8	571,554	10 Life - Voluntary 50-54	\$0.35 per \$1,000	200.04
3	148,096	11 Life - Voluntary 55-59	\$0.63 per \$1,000	93.30
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
49	980,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	284.20
63	630,000	17 Life - Dependent Children	\$0.12 per \$1,000	75.60
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
10	195,000	19 Life - Optional	\$0.35 per \$1,000	68.25

DISABILITY:

279,560	20 Long Term Disability (non union only)	\$0.400 per \$100	1,118.24
144	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

36	23 Employees without dependent coverage	\$303.00	10,908.00
111	24 Employees with dependent coverage	\$748.00	83,028.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$98,660.55

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
1	28 Family (2 or more individuals)	\$748.00	748.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan	\$248.51	745.53

Continuation of Coverage Subtotal: \$1,493.53

TOTAL PREMIUM TO BE PAID TO TRUST: \$100,154.08

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: August 2002

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

60	5,096,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,503.32
83	2,856,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	842.52
83	830,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.60
60	600,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	12.00
1	32,822	5 Life - Voluntary Under 30	\$0.06 per \$1,000	1.97
10	873,122	6 Life - Voluntary 30-34	\$0.08 per \$1,000	69.85
8	646,698	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.67
8	617,684	8 Life - Voluntary 40-44	\$0.12 per \$1,000	74.12
6	368,221	9 Life - Voluntary 45-49	\$0.20 per \$1,000	73.64
8	571,554	10 Life - Voluntary 50-54	\$0.35 per \$1,000	200.04
3	148,096	11 Life - Voluntary 55-59	\$0.63 per \$1,000	93.30
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
48	960,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	278.40
64	640,000	17 Life - Dependent Children	\$0.12 per \$1,000	76.80
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
9	175,000	19 Life - Optional	\$0.35 per \$1,000	61.25

**DISABILITY:**

282,931	20 Long Term Disability (non union only)	\$0.400 per \$100	1,131.72
143	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	167.31
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

35	23 Employees without dependent coverage	\$303.00	10,605.00
110	24 Employees with dependent coverage	\$748.00	82,280.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal:

**\$97,609.17**

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
1	28 Family (2 or more individuals)	\$748.00	748.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan	\$248.51	745.53

Continuation of Coverage Subtotal:

**\$1,493.53**

**TOTAL PREMIUM TO BE PAID TO TRUST:**

**\$99,102.70**

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.



FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: September 2002

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

60	5,096,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,503.32
83	2,858,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	843.11
83	830,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.60
60	600,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	12.00
2	65,790	5 Life - Voluntary Under 30	\$0.06 per \$1,000	3.95
10	873,122	6 Life - Voluntary 30-34	\$0.08 per \$1,000	69.85
8	646,698	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.67
8	617,684	8 Life - Voluntary 40-44	\$0.12 per \$1,000	74.12
6	368,221	9 Life - Voluntary 45-49	\$0.20 per \$1,000	73.64
8	571,554	10 Life - Voluntary 50-54	\$0.35 per \$1,000	200.04
3	148,096	11 Life - Voluntary 55-59	\$0.63 per \$1,000	93.30
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
48	960,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	278.40
64	640,000	17 Life - Dependent Children	\$0.12 per \$1,000	76.80
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
9	175,000	19 Life - Optional	\$0.35 per \$1,000	61.25

**DISABILITY:**

282,931	20 Long Term Disability (non union only)	\$0.400 per \$100	1,131.72
143	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	167.31
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

35	23 Employees without dependent coverage	\$303.00	10,605.00
111	24 Employees with dependent coverage	\$748.00	83,028.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$98,359.74

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
1	28 Family (2 or more individuals)	\$748.00	748.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
3	31 *Medicare supplement, in Comprehensive Plan	\$248.51	745.53

Continuation of Coverage Subtotal: \$1,493.53

**TOTAL PREMIUM TO BE PAID TO TRUST: \$99,853.27**

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE**  
**GROUP INSURANCE PREMIUM STATEMENT**  
**(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: October 2002

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

60	5,096,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,503.32
84	2,886,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	851.37
84	840,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.80
60	600,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	12.00
2	65,790	5 Life - Voluntary Under 30	\$0.06 per \$1,000	3.95
9	703,524	6 Life - Voluntary 30-34	\$0.08 per \$1,000	56.28
9	816,296	7 Life - Voluntary 35-39	\$0.10 per \$1,000	81.63
8	617,684	8 Life - Voluntary 40-44	\$0.12 per \$1,000	74.12
6	368,221	9 Life - Voluntary 45-49	\$0.20 per \$1,000	73.64
8	571,554	10 Life - Voluntary 50-54	\$0.35 per \$1,000	200.04
3	148,096	11 Life - Voluntary 55-59	\$0.63 per \$1,000	93.30
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
47	940,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	272.60
64	640,000	17 Life - Dependent Children	\$0.12 per \$1,000	76.80
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	19 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

282,931	20 Long Term Disability (non union only)	\$0.400 per \$100	1,131.72
144	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

35	23 Employees without dependent coverage	\$303.00	10,605.00
110	24 Employees with dependent coverage	\$748.00	82,280.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$97,611.96

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
1	28 Family (2 or more individuals)	\$748.00	748.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
2	31 *Medicare supplement, in Comprehensive Plan	\$248.51	497.02

Continuation of Coverage Subtotal: \$1,245.02

TOTAL PREMIUM TO BE PAID TO TRUST: \$98,856.98

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: November 2002

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

60	5,099,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,504.21
84	2,954,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	871.43
84	840,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.80
60	600,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	12.00
2	68,723	5 Life - Voluntary Under 30	\$0.06 per \$1,000	4.12
9	716,254	6 Life - Voluntary 30-34	\$0.08 per \$1,000	57.30
10	894,941	7 Life - Voluntary 35-39	\$0.10 per \$1,000	89.49
9	690,900	8 Life - Voluntary 40-44	\$0.12 per \$1,000	82.91
6	370,363	9 Life - Voluntary 45-49	\$0.20 per \$1,000	74.07
8	578,126	10 Life - Voluntary 50-54	\$0.35 per \$1,000	202.34
3	152,526	11 Life - Voluntary 55-59	\$0.63 per \$1,000	96.09
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
47	940,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	272.60
68	680,000	17 Life - Dependent Children	\$0.12 per \$1,000	81.60
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	19 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

283,122	20 Long Term Disability (non union only)	\$0.400 per \$100	1,132.49
144	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	168.48
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

35	23 Employees without dependent coverage	\$303.00	10,605.00
112	24 Employees with dependent coverage	\$748.00	83,776.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$99,157.84

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
1	28 Family (2 or more individuals)	\$748.00	748.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
2	31 *Medicare supplement, in Comprehensive Plan	\$248.51	497.02

Continuation of Coverage Subtotal: \$1,245.02

TOTAL PREMIUM TO BE PAID TO TRUST: \$100,402.86

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 09/2001

**AETNA US HEALTHCARE  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective September 1, 2001)**

COMPANY: Kentucky American Water Co.  
MONTH OF: December 2002

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

59	5,006,000	1 Life - Basic (Non Bargaining)	\$0.295 per \$1,000	\$1,476.77
81	2,845,000	2 Life - Basic (Bargaining)	\$0.295 per \$1,000	839.28
81	810,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.20
59	590,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	11.80
2	72,155	5 Life - Voluntary Under 30	\$0.06 per \$1,000	4.33
9	823,956	6 Life - Voluntary 30-34	\$0.08 per \$1,000	65.92
10	894,941	7 Life - Voluntary 35-39	\$0.10 per \$1,000	89.49
9	690,900	8 Life - Voluntary 40-44	\$0.12 per \$1,000	82.91
6	370,363	9 Life - Voluntary 45-49	\$0.20 per \$1,000	74.07
8	578,126	10 Life - Voluntary 50-54	\$0.35 per \$1,000	202.34
3	77,230	11 Life - Voluntary 55-59	\$0.63 per \$1,000	48.65
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70-74	\$2.21 per \$1,000	0.00
0	0	15 Life - Voluntary Over 74	\$3.67 per \$1,000	0.00
47	940,000	16 Life - Dependent Spouse	\$0.29 per \$1,000	272.60
68	680,000	17 Life - Dependent Children	\$0.12 per \$1,000	81.60
0	0	18 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	19 Life - Optional	\$0.35 per \$1,000	54.25

**DISABILITY:**

278,036	20 Long Term Disability (non union only)	\$0.400 per \$100	1,112.14
140	21 Short-term Managed Disability	\$1.17 per EMPLOYEE	163.80
0	22 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

8	23 Employees without dependent coverage	\$303.00	2,424.00
110	24 Employees with dependent coverage	\$748.00	82,280.00
0	25 Employees with single dental coverage only	\$22.66	0.00
1	26 Employees with dependent dental coverage only	\$56.66	56.66

Actives' subtotal: \$89,356.81

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
1	28 Family (2 or more individuals)	\$748.00	748.00
0	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
0	30 Under age 65 dependents (>1) of a deceased retiree	\$748.00	0.00
2	31 *Medicare supplement, in Comprehensive Plan	\$248.51	497.02

Continuation of Coverage Subtotal: \$1,245.02

**TOTAL PREMIUM TO BE PAID TO TRUST: \$90,601.83**

\* Includes dependents at least 65 years of age of a deceased retiree, and medicare disabled dependents (any age) of deceased retirees.

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: January 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

54	4,480,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$806.40
81	2,868,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	516.24
81	810,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.20
54	540,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	10.80
2	72,155	5 Life - Voluntary Under 30	\$0.06 per \$1,000	4.33
9	734,698	6 Life - Voluntary 30-34	\$0.08 per \$1,000	58.78
8	595,914	7 Life - Voluntary 35-39	\$0.10 per \$1,000	59.59
10	806,777	8 Life - Voluntary 40-44	\$0.12 per \$1,000	96.81
5	341,175	9 Life - Voluntary 45-49	\$0.19 per \$1,000	64.82
8	655,807	10 Life - Voluntary 50-54	\$0.32 per \$1,000	209.86
2	77,230	11 Life - Voluntary 55-59	\$0.59 per \$1,000	45.57
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
43	860,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	215.00
37	690,000	16 Life - Dependent Children	\$1.20 per \$1,000	828.00
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

249,073	19 Long Term Disability (non union only)	\$0.400 per \$100	996.29
135	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	213.30
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

23	22 Employees without dependent coverage	\$324.00	7,452.00
104	23 Employees with dependent coverage	\$800.00	83,200.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$94,928.24

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	26 Individual (former emp., spouse, or dependent)	\$324.00	324.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$324.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$95,252.24

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: February 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

56	4,595,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$827.10
82	2,902,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	522.36
82	820,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.40
56	560,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	11.20
3	106,121	5 Life - Voluntary Under 30	\$0.06 per \$1,000	6.37
8	698,298	6 Life - Voluntary 30-34	\$0.08 per \$1,000	55.86
9	632,314	7 Life - Voluntary 35-39	\$0.10 per \$1,000	63.23
9	770,876	8 Life - Voluntary 40-44	\$0.12 per \$1,000	92.51
6	377,076	9 Life - Voluntary 45-49	\$0.19 per \$1,000	71.64
8	655,807	10 Life - Voluntary 50-54	\$0.32 per \$1,000	209.86
2	77,230	11 Life - Voluntary 55-59	\$0.59 per \$1,000	45.57
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
43	860,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	215.00
37	690,000	16 Life - Dependent Children	\$1.20 per \$1,000	828.00
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

255,921	19 Long Term Disability (non union only)	\$0.400 per \$100	1,023.68
138	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	218.04
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

24	22 Employees without dependent coverage	\$324.00	7,776.00
104	23 Employees with dependent coverage	\$800.00	83,200.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$95,317.07

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	26 Individual (former emp., spouse, or dependent)	\$324.00	324.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$324.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$95,641.07

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: March 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,502,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$810.36
83	2,936,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	528.48
83	830,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.60
55	550,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	11.00
4	137,500	5 Life - Voluntary Under 30	\$0.06 per \$1,000	8.25
9	766,231	6 Life - Voluntary 30-34	\$0.08 per \$1,000	61.30
8	530,415	7 Life - Voluntary 35-39	\$0.10 per \$1,000	53.04
10	872,775	8 Life - Voluntary 40-44	\$0.12 per \$1,000	104.73
6	377,076	9 Life - Voluntary 45-49	\$0.19 per \$1,000	71.64
8	655,807	10 Life - Voluntary 50-54	\$0.32 per \$1,000	209.86
2	77,230	11 Life - Voluntary 55-59	\$0.59 per \$1,000	45.57
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
45	900,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	225.00
40	720,000	16 Life - Dependent Children	\$1.20 per \$1,000	48.00
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

250,778	19 Long Term Disability (non union only)	\$0.400 per \$100	1,003.11
138	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	218.04
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

25	22 Employees without dependent coverage	\$324.00	8,100.00
105	23 Employees with dependent coverage	\$800.00	84,000.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$95,649.23

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	26 Individual (former emp., spouse, or dependent)	\$324.00	324.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$324.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$95,973.23

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: April 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,461,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$802.98
82	2,904,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	522.72
82	820,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.40
55	550,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	11.00
5	239,399	5 Life - Voluntary Under 30	\$0.06 per \$1,000	14.36
9	766,231	6 Life - Voluntary 30-34	\$0.08 per \$1,000	61.30
8	530,415	7 Life - Voluntary 35-39	\$0.10 per \$1,000	53.04
10	872,775	8 Life - Voluntary 40-44	\$0.12 per \$1,000	104.73
6	377,076	9 Life - Voluntary 45-49	\$0.19 per \$1,000	71.64
8	655,807	10 Life - Voluntary 50-54	\$0.32 per \$1,000	209.86
2	77,230	11 Life - Voluntary 55-59	\$0.59 per \$1,000	45.57
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
48	960,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	240.00
41	730,000	16 Life - Dependent Children	\$1.20 per \$1,000	49.20
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

248,537	19 Long Term Disability (non union only)	\$0.400 per \$100	994.15
137	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	216.46
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

26	22 Employees without dependent coverage	\$324.00	8,424.00
106	23 Employees with dependent coverage	\$800.00	84,800.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$96,771.66

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	26 Individual (former emp., spouse, or dependent)	\$324.00	324.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$324.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$97,095.66



FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: May 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,621,000	1	Life - Basic (Non Bargaining)	\$0.180	per	\$1,000	\$831.78
82	2,904,000	2	Life - Basic (Bargaining)	\$0.180	per	\$1,000	522.72
82	820,000	3	A. D. & D. (\$10,000 cov. per employee)	0.020	per	\$1,000	16.40
55	4,621,000	4	A. D. & D. (Non Bargaining)	0.020	per	\$1,000	92.42
5	240,844	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	14.45
9	773,703	6	Life - Voluntary 30-34	\$0.08	per	\$1,000	61.90
8	538,633	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	53.86
10	883,384	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	106.01
6	387,542	9	Life - Voluntary 45-49	\$0.19	per	\$1,000	73.63
9	701,468	10	Life - Voluntary 50-54	\$0.32	per	\$1,000	224.47
2	77,230	11	Life - Voluntary 55-59	\$0.59	per	\$1,000	45.57
0	0	12	Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
0	0	13	Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0	0	14	Life - Voluntary 70 and over	\$2.21	per	\$1,000	0.00
50	1,000,000	15	Life - Dependent Spouse	\$0.25	per	\$1,000	250.00
41	740,000	16	Life - Dependent Children	\$1.20	per	\$1,000	49.20
0	0	17	Life - Supplemental	\$0.35	per	\$1,000	0.00
8	155,000	18	Life - Optional	\$0.35	per	\$1,000	54.25

DISABILITY:

257,749	19	Long Term Disability (non union only)	\$0.400	per	\$100	1,031.00
137	20	Short-term Managed Disability	\$1.58	per	EMPLOYEE	216.46
0	21	A. & S.-Coverage for New Jersey only	\$0.20	per	\$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

25	22	Employees without dependent coverage	\$324.00		8,100.00
106	23	Employees with dependent coverage	\$800.00		84,800.00
1	24	Employees with single dental coverage only	\$23.00		23.00
2	25	Employees with dependent dental coverage only	\$57.00		114.00

Actives' subtotal: \$96,681.12

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	26	Individual (former emp., spouse, or dependent)	\$324.00		324.00
0	27	Family (2 or more individuals)	\$800.00		0.00

Continuation of Coverage Subtotal: \$324.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$97,005.12

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: June 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,621,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$831.78
82	2,904,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	522.72
82	820,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.40
55	4,621,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	92.42
5	240,844	5 Life - Voluntary Under 30	\$0.06 per \$1,000	14.45
9	773,703	6 Life - Voluntary 30-34	\$0.08 per \$1,000	61.90
8	538,633	7 Life - Voluntary 35-39	\$0.10 per \$1,000	53.86
10	883,384	8 Life - Voluntary 40-44	\$0.12 per \$1,000	106.01
7	459,343	9 Life - Voluntary 45-49	\$0.19 per \$1,000	87.28
9	701,468	10 Life - Voluntary 50-54	\$0.32 per \$1,000	224.47
2	77,230	11 Life - Voluntary 55-59	\$0.59 per \$1,000	45.57
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
50	1,000,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	250.00
42	760,000	16 Life - Dependent Children	\$1.20 per \$1,000	50.40
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

257,749	19 Long Term Disability (non union only)	\$0.400 per \$100	1,031.00
137	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	216.46
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

26	22 Employees without dependent coverage	\$324.00	8,424.00
106	23 Employees with dependent coverage	\$800.00	84,800.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$96,962.97

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	26 Individual (former emp., spouse, or dependent)	\$324.00	324.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$324.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$97,286.97

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: July 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,621,000	1	Life - Basic (Non Bargaining)	\$0.180	per	\$1,000	\$831.78
81	2,866,000	2	Life - Basic (Bargaining)	\$0.180	per	\$1,000	515.88
81	810,000	3	A. D. & D. (\$10,000 cov. per employee)	0.020	per	\$1,000	16.20
55	4,621,000	4	A. D. & D. (Non Bargaining)	0.020	per	\$1,000	92.42
4	204,943	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	12.30
9	701,901	6	Life - Voluntary 30-34	\$0.08	per	\$1,000	56.15
9	646,335	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	64.63
10	883,384	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	106.01
6	421,695	9	Life - Voluntary 45-49	\$0.19	per	\$1,000	80.12
11	903,483	10	Life - Voluntary 50-54	\$0.32	per	\$1,000	289.11
2	77,230	11	Life - Voluntary 55-59	\$0.59	per	\$1,000	45.57
0	0	12	Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
0	0	13	Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0	0	14	Life - Voluntary 70 and over	\$2.21	per	\$1,000	0.00
51	1,020,000	15	Life - Dependent Spouse	\$0.25	per	\$1,000	255.00
42	760,000	16	Life - Dependent Children	\$1.20	per	\$1,000	50.40
0	0	17	Life - Supplemental	\$0.35	per	\$1,000	0.00
8	155,000	18	Life - Optional	\$0.35	per	\$1,000	54.25

DISABILITY:

257,749	19	Long Term Disability (non union only)	\$0.400	per	\$100	1,031.00
136	20	Short-term Managed Disability	\$1.58	per	EMPLOYEE	214.88
0	21	A.& S.-Coverage for New Jersey only	\$0.20	per	\$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

26	22	Employees without dependent coverage	\$324.00		8,424.00
105	23	Employees with dependent coverage	\$800.00		84,000.00
1	24	Employees with single dental coverage only	\$23.00		23.00
1	25	Employees with dependent dental coverage only	\$57.00		57.00

Actives' subtotal: \$96,219.70

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	26	Individual (former emp., spouse, or dependent)	\$324.00		0.00
0	27	Family (2 or more individuals)	\$800.00		0.00

Continuation of Coverage Subtotal: \$0.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$96,219.70

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: August 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,621,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$831.78
83	2,866,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	515.88
83	830,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.60
55	4,621,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	92.42
4	204,943	5 Life - Voluntary Under 30	\$0.06 per \$1,000	12.30
8	594,199	6 Life - Voluntary 30-34	\$0.08 per \$1,000	47.54
9	646,335	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.63
10	883,384	8 Life - Voluntary 40-44	\$0.12 per \$1,000	106.01
6	421,695	9 Life - Voluntary 45-49	\$0.19 per \$1,000	80.12
11	903,483	10 Life - Voluntary 50-54	\$0.32 per \$1,000	289.11
2	77,230	11 Life - Voluntary 55-59	\$0.59 per \$1,000	45.57
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
50	1,000,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	250.00
42	760,000	16 Life - Dependent Children	\$1.20 per \$1,000	50.40
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

257,749	19 Long Term Disability (non union only)	\$0.400 per \$100	1,031.00
138	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	218.04
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

26	22 Employees without dependent coverage	\$324.00	8,424.00
105	23 Employees with dependent coverage	\$800.00	84,000.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$96,209.65

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	26 Individual (former emp., spouse, or dependent)	\$324.00	0.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$0.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$96,209.65

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: September 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,621,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$831.78
83	2,934,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	528.12
83	830,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.60
55	4,621,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	92.42
4	204,943	5 Life - Voluntary Under 30	\$0.06 per \$1,000	12.30
8	594,199	6 Life - Voluntary 30-34	\$0.08 per \$1,000	47.54
9	646,335	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.63
10	883,384	8 Life - Voluntary 40-44	\$0.12 per \$1,000	106.01
5	384,089	9 Life - Voluntary 45-49	\$0.19 per \$1,000	72.98
11	865,627	10 Life - Voluntary 50-54	\$0.32 per \$1,000	277.00
3	152,692	11 Life - Voluntary 55-59	\$0.59 per \$1,000	90.09
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
50	1,000,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	250.00
42	760,000	16 Life - Dependent Children	\$1.20 per \$1,000	50.40
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

257,749	19 Long Term Disability (non union only)	\$0.400 per \$100	1,031.00
138	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	218.04
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

26	22 Employees without dependent coverage	\$324.00	8,424.00
105	23 Employees with dependent coverage	\$800.00	84,000.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$96,247.16

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	26 Individual (former emp., spouse, or dependent)	\$324.00	0.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$0.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$96,247.16

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: October 2003

Insurance/Employees:	Rate	Premium
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**ACTIVE EMPLOYEES**

**LIVES LIFE INSURANCE:**

55	4,621,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$831.78
82	2,906,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	523.08
82	820,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.40
55	4,621,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	92.42
4	204,943	5 Life - Voluntary Under 30	\$0.06 per \$1,000	12.30
8	594,199	6 Life - Voluntary 30-34	\$0.08 per \$1,000	47.54
9	646,335	7 Life - Voluntary 35-39	\$0.10 per \$1,000	64.63
10	883,384	8 Life - Voluntary 40-44	\$0.12 per \$1,000	106.01
5	384,089	9 Life - Voluntary 45-49	\$0.19 per \$1,000	72.98
11	865,627	10 Life - Voluntary 50-54	\$0.32 per \$1,000	277.00
3	152,692	11 Life - Voluntary 55-59	\$0.59 per \$1,000	90.09
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
51	1,020,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	255.00
42	750,000	16 Life - Dependent Children	\$1.20 per \$1,000	50.40
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

**DISABILITY:**

257,749	19 Long Term Disability (non union only)	\$0.400 per \$100	1,031.00
137	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	216.46
0	21 A.& S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

24	22 Employees without dependent coverage	\$324.00	7,776.00
106	23 Employees with dependent coverage	\$800.00	84,800.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$96,397.34

**CONTINUATION OF COVERAGE**

**MEDICAL, DENTAL & PRESCRIPTION COVERAGE:**

0	26 Individual (former emp., spouse, or dependent)	\$324.00	0.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$0.00

**TOTAL PREMIUM TO BE PAID TO TRUST:** **\$96,397.34**

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: November 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

56	4,684,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$843.12
82	2,976,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	535.68
82	820,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	16.40
56	4,684,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	93.68
4	208,354	5 Life - Voluntary Under 30	\$0.06 per \$1,000	12.50
9	639,896	6 Life - Voluntary 30-34	\$0.08 per \$1,000	51.19
9	657,235	7 Life - Voluntary 35-39	\$0.10 per \$1,000	65.72
10	895,636	8 Life - Voluntary 40-44	\$0.12 per \$1,000	107.48
5	386,772	9 Life - Voluntary 45-49	\$0.19 per \$1,000	73.49
11	873,178	10 Life - Voluntary 50-54	\$0.32 per \$1,000	279.42
3	156,374	11 Life - Voluntary 55-59	\$0.59 per \$1,000	92.26
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
53	1,060,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	265.00
42	740,000	16 Life - Dependent Children	\$1.20 per \$1,000	50.40
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

261,235	19 Long Term Disability (non union only)	\$0.400 per \$100	1,044.94
138	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	218.04
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

23	22 Employees without dependent coverage	\$324.00	7,452.00
108	23 Employees with dependent coverage	\$800.00	86,400.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$97,735.57

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0	26 Individual (former emp., spouse, or dependent)	\$324.00	0.00
0	27 Family (2 or more individuals)	\$800.00	0.00

Continuation of Coverage Subtotal: \$0.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$97,735.57

FORM 392 - TOTAL  
Revision date: 01/2003

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2003)**

COMPANY: Kentucky American Water Co.  
MONTH OF: December 2003

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

55	4,611,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$829.98
76	2,802,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	504.36
76	760,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	15.20
55	4,611,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	92.22
5	243,174	5 Life - Voluntary Under 30	\$0.06 per \$1,000	14.59
9	639,896	6 Life - Voluntary 30-34	\$0.08 per \$1,000	51.19
8	702,641	7 Life - Voluntary 35-39	\$0.10 per \$1,000	70.26
9	815,971	8 Life - Voluntary 40-44	\$0.12 per \$1,000	97.92
5	386,772	9 Life - Voluntary 45-49	\$0.19 per \$1,000	73.49
10	806,933	10 Life - Voluntary 50-54	\$0.32 per \$1,000	258.22
4	222,619	11 Life - Voluntary 55-59	\$0.59 per \$1,000	131.35
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
52	1,040,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	260.00
42	740,000	16 Life - Dependent Children	\$1.20 per \$1,000	50.40
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
8	155,000	18 Life - Optional	\$0.35 per \$1,000	54.25

DISABILITY:

257,230	19 Long Term Disability (non union only)	\$0.400 per \$100	1,028.92
131	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	206.98
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

21	22 Employees without dependent coverage	\$324.00	6,804.00
104	23 Employees with dependent coverage	\$800.00	83,200.00
1	24 Employees with single dental coverage only	\$23.00	23.00
1	25 Employees with dependent dental coverage only	\$57.00	57.00

Actives' subtotal: \$93,823.33

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

2	28 Individual (former emp., spouse, or dependent)	\$324.00	648.00
3	29 Family (2 or more individuals)	\$800.00	2,400.00

Continuation of Coverage Subtotal: \$3,048.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$96,871.33



FORM 392 - TOTAL  
Revision date: 01/2004

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2004)**

COMPANY: Kentucky American Water Co.  
MONTH OF: January 2004

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

53	4,311,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$775.98
75	2,788,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	501.84
75	750,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	15.00
53	4,311,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	86.22
5	243,174	5 Life - Voluntary Under 30	\$0.06 per \$1,000	14.59
9	639,896	6 Life - Voluntary 30-34	\$0.08 per \$1,000	51.19
7	665,846	7 Life - Voluntary 35-39	\$0.10 per \$1,000	66.58
10	864,060	8 Life - Voluntary 40-44	\$0.12 per \$1,000	103.69
5	386,772	9 Life - Voluntary 45-49	\$0.19 per \$1,000	73.49
10	848,137	10 Life - Voluntary 50-54	\$0.32 per \$1,000	271.40
3	156,374	11 Life - Voluntary 55-59	\$0.59 per \$1,000	92.26
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
49	980,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	245.00
41	720,000	16 Life - Dependent Children	\$1.20 per \$1,000	49.20
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
7	135,000	18 Life - Optional	\$0.35 per \$1,000	47.25

DISABILITY:

240,129	19 Long Term Disability (non union only)	\$0.400 per \$100	960.52
128	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	202.24
0	21 A.& S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

19	22 Employees without dependent coverage	\$353.00	6,707.00
104	23 Employees with dependent coverage	\$870.00	90,480.00
1	24 Employees with single dental coverage only	\$25.00	25.00
1	25 Employees with dependent dental coverage only	\$61.00	61.00

Actives' subtotal: \$100,829.45

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

2	30 Individual (former emp., spouse, or dependent)	\$353.00	706.00
1	31 Family (2 or more individuals)	\$870.00	870.00

Continuation of Coverage Subtotal: \$1,576.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$102,405.45

FORM 392 - TOTAL  
Revision date: 01/2004

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2004)**

COMPANY: Kentucky American Water Co.  
MONTH OF: February 2004

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

53	4,311,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$775.98
75	2,788,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	501.84
75	750,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	15.00
53	4,311,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	86.22
5	243,174	5 Life - Voluntary Under 30	\$0.06 per \$1,000	14.59
8	557,695	6 Life - Voluntary 30-34	\$0.08 per \$1,000	44.62
8	748,047	7 Life - Voluntary 35-39	\$0.10 per \$1,000	74.80
10	864,060	8 Life - Voluntary 40-44	\$0.12 per \$1,000	103.69
5	386,772	9 Life - Voluntary 45-49	\$0.19 per \$1,000	73.49
10	848,137	10 Life - Voluntary 50-54	\$0.32 per \$1,000	271.40
3	156,374	11 Life - Voluntary 55-59	\$0.59 per \$1,000	92.26
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
49	980,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	245.00
41	720,000	16 Life - Dependent Children	\$1.20 per \$1,000	49.20
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
7	135,000	18 Life - Optional	\$0.35 per \$1,000	47.25

DISABILITY:

240,129	19 Long Term Disability (non union only)	\$0.400 per \$100	960.52
128	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	202.24
0	21 A & S-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

19	22 Employees without dependent coverage	\$353.00	6,707.00
104	23 Employees with dependent coverage	\$870.00	90,480.00
1	24 Employees with single dental coverage only	\$25.00	25.00
1	25 Employees with dependent dental coverage only	\$61.00	61.00

Actives' subtotal: \$100,831.10

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

2	30 Individual (former emp., spouse, or dependent)	\$353.00	706.00
1	31 Family (2 or more individuals)	\$870.00	870.00
0	32 Employee with single dental coverage only	\$25.00	0.00
0	33 Employees with dependent dental coverage only	\$61.00	0.00

Continuation of Coverage Subtotal: \$1,576.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$102,407.10

FORM 392 - TOTAL  
Revision date: 01/2004

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2004)**

COMPANY: Kentucky American Water Co.  
MONTH OF: March 2004

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

52	4,197,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$755.46
75	2,788,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	501.84
75	750,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	15.00
52	4,197,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	83.94
5	245,150	5 Life - Voluntary Under 30	\$0.06 per \$1,000	14.71
8	555,719	6 Life - Voluntary 30-34	\$0.08 per \$1,000	44.46
8	787,318	7 Life - Voluntary 35-39	\$0.10 per \$1,000	78.73
10	864,060	8 Life - Voluntary 40-44	\$0.12 per \$1,000	103.69
5	386,772	9 Life - Voluntary 45-49	\$0.19 per \$1,000	73.49
10	848,137	10 Life - Voluntary 50-54	\$0.32 per \$1,000	271.40
3	156,374	11 Life - Voluntary 55-59	\$0.59 per \$1,000	92.26
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
49	980,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	245.00
41	730,000	16 Life - Dependent Children	\$1.20 per \$1,000	49.20
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
7	160,000	18 Life - Optional	\$0.35 per \$1,000	56.00

DISABILITY:

233,824	19 Long Term Disability (non union only)	\$0.400 per \$100	935.30
127	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	200.66
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

18	22 Employees without dependent coverage	\$353.00	6,354.00
104	23 Employees with dependent coverage	\$870.00	90,480.00
1	24 Employees with single dental coverage only	\$25.00	25.00
1	25 Employees with dependent dental coverage only	\$61.00	61.00

Actives' subtotal: \$100,441.14

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	30 Individual (former emp., spouse, or dependent)	\$353.00	353.00
1	31 Family (2 or more individuals)	\$870.00	870.00
0	32 Employee with single dental coverage only	\$25.00	0.00
0	33 Employees with dependent dental coverage only	\$61.00	0.00

Continuation of Coverage Subtotal: \$1,223.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$101,664.14

FORM 392 - TOTAL  
Revision date: 01/2004

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2004)**

COMPANY: Kentucky American Water Co.  
MONTH OF: April 2004

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

51	4,162,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$749.16
75	2,788,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	501.84
75	750,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	15.00
51	4,162,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	83.24
4	213,770	5 Life - Voluntary Under 30	\$0.06 per \$1,000	12.83
8	555,719	6 Life - Voluntary 30-34	\$0.08 per \$1,000	44.46
8	787,318	7 Life - Voluntary 35-39	\$0.10 per \$1,000	78.73
8	782,773	8 Life - Voluntary 40-44	\$0.12 per \$1,000	93.93
7	468,060	9 Life - Voluntary 45-49	\$0.19 per \$1,000	88.93
10	850,550	10 Life - Voluntary 50-54	\$0.32 per \$1,000	272.18
3	156,374	11 Life - Voluntary 55-59	\$0.59 per \$1,000	92.26
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
48	960,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	240.00
40	720,000	16 Life - Dependent Children	\$1.20 per \$1,000	48.00
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
6	140,000	18 Life - Optional	\$0.35 per \$1,000	49.00

DISABILITY:

231,795	19 Long Term Disability (non union only)	\$0.400 per \$100	927.18
126	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	199.08
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

18	22 Employees without dependent coverage	\$353.00	6,354.00
103	23 Employees with dependent coverage	\$870.00	89,610.00
1	24 Employees with single dental coverage only	\$25.00	25.00
1	25 Employees with dependent dental coverage only	\$61.00	61.00

Actives' subtotal: \$99,545.82

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	30 Individual (former emp., spouse, or dependent)	\$353.00	353.00
1	31 Family (2 or more individuals)	\$870.00	870.00
0	32 Employee with single dental coverage only	\$25.00	0.00
0	33 Employees with dependent dental coverage only	\$61.00	0.00

Continuation of Coverage Subtotal: \$1,223.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$100,768.82

FORM 392 - TOTAL  
Revision date: 01/2004

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2004)**

COMPANY: Kentucky American Water Co.  
MONTH OF: May 2004

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

49	4,044,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$727.92
74	2,749,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	494.82
74	740,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	14.80
49	4,044,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	80.88
4	214,866	5 Life - Voluntary Under 30	\$0.06 per \$1,000	12.89
8	560,500	6 Life - Voluntary 30-34	\$0.08 per \$1,000	44.84
8	792,548	7 Life - Voluntary 35-39	\$0.10 per \$1,000	79.25
8	789,597	8 Life - Voluntary 40-44	\$0.12 per \$1,000	94.75
7	477,174	9 Life - Voluntary 45-49	\$0.19 per \$1,000	90.66
9	774,045	10 Life - Voluntary 50-54	\$0.32 per \$1,000	247.69
4	194,958	11 Life - Voluntary 55-59	\$0.59 per \$1,000	115.03
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
47	940,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	235.00
40	710,000	16 Life - Dependent Children	\$1.20 per \$1,000	48.00
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
5	120,000	18 Life - Optional	\$0.35 per \$1,000	42.00

DISABILITY:

225,631	19 Long Term Disability (non union only)	\$0.400 per \$100	902.52
123	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	194.34
0	21 A. & S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

18	22 Employees without dependent coverage	\$353.00	6,354.00
100	23 Employees with dependent coverage	\$870.00	87,000.00
1	24 Employees with single dental coverage only	\$25.00	25.00
1	25 Employees with dependent dental coverage only	\$61.00	61.00

Actives' subtotal: \$96,865.39

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	30 Individual (former emp., spouse, or dependent)	\$353.00	353.00
1	31 Family (2 or more individuals)	\$870.00	870.00
0	32 Employee with single dental coverage only	\$25.00	0.00
0	33 Employees with dependent dental coverage only	\$61.00	0.00

Continuation of Coverage Subtotal: \$1,223.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$98,088.39

FORM 392 - TOTAL  
Revision date: 01/2004

**HORIZON BLUECROSS/BLUESHIELD  
GROUP INSURANCE PREMIUM STATEMENT  
(Rates effective January 1, 2004)**

COMPANY: Kentucky American Water Co.  
MONTH OF: June 2004

Insurance/Employees:	Rate	Premium
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ACTIVE EMPLOYEES

LIVES LIFE INSURANCE:

49	4,044,000	1 Life - Basic (Non Bargaining)	\$0.180 per \$1,000	\$727.92
73	2,716,000	2 Life - Basic (Bargaining)	\$0.180 per \$1,000	488.88
73	730,000	3 A. D. & D. (\$10,000 cov. per employee)	0.020 per \$1,000	14.60
49	4,044,000	4 A. D. & D. (Non Bargaining)	0.020 per \$1,000	80.88
3	176,072	5 Life - Voluntary Under 30	\$0.06 per \$1,000	10.56
7	529,657	6 Life - Voluntary 30-34	\$0.08 per \$1,000	42.37
7	707,725	7 Life - Voluntary 35-39	\$0.10 per \$1,000	70.77
10	909,239	8 Life - Voluntary 40-44	\$0.12 per \$1,000	109.11
7	477,174	9 Life - Voluntary 45-49	\$0.19 per \$1,000	90.66
6	488,627	10 Life - Voluntary 50-54	\$0.32 per \$1,000	156.36
7	480,376	11 Life - Voluntary 55-59	\$0.59 per \$1,000	283.42
0	0	12 Life - Voluntary 60-64	\$0.75 per \$1,000	0.00
0	0	13 Life - Voluntary 65-69	\$1.37 per \$1,000	0.00
0	0	14 Life - Voluntary 70 and over	\$2.21 per \$1,000	0.00
46	920,000	15 Life - Dependent Spouse	\$0.25 per \$1,000	230.00
38	690,000	16 Life - Dependent Children	\$1.20 per \$1,000	45.60
0	0	17 Life - Supplemental	\$0.35 per \$1,000	0.00
5	120,000	18 Life - Optional	\$0.35 per \$1,000	42.00

DISABILITY:

225,631	19 Long Term Disability (non union only)	\$0.400 per \$100	902.52
123	20 Short-term Managed Disability	\$1.58 per EMPLOYEE	194.34
0	21 A.& S.-Coverage for New Jersey only	\$0.20 per \$10	0.00

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

19	22 Employees without dependent coverage	\$353.00	6,707.00
99	23 Employees with dependent coverage	\$870.00	86,130.00
1	24 Employees with single dental coverage only	\$25.00	25.00
1	25 Employees with dependent dental coverage only	\$61.00	61.00

Actives' subtotal: \$96,412.99

CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1	30 Individual (former emp., spouse, or dependent)	\$353.00	353.00
0	31 Family (2 or more individuals)	\$870.00	0.00
0	32 Employee with single dental coverage only	\$25.00	0.00
0	33 Employees with dependent dental coverage only	\$61.00	0.00

Continuation of Coverage Subtotal: \$353.00

TOTAL PREMIUM TO BE PAID TO TRUST: \$96,765.99