# 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
ACTIVE EMPLOYEES		
LIFE INSURANCE:		
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
DISABILITY:		
259,957 5 Long Term Disability (non unio \$0.400 per	\$100	1,039.83
	MPLOYEE	166.14
0 7 A.& SCoverage 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:		\$79,113.36
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		0.00
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

# 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 E	MPLOYEE	166.14
0 7 A.& SCoverage for New Jerse	\$0.20	per	\$10	0.00
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:				
COMPREHENSIVE MAJOR MEDICAL				
4 8 Employees without dependent cov	/erage		\$270.72	1,082.88
15 9 Employees with dependent covera	age		\$688.01	10,320.15
MANAGED CHOICE / HMO	-			
22 10 Employees without dependent cov	reage		\$238.66	5,250.52
98 11 Employees with dependent covera	\$606.89	59,475.22		
Actives' subtotal:				\$79,131.28
	_			
CONTINUATION OF COVERAGE	E			
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:		•		
COMPREHENSIVE MAJOR MEDICAL				
0 12 Individual (former emp., spouse, or	r depende	ent)	\$270.72	0.00
0 13 Family (2 or more individuals)	•	,	\$688.01	0.00
0 14 Under age 65 dependent (1) of a d	eceased	retir	\$270.72	0.00
0 15 Under age 65 dependents (>1) of a	a deceasi	ed re	\$688.01	0.00
0 16 *Medicare supplement, in Compret			\$166.12	0.00
MANAGED CHOICE / HMO				
1 17 Individual (former emp., spouse, or	depende	ent)	\$238.66	238.66
0 18 Family (2 or more individuals)		,	\$606.89	0.00
0 19 Under age 65 dependent (1) of a de	eceased	retir	\$238.66	0.00
0 20 Under age 65 dependents (>1) of a			\$606.89	0.00
3 21 *Medicare supplement, in Managed			\$166.12	498.36
· · · · · · · · · · · · · · · · · · ·				
Continuation of Coverage Subtotal:				\$737.02
Total Premiums for Current Month:				\$79,868.30

# 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:		
	per \$1,000	\$1,689.92
· · ·	per \$1,000	54.72
	per \$1,000	0.00
	er \$1,000	67.38
DISABILITY:		
256,394 5 Long Term Disability (non unio \$0.400 p	er \$100	1,025.58
144 6 Short-term Managed Disability \$1.17 p	er EMPLOYEE	168.48
0 7 A.& SCoverage for New Jerse \$0.20 p	er \$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	1 <b>0,</b> 320.15
MANAGED CHOICE / HMO		
23 10 Employees without dependent coverage	\$238.66	5,489.18
99 11 Employees with dependent coverage	\$606.89	6 <b>0,</b> 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 ref	tir \$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 Plar	n \$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 ret		0.00
0 20 Under age 65 dependents (>1) of a deceased		0.00
3 21 *Medicare supplement, in Managed Choice Pla	an \$166.12	498.36
Continuation of Coverage Subtotal:		\$737.02
Total Premiums for Current Month:		\$8 <b>0</b> ,717.42

# 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:		
	er \$1,000	\$1,670.72
-1	er \$1,000	53.96
	er \$1,000	0.00
	er \$1,000	67.38
DISABILITY:		01100
	er \$100	1,026.58
, - , , , , ,	er EMPLOYEE	168.48
0 7 A.& SCoverage for New Jerse \$0.20 pe		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 reti	r \$270.72	0.00
0 15 Under age 65 dependents (>1) of a deceased r	e \$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 reti		0.00
0 20 Under age 65 dependents (>1) of a deceased r		0.00
3 21 *Medicare supplement, in Managed Choice Pla	n \$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
ACTIVE EMPLOYEES		
LIFE INSURANCE:		
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	
0 3 Life - Supplemental \$0.35 per	\$1,000	0.00
192,500 4 Life - Optional \$0.35 per	\$1,000	67.38
DISABILITY:	, , ,	
253,457 5 Long Term Disability (non unio \$0.400 per	\$100	1,013.83
	MPLOYEE	168.48
0 7 A.& SCoverage for New Jerse \$0.20 per	\$10	0.00
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:	÷.•	0.00
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	<b>4000.0</b> 1	0,044.10
23 10 Employees without dependent coverage	\$238.66	5,489.18
100 11 Employees with dependent coverage	\$606.89	60,689.00
		00,000.00
Actives' subtotal:		\$78,909.98
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		
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

KAW\_R\_AGKYDR1#134\_attachment\_062504 Page 6 of 46

# 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: June 2001

Insurance/Employees:	Rate	Premium
ACTIVE EMPLOYEES		
LIFE INSURANCE:		
5,221,000 1 Life - Basic \$0.32 per	\$1,000	670.72, \$1
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
DISABILITY:		
253,457 5 Long Term Disability (non unio \$0.400 per	\$100	013.83, 1
	MPLOYEE	168.48
0 7 A.& SCoverage 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
101 11 Employees with dependent coverage	\$606.89	295.89, 6 <b>1</b>
Actives' subtotal:		\$79,516.87
		<i>ti e je ioloi</i>
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:		\$8 <b>0</b> ,253.89

	FORM 392 -Cu Revision date:							
	GR		AETNA US HEALTHCARE NSURANCE PREMIUM STAT Rates effective January 1, 2000					
	COMPANY: MONTH OF:		NTUCKY-AMERICAN WATER CO y 2001	MPANY				
	Insurance/Emp	oloye	es:			Rate	Premium	
			ACTIVE EMPLOYEES					
	LIFE INSURAL	NCE						
	5,221,000	1	Life - Basic	\$0.32	per	\$1,000	\$1,670.72	
	1,440,000		A. D. & D. (\$10,000 cov. per em	\$0.038	per	\$1,000	54,72	
	0		Life - Supplemental	\$0.35	per	\$1,000	0.00	
	192,500 DISABILITY:	4	Life - Optional	\$0.35	per	\$1,000	67.38	
	253,457	5	Long Term Disability (non unior	\$0.400	per	\$100	1,013.83	
	144		Short-term Managed Disability	\$1.17	per	EMPLOYEE	168.48	
		IATA	A.& SCoverage for New Jerse , & PRESCRIPTION COVERAGE: MAJOR MEDICAL	\$0.20	per	\$10	0.00	
	1		Employees without dependent cov	erane		\$270.72	270.72	
	, 8		Employees with dependent covera	~		\$688.01	5,504.08	
	MANAGED CH			-0-			0,000	
			Employees without dependent cov	erage		\$238.66	5,011.86	
	108	11	Employees with dependent covera	ge		\$606.89	65,544.12	
			Actives' subtotal:				\$79,305.91	
			CONTINUATION OF COVERAGE	Ξ				
			, & PRESCRIPTION COVERAGE: MAJOR MEDICAL					
	0		Individual (former emp., spouse, or	depende	ent)	\$270.72	0.00	
	0		Family (2 or more individuals)			\$688.01	0.00	
	0		Under age 65 dependent (1) of a d	,		\$270.72	0.00	
	0		Under age 65 dependents (>1) of a			\$688.01	0.00	
	0		*Medicare supplement, in Compret	nensive P	lan	\$166.12	0.00	
	MANAGED CH				- 0	<b>*</b> ***		
	1		Individual (former emp., spouse, or	aepenae	ent)	\$238.66	238.66	
	0		Family (2 or more individuals) Under age 65 dependent (1) of a de	accord	rotic	\$606.89 \$228.66	0.00	
	0	20				\$238.66 \$606.89	0.00 0.00	
	3	20 21	*Medicare supplement, in Manageo			\$166.12	498.36	
		Cor	ntinuation of Coverage Subtotal:				\$737.02	
			tal Premiums for Current Month:				\$80,042.93	^
)			endents at least 65 years of age of a isabled dependents (any age) of dee				D'D	áil
							Th	VV I

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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
ACTIVE EMPLOYEES		
LIFE INSURANCE:		
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
DISABILITY:		
269,749 5 Long Term Disability (non unio \$0.400 per	\$100	1,079.00
145 6 Short-term Managed Disability \$1.17 per El	MPLOYEE	169.65
0 7 A.& SCoverage for New Jerse \$0.20 per	\$10	0.00
MEDICAL, DENTAL, & PRESCRIPTION COVERAGE:		
COMPREHENSIVE MAJOR MEDICAL		
1 8 Employees without dependent coverage	\$270.72	270.72
8 9 Employees with dependent coverage	\$688.01	5,504.08
MANAGED CHOICE / HMO		
26 10 Employees without dependent coverage	\$238.66	6,205.16
106 11 Employees with dependent coverage	\$606.89	64,330.34
Actives' subtotal:		\$70,410,00
Actives Subtotal.		\$79,419.99
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		
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:		\$7 <b>9</b> ,918.35

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

### COMPANY: KENTUCKY-AMERICAN WATER COMPANY

MONTH OF: September, 2001

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Insurance/Employees: Rate Premium

# ACTIVE EMPLOYEES

	LIVES	LIFE INSURA	NCE	· · · · · · · · · · · · · · · · · · ·				
ſ	60	4,985,000	1	Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,470.58
ſ	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
ſ	60	600,000	4	A. D. & D. (Non Bargaining)	\$0.020	per	\$1,000	12.00
ſ	2	172,350	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	10.34
ſ	5	565,925	6	Life - Voluntary 30-34	\$0.08	per	\$1,000	45.27
Ţ	10	851,912	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	85.19
Γ	7	427,480	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	51.30
Γ	5	286,242	9	Life - Voluntary 45-49	\$0.20	per	\$1,000	57.25
ſ	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
7	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
Γ	0		15	Life - Voluntary Over 74	\$3.67	per	\$1,000	0.00
ſ	50	1,000,000	16	Life - Dependent Spouse	\$0.29	per	\$1,000	290.00
ſ	63	630,000	17	Life - Dependent Children	\$0.12	per	\$1,000	75.60
T	0		18	Life - Supplemental	\$0.35	per	\$1,000	0.00
ſ	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 l	EMPLOYE	169.65
			22	A.& SCoverage for New Jerse	\$0.20	per	\$10	0.00
		MEDICAL, DEN	ITAL	& PRESCRIPTION COVERAGE	:			
		27	23	Employees without dependent co	verage		\$275.00	7,425.00
		115	24	Employees with dependent cover	rage		\$680.00	78,200.00
		1	25	Employees with single dental cov	rerage or	nly	\$19.08	19.08

Actives' subtotal:

26 Employees with dependent dental coverage o

\$90,226.99

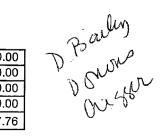
0.00

\$47.70

CONTINUATION OF COVERAGE

#### MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

T	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
		27Individual (former emp., spouse, or dependent28Family (2 or more individuals)29Under age 65 dependent (1) of a deceased ret30Under age 65 dependents (>1) of a deceased	27Individual (former emp., spouse, or dependent)\$275.0028Family (2 or more individuals)\$680.0029Under age 65 dependent (1) of a deceased ret)\$275.0030Under age 65 dependents (>1) of a deceased)\$680.00



# KAW\_R\_AGKYDR1#134\_attachment\_062504 Page 10 of 46

 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.

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

### COMPANY: KENTUCKY-AMERICAN WATER COMPANY

MONTH OF: October 2001

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Insurance/Employees:	R	ate	Premium

#### ACTIVE EMPLOYEES

	LIVES	LIFE INSURA	NCE	•				
	60	4,985,000	1	Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,470.58
ſ	80	3 2,793,000	2	Life - Basic (Bargaining)	\$0.295	per	\$1,000	823.94
ſ	86	860,000	3	A. D. & D. (\$10,000 cov. per em	\$0.020	per	\$1,000	17.20
ſ	60	600,000	4	A. D. & D. (Non Bargaining)	\$0.020	per	\$1,000	12.00
Γ	2	172,350	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	10.34
ſ	6	638,143	6	Life - Voluntary 30-34	\$0.08	рег	\$1,000	51.05
Ĩ	1(	851,912	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	85.19
Ī	7	427,480	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	51.30
T	Ę	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
7	(	+	12	Life - Voluntary 60-64	\$0.75	per	\$1,000	0.00
ſ	C		13	Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
ſ	C		14	Life - Voluntary 70-74	\$2.21	per	\$1,000	0.00
Ī	C		15	Life - Voluntary Over 74	\$3.67	per	\$1,000	0.00
ſ	51	1,020,000	16	Life - Dependent Spouse	\$0.29	per	\$1,000	295.80
ſ	65	650,000	17	Life - Dependent Children	\$0.12	per	\$1,000	78.00
Γ	C		18	Life - Supplemental	\$0.35	per	\$1,000	0.00
ſ	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 8	EMPLOYE	170.82
			22	A.& SCoverage for New Jerse	\$0.20	per	\$10	0.00
		MEDICAL, DEN	TAL	& PRESCRIPTION COVERAGE	:			
		27	23	Employees without dependent co	overage		\$275.00	7,425.00
		116	24	Employees with dependent cove	rage		\$680.00	78,880.00
		1	25	Employees with single dental cov	/erage or	ıly	\$19.08	19.08
			26	Employees with dependent denta	al covera	ge o	\$47.70	0.00

D. Bailer Downs Downs Digt

\$91,077.70

Actives' subtotal:

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

# KAW\_R\_AGKYDR1#134\_attachment\_062504 Page 12 of 46

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.

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

#### KENTUCKY-AMERICAN WATER COMPANY. COMPANY:

November 2001 MONTH OF:

Insu	irance/Employees:	Rate	Premium

# ACTIVE EMPLOYEES

LIVES	LIFE' INSURA	NCE:					
60	1	1 Life - Basic (Non Bargaining)	\$0.295	рег	\$1,000	\$1,470.58	
86		2 Life - Basic (Bargaining)	\$0.295	per	\$1,000	823.94	
86	860,000	3 A. D. & D. (\$10,000 cov. per er	\$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	рег	\$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	рег	\$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 l	EMPLOYE	170.82	
		22 A.& SCoverage for New Jerse		per	\$10	0.00	
	MEDICAL, DEN	TAL & PRESCRIPTION COVERAGE	Ξ:				
	07	23 Employees without dependent of	overane		\$275.00	7 425 00	

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 Plar	\$225.92	677.76

Downs

# KAW\_R\_AGKYDR1#134\_attachment\_062504 Page 14 of 46

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.

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

#### KENTUCKY-AMERICAN WATER COMPANY COMPANY:

MONTH OF: December 2001

Insurance/Employees:

Rate Premium

# ACTIVE EMPLOYEES

LIVES		LIFE INSURA	NC	<u>.</u>				
(	50	4,994,000	<u> </u>	Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,473.23
8	36	2,878,000	2	Life - Basic (Bargaining)	\$0.295	per	\$1,000	849.01
8	36	860,00 <b>0</b>	3	A. D. & D. (\$10,000 cov. per en	\$0.020	per	\$1,000	17.20
e	50	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
1	0	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
1	0	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
5	0	1,020,000	16	Life - Dependent Spouse	\$0.29	per	\$1,000	295.80
6	2	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
	ſ	146	21	Short-term Managed Disability	\$1.17	рег	EMPLOYE	170.82
	[		22	A.& SCoverage for New Jerse	\$0.20	per	\$10	0.00
		MEDICAL, DEN	ITAL	& PRESCRIPTION COVERAGE	•			
		27	23	Employees without dependent co	verage		\$275.00	7,425.00
		115	24	Employees with dependent cover	rage		\$680.00	78,200.00
		11	25	Employees with single dental cov	verage or	ıly	\$19.08	19.08
	Γ		26	Employees with dependent denta	al covera	ge 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	(A.).
	29	Under age 65 dependent (1) of a deceased ret	\$275.00	0.00	Ningo
	30	Under age 65 dependents (>1) of a deceased	\$680.00	0.00	
2	31	*Medicare supplement, in Comprehensive Plar	\$225.92	451.84	Bally
			(no i	ours pa	used away)

# KAW\_R\_AGKYDR1#134\_attachment\_062504 Page 16 of 46

Continuation of Coverage Subtotal:

Total Premiums for Current Month:

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Premium

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

COMPANY:

KENTUCKY AMERICAN WATER COMPANY

MONTH OF: Janua

January, 2002

Insurance/Employees:

ACTIVE EMPLOYEES

LIVES	LIFE INSURANCE:						
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:						
	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 E	MPLOYEE	168.48
	0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL	& PF	RESCRIPTION COVERAGE:				
	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	e only		\$47.70	0.00

Actives' subtotal:

\$96,948.85

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	\$225.92	451.84

Continuation of Coverage Subtotal:

\$97,400.69

\$451.84

TOTAL PREMIUM TO BE PAID TO TRUST:

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Premium

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

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

Incurrence/Employeee
Insurance/Employees:
1 3

#### 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 E	MPLOYEE	168.48
	0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL	& PF	RESCRIPTION COVERAGE:				
	36	23	Employees without dependent coverage			\$303.00	10,908.00
	122	24	Employees with dependent coverage			\$748.00	91,256.00
I	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: Total Premiums for Current Month: \$497.02

\$107,169.06

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

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

	MONTH OF:	March 2002			
	Insurance/Employee	≥S:		Rate	Premium
		ACTIVE EMPLOYEES			
LIVES	LIFE INSURANCE:				
	60 4,904,000		\$0.295	per \$1,0	000 \$1,446.68
8	35 2,935,000		\$0.295	per \$1,0	
	850,000	3 A. D. & D. (\$10,000 cov. per employee)	\$0.020	per \$1,0	
6	600,000	4 A. D. & D. (Non Bargaining)	\$0.020	per \$1,0	
	2 172,351	5 Life - Voluntary Under 30	\$0.06	per \$1,0	000 10.34
	6 613,284	6 Life - Voluntary 30-34	\$0.08	per \$1,0	000 49.06
	9 788,062	7 Life - Voluntary 35-39	\$0.10	per \$1,0	000 78.81
	7 449,382		\$0.12	per \$1,0	000 53.93
	6 359,625		\$0.20	per \$1,0	000 71.93
	9 637,751	10 Life - Voluntary 50-54	\$0.35	per \$1,0	000 223.21
	2 75,005	11 Life - Voluntary 55-59	\$0.63	per \$1,0	000 47.25
	0 0	12 Life - Voluntary 60-64	\$0.75	per \$1,0	0.00
	0 0	13 Life - Voluntary 65-69	\$1.37	per \$1,0	00.0
	0 0	14 Life - Voluntary 70-74	\$2.21	per \$1,0	00.0
	0 0	15 Life - Voluntary Over 74	\$3.67	per \$1,0	00.0
4	9 980,000		\$0.29	per \$1,0	000 284.20
6	600,000	17 Life - Dependent Children	\$0.12	per \$1,0	000 72.00
	0 0	18 Life - Supplemental	\$0.35	per \$1,0	00.0
1	0 195,000	19 Life - Optional	\$0.35	per \$1,0	68.25
	DISABILITY:				<i>h</i>
	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.& SCoverage for New Jersey only	\$0.20	per \$	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

#### Actives' subtotal:

\$106,420.42

0.00

0.00

\$745.53

\$107,165.95

\$22.66

\$56.66

#### CONTINUATION OF COVERAGE

0 25 Employees with single dental coverage only

0 26 Employees with dependent dental coverage only

#### MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

(	27 Individual (former emp., spouse, or dependent)	\$303.00	0.00
C	28 Family (2 or more individuals)	\$748.00	0.00
C	29 Under age 65 dependent (1) of a deceased retiree	\$303.00	0.00
C	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:	
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Total Premiums for Current Month:

\$22.66

\$56.66

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

### 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
L	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 E	MPLOYEE	170.82
	0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	ION COVERAGE:				
	38	23	Employees without dependent coverage			\$303.00	11,514.00
	112	24	Employees with dependent coverage			\$748.00	83,776.00
							0.00

Actives' subtotal:

\$99,965.15

0.00

56.66

#### CONTINUATION OF COVERAGE

25 Employees with single dental coverage only

26 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0

1

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:

#### TOTAL PREMIUM TO BE PAID TO TRUST:

\$100,710.68

\$745.53

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			ACTIVE ENIPLOYEES				
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		\$1.17	per l	EMPLOYEE	169.65
	0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	ION COVERAGE:				
	38	23	Employees without dependent coverage			\$303.00	11 514 00

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:

#### TOTAL PREMIUM TO BE PAID TO TRUST:

\$100,767.01

\$745.53

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

### 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		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 E	MPLOYEE	167.31
	0		A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	ION 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 of	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:

### TOTAL PREMIUM TO BE PAID TO TRUST:

\$99,394.98

\$745.53

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

# ACTIVE EMPLOYEES

			ACTIVE ENTPLOTEES				
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 E	EMPLOYEE	168.48

0	22 A.& SCoverage 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 of	nly		\$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:

#### TOTAL PREMIUM TO BE PAID TO TRUST:

\$100,154.08

\$1,493.53

\$22.66

\$56.66

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			ACTIVE EMPLOTEES				
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		\$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 E	MPLOYEE	167.31
	0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE						
	35	23	Employees without dependent coverage			\$303.00	10,605.00
	110	24	Employees with dependent coverage			\$748.00	82,280.00

Actives' subtotal:

\$97,609.17

0.00

56.66

### CONTINUATION OF COVERAGE

25 Employees with single dental coverage only

26 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0

1

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:

#### 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.

\$1,493.53

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

#### 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	0: /	\$1.17	per E	EMPLOYEE	167.31	
	0		A.& SCoverage 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:

#### 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.

\$1,493.53

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

COMPANY: MONTH OF:

Kentucky Ameican Water Co. October 2002

Insurance/Employees:

### ACTIVE EMPLOYEES

		ACTIVE ENIPLOYEES				
LIFE INSURANCE:						
5,096,000	1	Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,503.32
2,886,000	2	Life - Basic (Bargaining)	\$0.295	per	\$1,000	851.37
840,000	3	A. D. & D. (\$10,000 cov. per employee)	0.020	per	\$1,000	16.80
600,000	4	A. D. & D. (Non Bargaining)	0.020	per	\$1,000	12.00
65,790	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	3.95
703,524	6	Life - Voluntary 30-34	\$0.08	per	\$1,000	56.28
816,296	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	81.63
617,684	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	74.12
368,221	9	Life - Voluntary 45-49	\$0.20	per	\$1,000	73.64
571,554	10	Life - Voluntary 50-54	\$0.35	per	\$1,000	200.04
148,096	11	Life - Voluntary 55-59	\$0.63	per	\$1,000	93.30
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
940,000	16	Life - Dependent Spouse	\$0.29	per	\$1,000	272.60
640,000	17	Life - Dependent Children	\$0.12	per	\$1,000	76.80
0	18	Life - Supplemental	\$0.35	per	\$1,000	0.00
	19	Life - Optional	\$0.35	per	\$1,000	54.25
····						
282,931		Long Term Disability (non union only)	\$0.400	per	\$100	1,131.72
144		,	\$1.17	per E	MPLOYEE	168.48
0			\$0.20	per	\$10	0.00
MEDICAL, DENTAL & PRE	SCRIPT	ION COVERAGE:				
	5,096,000 2,886,000 840,000 600,000 65,790 703,524 816,296 617,684 368,221 571,554 148,096 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5,096,000         1           2,886,000         2           840,000         3           600,000         4           65,790         5           703,524         6           816,296         7           617,684         8           368,221         9           571,554         10           148,096         11           0         12           0         13           0         14           0         15           940,000         16           640,000         17           0         18           155,000         19           DISABILITY:         282,931         20           144         21         0         22	LIFE INSURANCE:           5,096,000         1         Life - Basic (Non Bargaining)           2,886,000         2         Life - Basic (Bargaining)           840,000         3         A. D. & D. (\$10,000 cov. per employee)           600,000         4         A. D. & D. (Non Bargaining)           65,790         5         Life - Voluntary Under 30           703,524         6         Life - Voluntary 30-34           816,296         7         Life - Voluntary 35-39           617,684         8         Life - Voluntary 40-44           368,221         9         Life - Voluntary 45-49           571,554         10         Life - Voluntary 50-54           148,096         11         Life - Voluntary 55-59           0         12         Life - Voluntary 60-64           0         13         Life - Voluntary 60-64           0         13         Life - Voluntary 0Ver 74           0         15         Life - Voluntary OVer 74           0         15         Life - Dependent Spouse           640,000         16         Life - Dependent Spouse           640,000         17         Life - Supplemental           155,000         19         Life - Optional           D	LIFE INSURANCE:           5,096,000         1         Life - Basic (Non Bargaining)         \$0.295           2,886,000         2         Life - Basic (Bargaining)         \$0.295           840,000         3         A. D. & D. (\$10,000 cov. per employee)         0.020           600,000         4         A. D. & D. (\$10,000 cov. per employee)         0.020           600,000         4         A. D. & D. (Non Bargaining)         0.020           65,790         5         Life - Voluntary Under 30         \$0.06           703,524         6         Life - Voluntary 30-34         \$0.08           816,296         7         Life - Voluntary 35-39         \$0.10           617,684         8         Life - Voluntary 40-44         \$0.12           368,221         9         Life - Voluntary 50-54         \$0.35           148,096         11         Life - Voluntary 50-54         \$0.35           148,096         11         Life - Voluntary 50-59         \$0.63           0         12         Life - Voluntary 70-74         \$2.21           0         14         Life - Voluntary Over 74         \$3.67           940,000         16         Life - Supplemental         \$0.35           0         18	LIFE INSURANCE:           5,096,000         1         Life - Basic (Non Bargaining)         \$0.295         per           2,886,000         2         Life - Basic (Bargaining)         \$0.295         per           840,000         3         A. D. & D. (\$10,000 cov. per employee)         0.020         per           600,000         4         A. D. & D. (Non Bargaining)         0.020         per           600,000         4         A. D. & D. (Non Bargaining)         0.020         per           600,000         4         A. D. & D. (Non Bargaining)         0.020         per           617,637         5         Life - Voluntary Under 30         \$0.06         per           703,524         6         Life - Voluntary 30-34         \$0.08         per           816,296         7         Life - Voluntary 35-39         \$0.10         per           617,684         8         Life - Voluntary 40-44         \$0.20         per           368,221         9         Life - Voluntary 50-54         \$0.35         per           148,096         11         Life - Voluntary 55-59         \$0.63         per           0         13         Life - Voluntary 70-74         \$2.21         per           0	LIFE INSURANCE:           5,096,000         1         Life - Basic (Non Bargaining)         \$0.295         per         \$1,000           2,886,000         2         Life - Basic (Bargaining)         \$0.295         per         \$1,000           840,000         3         A. D. & D. (\$10,000 cov. per employee)         0.020         per         \$1,000           600,000         4         A. D. & D. (Non Bargaining)         0.020         per         \$1,000           65,790         5         Life - Voluntary Under 30         \$0.06         per         \$1,000           703,524         6         Life - Voluntary 30-34         \$0.08         per         \$1,000           816,296         7         Life - Voluntary 35-39         \$0.10         per         \$1,000           617,684         8         Life - Voluntary 5-39         \$0.20         per         \$1,000           368,221         9         Life - Voluntary 50-54         \$0.35         per         \$1,000           148,096         11         Life - Voluntary 55-59         \$0.63         per         \$1,000           0         13         Life - Voluntary 70-74         \$2.21         per         \$1,000           0         14         Life - Voluntary

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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$98,856.98

\$1,245.02

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

		ACTIVE ENTEUTELS				
LIFE INSURANCE:						
5,099,000	1	Life - Basic (Non Bargaining)	\$0.295	per	\$1,000	\$1,504.21
2,954,000	2	Life - Basic (Bargaining)	\$0.295	per	\$1,000	871.43
840,000	3	A. D. & D. (\$10,000 cov. per employee)	0.020	per	\$1,000	16.80
600,000	4	A. D. & D. (Non Bargaining)	0.020	per	\$1,000	12.00
68,723	5	Life - Voluntary Under 30	\$0.06	per	\$1,000	4.12
716,254	6	Life - Voluntary 30-34	\$0.08	per	\$1,000	57.30
894,941	7	Life - Voluntary 35-39	\$0.10	per	\$1,000	89.49
690,900	8	Life - Voluntary 40-44	\$0.12	per	\$1,000	82.91
370,363	9	Life - Voluntary 45-49	\$0.20	per	\$1,000	74.07
578,126	10	Life - Voluntary 50-54	\$0.35	per	\$1,000	202.34
152,526	11	Life - Voluntary 55-59	\$0.63	per	\$1,000	96.09
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
940,000	16	Life - Dependent Spouse	\$0.29	per	\$1,000	272.60
680,000	17	Life - Dependent Children	\$0.12	per	\$1,000	81.60
0	18	Life - Supplemental	\$0.35	per	\$1,000	0.00
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 E	EMPLOYEE	168.48
0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
MEDICAL, DENTAL & PRE				-		
35					\$303.00	10,605.00
	2,954,000 840,000 600,000 68,723 716,254 894,941 690,900 370,363 578,126 152,526 0 0 0 0 0 0 0 940,000 0 940,000 0 155,000 DISABILITY: 283,122 144 0 MEDICAL, DENTAL & PRE	5,099,000         1           2,954,000         2           840,000         3           600,000         4           68,723         5           716,254         6           894,941         7           690,900         8           370,363         9           578,126         10           152,526         11           0         12           0         13           0         14           0         15           940,000         16           680,000         17           0         18           155,000         19           DISABILITY:         283,122         20           144         21         0         22           MEDICAL, DENTAL & PRESCRIPT         144	LIFE INSURANCE:           5,099,000         1         Life - Basic (Non Bargaining)           2,954,000         2         Life - Basic (Bargaining)           840,000         3         A. D. & D. (\$10,000 cov. per employee)           600,000         4         A. D. & D. (Non Bargaining)           68,723         5         Life - Voluntary Under 30           716,254         6         Life - Voluntary 30-34           894,941         7         Life - Voluntary 35-39           690,900         8         Life - Voluntary 40-44           370,363         9         Life - Voluntary 45-49           578,126         10         Life - Voluntary 50-54           152,526         11         Life - Voluntary 55-59           0         12         Life - Voluntary 60-64           0         13         Life - Voluntary 65-69           0         14         Life - Voluntary 70-74           0         15         Life - Dependent Spouse           680,000         17         Life - Dependent Children           0         18         Life - Supplemental           155,000         19         Life - Optional           DISABILITY:         283,122         20         Long Term Disability (non union o	LIFE INSURANCE:         \$0.99,000         1         Life - Basic (Non Bargaining)         \$0.295           2,954,000         2         Life - Basic (Bargaining)         \$0.295           840,000         3         A. D. & D. (\$10,000 cov. per employee)         0.020           600,000         4         A. D. & D. (Non Bargaining)         0.020           600,000         4         A. D. & D. (Non Bargaining)         0.020           68,723         5         Life - Voluntary Under 30         \$0.06           716,254         6         Life - Voluntary 30-34         \$0.08           894,941         7         Life - Voluntary 35-39         \$0.10           690,900         8         Life - Voluntary 40-44         \$0.12           370,363         9         Life - Voluntary 45-49         \$0.20           578,126         10         Life - Voluntary 50-54         \$0.35           152,526         11         Life - Voluntary 65-69         \$1.37           0         12         Life - Voluntary 00-64         \$0.75           10         14         Life - Voluntary 00-74         \$2.21           0         15         Life - Dependent Spouse         \$0.29           680,000         17         Life - Dependent Spous	LIFE INSURANCE:           5,099,000         1         Life - Basic (Non Bargaining)         \$0.295         per           2,954,000         2         Life - Basic (Bargaining)         \$0.295         per           840,000         3         A. D. & D. (\$10,000 cov. per employee)         0.020         per           600,000         4         A. D. & D. (Non Bargaining)         0.020         per           687,723         5         Life - Voluntary Under 30         \$0.06         per           716,254         6         Life - Voluntary 30-34         \$0.08         per           894,941         7         Life - Voluntary 35-39         \$0.10         per           690,900         8         Life - Voluntary 40-44         \$0.12         per           370,363         9         Life - Voluntary 50-54         \$0.35         per           152,526         11         Life - Voluntary 55-59         \$0.63         per           0         13         Life - Voluntary 70-74         \$2.21         per           0         14         Life - Voluntary 70-74         \$2.21         per           0         15         Life - Supplemental         \$0.35         per           0         15 <t< td=""><td>LIFE INSURANCE: 5,099,000 1 Life - Basic (Non Bargaining) \$0.295 per \$1,000 2,954,000 2 Life - Basic (Bargaining) \$0.295 per \$1,000 600,000 4 A. D. &amp; D. (\$10,000 cov. per employee) 0.020 per \$1,000 600,000 4 A. D. &amp; D. (Non Bargaining) 0.020 per \$1,000 68,723 5 Life - Voluntary Under 30 \$0.06 per \$1,000 716,254 6 Life - Voluntary 30-34 \$0.08 per \$1,000 894,941 7 Life - Voluntary 35-39 \$0.10 per \$1,000 680,900 8 Life - Voluntary 40-44 \$0.12 per \$1,000 370,363 9 Life - Voluntary 45-49 \$0.20 per \$1,000 578,126 10 Life - Voluntary 55-59 \$0.63 per \$1,000 152,526 11 Life - Voluntary 55-59 \$0.63 per \$1,000 0 12 Life - Voluntary 60-64 \$0.75 per \$1,000 0 13 Life - Voluntary 70-74 \$2.21 per \$1,000 0 14 Life - Voluntary Over 74 \$3.67 per \$1,000 0 15 Life - Voluntary Over 74 \$3.67 per \$1,000 0 16 Life - Dependent Spouse \$0.29 per \$1,000 0 18 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Dependent Children \$0.12 per \$1,000 0 18 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Dependent Children \$0.12 per \$1,000 0 12 Life - Supplemental \$0.35 per \$1,000 0 28 A, &amp; SCoverage for New Jersey only \$0.20 per \$10 MEDICAL, DENTAL &amp; PRESCRIPTION COVERAGE:</td></t<>	LIFE INSURANCE: 5,099,000 1 Life - Basic (Non Bargaining) \$0.295 per \$1,000 2,954,000 2 Life - Basic (Bargaining) \$0.295 per \$1,000 600,000 4 A. D. & D. (\$10,000 cov. per employee) 0.020 per \$1,000 600,000 4 A. D. & D. (Non Bargaining) 0.020 per \$1,000 68,723 5 Life - Voluntary Under 30 \$0.06 per \$1,000 716,254 6 Life - Voluntary 30-34 \$0.08 per \$1,000 894,941 7 Life - Voluntary 35-39 \$0.10 per \$1,000 680,900 8 Life - Voluntary 40-44 \$0.12 per \$1,000 370,363 9 Life - Voluntary 45-49 \$0.20 per \$1,000 578,126 10 Life - Voluntary 55-59 \$0.63 per \$1,000 152,526 11 Life - Voluntary 55-59 \$0.63 per \$1,000 0 12 Life - Voluntary 60-64 \$0.75 per \$1,000 0 13 Life - Voluntary 70-74 \$2.21 per \$1,000 0 14 Life - Voluntary Over 74 \$3.67 per \$1,000 0 15 Life - Voluntary Over 74 \$3.67 per \$1,000 0 16 Life - Dependent Spouse \$0.29 per \$1,000 0 18 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Dependent Children \$0.12 per \$1,000 0 18 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Supplemental \$0.35 per \$1,000 0 19 Life - Dependent Children \$0.12 per \$1,000 0 12 Life - Supplemental \$0.35 per \$1,000 0 28 A, & SCoverage for New Jersey only \$0.20 per \$10 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:

#### TOTAL PREMIUM TO BE PAID TO TRUST:

\$100,402.86

\$1,245.02

\$22.66

\$56.66

Premium

FORM 392 - TOTAL Revision date: 09/2001

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

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

Insurance/Employees:

#### 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 E	MPLOYEE	163.80
	0	22	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	TION COVERAGE:				
	8	23	Employees without dependent coverage			\$303.00	2,424.00
	110	24	Employees with dependent coverage			\$748.00	82,280.00

Actives' subtotal:

\$89,356.81

0.00

56.66

#### CONTINUATION OF COVERAGE

25 Employees with single dental coverage only

26 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0

1

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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$90,601.83

\$1,245.02

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			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	14 Life - Voluntary 70 and over		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 E	er EMPLOYEE	213.30
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	ION 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 of	nly		\$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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$95,252.24

\$324.00

\$57.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			ACTIVE ENPLOYEES				
IVES	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 I	EMPLOYEE	218.04
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRI						
	24		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		057.00	C7 00

Actives' subtotal:

\$95,317.07

57.00

### CONTINUATION OF COVERAGE

25 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1

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: MONTH OF: Kentucky Ameican Water Co. March 2003

Insurance/Employees:

### ACTIVE EMPLOYEES

			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	14 Life - Voluntary 70 and over		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 E	MPLOYEE	218.04
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	ESCRIPT	ION 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 of	only		\$57.00	57.00

Actives' subtotal:

\$95,649.23

Premium

### CONTINUATION OF COVERAGE

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

0 27 Family (2 or more individuals) \$800.00 0.00	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

\$57.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

### ACTIVE EMPLOYEES

			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 E	EMPLOYEE	216.46
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	ESCRIPT	ION 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
	4						

Actives' subtotal:

\$96,771.66

57.00

### CONTINUATION OF COVERAGE

25 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1

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

\$57.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			ACTIVE ENTPLOTEES				
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:						<u></u>
	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 E	EMPLOYEE	216.46
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE						
	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

Actives' subtotal:

\$96,681.12

114.00

#### CONTINUATION OF COVERAGE

25 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

2

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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$97,005.12

\$324.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

### ACTIVE EMPLOYEES

	LIFE INSURANCE:						
	EIL MOONANOL.			-			
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:						
Γ	257,749	19	Long Term Disability (non union only)	\$0.400	per	\$100	1,031.00
Γ	137	20	Short-term Managed Disability	\$1.58	per E	MPLOYEE	216.46
ſ	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
-	MEDICAL, DENTAL & PRE						
Γ	26		Employees without dependent coverage			\$324.00	8,424.00
Γ	106	23	Employees with dependent coverage			\$800.00	84,800.00
-	1	24	Employees with single dental coverage only			\$23.00	23.00
Ī	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

Continuation of Coverage Subtotal:

\$97,286.97

TOTAL PREMIUM TO BE PAID TO TRUST:

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			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 E	MPLOYEE	214.88
	0	21	A.& SCoverage 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 of	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

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			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 E	<b>MPLOYEE</b>	218.04
	0	21	A.& SCoverage 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 of	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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$96,209.65

\$0.00

\$57.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Em	plo	yees:
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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		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		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 E	MPLOYEE	218.04
	0		A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	ION COVERAGE:				
	26	22	Employees without dependent coverage			\$324.00	8,424.00
	105	23	Employees with dependent coverage			\$800.00	84,000.00
	1		Employees with single dental coverage only			\$23.00	23.00
	1 4	05				45 - 44	

Actives' subtotal:

\$96,247.16

57.00

### CONTINUATION OF COVERAGE

25 Employees with dependent dental coverage only

1

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

\$57.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			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		Short-term Managed Disability	\$1.58	per E	EMPLOYEE	216.46
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE						
	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

Actives' subtotal:

\$96,397.34

57.00

\$0.00

### CONTINUATION OF COVERAGE

25 Employees with dependent dental coverage only

MEDICAL, DENTAL & PRESCRIPTION COVERAGE:

1

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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$96,397.34

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

#### ACTIVE EMPLOYEES

			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 E	MPLOYEE	218.04
	0	21	A.& SCoverage 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 of	nly		\$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:

TOTAL PREMIUM TO BE PAID TO TRUST:

\$97,735.57

\$0.00

Premium

FORM 392 - TOTAL Revision date: 01/2003

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

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

Insurance/Employees:

### 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 E	MPLOYEE	206.98
	0		A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE						
	21		Employees without dependent coverage			\$324.00	6,804.00
						6000 00	02 000 00

21	zz Employees without dependent coverage	ψ02 <del>4</del> .00	0,00 1.00
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

Premium

FORM 392 - TOTAL Revision date: 01/2004

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

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

Insurance/Employees:

### ACTIVE EMPLOYEES

			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		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		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 E	MPLOYEE	202.24
	0		A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00
	MEDICAL, DENTAL & PRE	SCRIPT	ION 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 c	nly		\$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

Premium

FORM 392 - TOTAL Revision date: 01/2004

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

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

Insurance/Employees:

#### 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 EN	IPLOYEE	202.24		
	0	21 A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00		
	MEDICAL, DENTAL & PRESCRIPTION COVERAGE:							

MEDICAE, DENTAE & I REGORDI HON GOVERAGE.							
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

Premium

FORM 392 - TOTAL Revision date: 01/2004

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

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

Insurance/Employees:

### ACTIVE EMPLOYEES

			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		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		Life - Voluntary 65-69	\$1.37	per	\$1,000	0.00
0	0		Life - Voluntary 70 and over	\$2.21	per	\$1,000	0.00
49	980,000		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		Long Term Disability (non union only)	\$0.400	per	\$100	935.30
	127		Short-term Managed Disability	\$1.58	per E	EMPLOYEE	200.66
	0 21 A.& SCoverage for New Jersey only \$0.20 pe					\$10	0.00
	MEDICAL, DENTAL & PRE						
	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

Premium

FORM 392 - TOTAL Revision date: 01/2004

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

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

Insurance/Employees:

#### 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	19 <mark>9.08</mark>
	0	21 A.& SCoverage for New Jersey only \$0.20 per \$10	0.00
	MEDICAL, DENTAL & PRE	ESCRIPTION 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

Premium

FORM 392 - TOTAL Revision date: 01/2004

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

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

Insurance/Employees:

# ACTIVE EMPLOYEES

			ACTIVE ENIPLOTEES				
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 EN	IPLOYEE	194.34
	0	21	A & S -Coverage for New Jersey only	\$0.20	ner	\$10	0.00

0	21 A.& SCoverage 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

Premium

FORM 392 - TOTAL Revision date: 01/2004

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

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

Insurance/Employees:

## ACTIVE EMPLOYEES

			ACTIVE ENPLOYEES					
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 E	MPLOYEE	194.34	
	0	21	A.& SCoverage for New Jersey only	\$0.20	per	\$10	0.00	
	MEDICAL, DENTAL & PRE	ESCRIPT	ION 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 of	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
(	) .	32 Employee with single dental coverage only	\$25.00	0.00
C		33 Employees with dependent dental coverage only	\$61.00	0.00

Continuation of Coverage Subtotal:

\$96,765.99

\$353.00

TOTAL PREMIUM TO BE PAID TO TRUST: