

Lake County BOCC

Employee Count Report

WATERMAN CPO HEALTHCHOICE CPO BEECHSTREET PPO TOTAL

MONTH	NUMBER		NUMBER		NUMBER		NUMBER		NUMBER		NUMBER		NUMBER	
	SINGLE EMPL	FAMILY EMPL	TOTAL EMPL	SINGLE EMPL	FAMILY EMPL	TOTAL EMPL	SINGLE EMPL	FAMILY EMPL	TOTAL EMPL	SINGLE EMPL	FAMILY EMPL	TOTAL EMPL	SINGLE EMPL	FAMILY EMPL
Apr-02	180	199	379	89	92	181	32	22	54	301	313	614		
May-02	196	197	393	97	103	200	34	27	61	327	327	654		
Jun-02	194	165	359	91	98	189	39	29	68	324	292	616		
Jul-02	207	187	394	101	103	204	39	29	68	347	319	666		
Aug-02	231	232	463	120	108	228	40	30	70	391	370	761		
Sep-02	204	211	415	111	106	217	43	30	73	358	347	705		
Oct-02	155	206	361	98	82	180	42	32	74	295	320	615		
Nov-02	198	216	414	116	93	209	44	35	79	358	344	702		
Dec-02	199	215	414	111	99	210	43	33	76	353	347	700		
Jan-03	203	220	423	116	96	212	36	28	64	355	344	699		
Feb-03	175	216	391	103	100	203	41	21	62	319	337	656		
Mar-03	193	219	412	105	91	196	44	28	72	342	338	680		
Apr-03	182	215	397	103	90	193	44	25	69	329	330	659		
May-03	190	212	402	107	92	199	44	30	74	341	334	675		
Jun-03	216	222	438	110	96	206	45	32	77	371	350	721		
Jul-03	203	220	423	112	97	209	45	31	76	360	348	708		
Aug-03	190	213	403	113	93	206	47	31	78	350	337	687		
Sep-03	196	219	415	113	99	212	46	31	77	355	349	704		
Oct-03	192	206	398	95	94	189	41	26	67	328	326	654		
Nov-03	205	200	405	94	94	188	38	31	69	337	325	662		
Dec-03	200	207	407	99	107	206	38	30	68	337	344	681		
Jan-04	198	211	409	99	97	196	43	25	68	340	333	673		
Feb-04	209	206	415	103	107	210	42	28	70	354	341	695		
Mar-04	210	213	423	108	103	211	49	28	77	367	344	711		
Apr-04	206	206	412	96	95	191	44	32	76	346	333	679		
May-04	200	215	415	95	106	201	44	29	73	339	350	689		
Jun-04	207	211	418	101	104	205	49	32	81	357	347	704		
Jul-04	209	208	417	104	108	212	40	32	72	353	348	701		
Aug-04	210	207	417	110	105	215	42	21	63	362	333	695		
Sep-04	219	211	430	103	107	210	42	29	71	364	347	711		
Oct-04	189	242	431	107	120	227	30	42	72	326	404	730		
Nov-04	219	210	429	107	110	217	41	33	74	367	353	720		
Dec-04	211	198	409	100	101	201	43	35	78	354	334	688		
Jan-05	230	215	445	110	112	222	45	35	80	385	362	747		
Feb-05	212	215	427	112	118	230	37	33	70	361	366	727		

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

FISCAL YEAR REPORT COVERING OCTOBER 2004 THROUGH SEPTEMBER 2005 :-

ANNUAL REPORT OF SELF-FUNDED HEALTH BENEFIT PLANS

1.	PREMIUM INCOME	\$ 5,732,300
2.	OTHER INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 8,068
3.	INVESTMENT INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 73,175
4.	TOTAL INCOME (1 + 2 + 3)	<u>\$ 5,813,543</u>
5.	CLAIMS PAID	<u>\$ 5,953,849</u>
6.	CLAIM RESERVES - END OF CURRENT YEAR	<u>\$ 859,638</u>
7.	CLAIM RESERVES - END OF PRIOR YEAR	<u>\$ 678,117</u>
	(MUST MATCH WITH PRIOR REPORT OR ATTACH DETAILED EXPLANATION)	
8.	TOTAL INCURRED CLAIMS - GROSS (SUM OF ITEMS 5 & 6, LESS ITEM 7)	<u>\$ 6,135,370</u>
9.	REINSURANCE RECOVERABLE	<u>\$ 338,735</u>
10.	TOTAL INCURRED CLAIMS - NET OF REINSURANCE (ITEM 8 LESS ITEM 9)	<u>\$ 5,796,636</u>
11.	STOP LOSS INSURANCE PREMIUMS	<u>\$ 323,732</u>
12.	EXPENSES	
	A. SALARIES & ADMINISTRATIVE FEES	<u>\$ 546,595</u>
	B. CONSULTING FEES	
	1. TPA/INSURS CO CONSULTING FEES	<u>\$ 51,500</u>
	2. OTHER CONSULTING FEES	<u> </u>
	TOTAL CONSULTING FEES	<u> </u>
	C. OFFICE EXPENSES	<u>\$ 2,037</u>
	D. OTHER (IF GREATER THAN 10% OF THE SUM IF ITEMS A-D, ATTACH DETAILED EXPLANATION OF COSTS.)	<u>\$ 137,357</u>
	E. TOTAL EXPENSES (SUM OF ITEMS A, B, C & D)	<u>\$ 737,489</u>
13.	TOTAL DISBURSEMENTS (SUM OF ITEMS 10,11, &12-E)	<u>\$ 6,857,857</u>
14.	OPERATING GAIN OR LOSS (ITEM 4 LESS ITEM 13)	<u>\$ (1,044,314)</u>

Notes to Numbered Items:

6. Claim liability reserves were calculated according to "Actuarial Standards of Practice No. 5".

12.D. Other Expenses include Transfer to Other Funds.

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

OPERATING PROJECTIONS FOR SELF-INSURED HEALTH BENEFIT PLANS

FISCAL YEAR COVERING OCTOBER THROUGH SEPTEMBER

PART 1

	CURRENT YEAR October 2005 - September 2006	PLAN YEAR 1 October 2006 - September 2007	PLAN YEAR 2 October 2007 - September 2008
1. NUMBER OF EMPLOYEES	761	761	761
2. PREMIUM INCOME	\$ 7,745,000	\$ 8,674,000	\$ 9,715,000
3. OTHER INCOME (INCLUDES INVESTMENT INCOME)	\$ 40,000	\$ 40,000	\$ 40,000
4. TOTAL INCOME (2 + 3)	\$ 7,785,000	\$ 8,714,000	\$ 9,755,000
5. TOTAL INCURRED CLAIMS*	\$ 6,255,000	\$ 6,998,000	\$ 7,828,000
6. TOTAL EXPENSES	\$ 702,000	\$ 782,000	\$ 822,000
7. TOTAL DISBURSMENTS (5 + 6)	\$ 6,957,000	\$ 7,780,000	\$ 8,650,000
8. TOTAL GAIN OR LOSS (4 - 7)	\$ 828,000	\$ 934,000	\$ 1,105,000
9. SURPLUS BEGINNING OF YEAR	\$ 1,158,000	\$ 1,986,000	\$ 2,920,000
10. SURPLUS END OF YEAR (8 + 9)	\$ 1,986,000	\$ 2,920,000	\$ 4,025,000

PART 2 - ASSUMPTIONS

	CURRENT YEAR	PLAN YEAR 1	PLAN YEAR 2
1. Premium Increase	Actual Premium	12%	12%
2.a. Claim Trend	12%	12%	12%
2.b. Expense Trend	Actual Expenses	5%	5%
3. Premium Contributions (See Below)			
4. Specific Stop Loss Attachment Point	\$100,000		

MONTHLY MEDICAL PREMIUM CONTRUBUTIONS

		Effective 10/2005	Effective 10/2006	Effective 10/2007
PPO SINGLE	County	\$650.00	\$728.00	\$815.36
	Employee	\$38.46	\$43.07	\$48.24
FAMILY	County	\$650.00	\$728.00	\$815.36
	Employee	\$222.26	\$248.93	\$278.80
CPO SINGLE	County	\$508.33	\$569.33	\$637.65
	Employee	\$21.67	\$24.27	\$27.18
FAMILY	County	\$508.33	\$569.33	\$637.65
	Employee	\$174.72	\$195.69	\$219.17

IF LINE 8 IS NEGATIVE, PROVIDE AN EXPLANATION AS TO WHY PREMIUM RATES CAN NOT BE INCREASED.

* INCLUDES PREMIUMS FOR STOP LOSS INSURANCE.

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

GENERAL INFORMATION

	BENEFIT (A)	BENEFIT (B)	BENEFIT (C)
1. TYPE OF BENEFIT	Medical		
2. NUMBER OF COVERED EMPLOYEES	734		-
SINGLE EMPLOYEES	370		
EMPLOYEES WITH DEPENDENTS	364		
3. NUMBER OF CLAIMS FILED	12,796		-
4. CLAIMS INCURRED	\$ 6,135,370		
5. CLAIM FREQUENCY (3 / 2)	17.433		
6. AVERAGE CLAIM (4 / 3)	\$ 479.48		
7. ANNUAL CLAIM COST (4 / 2)	\$ 8,358.82		

SURPLUS STATEMENT

(THIS SCHEDULE TRACES THE DEVELOPMENT OF SURPLUS IN THE PLAN FROM THE PRIOR YEAR TO THE END OF THE CURRENT YEAR)

1. SURPLUS FROM PRIOR YEAR (IF A DEFICIT, SHOW AS NEGATIVE SURPLUS)	\$ 2,232,779
2. CHANGE IN SURPLUS FROM FUND OPERATIONS (GAIN OR LOSS FOR YEAR)	\$ (1,044,314)
3. CHANGE IN SURPLUS DUE TO OTHER FACTORS (CONTRIBUTION, WITHDRAWAL)	\$ (30,962)
4. OVERALL CHANGE IN SURPLUS, PRESENT YEAR	\$ (1,075,276)
5. SURPLUS END OF CURRENT YEAR (SUM OF ITEM 1 AND ITEM 4)	\$ 1,157,503

NOTE: IF LINE 5 IS NEGATIVE, THE PLAN IS NOT IN GOOD STANDING WITH THE FLORIDA OFFICE OF INSURANCE REGULATION. THIS DEFICIT MUST BE REMOVED BY AN INFUSION OF AN AMOUNT AT LEAST EQUAL TO THE DEFICIT. IF THE DEFICIT IS TO BE LIQUIDATED OVER A PERIOD OF TIME, PLEASE GIVE THE DETAILS OF THIS PROGRAM FOR CONSIDERATION ALONG WITH A SUPPORTING ACTUARIAL OPINION. IF THE PLAN'S SURPLUS IS LESS THAN 60 DAYS OF ANTICIPATED CLAIMS, OTHER QUESTIONS MAY BE ASKED OF THE PLAN AS THE OFFICE SEES FIT.

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

FISCAL YEAR REPORT COVERING OCTOBER 2003 THROUGH SEPTEMBER 2004

ANNUAL REPORT OF SELF-FUNDED HEALTH BENEFIT PLANS

1.	PREMIUM INCOME	\$ 4,680,248
2.	OTHER INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	
3.	INVESTMENT INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 60,621
4.	TOTAL INCOME (1 + 2 + 3)	\$ 4,740,869
5.	CLAIMS PAID	\$ 3,660,596
6.	CLAIM RESERVES - END OF CURRENT YEAR	\$ 678,117
7.	CLAIM RESERVES - END OF PRIOR YEAR	\$ 647,140
	(MUST MATCH WITH PRIOR REPORT OR ATTACH DETAILED EXPLANATION)	
8.	TOTAL INCURRED CLAIMS - GROSS (SUM OF ITEMS 5 & 6, LESS ITEM 7)	\$ 3,691,573
9.	REINSURANCE RECOVERABLE	\$ 161,937
10.	TOTAL INCURRED CLAIMS - NET OF REINSURANCE (ITEM 8 LESS ITEM 9)	\$ 3,529,636
11.	STOP LOSS INSURANCE PREMIUMS	\$ 274,715
12.	EXPENSES	
	A. SALARIES & ADMINISTRATIVE FEES	\$ 289,743
	B. CONSULTING FEES	
	1. TPA/INSURS CO CONSULTING FEES	\$ 51,913
	2. OTHER CONSULTING FEES	
	TOTAL CONSULTING FEES	
	C. OFFICE EXPENSES	\$ 11,512
	D. OTHER (IF GREATER THAN 10% OF THE SUM OF ITEMS A-D, ATTACH DETAILED EXPLANATION OF COSTS.)	\$ 285,412
	E. TOTAL EXPENSES (SUM OF ITEMS A, B, C & D)	\$ 638,580
13.	TOTAL DISBURSEMENTS (SUM OF ITEMS 10,11, & 12-E)	\$ 4,442,931
14.	OPERATING GAIN OR LOSS (ITEM 4 LESS ITEM 13)	\$ 297,938

Notes to Numbered Items:

6. Claim liability reserves were calculated according to "Actuarial Standards of Practice No. 5".

12.D. Other Expenses include Insurance Premiums - Life, AD&D, Mental Health and Dental

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

OPERATING PROJECTIONS FOR SELF-INSURED HEALTH BENEFIT PLANS

FISCAL YEAR COVERING OCTOBER THROUGH SEPTEMBER

PART 1

	CURRENT YEAR October 2004 - September 2005	PLAN YEAR 1 October 2005 - September 2006	PLAN YEAR 2 October 2006 - September 2007
1. NUMBER OF EMPLOYEES	711	711	711
2. PREMIUM INCOME	\$ 5,484,000	\$ 6,142,000	\$ 6,879,000
3. OTHER INCOME (INCLUDES INVESTMENT INCOME)	\$ 40,000	\$ 40,000	\$ 40,000
4. TOTAL INCOME (2 + 3)	\$ 5,524,000	\$ 6,182,000	\$ 6,919,000
5. TOTAL INCURRED CLAIMS*	\$ 4,818,000	\$ 5,390,000	\$ 6,030,000
6. TOTAL EXPENSES	\$ 716,000	\$ 714,000	\$ 750,000
7. TOTAL DISBURSMENTS (5 + 6)	\$ 5,534,000	\$ 6,104,000	\$ 6,780,000
8. TOTAL GAIN OR LOSS (4 - 7)	\$ (10,000)	\$ 78,000	\$ 139,000
9. SURPLUS BEGINNING OF YEAR	\$ 2,233,000	\$ 2,223,000	\$ 2,301,000
10. SURPLUS END OF YEAR (8 + 9)	\$ 2,223,000	\$ 2,301,000	\$ 2,440,000

PART 2 - ASSUMPTIONS

	CURRENT YEAR	PLAN YEAR 1	PLAN YEAR 2
1. Premium Increase	Actual Premium	12%	12%
2.a. Claim Trend	8%	12%	12%
2.b. Expense Trend	Actual Expenses	5%	5%
3. Premium Contributions (See Below)			
4. Specific Stop Loss Attachment Point	\$75,000		

MONTHLY MEDICAL PREMIUM CONTRUBUTIONS

			Effective 10/2004	Effective 10/2005	Effective 10/2006
PPO	SINGLE	County	\$508.33	\$569.33	\$637.65
		Employee	\$38.46	\$43.07	\$48.24
	FAMILY	County	\$508.33	\$569.33	\$637.65
		Employee	\$222.26	\$248.93	\$278.80
CPO	SINGLE	County	\$508.33	\$569.33	\$637.65
		Employee	\$21.67	\$24.27	\$27.18
	FAMILY	County	\$508.33	\$569.33	\$637.65
		Employee	\$174.72	\$195.69	\$219.17

IF LINE 8 IS NEGATIVE, PROVIDE AN EXPLANATION AS TO WHY PREMIUM RATES CAN NOT BE INCREASED.

* INCLUDES PREMIUMS FOR STOP LOSS INSURANCE.

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS

GENERAL INFORMATION

	BENEFIT (A)	BENEFIT (B)	BENEFIT (C)
1. TYPE OF BENEFIT	Medical		
2. NUMBER OF COVERED EMPLOYEES	686		
SINGLE EMPLOYEES	349		
EMPLOYEES WITH DEPENDENTS	337		
3. NUMBER OF CLAIMS FILED	12,796		
4. CLAIMS INCURRED	\$ 3,691,573		
5. CLAIM FREQUENCY (3 / 2)	18.653		
6. AVERAGE CLAIM (4 / 3)	\$ 288.49		
7. ANNUAL CLAIM COST (4 / 2)	\$ 5,381.30		

SURPLUS STATEMENT

(THIS SCHEDULE TRACES THE DEVELOPMENT OF SURPLUS IN THE PLAN FROM THE PRIOR YEAR TO THE END OF THE CURRENT YEAR)

1. SURPLUS FROM PRIOR YEAR (IF A DEFICIT, SHOW AS NEGATIVE SURPLUS)	\$ 1,935,335
2. CHANGE IN SURPLUS FROM FUND OPERATIONS (GAIN OR LOSS FOR YEAR)	\$ 297,938
3. CHANGE IN SURPLUS DUE TO OTHER FACTORS (CONTRIBUTION, WITHDRAWAL)	\$ (495)
4. OVERALL CHANGE IN SURPLUS, PRESENT YEAR	\$ 297,443
5. SURPLUS END OF CURRENT YEAR (SUM OF ITEM 1 AND ITEM 4)	\$ 2,232,779

NOTE: IF LINE 5 IS NEGATIVE, THE PLAN IS NOT IN GOOD STANDING WITH THE FLORIDA OFFICE OF INSURANCE REGULATION. THIS DEFICIT MUST BE REMOVED BY AN INFUSION OF AN AMOUNT AT LEAST EQUAL TO THE DEFICIT. IF THE DEFICIT IS TO BE LIQUIDATED OVER A PERIOD OF TIME, PLEASE GIVE THE DETAILS OF THIS PROGRAM FOR CONSIDERATION ALONG WITH A SUPPORTING ACTUARIAL OPINION. IF THE PLAN'S SURPLUS IS LESS THAN 60 DAYS OF ANTICIPATED CLAIMS, OTHER QUESTIONS MAY BE ASKED OF THE PLAN AS THE OFFICE SEES FIT.

GENERAL INFORMATION ON SELF-FUNDED HEALTH BENEFIT PLANS

PLAN FISCAL YEAR October 1 through September 30

PLAN NAME Lake County Board of County Commissioners
Self-Insured Employee Health Plan

INDIVIDUAL CONTACT Ms. Sharon Wall

ADDRESS 315 W. Main Street
P.O. Box 7800
Tavares, FL 32778

PHONE NUMBER 352.343.9803

FAX NUMBER 352.343.9817

E-MAIL

ADMINISTRATOR Employers Mutual Inc.

INDIVIDUAL CONTACT Mr. Jim Davis

ADDRESS 700 Central Parkway
Stuart, FL 34994

PHONE NUMBER 800-697-2235

FAX NUMBER 904-598-0035

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ACTUARIAL FIRM Wakely Consulting Group, Inc.

ACTUARY Ms. Alison L. Pool, ASA, MAAA
Consulting Actuary

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Suite 515
Clearwater, FL 33764-3143

PHONE NUMBER 727-507-9858, ext. 103

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E-MAIL alisonp@wakelyconsulting.com

Lake County Board of County Commissioners
Plan Year Ending September 30, 2003

ANNUAL REPORT OF SELF-FUNDED HEALTH BENEFIT PLANS

PART ONE

	BENEFIT (A)	BENEFIT (B)	BENEFIT (C)
1. TYPE OF BENEFIT	Medical		
2. NUMBER OF COVERED EMPLOYEES	684	-	-
SINGLE EMPLOYEES	344		
EMPLOYEES WITH DEPENDENTS	340		
3. NUMBER OF CLAIMS FILED *	14,608	-	-
4. CLAIMS INCURRED	\$ 3,841,532		
5. CLAIM FREQUENCY (3 / 2)	21.362		
6. AVERAGE CLAIM (4 / 3)	\$ 262.97		
7. ANNUAL CLAIM COST (4 / 2)	\$ 5,617.64		

PART TWO

1. PREMIUM INCOME	\$ 3,817,519
2. OTHER INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 40,317
3. INVESTMENT INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 82,724
4. TOTAL INCOME (1 + 2 + 3)	\$ 3,940,560
5. CLAIMS PAID (NET OF REINSURANCE)	\$ 3,835,887
6. CLAIM RESERVES - END OF CURRENT YEAR	\$ 647,140
7. CLAIM RESERVES - END OF PRIOR YEAR	\$ 641,495
(MUST MATCH WITH PRIOR REPORT OR ATTACH DETAILED EXPLANATION)	
8. TOTAL INCURRED CLAIMS (SUM OF ITEMS 5 & 6, LESS ITEM 7)	\$ 3,841,532
9. STOP LOSS INSURANCE PREMIUMS	\$ 244,711
10. EXPENSES	
A. SALARIES & ADMINISTRATIVE FEES	\$ 297,524
B. CONSULTING FEES	\$ 50,002
C. OFFICE EXPENSES	
D. TAXES	
E. OTHER (IF GREATER THAN 10% OF THE SUM OF ITEMS A-D, ATTACH DETAILED EXPLANATION OF COSTS.)	\$ 261,291
F. TOTAL EXPENSES (SUM OF ITEMS A, B, C, D & E)	\$ 608,817
11. TOTAL DISBURSEMENTS (SUM OF ITEMS 8, 9, & 10-F)	\$ 4,695,060
12. OPERATING GAIN OR LOSS (ITEM 4 LESS ITEM 11)**	\$ (754,499)
13. PAYMENTS TO REDUCE CURRENT OR PRIOR LOSS, IF ANY	
14. CHANGE IN SURPLUS FOR CURRENT YEAR (SUM OF ITEMS 12 & 13)	\$ (754,499)

*THIS REPRESENTS THE TOTAL NUMBER OF CLAIMS FILED AND NOT THE NUMBER OF INDIVIDUALS FILING CLAIMS.

**IF ITEM 12 IS NEGATIVE, COMPLETE FORM DI4-574. IF ITEM 12 IS POSITIVE, ATTACH AN EXPLANATION AS TO WHAT IS TO BE DONE WITH THE FUNDS.

Notes to Item Number:

6. Claim Reserves for the current year were calculated according to "Actuarial Standards of Practice No. 5"

10.e. Other Expenses include \$118,938 for Life, AD&D and LTD; \$40,026 for Mental Health Capitation; \$97,792 for Dental.

Lake County Board of County Commissioners
Plan Year Ending September 30, 2003

OPERATING PROJECTIONS FOR SELF-INSURED HEALTH BENEFIT PLANS

FISCAL YEAR COVERING OCTOBER THROUGH SEPTEMBER

	Plan Year 1 October 2003 - September 2004	Plan Year 2 October 2004 - September 2005	Plan Year 3 October 2005 - September 2006
1. NUMBER OF EMPLOYEES	704	704	704
2. PREMIUM INCOME	\$ 4,956,000	\$ 5,625,000	\$ 6,384,000
3. OTHER INCOME (INCLUDES INVESTMENT INCOME)	\$ 80,000	\$ 83,000	\$ 86,000
4. TOTAL INCOME (2 + 3)	\$ 5,036,000	\$ 5,708,000	\$ 6,470,000
5. TOTAL INCURRED CLAIMS*	\$ 4,318,000	\$ 4,950,000	\$ 5,675,000
6. TOTAL EXPENSES	\$ 420,000	\$ 463,000	\$ 509,000
7. TOTAL DISBURSMENTS (5 + 6)	\$ 4,738,000	\$ 5,413,000	\$ 6,184,000
8. TOTAL GAIN OR LOSS (4 - 7)	\$ 298,000	\$ 295,000	\$ 286,000
9. SURPLUS BEGINNING OF YEAR	\$ 1,935,000	\$ 2,233,000	\$ 2,528,000
10. SURPLUS END OF YEAR (8 + 9)	\$ 2,233,000	\$ 2,528,000	\$ 2,814,000

Assumptions			
	Plan Year 1	Plan Year 2	Plan Year 3
Premium Increase	Actual	13.5%	13.5%
Annual Claim Trend	16.4%	15.0%	15.0%
Annual Expense Increase	Actual	10.0%	10.0%

IF LINE 8 IS NEGATIVE, PROVIDE AN EXPLANATION AS TO WHY PREMIUM RATES CAN NOT BE INCREASED.

* INCLUDES PREMIUMS FOR STOP LOSS INSURANCE.

Lake County Board of County Commissioners
Plan Year Ending September 30, 2003

Deficit Elimination Plan for Self-Funded Health Benefit Plans

(THIS SCHEDULE TRACES THE DEVELOPMENT OF SURPLUS IN THE PLAN FROM THE PRIOR YEAR TO THE END OF THE CURRENT YEAR)

1.a. SURPLUS FROM PRIOR YEAR REPORT	<u>\$ 3,074,084</u>
1.b. ADJUSTMENT FOR AGREEMENT WITH FINANCIAL STATEMENTS	<u>\$ (385,018)</u>
1. SURPLUS FROM PRIOR YEAR (IF A DEFICIT, SHOW AS NEGATIVE SURPLU	<u>\$ 2,689,066</u>
2. CHANGE IN SURPLUS, PRESENT YEAR: LINE 14 EXHIBIT B, PART 2	<u>\$ (754,499)</u>
3. TOTAL LINE 1 PLUS 2	<u>\$ 1,934,566</u>

NOTE: IF LINE 3 IS NEGATIVE, THE PLAN IS NOT IN GOOD STANDING WITH THE FLORIDA DEPARTMENT OF INSURANCE. THIS DEFICIT MUST BE REMOVED BY AN INFUSION OF AN AMOUNT AT LEAST EQUAL TO THE DEFICIT. IF THE DEFICIT IS TO BE LIQUIDATED OVER A PERIOD OF TIME, PLEASE GIVE THE DETAILS OF THIS PROGRAM. ANY SUCH PROGRAM (OTHER THAN THE SINGLE SUM REPAYMENT) WILL REQUIRE THE PLAN SPONSOR TO NOTIFY THE PLAN PARTICIPANTS THAT THE DEPARTMENT OF INSURANCE DOES NOT CONSIDER THE PLAN TO BE IN GOOD STANDING.

DIR-574 (3/91)