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2010 AUG 30 PM 2: 34
C&I TENNCARE

Humana Inc.
Statutory Accounting
500 W. Main Street
P.O. Box 740036
Louisville, KY 40201-7436
502 580 1000 Tel
www.humana.com

August 26, 2010

HUMANA
Guidance when you need it most

Gregory Hawkins, CPA
TennCare Examinations Manager
Department of Commerce
TennCare Division
500 James Robertson Parkway, Suite 750
Nashville, TN 37243-1169

Re: Preferred Health Partnership of Tennessee, Inc. - June 30, 2010 Filing

Dear Mr. Hawkins,

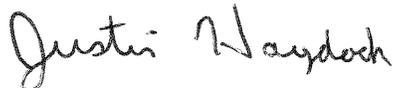
This letter is in response to your letter dated August 25, 2010 to Mr. James Bloem, Chief Financial Officer. As requested, enclosed you will find the following documents which were not included with the original filing:

Exhibit 2 – Accident and Health Premiums Due and Unpaid
Exhibit 3 – Health Care Receivables
Exhibit 5 – Amounts Due From Parent, Subsidiaries, and Affiliates

In addition, we have also enclosed a signed jurat page for this amended filing

Should you have any questions or I can be of further assistance, please advise.

Sincerely,



Justin Haydock
Statutory Reporting Consultant
502-580-1870 or jhaydock@humana.com



QUARTERLY STATEMENT

AS OF JUNE 30, 2010
OF THE CONDITION AND AFFAIRS OF THE

Preferred Health Partnership of Tennessee, Inc.

NAIC Group Code	<u>0119</u>	<u>0119</u>	NAIC Company Code	<u>95749</u>	Employer's ID Number	<u>62-1546662</u>
	(Current Period)	(Prior Period)				
Organized under the Laws of	<u>Tennessee</u>			State of Domicile or Port of Entry	<u>Tennessee</u>	
Country of Domicile	<u>United States</u>					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []	
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]	
	Other []				Is HMO, Federally Qualified? Yes [X] No []	
Incorporated/Organized	<u>09/02/1993</u>	Commenced Business		<u>01/01/1994</u>		
Statutory Home Office	<u>1420 Centerpoint Blvd.</u>			<u>Knoxville, TN 37932</u>		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	<u>1420 Centerpoint Blvd.</u>	<u>Knoxville, TN 37932</u>		<u>865-670-7282</u>		
	(Street and Number)	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	<u>P.O. Box 740036</u>	<u>Louisville, KY 40201-7436</u>				
	(Street and Number or P.O. Box)	(City or Town, State and Zip Code)				
Primary Location of Books and Records	<u>1420 Centerpoint Blvd.</u>	<u>Knoxville, TN 37932</u>		<u>865-670-7282</u>		
	(Street and Number)	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Internet Web Site Address	<u>www.humana.com</u>					
Statutory Statement Contact	<u>Justin Haydock</u>			<u>502-580-1870</u>		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	<u>jhaydock@humana.com</u>			<u>502-580-2099</u>		
	(E-mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
<u>Michael Benedict McCallister</u>	<u>President & CEO</u>	<u>Joan Olliges Lenahan</u>	<u>VP & Corporate Secretary</u>
<u>James Harry Bloem</u>	<u>Sr. VP, CFO & Treasurer</u>	<u>Frank Murray Amrine</u>	<u>Appointed Actuary</u>

OTHER OFFICERS

<u>George Andreas Andrews M.D.</u>	<u>VP - CMO/Tennessee</u>	<u>George Grant Bauernfeind</u>	<u>Vice President</u>
<u>John Gregory Catron</u>	<u>Vice President</u>	<u>Roy Goldman Ph.D #</u>	<u>VP & Chief Actuary</u>
<u>Douglas Edward Haaland</u>	<u>Mkt. Pres. - Sr. Prod./Tennessee</u>	<u>Charles Frederic Lambert III #</u>	<u>Vice President</u>
<u>Thomas Joseph Liston</u>	<u>Sr. Vice President - Sr. Prod.</u>	<u>Clarence Evans Looney</u>	<u>Market President - Tennessee</u>
<u>George Renaudin</u>	<u>VP & Div. Leader - Southern Div.</u>	<u>Larry Dale Savage</u>	<u>Regional CEO</u>
<u>William Joseph Tait</u>	<u>Vice President</u>	<u>Gary Dean Thompson</u>	<u>Vice President</u>
<u>Ralph Martin Wilson</u>	<u>Vice President</u>	<u>Joseph Christopher Ventura #</u>	<u>Assistant Secretary</u>

DIRECTORS OR TRUSTEES

<u>James Harry Bloem</u>	<u>Michael Benedict McCallister</u>	<u>James Elmer Murray</u>
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State of Kentucky ss
County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>Michael Benedict McCallister</u> President & CEO	<u>Joan Olliges Lenahan</u> VP & Corporate Secretary	<u>James Harry Bloem</u> Sr. VP, CFO & Treasurer
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Subscribed and sworn to before me this
25th day of August, 2010
Myra Carpenter
Myra Carpenter, Notary Public
August 9, 2013

a. Is this an original filing? Yes [] No [X]
b. If no:
1. State the amendment number 1
2. Date filed 08/25/2010
3. Number of pages attached 3

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals Group subscribers:						

NONE

0299997 Group subscriber subtotal
 0299998 Premiums due and unpaid not individually listed
 0299999 Total group
 0399999 Premiums due and unpaid from Medicare entities
 0499999 Premiums due and unpaid from Medicaid entities
 0599999 Accident and health premiums due and unpaid (Page 2, Line 13)

Quarterly STATEMENT FOR THE YEAR 2Q 2010 OF THE Preferred Health Partnership of Tennessee, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical rebate receivables	655	0	0	0	0	655
Claim Overpayment Receivables	655	0	0	0	0	655
Loans and Advances to Providers						
Capitation Arrangement Receivables						
Risk sharing Receivables						
Other Receivables						
Unclaimed Property						
0699999 - Totals - Other Receivables	655	0	0	0	0	655
0799999 Gross health care receivables	655	0	0	0	0	655

