

# **EXHIBIT 7**



Press Releases

# American Trade Association

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## PRESS RELEASE

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### American Trade Association Unveils New Accident Medical Plan

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Springfield, TN, March 08, 2010 --(PR.com)-- American Trade Association (<http://www.myatabenefits.com>)(ATA), a Not-for-profit organization, has launched a new accident medical plan, to cover persons sustaining injuries or losing life due to accident. Any person who is employed or eligible for employment or business entrepreneur of the age group between 18 and 65 is eligible to be the member of ATA.

While disclosing this to media, Mr Obed Kirkpatrick, President of ATA said that they cover the insured person's up to \$25000 against any sudden, unforeseeable external event which caused injury. Insured persons included all members and their lawful spouses under age 70.

He also further added that they covered charges for local professional ambulance service and customary charges for treatment, services and supplies provided or prescribed by a doctor:

"If within one year from the date of an Accident covered under this policy, injury from such Accident results in Loss of life, we will pay \$50000. For other loss various other parts of body, we will pay according to the percentage specified", he further added.

More information about the health plans are available at <http://www.myatabenefits.com/>

#### About ATA

American Trade Association (<http://www.myatabenefits.com>) (ATA), a not-for-profit organization, has launched few health insurance plans to their members. ATA brings together to form a strong buying group. Any person who is employed, or eligible for employment or business entrepreneur of the age group between 18 and 65 is eligible to be

the member of ATA.

Contact:  
Jack Isaac  
American Trade Association  
400 Memorial Blvd  
Springfield, TN 37172, United States

###

**Contact Information**

American Trade Association  
Jack Isaac  
800-546-7405  
jack@prohealthcareplan.com  
http://www.myatabenefits.com  
Jack Isaac  
American Trade Association  
400 Memorial Blvd  
Springfield, TN 37172, United States

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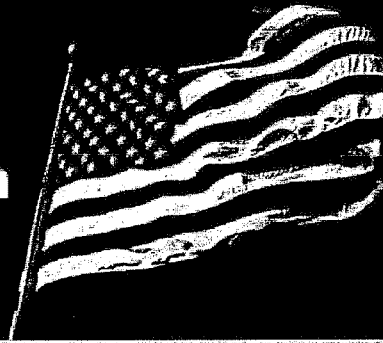
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### ATTENTION MEMBERS:

WE HAVE RECEIVED NUMEROUS CALLS FROM MEMBERS STATING THEY HAVE BEEN CONTACTED ABOUT THEIR BENEFITS BEING TERMINATED. WHILE THERE ARE ISSUES BEING WORKED OUT WITH SOME STATE REGULATORS, THIS IS NOT CORRECT. PLEASE CONTACT US AT 800-591-6764 FROM 8:00 AM TO 5:00 PM CENTRAL TIME IF YOU HAVE ANY CONCERNS

OR QUESTIONS.

The American Trade Association has 7 benefit-packed

levels of membership to choose from:

BASIC

BRONZE

PLUS

SILVER


PREMIER

GOLD

ADVANTAGE

Disclosures: This is not insurance nor is it intended to replace insurance. This discount card program contains a 30 day cancellation period. For a full list of disclosures, please click [here](#).

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## ABOUT

The purpose of the American Trade Association is to bring like minded individuals and companies together to form a strong buying group. To be eligible for Association membership you must be between the ages of 18 and 65. You must also be employed or eligible for employment either as the owner of a small business, a self-employed person, a contractor, or an employee of a small business either full or part time. The Association is a Non-Profit Association.

What benefits do you receive as an ATA member?


Plenty, especially considering membership is very affordable. As an ATA member, you'll receive exclusive access to valuable programs and offers, including:

- Affordable health benefits
- Scholarship grants to further your education
- Exclusive discounts on health, lifestyle and other services
- Members-only newsletters and special promotions

And more importantly, as ATA grows, so will your membership benefits. We're constantly looking to bring you programs that will make your life easier. We urge you to read the information provided in this website so you can begin taking advantage of the wonderful programs waiting for you. It's very simple and completely your decision. Enjoy your membership!

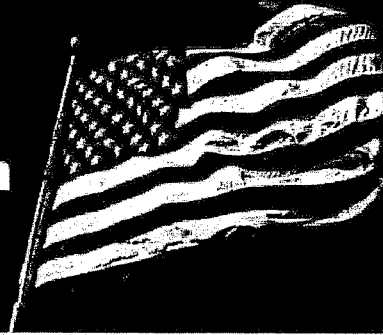
If you should have any questions about the American Trade Association, please click the "Contact Us" tab at the top of this page and a customer service representative will be glad to answer any questions that you may have via telephone or email.

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## HEALTH BENEFITS

All Association members are eligible to enroll in one of our guaranteed issue health plans.

The first option is a limited benefit plan, sometimes referred to as mini-medical plan. This plan has benefits ranging from \$300 to \$1,000 a day if you are hospitalized. The plan also provides coverage for office visits, tests and injections, as well as surgical benefits for both in and out-patient surgical procedures.

The Association also offers plans that are the next generation of limited benefit plans, called Per Occurrence Plans. These plans have a \$25 co-pay for office visits. They also provide benefits for tests, injections and surgical benefits as well. The Per Occurrence Plans provide a total benefit ranging from \$2,500 up to \$7,500 per occurrence paid at either an 80%/20% or 90%/10% co-pay.



With all of our health benefit plans, Association members are also covered by an Accident Medical Plan. This benefit pays up to an additional \$25,000 for an accidental injury over and above the health plan benefits you would receive.

Additionally, both types of health plans we provide you access to an insured prescription plan through Express Scripts with significant discounts for your medication needs.

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## Limited Indemnity Benefit Plan

ATA ASSOCIATION HEALTH PLANS  
A Group Hospital Indemnity Benefit Plan

Base Plan Benefits

Benefit per Day in-patient

	Plus	Premier
	500	1000
	\$500	\$1,000

	Maximum daily inpatient days per confinement	30 days	30 days
<b>Optional Benefits</b>			
Outpatient Physician Office	Benefit per visit per member per calendar year Calendar year maximum per insured	\$50.00 6	\$70.00 6
Outpatient Diagnostic X-Ray	Benefit per tests daily for tests performed	\$50.00	\$50.00
Lab Indemnity Benefit	Calendar year max per insured for outpatient tests only	4	4
Surgical & Anesthesia	Per benefit amount shown in the Surgical Schedule, based on indemnity benefit level chosen for type of surgery performed Additional benefit for anesthesia administration	\$1000 20%	\$1000 20%
In-Hospital Additional	Benefit per admission per confinement Maximum additional benefit confinement per year	\$500 2	\$1000 2
Intensive Care Indemnity	Per day of confinement in an intensive care room Maximum days per calendar year	\$500 30	\$1000 30
Off The Job Accidental	Pays actual charges per covered accident up to the amount. Maximum benefit of 5 accidents per calendar year per member.	\$500	\$500
Wellness Indemnity	Benefit per visit for physical exams or certain diagnostic benefits Maximum visits per insured per year Well-child visits – 4 per calendar year for children 0-12 months, 2 per calendar year for children 13-24 months	\$50 1	\$100 1
Emergency Room	Benefit per visit for sickness or illness (2 max per year per member)	\$50	\$50
Critical Illness Benefit	Benefit per initial diagnosis of a covered critical illness and an additional lump sum benefit of the same amount for Member subsequent and separate covered critical illness for Spouse/Child	N/A N/A	\$5000 \$2500
Daily in-patient drug & alcohol benefit	Benefit per day of confinement if insured is confined as inpatient in a rehabilitation facility for substance abuse Calendar year max \$10,000      Lifetime max \$30,000	\$300	\$300
Daily in-patient mental & nervous benefit	Benefit per day of confinement if an insured is confined as an inpatient in a rehabilitation facility for mental and nervous conditions Calendar year max \$10,000      Lifetime max \$30,000	\$300	\$300
<b>Additional Coverage</b>			
Group Term Life Insurance with AD&D Rider	Member \$5000      Spouse/Child \$2500 <u>Note: AD&amp;D Coverage is not available on Children</u>		
RX Benefits – Express Scripts	50% co-payment for name or generic brand medication up to the medication up to the maximum per member per year benefit. Express Scripts discount card will be	\$500 Annual	\$1000 Annual

mailed to member after benefits are maxed out for year. All plans have a negotiated wholesale rate less discount. 50/50 Co-Pay


Max Max

Accident Medical Plan

Additional accident benefit over health plan benefits  
\$1000 deductible and up to \$25,000 benefit per accident  
(See Policy for complete details)

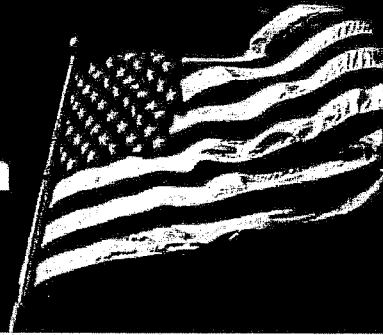
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## Per Occurrence Plans

ATA ASSOCIATION HEALTH PLANS  
PER OCCURRENCE PLANS

	\$2,500	\$5,000	\$7,500
	<u>Max Per Occurrence</u>	<u>Max Per Occurrence</u>	<u>Max Per Occurrence</u>
<b>Physicians Office Visits</b>			
Primary/Specialists/Chiropractor	\$25 co-pay to plan max	\$25 co-pay to plan max	\$25 co-pay to plan max
<b>E/R Ambulance Service</b>			
Sickness/Accident – Deductible waived if due to accident or if admitted	\$250 deductible Plan pays 80% up to plan max	\$250 deductible Plan pays 80% up to plan max	\$250 deductible Plan pays 90% up to plan max
<b>Per Occurrence Deductible</b> (No annual limit on occurrences 12 month pre-existing unless proof of current coverage – no pre-existing on office visits or prescription benefits)	\$300	\$200	\$200
<b>Hospital In-patient benefit</b>	80% to plan max	80% to plan max	90% to plan max
<b>Physician Services</b>	80 % to plan max	80% to plan max	90% to plan max
<b>In-Patient</b>			
<b>In or Out-Patient Surgery</b>	80% to plan max	80% to plan max	90% to plan max
<b>Additional in-patient only benefit</b> (Paid after the per occurrence accident/sickness benefit maximum has been paid. This is an in-patient benefit only.)	\$400 per day Up to 30 days confinement	\$400 per day Up to 30 days confinement	\$400 per day Up to 30 days confinement
<b>Lab/X-Ray/MRI/CT Scans/Diagnostic</b>	80% to plan max Max benefit of \$750	80% to plan max Max benefit of \$1250	90% to plan max Max benefit of \$1500
<b>Accidental Death Benefit</b> **Per Member only**	\$10,000	\$10,000	\$10,000
<b>Mental Health/Alcohol/ Drug Rehabilitation</b> **In-Patient Only**	80% to plan max per occurrence	80% to plan max per occurrence	90% to plan max per occurrence
<b>Other Medical Services</b> ( Home Health Care, Hospice, physical therapy, Durable Medical Equipment)	80% to plan max Per occurrence	80% to plan max Per Occurrence	90% to plan max Per Occurrence
<b>Maternity</b>	80% to plan max Per occurrence	80% to plan max Per occurrence	90% to plan max Per occurrence
<b>Prescription Benefits</b> (Express Scripts) 50% co-payment for brand name or generic medications up to the maximum per member per year benefit. Member receives Express Scripts discount card after benefits are maxed out for the year	Wholesale Rate  Less Discount 50/50 Co-pay after discount \$750 Annual Max	Wholesale Rate  Less Discount 50/50 Co-pay after discount \$1250 Annual Max	Wholesale Rate  Less Discount 50/50 Co-pay after discount \$1500 Annual Max

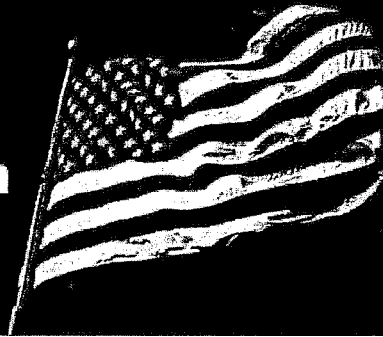
**Accident Medical Plan** – Additional accident benefit that is over all health plan benefits. All plans include this benefit.

\$1000 deductible and up to \$25,000 per accident – see policy for details

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## Accident Medical Plan

ACCIDENT MEDICAL

IN-HOSPITAL ACCIDENT ONLY

ACCIDENTAL DEATH & DISMEMBERMENT

\*\*\*THIS COVERAGE IS INCLUDED IN ALL ATA MEDICAL BENEFIT PLANS\*\*\*

SCOPE OF COVERAGE

We will provide the benefits described in this policy to all covered persons who suffer a covered loss, which is within the scope of the Description of Benefits Provisions and results, directly and independently of all other causes, from bodily injury, which is suffered in an accident, and occurs while the person is a covered person under this policy and is within the scope of the risks set forth in the Description of Hazards provisions.

INSURED PERSONS include all members and their lawful spouses under age 70.

ACCIDENT means a sudden, unforeseeable external event which causes injury to one or more covered persons and occurs while coverage is in force and such injury directly and independently causes a loss covered by the policy.

THIS IS A LIMITED, ACCIDENT ONLY INSURANCE. IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSE RESULTING FROM SICKNESS, DISEASE, OR BODILY INFIRMITY. In order to receive benefits, an insured person must sustain an injury while the policy is in force and such injury directly and independently causes a loss covered by the policy.

Benefits are payable for eligible expenses for non-work related injuries on the following basis:

#### DESCRIPTION OF BENEFITS

BENEFIT AMOUNT: \$25,000      DEDUCTIBLE: \$1,000 Per injury

If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the Accident causing the injury, we will pay, less the deductible as shown above, and not to exceed the maximum benefit amount shown therein, all covered expenses incurred within one year from such date.

Covered expenses mean the usual, reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following usual, reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) Hospital room & board, or Surgical Center care and treatment; (2) Outpatient hospital emergency room; (3) Surgical Benefits;
- (4) Doctor's visits in-hospital; (5) Doctor's visits out-patient; (6) X-ray and laboratory; (7) Nursing care; (8) Physiotherapy;
- (9) Ambulance; (10) Medical equipment rental charges; (11) Medical services and supplies (blood, blood transfusions, oxygen);
- (12) Prescription drugs; (13) Dental treatment as a result of injury to natural teeth

#### ACCIDENTAL DEATH & DISMEMBERMENT

Principal Sum: \$50,000

If within one year from the date of an Accident covered under this policy, injury from such Accident results in Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table. The amount will not exceed the Principal Sum which applies to the Covered Person.

#### ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

<u>LOSS</u>	<u>PERCENTAGE OF PRINCIPLE SUM</u>
Loss of life	100%
Loss of both hands	100%
Loss of both feet	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and entire sight of eye	100%
Loss of one foot and entire sight of eye	100%
Loss of one hand	50%
Loss of one foot	50%
Loss of entire sight of one eye	50%
Loss of thumb and index finger of the same hand	25%

#### DESCRIPTION OF HAZARDS

24 Hour Coverage. We will pay the benefits describe in this policy for any Accident which happens to a covered person while he is covered by this policy. This includes travel or flight in an aircraft with some restrictions. SEE EXCLUSIONS.



#### GENERAL POLICY PROVISIONS

**WORKER'S COMPENSATION INSURANCE:** This policy is not in lieu of, and does not affect, any requirement for coverage under any Worker's Compensation Insurance.

#### EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which:

- 1) Is caused by or results from the Covered Person's own:
  - (a) Intentionally self-inflicted injury, suicide or any attempt thereat. (In Missouri this applies only while sane);
  - (b) Voluntary self administration of any drugs or chemical substance not prescribed by, and taken according to the directions of a doctor (Accidental ingestion of a poisonous substance is not excluded);
  - (c) Commission or attempt to commit a felony;
  - (d) Participation in a riot or insurrection;
  - (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor;
  - (f) Driving while intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;
  
- (2) is caused by or results from:
  - (a) Declared or undeclared war or act of war
  - (b) An Accident which occurs while the Covered Person is on active duty service in any armed forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days);
  - (c) Aviation, except as specifically provided in this policy;
  - (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
  - (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 of the initial incident and:
    - i) The loss was caused by fire, heat, explosion or other physical trauma which was the result of the release of nuclear energy, and
    - ii) The Covered Person was within a 25 mile radius of the site of the release either:
      - 1) At the time of the release; or
      - 2) Within 24 hours of the start of the release

#### CLAIMS PROVISIONS

Written notice of claim must be given within 30 days after a covered loss occurs or as soon as reasonably possible. We will send forms to authorized members who ask for them.

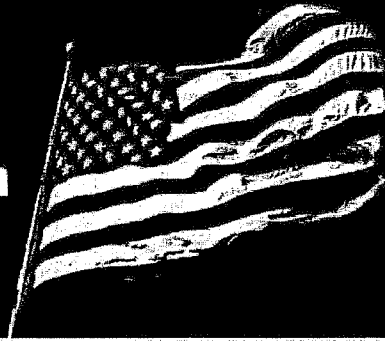
Notice must be sent to the address below or call 1-800-591-6764

ATA Administrator  
4676 Highway 41 North  
Springfield, TN. 37172



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## Critical Illness Plan

### PRODUCT DETAILS

The Critical Illness Plan is available to all members of the American Trade Association between the ages of 18 and 64. It is written guarantee issue with a twelve (12) month pre-existing period for all policies. The plan may be written on the member only or the member and his legal spouse or a family plan covering all immediate family members. Children must be under the age of 18 or a full-time student to be eligible until age 24 or their graduation, whichever comes first.

The minimum coverage is \$5,000 per member and the maximum is \$25,000 per member depending on which policy is chosen. Benefits are payable for specific illnesses and are not part of any health insurance benefit additionally paid for these illnesses. The benefit is paid a maximum of one time for all covered conditions. There is no death benefit paid. The maximum term of insurance is for ten (10) years.

### UNDERWRITING

All policies are written with a twelve (12) month pre-existing exclusionary period from the effective date of the plan. This means that no benefit will be paid for any covered benefit for the first twelve months of the plan if the insured member has been treated for or diagnosed with that particular illness or sickness.

The height and weight table must be adhered to. If you do not meet the minimum or maximum height and weight limits, then you or any family member not meeting these requirements are not eligible for this plan and coverage will not be written.

The benefits and percentages listed are the only product benefits that will be paid on. If the disease or illness is not listed, it will not be a covered benefit.

### Height & Weight Chart for Critical Illness

HEIGHT	WEIGHT	
	MINIMUM	MAXIMUM
4'8"	69	208
4'9"	70	213
4'10"	71	218
4'11"	73	223
5'0"	86	228
5'1"	87	232
5'2"	89	239
5'3"	91	252
5'4"	93	255
5'5"	95	258
5'6"	98	261
5'7"	101	281
5'8"	105	291
5'9"	107	301
5'10"	110	311
5'11"	114	321
6'0"	116	332
6'1"	119	340
6'2"	123	349
6'3"	130	357
6'4"	134	366
6'5"	138	374
6'6"	146	382

### PRODUCT BENEFITS

#### 100% BENEFIT PAID FOR THE FOLLOWING:

Life Threatening Cancer, Heart Attack, Stroke, Major Organ Transplant, Coronary Artery Bypass Surgery, Kidney Failure, Coma, Paralysis or Blindness

#### 75% BENEFIT PAID FOR THE FOLLOWING:

Insured, as diagnosed by a physician, has a life expectancy of twelve (12) months or less and/or is permanently confined to a nursing home due to a non correctable medical condition

#### 25% BENEFIT PAID FOR THE FOLLOWING:

Benign brain tumor, Alzheimer's Disease, HIV Infection from blood transfusion, Parkinson's Disease, Aorta Graft Surgery, Heart valve replacement or repair

#### 10% BENEFIT PAID FOR THE FOLLOWING:

Coronary Angioplasty Surgery (payable one time only)

#### MAXIMUM CRITICAL ILLNESS BENEFIT:

Maximum benefit is the policy's face amount of \$5,000 or \$25,000 (depending on plan chosen). Subsequent claim's payments, where applicable, will be based on the benefit percentage as listed above. The maximum payout will be 100% of the total critical illness benefit one time. The policy terminates after the maximum benefit is paid. Benefits paid after a thirty day waiting period unless the twelve month pre-existing exclusion period precedes the claim benefit. There is no death benefit paid on this policy.

### PRODUCT EXCLUSIONS

**THE FOLLOWING EXCLUSIONS APPLY TO THIS PRODUCT:**

If the insured has been diagnosed or treated for a particular condition within the past twelve (12) months, then that condition is excluded for twelve (12) months from the effective date of the policy. No benefit would be paid in the event of a claim being filed for that condition. There is a thirty (30) day waiting period before any benefit would be paid on all conditions.

**THE CRITICAL ILLNESS BENEFIT WILL NOT BE PAYABLE IF THE LOSS RESULTS FROM THE FOLLOWING:**

1. Intentionally self-inflicted injuries, while sane or insane (In MO: while sane; in SC: sane or insane, attempted or intentionally self inflicted injury).
2. Alcohol or drug abuse (unless drug abuse was a result of the administration of drugs as part of a treatment by a doctor); in SC: alcohol or drug addiction.
3. Committing or attempting to commit a felony (in SC: participating in a felony).
4. War (declared or undeclared) or any act of war or service in any armed forces, (In OK: any war or any act of war, declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto).
5. Engaging in an illegal occupation (Except in SC)
6. Participating in a riot or insurrection
7. Injury sustained while taking part in any of the following activities (Contains only to conditions of Paralysis, Blindness or Coma):
  - a) Amateur or professional sports or athletics, except for amateur sports or athletics which are non contact and undertaken for leisure, recreational, entertainment or fitness purposes
  - b) Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or above
  - c) Aviation, except when traveling solely as a fare paying passenger in a commercial aircraft
  - d) Hang gliding, sky diving, parachuting or bungee jumping
  - e) Snow skiing or snowboarding, except for recreational downhill skiing or cross country snow skiing or snowboarding on prepared and marked boundaries and/or against the advice of the local ski school or local authoritative body
  - f) Racing by any animal or motorized vehicle
  - g) Spelunking
  - h) Operating or riding in or upon, mounting or alighting from, any two, three, or four wheeled motor/engine driven snowmobile or all terrain vehicle (ATV)

**NOTE: THE PAYMENT OF AN ACCELERATED BENEFIT MAY BE TAXABLE. A PERSONAL ADVISOR SHOULD BE CONSULTED TO OBTAIN INFORMATION ABOUT THE INCOME TAX EFFECT ON ANY ACCELERATED BENEFITS.**

