QUARTERLY STATEMENT

NAIC Group Code 0000 0000 Implementation Contrained and the contrained and th	ity [] 3 Number 3
Country of Domicile United States Jeensed as business type: Life, Accident & Health [] Property/Casualty[] Hospital, Medical & Dental Service or Indemn Jeensed as business type: Life, Accident & Health [] Dental Service Corporation [] Histon Service Corporation [] Health Maintenance Organization [] Incorporated/Organized 05/15/1996 Commenced Business 07/01/1996 Statutory Home Office 222 Second Ave. N. Suite 220 Nashville, TN 37201 (Gits-State and Aureber) (City of Town, State and Zip Code) (Dity of Down, State and Zip Code) (Dity of Down, State and Zip Code) (Dity of Down, State and Zip Code) via and Xip Code and Number of PO Boxi (City of Town, State and Zip Code) (Dity of Down, State and Zip Code) (Dity of Dow	3 Number 3
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(Mane) (Arane) (Arane) (Arane) 410-953-5205 (Fax Number) (E-Mail Address) OFFICERS Name Title Name Title Russell C. Petrella President William R. Grimm Director OTHER OFFICERS DIRECTORS OR TRUSTEES Russell C. Petrella William R. Grimm Rene Leter State of Contexticut Contexticut State 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, and of the herein described assets were the absolute property of the said reporting entity, each dult and true statement of all the assets and line toriting annual Statement Instructions and Accounting practices and Procedures manual except to the condition and affairs of the said reporting neriod stated above, and of the incomes on deductions thereform for the period ended, and that functions and affairs of the said reporting neriod stated above, and of the income and deductions thereform for the period ended, and to explanations are differences in reporting not related to accounting practices and procedures manual except to the except to t	
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Russell C. Petrella President William R. Grimm Director OTHER OFFICERS DIRECTORS OR TRUSTEES Russell C. Petrella William R. Grimm Rene Lerer State of Convective County of Haufford Ss Coord The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting per 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 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 for completed in accordance with the NAIC Annual Statement Instructions and Accounting practices and Procedures according to the extent that: (1) state law may diff that state nulse or regulations require differences in reporting not related to accounting practices and procedures, according to the extent that: (1) state law may diff that state nulse of regulations trequire differences due to electronic filing) of the enclosed statement. The electronic filing with the NAIC, when required, exact copy (except for formating differences due to electronic filing) of the enclosed statement. William R. Grimm William R. Grimm Director William R. Grimm Director	
OTHER OFFICERS DIRECTORS OR TRUSTEES Russell C. Petrella William R. Grimm State of Connecticution County of Haufford State of Connecticution County of Haufford State of Connecticution State	
OTHER OFFICERS DIRECTORS OR TRUSTEES Russell C. Petrella William R. Grimm Rene Lerer State of Convective of Hard Port	
President Director	have b fer; or, and be that is n addi
a. Is this an original filing? Yes [X]	
	No [
Subscribed and sworn to before me this b. If no, 25 ⁻¹¹ / ₄ day of (1990) 200F 1. State the amendment number	
Raumon de, O. Pelleties, 2. Date filed	
C. Humber of pages attached	
25th day of Curgust 2005 Raymonde G. Gelletier 3. Number of pages attached	

Premier Behavioral Health of TN, LLC. BHO TennCare Operations Statement of Revenue and Expenses For the Quarter Ending June 30, 2008 Report 2A

Report 2A		
	Current Quarter Total	Year to Date Total
Member Months	755,168	1,516,485
Revenues		
TennCare Capitation	23,538,770	46,784,392
Risk Share Revenue Investment (interest)	271,494 147,643	(772,247) 354,594
Total Revenues	23,957,908	46,366,740
Expenses		
Mental Health & Substance Services		
Inpatient Psychiatric Facility services	5,914,725	10,921,616
Inpatient Substance Abuse Treatment and Detox Outpatient Mental Health Services	370,763	684,619
Outpatient Substance Abuse Treatment and Detox	4,789,242 288,428	8,843,398 532,587
Housing/Residential Treatment	3,525,719	6,510,286
Specialized Crisis Services	887,004	1,637,864
Psychiatric Rehab and Support Services	295,895	546,373
Case Management	3,955,044	7,303,041
Forensics		
Other Judicial		
Pharmacy Lab Services	29,131	53,790
Transportation	546,121	1,008,419
Medical Incentive Pool and Withhold Adjustments	010,121	1,000,410
Occupancy, Depreciation and Amortization	0	0
Other Mental Health and Substance Abuse Services	0	0
PCP and Specialists Services		
Subtotal	20,602,073	38,041,993
Reinsurance Expense Net of Recoveries Less:		
Less: Copayments		
Subrogation		
Coordination of Benefits		
Subtotal		
Total Medical and Substance Abuse	20,602,073	38,041,993
Claim Adjustment Expense	235,388	467,844
Administration ¹	00.077	
Rent Salarice and Wagon	28,275	57,835
Salaries and Wages Contributions for benefit plans for employees	1,017,035	2,080,314
Payments to employees under non-funded benefit plans		
Other employee welfare	3,062	6,264
Legal fees and expenses	11,676	23,882
Medical examination fees		
Utilization management		
Certifications and accreditation Auditing, actuarial and other consulting services	87 129,923	179 265,753
Traveling expenses	37,103	265,753 75,892
Marketing and advertising	24,367	49,841
Postage, express, telegraph and telephone	45,403	92,871
Printing and stationary	202,553	414,315
Occupancy, depreciation and amortization	463,601	948,282
Rental of equipment	720	1,472
Outsourced services includes EDP, claims, and other services Books and periodicals	(818)	(1,672)
Boards, bureaus and association fees	14,137	28,918
Insurance, except on real estate		
Collection and bank service charges	5,226	10,689
Group service and administration fees		
Reimbursements from fiscal intermediaries	540	
Real estate expenses Real estate taxes	540	1,104
Bad Debt Expense		
Taxes, licenses and fees:		
State and local insurance taxes		
State premium taxes	476,205	920,243
Insurance department licenses and fees		
Payroll taxes Other (excluding federal income and real estate taxes)	4 300	0.000
Investment expenses not included elsewhere	4,396	8,992
Total Administrative Expenses	2,463,490	4,985,173
Total Expenses	23,300,951	43,495,011
Not been (Leas)		
Net Income (Loss)	656,957	2,871,729

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¹ The ASO fee Administration expense breakout is assumed based upon current sub-contractor's expenses.

ASSETS

			Current Statement Date		4
		1	2	3	December 04
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
	Bonds			1,971,856	
2.	Stocks:				
	2.1 Preferred stocks			0	
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:	1			
	3.1 First liens			n	
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	
				9	
	4.3 Properties held for sale (less				
	\$			0	
5.	Cash (\$40,994,901),				
	cash equivalents (\$]			
	and short-term investments (\$	40 004 001	1		
¢					
6.	Contract loans, (including \$				
7.	Other invested assets	0	0	0	
8.	Receivables for securities			0	
9.	Aggregate write-ins for invested assets		0	0	
	Subtotals, cash and invested assets (Lines 1 to 9)	42,966,758	0		39,745,67
	Title plants less \$				
	oniy)	00.704		0	
	Investment income due and accrued				
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection	1,182,843			
	13.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
				0	
	13.3 Accrued retrospective premiums			0	
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers			0	
	14.2 Funds held by or deposited with reinsured companies			0	
	14.3 Other amounts receivable under reinsurance contracts			0	
15	Amounts receivable relating to uninsured plans				
				0	
	1 Current federal and foreign income tax recoverable and interest thereon			0	
16.3	2 Net deferred tax asset			0	
17.	Guaranty funds receivable or on deposit			0	
18.	Electronic data processing equipment and software			0	
19.	Furniture and equipment, including health care delivery assets				
	(\$)		1	n	
20		1			
	Net adjustment in assets and liabilities due to foreign exchange rates			D	
	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$	<u> </u>		0	
23.	Aggregate write-ins for other than invested assets	0	0	0	
24.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	44,555,404	177,926	44,377,478	41,234,53
25	From Separate Accounts, Segregated Accounts and Protected		111,020		
20.				_	
	Cell Accounts			0	
26.	Total (Lines 24 and 25)	44,555,404	177,926	44,377,478	41,234,53
	DETAILS OF WRITE-INS				
901.					
902.		l			
903.					
		~	^		
	Summary of remaining write-ins for Line 9 from overflow page	0	Ο	0	
	Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	
801.	Risk Share Receivable			0	
102,	ASO Receivable			0	
803.					
		1	.0	0	
398.	Summary of remaining write-ins for Line 23 from overflow page	Ο			

LIABILITIES, CAPITAL AND SURPLUS

			Current Period	-	Prior Year
5		1	2	3	4
		Covered	Uncovered	Total	Total
	Claims unpaid (less \$ reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				0
3.	Unpaid claims adjustment expenses			0	0
4.	Aggregate health policy reserves			0	0
5.	Aggregate life policy reserves			0	Ο
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance				0
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$ on realized gains (losses))			0	D
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable			0	0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated				0
14.	Borrowed money (including \$				
	interest thereon \$ (including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	1 1			
	Payable for securities			0	0
	Funds held under reinsurance treaties with (\$				
	authorized reinsurers and \$				
				0	0
10	reinsurers)			0	
	Reinsurance in unauthorized companies	1 1			
	Net adjustments in assets and liabilities due to foreign exchange rates	1	1		D
	Liability for amounts held under uninsured plans				U
21.	Aggregate write-ins for other liabilities (Including \$	10.057.055		10.057.055	15 000 000
	current)	1 1			
	Total liabilities (Lines 1 to 21)	1 1	1	1	
	Aggregate write-ins for special surplus funds	1 1	XXX	1	0
24.	Common capital stock	1 1			0
25.	Preferred capital stock				0
26.	Gross paid in and contributed surplus	1 1	1		
	Surplus notes	1 1			0
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29.	Unassigned funds (surplus)			(6,090,332)	
30.	Less treasury stock, at cost:				
	30.1shares common (value included in Line 24)				
	\$				0
	30.2				
	\$	XXX			0
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)				
32.	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	44,377,478	41,234,536
	DETAILS OF WRITE-INS				
2101.	Premium Tax Payable				
2102.	Risk Share Payable	15,694,623		15,694,623	
2103.	Stale Check Liability				
2198.	Summary of remaining write-ins for Line 21 from overflow page		0		0
2199.	Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	16,057,855	0	16,057,855	15,608,686
2301.		xxx	XXX		,010001000
2302.		XXX	XXX		
2303.		xxx			
	Summary of remaining write-ins for Line 23 from overflow page	xxx	xxx	0	n
	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX			
2801.		1			0
2802.		XXX		·····	
2802.					
				·····	
	Summary of remaining write-ins for Line 28 from overflow page				0
2899,	Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

.

		Curren To E		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	1,516,485	2,548,791	4,058,012
2.		xxx			129,814,162
3.				0	0
4.	Fee-for-service (net of \$	xxx		0	0
5.	Risk revenue	xxx		0	0
6.	Aggregate write-ins for other health care related revenues	xxx	(772,247)		
7.	Aggregate write-ins for other non-health revenues	xxx	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX			
	Hospital and Medical:				
9.	Hospital/medical benefits			1	
10.	Other professional services				
11.	Outside referrais			0	0
12.	Emergency room and out-of-area			0	0
13.	Prescription drugs			0	0
14.	Aggregate write-ins for other hospital and medical	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts			0	0
16.	Subtotal (Lines 9 to 15)	0		63,446,436	100,492,100
17.	Net reinsurance recoveries			0	0
18.	Total hospital and medical (Lines 16 minus 17)	0		63,446,436	
19.	Non-health claims (net)			0	0
20.	Claims adjustment expenses, including \$ 27,603 cost containment expenses				1,298,142
21.	General administrative expenses			8,572,416	
22.	Increase in reserves for life and accident and health contracts including				
	\$ increase in reserves for life only)			0	0
23.	Total underwriting deductions (Lines 18 through 22)	0			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	2,517,136	6,250,476	
25.	Net investment income earned			1,364,199	
26.	Net realized capital gains (losses) less capital gains tax of \$			0	0
27.	Net investment gains (losses) (Lines 25 plus 26)	0			
28.	Net gain or (loss) from agents' or premium balances charged off {(amount recovered				
	\$			0	0
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)				
31.	Federal and foreign income taxes incurred	XXX		0	0
32.	Net income (loss) (Lines 30 minus 31)	XXX	2,871,730	7,614,675	10,967,596
	DETAILS OF WRITE-INS				
0601,	Risk Share Revenue	XXX	(772,247)		(5,356,890)
0602.		XXX			
0603.		XXX			
	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(772,247)	(3,890,216)	(5,356,890)
0701.					
0702.		XXX			
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		0	0	· 0

		1 Current Year	2 Prior Year	3
		to Date	to Date	Prior Year
	CAPITAL AND SURPLUS ACCOUNT:			
33.	Capital and surplus prior reporting year	14,461,144		
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves		٥	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	(177,926)	0	0
40.	Change in unauthorized reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	٥	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	(24,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	2,693,804		(13,032,404)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	17,154,948	35,108,223	14,461,144
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CASH FLOW

	1 Current Year	2 Prior Year Ende
	To Date	December 31
Cash from Operations		
1. Premiums collected net of reinsurance		
2. Net investment income		
3. Miscellaneous income	1	
4. Total (Lines 1 to 3)	47,388,856	134,011,
5. Benefits and loss related payments		106,333,
6. Net transfers to Separate Accounts. Secrecated Accounts and Protected Cell Accounts.		
7. Commissions, expenses paid and aggregate write-ins for deductions		
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)	0	
10. Total (Lines 5 through 9)	44,154,540	120,695,
11. Net cash from operations (Line 4 minus Line 10)		13.315.
Cash from Investments	energe energe	
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3 025 000	
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
 Cost of investments acquired (long-term only): 		
13.1 Bonds	1 987 039	1
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
4. Net increase (or decrease) in contract loans and premium notes		200
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,037,901	300,
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):	0	
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		24.000
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)		/04.000
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		(24,000,
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year		
19.2 End of period (Line 18 plus Line 19.1)	40,994,901	36,722,

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Conversion of debt to equity	0	0	
20.0002. Assets acquired by assuming directly related liabilities	0	0	
20.0003. Exchange of non-cash assets or liabilities	0	0	
*			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION										
	1 Comprehensive (Hospital & Medical)			4	4 5 6			8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Heaith Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		0	0	0	0	0	0	0		
2 First Quarter		0	0	0	0	0	0	0		
3 Second Quarter										
4. Third Quarter										
5. Current Year										
6 Current Year Member Months	1,516,485								1.516,485	
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician	155,962									
9. Total			0	0	0	0		0		
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	o									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	38,041,993								38,041,993	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims							
1	2	3	4	5 91 - 120 Days	6 Over 120 Days	7 Total	
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	1018	
Claims Unpaid (Reported)							
		<u> </u>					
	+						
	1						
		f				1	
						1	
	1	1				1	
	1	1					
		1					
2							
0199999 Individually Listed Claims Unpaid	0	0	0	0	0	0	
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0	
0399999 Aggregate Accounts Not Individually Listed-Covered	}					0	
0499999 Subtotais	0	0	0	0	0	0	
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	10,437,194	
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX		
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	10,437,194	
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX		

ANAL 1313 OF CLAIMS UNFAID - FINION	Cla Paid Yea	ms	Liab End of Cum		5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital & medicai)	-				۵	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	o
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	8.659,881				9 , 587 , 624	
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8)				9,509,453	9,587,624	
10. Healthcare receivables (a)					0	D
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	-				D	0
13. Totais	8,659,881	29.716,501	927,743	9,509,453	9,587,624	10,771,580

UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

(a) Excludes \$ loans and advances to providers not yet expensed.

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Note 1 - Summary of Significant Accounting Policies

- A. Accounting Practices The accompanying financial statements of Premier Behavioral Systems of Tennessee, LLC (the "Company" or "Premier") have been prepared in conformity with the National Association of Insurance Commissioners (NAIC) Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual and the accounting practices prescribed or permitted by the State of Tennessee Department of Commerce and Insurance, which represents a comprehensive basis of accounting other than generally accepted accounting principles (GAAP).
- B. Use of Estimates in the Preparation of the Financial Statements No significant change.
- C. Accounting Policy No significant change.

Note 2 - Accounting Changes and Corrections of Errors

A. Material changes in accounting principles and/or correction of errors - No significant change.

Note 3 - Business Combinations and Goodwill

- A. Statutory Purchase Method No significant change.
- B. Statutory Merger No significant change.
- C. Assumption Reinsurance No significant change.
- D. Impairment Loss No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

- A. Mortgage Loan, including Mezzanine Real Estate Loans No significant change.
- B. Debt Restructuring No significant change.
- C. Reverse Mortgages No significant change.
- D. Loan Backed Securities No significant change.
- E. Repurchase Agreements No significant change.
- F. Real Estate No significant change.
- G. Investments in low-income tax credits No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships, and Limited Liability Companies that exceed 10% of the admitted assets of the insurer No significant change.
- B. Impaired Investments in Joint Ventures, Partnerships, and Limited Liability Companies No significant change.

Note 7 - Investment Income

- A. Bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued No significant change.
- B. The total amount excluded was \$0.

Note 8 - Derivative Instruments

- A. Market risk, credit risk and cash requirements of the derivative No significant change.
- B. Objectives for using derivatives No significant change.
- C. Accounting policies for recognizing and measuring derivatives used No significant change.
- D. Net gain or loss recognized in unrealized gains and losses during the reporting period representing the component of the derivative instruments gain of loss No significant change.
- E. Net gain or loss recognized in unrealized gains and losses during the reporting period resulting from derivatives that no longer qualify for hedge accounting No significant change.
- F. Derivatives accounted for as cash flow hedges of a forecasted transaction No significant change.

Note 9 - Income Taxes

- A. Components of the net deferred tax asset or deferred tax liability No significant change.
- B. Deferred tax liabilities that are not recognized No significant change
- C. Components of current income taxes incurred No significant change.
- D. Significant book to tax adjustments No significant change E
 - 1. Amounts, origination dates and expiration dates of operating loss and tax credit carry forward amounts available for tax putposes No significant change.

- 2. Amount of federal income taxes incurred in current year that are available for recoupment in the even of future net loss No significant change.
- F. Consolidated federal income tax No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

- A. Nature of relationship No significant change.
 - B. Description of transactions
 - a. Accounts payable paid by the parent (Magellan Health Service) \$407,745
 - b. Management fees paid to Magellan and AdvoCare of Tennessee ("AdvoCare") see below.
 - C. Dollar amount of transactions The Company paid \$4,210,595 in management fees to the parent for the six months ended June 30, 2008.
 - D. Amounts due to/from relates parties Balances as of June 30, 2008
 - a. Due from TBH \$377,040
 - b. Due to Advocare (\$92,651)
 - c. Due to Magellan (\$533,009)
 - E. Guarantees or undertakings for benefit of affiliate No significant change
- F. Material management or service contracts and cost sharing arrangements with related parties No significant change.
- G. Common ownership or control No significant change.
- H. No significant change
- I. Investment in SCA that exceeds 10% No significant change.
- J. Investments in impaired SCA entities No significant change.
- K. Investment in a foreign insurance subsidiary No significant change.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan No significant change.
- B. Defined Contribution Plans No significant change.
- C. Multiemployer Plan No significant change.
- D. Consolidated/Holding Company plans No significant change
- E. Post-employment Benefits and Compensated Absences No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) - (10) No significant change.

Note 14 - Contingencies

- A. Contingent Commitments No significant change.
- B. Assessments No significant change.
- C. Gain contingencies No significant change.
- D. All Other contingencies No significant change.

Note 15 - Leases

- A. Lessee Operating Lease No significant change.
- B. Lessor Leases and Leveraged Leases No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales No significant change.
- B. Transfer and Servicing of Financial Assets No significant change
- C. Wash Sales The Company has not engaged in any Wash Sales during the current calendar quarter or year.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans No significant change.
 - B. ASC Plans No significant change.

C. Medicare of Similarly Structured Cost Based Reimbursement contract - No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - Other Items

- A. Extraordinary items No significant change.
- B. Troubled Debt Restructuring: Debtor No significant change.
 - C. Other Disclosures No significant change.
 - a. In January 2008 TennCare issued an RFP for the management by managed care organizations of the integrated delivery of behavioral and physical health to TennCare enrollees in the East and West Grand Regions. The RFP set forth intended start dates of November 1, 2008 for the West Grand Region and January 1, 2009 for the East Grand Region. On April 22, 2008, the State announced the winning bidders to the RFP process. The Company was not a winning bidder. Accordingly, the Company will not be providing services in the East Grand regions after the implementation dates for the new contracts. The Company will continue to manage TennCare Select Children in the East, Middle, and West Grand regions through at least June 30, 2009. There can be no assurance that TennCare will continue to contract with the Company for management of benefits for such recipients subsequent to June 30, 2009.
 - D. Uncollectible balance for assets covered under SSAP No. 6, SSAP No. 47, and SSAP No. 66 No significant change
 - E. Business Interruption Insurance Recoveries No significant change.
 - F. Hybrid Securities No significant change.
 - G. State Transferable tax credits No significant change.
 - H. Impact of Medicare Moderization Act No significant change.

Note 21 - Events Subsequent

In early July, a contract amendment was executed extending the Company's contract with TennCare through June 30, 2009.

Note 22 - Reinsurance

- A. Ceded Reinsurance Report No significant change.
- B. Uncollectible Reinsurance No significant change
- C. Commutation of Ceded Reinsurance No significant change.

Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method used by the reporting entity to estimate accrued retrospective premium adjustments No significant change.
- B. Amount of net premiums that are subject to retrospective rating features No significant change.

Note 24 - Change in Incurred Losses and Loss Adjustment Expenses

Changes in reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years are as follows:

Claims unpaid as of January 1, 2008	\$ 10,771,583
Current year claims paid related to prior years	(8,659,881)
Current year change in claims incurred related to prior years	<u>(1,183,961</u>)
Claims unpaid as of March31, 2008 related to prior years	<u>\$_927,741</u>

Note 25 - Intercompany Pooling Arrangements

No significant change.

Note 26 - Structured Settlements

No significant change.

Note 27 - Health Care Receivables

- A. Pharmaceutical Rebate Receivables No significant change.
- B. Risk Sharing Receivables No significant change.

Note 28 - Participating Policies

A. Relative percentage of participating insurance - No significant change.

- B. Method of accounting for policyholder dividends No significant change
 C. Amount of dividends No significant change.
 D. Amount of any additional income allocated to participating policyholders No significant change.

Note 29 - Premium Deficiency Reserves

No significant change.

Note 30 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES CENEDA

	GENERAL	
1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the Domicile, as required by the Model Act?	State of Yes [] No [X]
1.2		
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settle reporting entity?	ement of the Yes [] No [X]
2.2	2 If yes, date of change:	,,
3.	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes [] No [X]
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [] No [X]
4.2	If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity ceased to exist as a result of the merger or consolidation.	that has
	1 2 Name of Entity NAIC Company Code State	3 of Domicile
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involv If yes, attach an explanation.	9d?Yes [] No [X] NA []
6.1	1 State as of what date the latest financial examination of the reporting entity was made or is being made.	
6.2	2 State the as of date that the latest financial examination report became available from either the state of domicile or the report date should be the date of the examined balance sheet and not the date the report was completed or released.	
6.3	3 State as of what date the latest financial examination report became available to other states or the public from either the stat the reporting entity. This is the release date or completion date of the examination report and not the date of the examination date).	(balance sheet
6.4	4 By what department or departments?	
	Tennessee Department of Commerce and Insurance	
	Tennessee Department of Commerce and Insurance	
6.5	5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent fin statement filed with Departments?	
6.6	6 Have all of the recommendations within the latest financial examination report been compiled with?	Yes [X] No [] NA []
7.1	1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicat or revoked by any governmental entity during the reporting period?	
7.2	2 If yes, give full information:	

8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [] No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.	
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [] No [X]
8.4	If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thirdf Supervision (OTS) the Federal Denositi Insurance Convortion (FDIC) and the Securities Exchange Commission (SFC) and identify	

Thrift Supervision (OTS), the Federal De the affiliate's primary federal regulator.] on (FDIC) and the Securities Exchange Commission (SEC)] and identify 2 Location 6 1 3 4 1 FDIC SEC

7

Affiliate Name	(City, State)	FRB	occ	OTS

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X] No []
	 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; 	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	
	(c) Compliance with applicable governmental laws, rules and regulations;	
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	(e) Accountability for adherence to the code.	
9.11	If the response to 9.1 is No, please explain:	
9.2	Has the code of ethics for senior managers been amended?	Yes [] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [] No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).	
	FINANCIAL	
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [X] No []
	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	
10.2		
	INVESTMENT	
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes [] No [X]
11.2	If yes, give full and complete information relating thereto:	
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	
13.	Amount of real estate and mortgages held in short-term investments:	
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [] No [X]
14.2	If yes, please complete the following:	
	Prior Yan-End Current Quarter Book/Adjusted Book/Adjusted Book/Adjusted Carrying Value Carrying Value	
	14.21 Bonds \$ \$ 14.22 Preferred Stock \$ \$ 14.22 Common Stock \$ \$ 14.22 Common Stock \$ \$ 14.24 Short-Term Investments \$ \$ 14.25 Mortgage Loans on Real Estate \$ \$ 14.26 All Other \$ \$ 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal \$ 0 \$ 0	
	Lines 14.21 to 14.26) 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above \$	
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [] No [X]
15.2		Yes [] No []

GENERAL INTERROGATORIES

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, G - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 2 Name of Custodian(s) Custodian Address

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation;

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter?

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

17.2 If no, list exceptions:

Yes [] No [X]

Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7
NAIC	Federal					ls Insurer
Company	łD	Effective	Name of		Type of	Authorized?
Code	Number	Date	Reinsurer	Location	Type of Reinsurance Ceded	(Yes or No)
	·····		ACCIDENT AND HEALTH AFFULATES			
		1	ACCIDENT AND HEALTH NON-AFFILIATES LIFE AND ANNUITY AFFILIATES			
		Í	LIFE AND ANNUITY AFFILIATES			
		<u> </u>	LIFE AND ANNUITY NON-AFFILIATES	······································		
			PROPERTY/CASUALTY AFFILIATES			
			PROPERTY/CASUALTY NON-AFFILIATES			
			PROPERTY/CASUALTY NON-AFFILIATES			
		<u> </u>				
		·				
		.	NON			
	,		·····			
		<u>.</u>				
	,					
		1		4		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS Current Year to Date - Allocated by States and Territories

		1 1	Current Year to Date - Allocated by States and Territories Direct Business Only							
			2	3	4	5	6	7	8	9
			Appident 9			Federal Employees	Life & Annuity	Descentul	Tatal	
	States, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Program Premiums	Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama		Tronnano	1100 / (111	1100 707	Tremano	Considerations	Tronnanio	0	Oundada
	Alaska								0	
	ArizonaAZ								0	
	ArkansasAR								0	
	California								0	
	Colorado								0	
	Connecticut								0	
	Delaware DE								0	
9.	District of Columbia								0	
10.	Florida								0	
11.	Georgia								0	
12.	Hawaii					1			0	
	Idaho ID								0	
	IllinoisIL								0	
	Indiana IN		•						0	
	lowaIA								0	
	Kansas KS								0	1
	Kentucky								0	
	Louisiana LA							[0	-
	Maine ME						[[0	
	Maryland MD							1	0	1
	Massachusetts MA		1					1	0	
	Michigan								0	
	Minnesota MN			[0	
	Mississippi MS				[[0	
	Missouri MO								0	
	Montana MT					[0	
	Nebraska						-		0	
	Nevada NV								0	
	New Hampshire			1					0	
	New Jersey NJ		1						0	
	New Mexico	1	1	1	1			1	0	
	New York								0	
	North Carolina NC								0	
					1				0	
	North Dakota ND Ohio. OH				1				0	
									0	
	Oklahoma OK								0	
	Oregon OR		-		• • • • • • • • • • • • • • • • • • • •					
	Pennsylvania PA		•	1				h	0	
	Rhode Island									
	South Carolina				· · · · · · · · · · · · · · · · · · ·				0	
	South Dakota				40 704 300					
	Tennessee				46 , 784 , 392		<u> </u>		46,784,392	
	Texas		•		••••••				0	
	Utah UT						[0	
	Vermont VT	 	-t				l		0	
	Virginia		•		1	1		[0	
	Washington								0	
	wear wirginia		1						1	
	Wisconsin WI								0	
	Wyoming		1						0	
	American Samoa AS		1					 		
	Guam GU		+						0	
	Puerto Rico PR		-					 	10	
	U.S. Virgin Islands		+							
	Northern Mariana Islands MP			•				•		l
	Canada CN	1	-	-						
	Aggregate Other AlienOT	XXX		0		0	0	0	0	(
	Subtotal	, ХХХ		0	46,784,392	0	0	0	46,784,392	ļ(
	Reporting entity contributions for Employee Benefit Plans	ХХХ]					
	Total (Direct Business)	(a) 1	0	0	46,784,392	0	0	0	46,784,392	(
	DETAILS OF WRITE-INS				1	1	1			
5801.		ХХХ							.	
5802.		ХХХ	1							
5803.		XXX	1				I		I	ļ
	Summary of remaining write-ins for	AAA	1		1		1	1	1	
	Line 58 from overflow page	ХХХ		0	0	0	0	0	0	
5899.	Totals (Lines 5801 through 5803	i i								
	plus 5898) (Line 58 above)	XXX	and other Alien.	0	0	0	0	0	0	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

.....NO......

1. Will the Medicare Part D Coverage Statement be filed with the state of domicile and the NAIC with this statement?

Explanation:

1.

1.

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION Real Estate

	ived Latite		
	NICAL	1 Year to Date	2 Prior Year Ended December 31
	Book/adjusted carrying value, December 31 of prior year	0	0
3	2.2 Additional investment made after acquisitions.		
4.	Total gain (loss) on disposals		
5. 6.	Total foreign exchange change in book/adjusted carrying value		
7. 8.	Deduct current year's other than temporary impairment recognized.		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).	0	0
	Statement value at end of current period (Line 9 minus Line 10)	0	Č

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2 Prior Year Ended
	Year to Date	December 31
1. Book value/recorded investment excluding accrued interest recember of or port of the second s	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
Deduct amortization of premium and mortgage interest points and commitment fees.		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7- 8+9-10).	0	
12. Deduct total nonadmitted accounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	

SCHEDULE BA – VERIFICATION

Other Long Term Invested Assets

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year, and a second	0	0
	Cost of acquired:		
	2.1 Actual cost at time of acquisitions		0
	2.2 Additional investment made after acquisitions		0
3.	Capitalized deferred interest and other		
4.	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals		0
8.	Deduct amortization of premium and depreciation		0
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other than temporary impairment recognized		
11.	Deduct current year's other than temporary impairment recognized. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Déduct total nonadmitted amounts		0
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,023,046	3.307.538
2. Cost of bonds and stocks acquired	1,987,039	
3. Accrual of discount	1,954	15.508
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of	3.025.000	
7. Deduct amortization of premium	15.182	0
Total foreign exchange change in book/adjusted carrying value.		
 Deduct current year's other than temporary impairment recognized	. [
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1.971,857	3.023.046
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,971,857	3.023.046

SCHEDULE D - PART 1B Showing the Acquisitions, Dispositions and Non-Trading Activity

		During the Current (Quarter for all Bonds and P	referred Stock by Rating C				
	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)					2,607,403	1,971,856	0	
2. Class 2 (a)						0	0	
3. Class 3 (a)	0				0	0	0	
4. Class 4 (a)	0				0	0	0	
5. Class 5 (a)					0	0	0	
6. Class 6 (a)	0				0	0	0	
7. Total Bonds	2,607,403	0	625,000	(10,547)	2,607,403	1,971,856	0	3,023,04
PREFERRED STOCK								
8. Class 1					0		0	
9. Class 2	0		· .		0		0	
10. Class 3	0				0	0	0	
11. Class 4					0	0	0	
12. Class 5	0				0	0	0	
13. Class 6	0				0	0	0	
14. Total Preferred Stock	0	. 0	0	0	0	0	0	
15. Total Bonds and Preferred Stock	2,607,403	0	625,000	(10.547)	2,607,403	1.971.856	0	3.023.04

NAIC 4 \$.....; NAIC 5 \$.....; NAIC 6 \$.....

Schedule DA - Part 1

Schedule DA - Verification

NONE

Schedule DB - Part F - Section 1

Schedule DB - Part F - Section 2

Schedule E Verification

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

Schedule D - Part 3

2 10 Change in Book/Adjusted Carrying Value 16 17 18 19 20 21 22 5 6 8 11 12 13 14 15 NAIC Desig-nation Current Year's Book/ Bond Total Foreign Prior Year Unrealized Other Than Temporary Adjusted Foreign Carrying Value Exchange Gain Interest/Stock Dividends or Market Total Change in B./A.C.V. (11 + 12 - 13) CUSIP Number of Shares of Stock Book/Adjusted Valuation Current Year's Exchange Realized Gain Total Gain 500k/Adjuste Carrying Value 625.000 625.000 625.000 Maturity Date Disposal Date M Change in B./A.C.V. Identi-Increase/ (Amortization)/ Impairment at (Loss) on (Loss) on (Loss) on Received Indicator fication 912828-FC-9 Name of Purchaser Par Value Actual Cost 525 CO (Decrease) Accretion Disposal Disposal Disposal (a) Description Consideration Recognized During Year 625,000 625,000 9999 625,000 625,000 XXX · Bonds · Part 4 625,000 XXX 00007 15.23 XXX Total - Bonds Total - Preferred Stocks 625 00 XXX 0000 -625,000 625 000 15 234 XXX XX XXX Total - Common Stocks Total - Preferred and Common Stocks 200000 XXX XXX XXX YYY 200000 XXX XXX 7499999 Totals 625,000 XXX 625.000 625.000 15,234 338 XXX (a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF JUNE 30, 2008 OF THE Premier Behavioral Systems of Tennessee, LLC

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

E05

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part C - Section 1

Schedule DB - Part D - Section 1

SCHEDULE E - PART 1 - CASH

Month End Depository Balances									
1	2	3	4	5	Book E Month	Balance at End of During Current Qu	Each Jarter	9	
Depository	Code	Rate of	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8		
US BankNashville TN	Code	Interest 0.000	131,671	Date 0	First Month	Second Month 	Third Month 40,994,901	XXX	
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	xxx						XXX	
0199999 Totals - Open Depositories	XXX	XXX	131,671		36,212,001	36,050,749	40,994,901	XXX	
· · · · · · · · · · · · · · · · · · ·									
0399999 Total Cash on Deposil	XXX	XXX	131,671		36,212,001	36,050,749	40,994,901	XXX	
0399999 Total Cash on Deposit 0499999 Cash in Company's Office 0599999 Total Cash	XXX XXX	XXX XXX	XXX 131,671	XXX	36,212,001	36,050,749	40,994,901	XXX XXX	

Schedule E - Part 2 - Cash Equivalents

Name of Debtor			1	2	3	4	5	6
	Not Currently Due	······	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Nonadmitted	Admitted
INDIVIDUALLY LIST ASSETS								
State of Tennessee		-	824,974	212,621	67,230	78,017	-	1,182,843
Subtotal- Individually Listed Receivables 0199999		-	824,974	212,621	67,230	78,017	-	1,182,843
Subtotal- Receviables not Individually Listed 0299999								
Subtotal- Gross Premium Receivable 0399999		-	824,974	212,621	67,230	78,017	-	1,182,843
Less- Allowance for Doubtful Accounts 0499999								
Total Premiums Receviable (Page 2, Line 12.1) 0599999		-	824,974	212,621	67,230	78,017	-	1,182,843

Accident and Health Premiums Due and Unpaid

Individually list all debtors with account balances the greater of 10% of gross Premiums Receivables or \$5,000

HEALTH CARE RECEIVABLES

Individually list all debtors with account balances greater of 10% of gross Health Care Receivables of \$5,000.

	1	2	3	4	5	6
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Nonadmitted	Admitted
	-	-	-	-	-	-
of oppose (
0199999 Individually Listed Receivables 0299999 Receivables Not Individually Listed	-	-	-	-	-	-
0399999 Gross Health Care Receivable		-	-	- -	-	-
0499999 Less Allowance for Doubtful Accounts						
0599999 Health Care Receivables (Page 2, Line 21)				-	+	-

	1	2	3	4	5	Admit	ted
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Nonadmitted	6 Current	7 Non-Current
Tennessee Behavioral Health	-	199,114	-	177,926	177,926	199,114	
							-
0199999 Gross Amounts Due from Affiliates	-	199,114	-	177,926	177,926	199,114	-
•							
0399999 Amounts Due from Affiliates	-	199,114	-	177,926	177,926	199,114	-

Amounts due from Parent, Subsidiaries and Affiliates

	1	2	2	4
Name of Creditor	Description	Amount	Current	Non-Current
Magellan Health Services AdvoCare of Tennessee	Accounts Payable paid on behalf of Premier Management Fees	533,009 92,651	533,009 92,651	-
0199999 Gross Amounts Due to Affiliates		625,660	625,660	-
0399999 Amounts Due to Affiliates	-	625,660		-

Amounts due to Parent, Subsidiaries and Affiliates