2019 J01129 M1II:23

## CBITEHCAME

January 28, 2009
Julie Burton, CPA
TennCare Examiner
Department of Commerce and Insurance
TennCare Division
500 James Robertson Parkway, Suite 750
Nashville, TN 37243-1169
RE: Matter \# 08-083
Dear Ms. Burton:
Please review the following explanations that were requested in the above referenced matter.

## Liabilities and Capital

Aggregate Health Policy Reserves are calculated annually and evaluate anticipated administrative revenue in comparison with anticipated administration expense. The loss was calculated for 12 months at the end of 2007 due to the known end of the administrative contract with the state. This amount remained stabile through first and second quarters, but was re-evaluated during the third quarter based on remaining three months left in the contract with the state. The decrease is due to this re-evaluation.

Amounts due to parent decreased $\$ 20,389,203$ due to the actual liability to CHP being paid off during the third quarter.

The Penalty reserve decreased due to evaluation by PHP of Tennessee staff as to what specific 2008 contract requirements had not been meet at the end of third quarter. Evaluation was based on notices received from Tenncare Bureau on contract deficiencies and statistics reported to Tenncare Bureau related to claims timeliness and call center statistics.

The Reserve for At-Risk Revenue is calculated based on a percentage of monthly revenue. Per the Tenncare contract, certain revenue is subject to reaching certain benchmarks (e.g. EPSDT compliance, Non ER visits, Generic Drug Usage, etc.). Therefore, the reserve decreased as PHP changed the liability to anticipate penalties for the last 6 months of the year compared to an 18 month time frame in previous months.

## Statement of Revenues and Expenses

The Statement of Revenue and Expenses for third quarter has been amended to reflect the entire deduction of ASO funds against general expenses. Claims adjustment expenses and general expenses now reflect negative expense amounts. The miscellaneous income of $\$ 393,878$ is a payment for 2006 risk share bonus that was received in 2008. PHPT placed this amount in miscellaneous income due to the fact that this was for a prior period and not the current period. Report \#2A has also been amended and shows the expense breakdowns that the Underwriting Investment Exhibit, Part 3, Analysis of Expenses would show. Please refer to that schedule for expense details.

The Statement of Revenue and Expenses has also been amended to reflect the elimination of Deferred Income Taxes that were reported on line 31. This changes the percent of change for Line 31 and Line 32 by $\$ 3,447,840$. The increase in Net Income before taxes during third quarter is due to the write off of the liability accounts mentioned above.

The change in non-admitted assets on the Capital and Surplus Account Schedule has been amended.

## Notes to the Financial Statements

Note 21 has been amended to reflect the change in ownership of PHP.

## General Interrogatories

The variance for Interrogatory 14.2 is due to a keying error in $3^{\text {rd }}$ Quarter 2008 Disposals. Disposals for this were actually $\$ 64,000,000$. Schedule D - Part 4 has been amended. The descriptions for these bonds have also been amended as well and are reflected on Schedule D Part 3 and Part 4. The investment strategy of buying and selling the bonds was to maximize interest in the volatile market.

## Statement of Premiums and Fees for Taxation

The difference of $\$ 7,478.72$ in premiums reported by the TennCare Bureau and PHPT was for a payment of legal fees that offset legal fees in the expenses on the Revenue Statement of PHPT. While PHPT does not agree that this should be used in the calculation for premium taxes, we will add it to the 2008 Annual Statement of Premiums and Fees for Taxation.

If you have any questions regarding these explanations, please feel free to contact me.
Sincerely,


Missy Anderson
TennCare Accountant

## Amended Statement Cover

# QUARTERLY STATEMENT AMENDMENT 

OF THE

## Preferred Health Partnership of Tennessee, Inc.

Of

Knoxville
In the state of

Tennessee

TO THE<br>Insurance Department<br>OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED
September 30, 2008

Amendment made to correct the following pages: Statement of Revenue and Expenses, PHPT Operations 2A, PHPT State Consolidated 2A, Notes to Financial Statement, Schedule D - Part B, Schedule DA - Part 1, Schedule D - Part 3, Schedule D - Part 4


The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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 feetronic fling 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 bepequesjed by various regulators in lieu of or in addition to the enclosed statement.

$\qquad$
(Title)


2.
$\frac{\text { Chief Financial Officer }}{\text { (Title) }}$
a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached
3.
Secretary
(Tile)

| $\frac{\mathrm{Yes}[\mathrm{No}[\mathrm{X}]}{\frac{1}{2}}$ |
| ---: |
| $-\frac{01 / 282009}{13}$ |



## STATEMENT OF REVENUE AND EXPENSES (Continued)



Report \#2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

|  | Gurrent Year |  | Previous Year |
| :---: | :---: | :---: | :---: |
|  | Current Period | Year to Date Total | Total |
| Member Months | 0 | 0 | 0 |
| REVENUES: |  |  |  |
| 1. TennCare Capitation | 0 | 0 | 0 |
| 2. Investment | 820,345 | 2,227,233 | 2,242,197 |
| 3. Other Revenue | 392,878 | 392,878 | 3,653,634 |
| IBNR / Capitation Revenue Receivable | 0 | 0 | 0 |
| Premium Tax | 0 | 0 | 0 |
| State Admin Revenue | 0 | 0 | 0 |
| 4. TOTAL REVENUES (Lines 1 to 3) | 1,213,223 | 2,620,111 | 5,895,831 |
| EXPENSES: |  |  |  |
| Medical and Hospital Services: |  |  |  |
| 5. Capitated Physician Services | 0 | 0 | 0 |
| 6. Fee-For-Service Physician Services | 0 | 0 | 0 |
| 7. Inpatient Hospital Services | 5,974 | 5,974 | 0 |
| 8. Outpatient Services | 0 | 0 | 0 |
| 9. Emergency Room Services | 0 | 0 | 0 |
| 10. Mental Health Services | 0 | 0 | 0 |
| 11. Dental Services (Capitated \& FFS) | 0 | 0 | 0 |
| 12. Vision Services (Capitated, FFS \& Opthamology) | 0 | 0 | 0 |
| 13. Pharmacy Services (Capitated \& FFS) | 0 | 0 | $(22,860)$ |
| 14. Home Health Services | 0 | 0 | 0 |
| 15. Chiropractic Services | 0 | 0 | 0 |
| 16. Radiology Services | 0 | 0 | 0 |
| 17. Laboratory Services | 0 | 0 | 0 |
| 18. Durable Medical Equipment Services | 0 | 0 | 0 |
| 19. Transportation Services (Capitated) | 0 | 0 | 0 |
| 20. Outside Referrals | 0 | 0 | 0 |
| 21. Medical Incentive Pool and Withhold Adjustments | 0 | 0 | 0 |
| 22. Occupancy, Depreciation, and Amortization | 0 | 0 | 0 |
| 23. Other Medical and Hospital Services (Provide Detail) |  | - |  |
| Surgery - Orthopedic - FFS Office | 0 | 0 | 0 |
| MCO Delegated Seivices | 0 | 0 | 0 |
| Allergy \& Immunology FFS Office \& Other | 0 | 0 | 0 |
| Counselors/Therapists | 0 | 0 | 0 |
| Otolaryngotogy - FFS Office | 0 | 0 | 0 |
| Anesthesiology - FFS Hosp \& Other | 0 | 0 | 0 |
| Gastroenterology | 0 | 0 | 0 |
| Preventive Medicine | 0 | 0 | 0 |
| Ped Emergency Medicine - FFS Hospital | 0 | 0 | 0 |
| Miscellaneous | 0 | 0 | 0 |
| IBNR | 0 | 0 | 0 |
| Risk Share | 0 | 0 | 0 |
| 24. Subtatal (Lines 5 to 23) | 5,974 | 5,974 | $(22,860)$ |
| 25. Reinsurance Expenses Net of Recoveries | 0 | 0 | 0 |
| LESS: | 0 |  |  |
| 26. Copayments | 0 | 0 | 0 |
| 27. Subrogation | 0 | 0 | 0 |
| 27a Recoveries | 28,702 | 158,221 | 129,137 |
| 28. Coordination of Benefits |  | 0 | 0 |
| 29. Subtotal (lines 26 to 28) | 28,702 | 158,221 | 129,137 |
| 30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29) | (22,728) | $(152,247)$ | (151,998) |


| Report \#2A (Continued): TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Current Year |  | Previous Year |
|  | Current Period | $\begin{gathered} \text { Year to Date } \\ \text { Total } \\ \hline \end{gathered}$ | Total |
| Administration: |  |  |  |
| 31. Compensation (Including Allocated Costs) | 139,015 | 608,633 | 9,567,364 |
| 32. Marketing (Including Allocated Costs) | 0 | 2,915 | 6,290 |
| 33. Fremium Tax Expense | 0 | 0 | 0 |
| 34. Occupancy, Depreciation and Amortization (including Allocated Costs) <br> 35. Other Administration (Provide detail) | 0 | 0 | 1,167,298 |
| Printing | 27,604 | 135,167 | 143,605 |
| Rent/ulitities | 0 | 0 | 0 |
| Franchise, Excise \& Property Taxes | 0 | 0 | 0 |
| Posiage | 37.629 | 126,337 | 166,199 |
| Legal Fees | $(3,503)$ | $(6,009)$ | 11,542 |
| Liquidated Damages | (419,300) | $(284,932)$ | (552,350) |
| Outside Services | 92,032 | 337,302 | 361,459 |
| Board \& Committee Fees | 0 | 0 | 0 |
| Auditing, actuarial and other consulting services | 0 | 0 | 0 |
| Books \& Subscriptions | 362 | 3,526 | 4,522 |
| Dues, Fees \& Licenses | 0 | 660 | 41,550 |
| Education \& Seminars | 0 | 0 | 0 |
| Meals \& Entertainment | 81 | 140 | 393 |
| Office Supplies | 988 | 2,549 | 6,339 |
| Minor Equipment | 0 | 4,097 | 4,662 |
| Travel | 0 | 0 | 218 |
| Wellness Program | 0 | 0 | 0 |
| Leases \& Rentals of equipment | 0 | 0 | 0 |
| Repairs/Maintenance Agreements | 39,760 | 61,849 | 40,784 |
| Telephone/Beepers/Cellutar Phones | 0 | 0 | , |
| Temp/Contract Personnel | 96,922 | 251,182 | 110,034 |
| Provision for Loss Contracts | (4,427,640) | (4,427,640) | $\bigcirc$ |
| Risk Banding Reserve | 0 | 0 | 0 |
| Program Run Out Expense | 0 | 0 | 0 |
| State Admin Revenue | $(3,356,555)$ | (10,454,549) | $(14,235,271)$ |
| Miscellaneous Expense Total DIRECT Expenses | $\begin{aligned} & (1,772,880) \\ & (9,545,555) \end{aligned}$ | $\begin{array}{r} (1,919,616) \\ (15,558,489) \end{array}$ | $(1,314,246)$ |
|  |  |  |  |
| Other ALLOCATED Expenses (Provide detail) |  |  |  |
| Rent/utilities | 0 |  | 559,297 |
| Printing | 0 |  | 86,004 |
| Postage | 0 |  | 411,526 |
| Legal Fees | 0 |  | 364,930 |
| Outside Services | 0 |  | 1,451,036 |
| Board \& Committee Fees | 0 |  | 103,436 |
| Survey Fees | 0 |  | 67,776 |
| Telephone/Beepers/Cellular Phiones | 0 |  | 336,105 |
| Books \& Subscriptions | 0 |  | 98,831 |
| Minor Equipment | 0 |  | 74,367 |
| Computer Supplies | 0 | . | 0 |
| Dues, Fees \& Licenses | 0 |  | 106,331 |
| Education \& Seminars | 0 |  | 61,782 |
| Meals \& Enteriainment | 0 |  | 24,456 |
| Office Supplies | 0 |  | 108,760 |
| Travel | 0 |  | 68,986 |
| Miscellaneous Expense | 4,455,592 | 13,832,041 | 167,635 |
| Franchise, Excise \& Property Taxes \& Sales/Use Tax | 0 |  | 109,936 |
| Insurance | 0 |  | 298,828 |
| Leases \& Rentals of equipment | 0 |  | 49,082 |
| Repairs/Maintenance Agreements | 0 |  | 527,522 |
| Relocation Expense Total | 0 |  | 2,248 |
| Training and Orientation Total | 0 |  | 0 |
| Temp/Contract Personnel | 0 |  | 477,238 |
| Covenant Management Fees | 0 |  | 2,313,414 |
| Total allocated Expenses | 4,455,592 | 13,832,041 | 7,869,525 |
|  |  |  |  |
| 36. TOTAL ADMINISTRATION (Lines 31 to 36) | (5,089,963) | (1,726,448) | 3,399,916 |
| FIT \& Excise Tax | $(617,875)$ | ( $1,130,890)$ | (107,346) |
| 37. Total Other Expenses: | (617,875) | ( $5,130,890$ ) | $(107,346)$ |
| 38. TOTAL EXPENSES (Lines 30 and 37 and 37A) | ( $5,730,566)$ | (3,009,585) | 3,140,572 |
| 39. NET INCOME (LOSS) (Line 4 less Line 38) | 6,943,789 | 5,629,696 | 2,755,259 |

Report \#2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

|  | Current Year |  | Previous Year |
| :---: | :---: | :---: | :---: |
|  | Current Period | Year to Date Total | Total |
| Member Months | 291,172 | 914,822 | 1,243,200 |
| REVENUES: |  |  |  |
| 1. TennCare Capitation | 49,408,943 | 141,012,678 | 188,214,622 |
| 2. Investment | 839,102 | 2,296,769 | 2,448,616 |
| 3. Other Revenue | 392,878 | 392,878 | 3,653,634 |
| IBNR / Capitation Revenue Receivable | $(4,868,857)$ | 22,292,866 | 24,064,994 |
| Premium Tax | $(23,192)$ | $(183,739)$ | 3,253,034 |
| State Admin Revenue | 0 | 0 | 0 |
| 4. TOTAL REVENUES (Lines 1 to 3) | 45,748,875 | 165,811,452 | 221,634,900 |
| EXPENSES: |  |  |  |
| Medical and Hospital Services: | 0 | 0 |  |
| 5. Captated Physician Services | 0 | 0 | 0 |
| 6. Fee-For-Service Physician Services | 4,898,799 | 18,213,664 | 24,712,195 |
| 7. Inpatient Hospital Services | 21,746,183 | 84,514,661 | 108,957,785 |
| 8. Outpatient Services | 19,471 | 46,438 | 65,397 |
| 9. Emergency Room Services | 2,570,525 | 10,906,316 | 15,195,927 |
| 10. Mental Health Services | 13,170 | 27,692 | 22,659 |
| 11. Dental Services (Capitated \& FFS) | 718 | 2,200 | 3,076 |
| 12. Viston Services (Capitated, FFS \& Opthamology) | 242,880 | 638,260 | 825,503 |
| 13. Pharmacy Services (Capitated \& FFS) | 0 | 3 | (22,738) |
| 14. Home Health Services | 294,826 | 685,913 | 900,434 |
| 15. Chiropractic Services | 0 | 0 | 0 |
| 16. Radiology Services | 87,574 | 258,553 | 343,156 |
| 17. Laboratory Services | 5,493,545 | 20,562,912 | 26,737,123 |
| 18. Durable Medical Equipment Services | 2,066,057 | 7,593,863 | 10,770,833 |
| 19. Transportation Services (Capitated) | 1,621,378 | 4,332,338 | 4,599,149 |
| 20. Outside Referrals | 0 | 0 | 0 |
| 21. Medical Incentive Pool and Withold Adjustments | 0 | 0 | 0 |
| 22. Occupancy, Depreciation, and Amortization | 0 | 0 | 0 |
| 23. Other Medical and Hospital Services (Provide Detail) | 0 | 0 | 0 |
| Surgery - Orthopedic - FFS Office | 0 | 0 | 0 |
| MCO Delegated Services | 0 | 0 | 0 |
| Allergy \& Immunology FFS Office \& Other | 2,090,412 | 6,074,193 | 8,948,676 |
| Counselors/Therapists | 0 | 0 | 0 |
| Otolaryngology - FFS Office | 319,719 | 1, 100,895 | 1,462,137 |
| Anesthesiology - FFS Hosp \& Other | 703,128 | 2,092,621 | 2,833,024 |
| Gastroenterology | 12,910 | 34,257 | 61,654 |
| Preventive Medicine | 1,121,446 | 2,703,378 | 3,554,256 |
| Ped Emergency Medicine - FFS Hospita | 0 | 0 | 0 |
| Miscelfaneous | 693,083 | 1,789,553 | $3,213,912$ |
| IBNR | 0 | 0 | 0 |
| Risk Share | 0 | 0 | 0 |
| 24. Subtotal (Lines 5 to 23) | 43,995,823 | 161,577,710 | 213,184,158 |
| 25. Reinsurance Expenses Net of Recoveries | 0 | 0 | 0 |
| 26. Copayments | 0 | 0 | 0 |
| 27. Subrogation | 157,682 | 512,148 | 1,010,472 |
| 27a Recoveries | 163,952 | 698,293 | 703,413 |
| 28. Coordination of Benefits | 0 | 0 | 0 |
| 29. Subtotar (Lines 26 to 28) | 321,634 | 1,210,441 | 1,713,884 |
| 30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29) | 43,674,189 | 160,367,269 | 211,470,274 |


| Report \#2A (Continued): TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Current Year |  | Previous Year |
|  | Current Period | $\begin{gathered} \text { Year to Date } \\ \text { Total } \\ \hline \end{gathered}$ | Total |
| Administration: |  |  |  |
| 31. Compensation (including Allocated Costs) | 139,015 | 608,633 | 9,567,364 |
| 32. Marketing (Including Allocated Costs) | 0 | 2,915 | 6,290 |
| 33. Premium Tax Expense | 838,735 | 2,671,825 | 4,116,797 |
| 34. Occupancy, Depreciation and Amortization (Including Allocated Costs) | 0 | 0 | 1,167,298 |
| 35. Other Administration (Provide detail) | 0 | 0 | 0 |
| Printing | 27,604 | 135,167 | 143,605 |
| Rent/Utilities | 0 | 0 | 0 |
| Franchise, Excise \& Property Taxes | 0 | 0 | 0 |
| Postage | 37.629 | 126,337 | 166.199 |
| Legal Fees | (3,503) | $(6,009)$ | 11,542 |
| Liquidated Damages | (419,300) | $(284,932)$ | $(552,350)$ |
| Outside Services | 92,032 | 337,302 | 361,459 |
| Board \& Committee Fees | 0 | 0 | 0 |
| Auditing, actuarial and other consuling services | 0 | 0 | 0 |
| Books \& Subscriptions | 362 | 3.526 | 4,522 |
| Dues, Fees \& Licenses | 0 | 660 | 41,550 |
| Education \& Seminars | 0 | 0 | 0 |
| Meals \& Entertainment | 81 | 140 | 393 |
| Office Supplies | 918 | 2.549 | 6,339 |
| Minor Equipment | 0 | 4,097 | 4,662 |
| Travel | 0 | 0 | 218 |
| Wellness Program | 0 | 0 | 0 |
| Leases \& Rentals of equipment | 0 | 0 | 0 |
| Repairs/Maintenance Agreements | 39,760 | 61,849 | 40,784 |
| Telephone/Beepers/Celluiar Phones | 0 | 0 | 0 |
| Temp/Contract Personnet | 96,922 | 251, 882 | 110,034 |
| Provision for Loss Contracts | $(4,427,640)$ | ( $4,427,640)$ | 0 |
| Risk Banding Reserve | 0 | 0 | 0 |
| Program Run Out Expense | 0 | 0 | 0 |
| State Admin Reverue | (3,356,555) | ( $40,454,649$ ) | $(14,235,271)$ |
| Miscellaneous Expense | $(1,772,880)$ | (1,919,616) | (1,344, 246 ) |
| Total DIRECT Expenses | (8,706,820) | $(12,886,664)$ | $(352,812)$ |
| Other Allocated Expenses (Provide detail) |  |  |  |
| Rentuxilities | 0 | 0 | 559,297 |
| Printing | 0 | 0 | 86,004 |
| Postage | 0 | , | 411,526 |
| Legal Fees | 0 | 0 | 364,930 |
| Outside Services | 0 | 0 | 1,451,036 |
| Board \& Committee Fees | 0 | 0 | 103,436 |
| Survey Fees | 0 | 0 | 67,775 |
| Telephone/Beepers/Cellular Phones | 0 | 0 | 336,105 |
| Books \& Subscriptions | 0 | 0 | 98,831 |
| Minor Equipment | 0 | 0 | 74,367 |
| Computer Supplies | 0 | 0 | 0 |
| Dues, Fres \& Licenses | 0 | 0 | 106,331 |
| Education \& Seminars | 0 | 0 | 61,782 |
| Meals \& Entertainment | 0 | 0 | 24,456 |
| Office Supplies | 0 | 0 | 108,760 |
| Travel | 0 | 0 | 68,986 |
| Miscellaneous Expense | 4,455,592 | 13,832,041 | 167,635 |
| Franchise, Excise \& Property Taxes \& Sales/Use Tax | 0 | 0 | 109,936 |
| Insurance | 0 | 0 | 298,828 |
| Leases \& Renials of equipment | 0 | 0 | 49,082 |
| Repairs/Maintenance Agreements | 0 | 0 | 527,522 |
| Relocation Expense Total | 0 | 0 | 2,248 |
| Training and Orientation Total | 0 | 0 | 0 |
| Temp/Contract Personnel | 0 | 0 | 477,238 |
| Covenant Management Fees | 0 | 0 | 2,313,414 |
| Total Allocated Expenses | 4,455,592 | 13,832,041 | 7,869,525 |
|  |  |  |  |
| 36. TOTAL ADMINISTRATION (Lines 31 to 36) | $(4,251,228)$ | 945,377 | 7,516,713 |
| FIT \& Excise Tax | (617,875) | $(1,130,890)$ | $(107,346)$ |
| 37. Total Other Expenses: | (617,875) | $(1,130,890)$ | $(107.346)$ |
| 38. TOTAL EXPENSES (Lines 30 and 37 and 37A) | 38,805,086 | 160,181,756 | 218,879,641 |
| 39. NET INCOME (LOSS) (Line 4 less Line 38) | 6,943,789 | 5,629,696 | 2,755,259 |

Notes to Financial Statement

1. Summary of Significant Accounting Policies

Not applicable
2. Accounting Changes and Corrections of Errors

Not applicable
3. Business Combinations and Goodwill

Not applicable
4. Discontinued Operations

Not applicable
5. Investments

Not applicable
6. Joint Ventures, Partnerships, and Limited Liability Companies

Not applicable
7. Investment Income

Not applicable
8. Derivative instruments

Not applicable
9. Income Taxes

Not applicable
10. Information concerning Parent, Subsidiaries, and Affiliates

Not applicable
11. Debt

Not applicable
12. Retirement Plans, Deferred Compensation, Post employment benefits and Compensated Absences and Other Postretirement Benefit Plans.

Not applicable
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

Not applicable
14. Contingencies

Not applicable
15. Leases

Not applicable
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk.

Not applicable
17. Sales, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

A-B. Not applicable
C. Wash Sales

Not applicable
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable
20. September 11 Events

Not applicable
21. Events Subsequent

Due to recent fluctuations in the financial markets, Tennessee Department of Commerce and Insurance has required disclosure of the effects of October market changes on investments owned at the end of September 30, 2008.


On October 21, 2008, Tennessee Department of Commerce and Insurance approved the acquisition order by Humana, Inc. to purchase the parent company of Preferred Health Partnership of Tennessee from Covenant Health. The sale was finalized November 01, 2008. The Company does not believe this event will have a material impact on its financial condition.
22. Other Items

Not applicable
23. Reinsurance

Not applicable
24. Retrospectively Rated Contracts \& Contracts Subject to Redetermination

Not applicable
25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable
26. Intercompany Pooling Arrangements

Not applicable
27. Structured Settlements

Not applicable
28. Health Care Receivables

Not applicable

## Notes to Financial Statement

29. Participating Policies

Not applicable
30. Premium Deficiency Reserves

Not applicable
31. Anticipated Salvage and Subrogation

Not applicable

## SCHEDULE D. PART $1 B$

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class


SCHEDULE DA - PART 1


## SCHEDULE DA - Verification

Short-Term Investments

| Short-Term Investments |  |  |  |
| :---: | :---: | :---: | :---: |
|  |  | 1 <br> Year To Date | $\begin{gathered} 2 \\ \text { Prior Year Ended } \\ \text { December 31 } \end{gathered}$ |
| 1. | Book/adjusted carrying value, December 31 of prior year | 1,500,000 |  |
| 2. | Cost of short-term investments acquired |  | 1,496,150 |
| 3. | Accrual of discount |  | 3,850 |
| 4. | Unrealized valuation increase (decrease) |  |  |
| 5. | Total gain (loss) on disposals |  |  |
| 6. | Deduct consideration received on disposals | 1,500,000 |  |
| 7. | Deduct amorization of premium |  |  |
| 8. | Total foreign exchange change in book/adjusted carrying value |  |  |
| 9. | Deduct current year's other than temporary impairment recognized |  |  |
| 10. | Bookjadjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9)$ |  | $\ldots$ |
| 11. | Deduct total nonadmitted amounts |  |  |
| 12. | Statement value at end of current period (Line 10 minus Line 11) |  | 1,500,000 |

## SCHEDULE D - PART 3



## SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of



