

2009 JAN 29 AM 11:23

G&I TENHCARE

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 3rd 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,

Mussig Induon -

Missy Anderson TennCare Accountant

Amended Statement Cover

NEORIVID.

2009 JAN 29 AM 11:23

QUARTERLY STATEMENT AMENDMENTHCARE

OF THE

Preferred Health Partnership of Tennessee, Inc.

Of

Knoxville

In the state of

Tennessee

TO THE

Insurance Department

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



QUARTERLY STATEMENT

AS OF September 30, 2008 OF THE CONDITION AND AFFAIRS OF THE

sfawwad.	LI.	aalth	Dorthony	ahin	of Ton	magaga	200

n.,

Organized under the Laws of Country of Domicile Licensed as business type: Life Der	ent Period) (Prior Period) Tennessee United States of America Determine Arealth[] ntal Service Corporation[] er[] 01/01/1994 1420 Centerpoint (Street and Numb		n[] d? Yes[X] No[Health Mai	Ter ledical & Dental Service or In ntenance Organization[X]	demnity[]	
Country of Domicile Licensed as business type: Life Den Oth Incorporated/Organized Statutory Home Office Main Administrative Office Mail Address Primary Location of Books and Re Internet Website Address	United States of America a, Accident & Health[] ntal Service Corporation[] ner[] 01/01/1994 1420 Centerpoint	Property/Casualty[] Vision Service Corporation	n[] d? Yes[X] No[Hospital, M Health Mai	ledical & Dental Service or Inc		
Licensed as business type: Life Der Ott Incorporated/Organized Statutory Home Office Mail Address Primary Location of Books and Re Internet Website Address	e, Accident & Health[] ntal Service Corporation[] ter[] 01/01/1994 1420 Centerpoint	Property/Casualty[] Vision Service Corporation	d? Yes[X] No[Health Mai		demnity[]	
Der Ott Ott Incorporated/Organized Statutory Home Office Main Administrative Office Mail Address Primary Location of Books and Re Internet Website Address	ntal Service Corporation[] ner[] 01/01/1994 1420 Centerpoint	Vision Service Corporation	d? Yes[X] No[Health Mai		demnity[]	
Statutory Home Office Main Administrative Office Mail Address Primary Location of Books and Re Internet Website Address	1420 Centerpoint						
Main Administrative Office Mail Address Primary Location of Books and Re Internet Website Address			Commenc	ed Business	01/01/199	4	
Mail Address Primary Location of Books and Re Internet Website Address	(Ctreat and Numb				Knoxville , TN 37932	· · · · · · · · · · · · · · · · · · ·	
Mail Address Primary Location of Books and Re Internet Website Address	(Street and Numi	ber)	1420 Centerp	oint Blud	(City, or Town, State and Zip Coo	ie)	
Primary Location of Books and Re			(Street and N				
Primary Location of Books and Re	Knoxville, TN 37932		(,	(865)670-7282		
Primary Location of Books and Re	(City or Town, State and Zip Code)				(Area Code) (Telephone Nur	nber)	
Internet Website Address	1420 Centerpoint				Knoxville, TN 37932		
Internet Website Address	(Street and Number or I	P.O. Box)			(City, or Town, State and Zip Coo	le)	
	ecords			enterpoint Blvd. et and Number)			
	Knoxville, TN 37932		(Suee	et and intribery	(865)670-7282		
	(City, or Town, State and Zip Code)				(Area Code) (Telephone Nur	nber)	
Statutory Statement Contact							
Statutory Statement Sontast	Melissa R Ar				(865)670-7282		
	(Name))		(Area Code)(Telephone Number)(Extension) (865)470-7461			
	manders1@covhlth.com (E-Mail Address)				(865)470-7461 (Fax Number)		
	(E-Mail Address)	OFFICE	RS		(rax Number)		
	Doug	Name	Title Dperating Officer	- r			
	Jeffer	ry S. Collake Chief F	inancial Officer	1			
	Jeffer	ry S. Collake Secreta	агу				
		OTHER	S				
	n	IRECTORS OR	TDIISTER	- 0			
	Thomas Rowe Bell				reed		
	Daniel J. David MD			Michael McKay Du	diey		
	Marvin H. Eichorn Kenneth Frederick Luckman MD)		Randolph Murphre Cletus Joseph Mcl			
	Michael Earl Mitchell MD			David A. Nowiski			
	Francis H. Olmstead Jr.			Anthony L. Spezia			
	Dean M. Turner MD			Sandra L. Mathy			
0.4(T							
State of Tennesse County of Knox	e						

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 dectronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

1 Ha 11 (Signature) Douglas E. Haaland (Printed Name) 1

Chief Operating Officer (Title)

day of January

BTh day of Ton

(Signature) 0 fery S. Collake (Printed Name) 2

Chief Financial Officer (Title)

- a. Is this an original filing? b. If no. 1. State the amendment number
 - 2. Date filed
 - 3. Number of pages attached

Collab (Signature) effery S. Collake (Printed Name) 3. Secretary

Yes[] No[X] 1 01/28/2009 13

(Title)

MAN AND Debra tai Votary Robies Standard A YNotary Public Stonature)

q

, 2008

MY COMMISSION EXPIRES: August 10, 2010

			ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits		1	1	
4.	Fee-for-service (net of \$0 medical expenses)			1	
5.	Risk revenue			1	
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	×××	392,878	1,524,643	
Hospit	al and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
	Emergency room and out-of-area				
12.		1			
13.	Prescription drugs	1			. ,
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		(152,247)	(125,633)	(151,99
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		(152,247)	(125,633)	
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$(529,941) cost containment expenses		1 1		
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase in				
£4.	reserves for life only)				
				4 452 005	2 247 04
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of \$0		1		
27.	Net investment gains or (losses) (Lines 25 plus 26)		2,227,233	1,677,760	2,242,19
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	xxx	4,498,806	(1,251,562)	2,647,9
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)				2,755,25
	ILS OF WRITE-INS		0,020,000	(010,001)	2,100,2
0601.	Miscellaneous Income	XXX		1,524,643	
0602. 0603.	State Admin Income	XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page				
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)			1,524,643	
0701. 0702.					•••••
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page		And a second sec		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) Recoveries				(129.13
1401.	Neuveries	ł			
1403.		1			
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		(158,221)		
2901.	TOTALS (Lines 1401 unough 1405 plus 1496) (Line 14 above)				
2902.					
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page				
2998. 2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
		10 0000	10 000	December of
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	39,149,233	33,552,546	33,552,546
34.	Net income or (loss) from Line 32	5,629,696	(826,031)	2,755,259
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(178,115)		(1,033,059)
39.	Change in nonadmitted assets	329,910	2,944,586	
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	5,781,491	2,118,555	5,596,68
49. DETAIL	Capital and surplus end of reporting period (Line 33 plus 48)	44,930,724	35,671,101	
4701. 4702. 4703.	Change in Unrealized Valuation			
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page			

	EMENT OF REVENUES		Previous Year	
	Current	Year to Date	T - 4 - 1	
Member Months	Períod 0	Total 0	Total	
REVENUES: 1. TennCare Capitation	0	o		
2. Investment	820,345	2,227,233	2,242,19	
3. Other Revenue	392,878	392,878	3,653,634	
IBNR / Capitation Revenue Receivable	002,010	0	0,000,00	
Premium Tax	0	0	(
State Admin Revenue	0	0	(
4. TOTAL REVENUES (Lines 1 to 3)	1,213,223	2,620,111	5,895,83	
EXPENSES:				
Medical and Hospital Services:				
5. Capitated Physician Services	0	0	1	
6. Fee-For-Service Physician Services	0	0		
7. Inpatient Hospital Services	5,974	5,974	i	
8. Outpatient Services	0	0	(
9. Emergency Room Services	0	0		
10. Mental Health Services	. 0	0	1	
11. Dental Services (Capitated & FFS)	0	0		
12. Vision Services (Capitated, FFS & Opthamology)	0	0	(00.00	
13. Pharmacy Services (Capitated & FFS)	0	0	(22,86	
14. Home Health Services 15. Chiropractic Services	0	0		
16. Radiology Services	0	0		
17. Laboratory Services	0	0		
18. Durable Medical Equipment Services	0	Ő		
19. Transportation Services (Capitated)	0	0	(
20. Outside Referrals	0	0		
21. Medical Incentive Pool and Withhold Adjustments	. 0	0		
22. Occupancy, Depreciation, and Amortization	0	0		
Other Medical and Hospital Services (Provide Detail)				
Surgery - Orthopedic - FFS Office	0	0	ļ	
MCO Delegated Services	0	0		
Allergy & Immunology FFS Office & Other Counselors/Therapists	0	0 0		
Otolaryngology - FFS Office	0	0		
Anesthesiology - FFS Hosp & Other	0	0		
Gastroenterology	0	Ő		
Preventive Medicine	0	Ő		
Ped Emergency Medicine - FFS Hospital	0	0	4	
Miscellaneous	0	0	-	
IBNR	0	0	(
Risk Share	0	0	(
24. Subtotal (Lines 5 to 23)	5,974	5,974	(22,86)	
25. Reinsurance Expenses Net of Recoveries	0	0		
LESS:	0	_		
26. Copayments	0	0	1	
27. Subrogation	0	150 001	400.40	
27a Recoveries 28. Coordination of Benefits	28,702 0	158,221 0	129,13	
28. Subtotal (Lines 26 to 28)	28,702	0 158,221	129,13	
20. Outroid (Lindo 20 (0 20)	20,702	100,221	129,13	

30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)

(151,998)

(152,247)

(22,728)

Report #2/1 (oonanded). TEIntorate of Elothone of	ATEMENT OF REVE	NUES AND EXP	ENSES
	Current	Year	Previous Year
	Current Period	Year to Date Total	Total
Administration:			
31. Compensation (Including Allocated Costs)	139,015	608,633	9,567,364
32. Marketing (Including Allocated Costs)	139,013	2,915	9,307,302 6,290
	0	2,915	6,290
33. Premium Tax Expense	0	0	
 Occupancy, Depreciation and Amortization (Including Allocated Costs) Other Administration (Provide detail) 	U	0	1,167,298
Printing	27,604	135,167	143,605
Rent/Utilities	21,004	0	(40,000
Franchise, Excise & Property Taxes	0 0	ŏ	Č
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
	92,032	337,302	301,43
Board & Committee Fees			
Auditing, actuarial and other consulting services	0	0	(
Books & Subscriptions	362	3,526	4,52
Dues, Fees & Licenses	0	660	41,550
Education & Seminars	0	0	1
Meals & Entertainment	81	140	39:
Office Supplies	918	2,549	6,33
Minor Equipment	0	4,097	4,66
Travel	0	0	21
Wellness Program	0	0	. (
Leases & Rentals of equipment	0	0	1
Repairs/Maintenance Agreements	39,760	61,849	40,784
Telephone/Beepers/Cellular Phones	0	0	(
Temp/Contract Personnel	96,922	251,182	110,034
Provision for Loss Contracts	(4,427,640)	(4,427,640)	(
Risk Banding Reserve	0	0	(
Program Run Out Expense	0	0	(
State Admin Revenue	(3,356,555)	(10,454,649)	(14,235,27
Miscellaneous Expense	(1,772,880)	(1,919,616)	(1,314,246
Total DIRECT Expenses	(9,545,555)	(15,558,489)	(4,469,609
Other ALLOCATED Expenses (Provide detail)			
Rent/Utilities	0	1	559,297
Printing	Ő		86,004
Postage	ő		411,520
Legal Fees	ő		364,930
Outside Services	0		1,451,036
Board & Committee Fees	0		103,43
Survey Fees	0		67,77
Telephone/Beepers/Cellular Phones	0 0		336,10
Books & Subscriptions	ů.		98,83
	0		74,36
Minor Equipment Computer Supplies	0		74,30
	1 1		106,33
Dues, Fees & Licenses	0		
Education & Seminars	0		61,78
Meals & Entertainment	0		24,45
Office Supplies	0		108,76
Travel	0		68,98
Miscellaneous Expense	4,455,592	13,832,041	167,63
Franchise, Excise & Property Taxes & Sales/Use Tax	0		109,93
Insurance	0		298,82
Leases & Rentals of equipment	0		49,08
Repairs/Maintenance Agreements	0		527,52
Relocation Expense Total	0		2,24
Training and Orientation Total	0		
Temp/Contract Personnel	0	1	477,23
Covenant Management Fees	0		2,313,41
Total ALLOCATED Expenses	4,455,592	13,832,041	7,869,52
36. TOTAL ADMINISTRATION (Lines 31 to 36)	(5,089,963)	(1,726,448)	3,399,91
FIT & Excise Tax	(617 <u>,</u> 875)	(1,130,890)	(107,34
37. Total Other Expenses:	(617,875)	(1,130,890)	(107,34
38. TOTAL EXPENSES (Lines 30 and 37 and 37A)	(5,730,566)	(3,009,585)	3,140,57
So. TOTAL EXPENSES (Lines So and ST and STA)	(0),00,000/		

Report #2A: TE	ENNCARE OPERATIONS	STATEMENT	OF REVENUES.	AND EXPENSES
----------------	--------------------	-----------	--------------	--------------

		Current	Year	Previous Year
		Current	Year to Date	
		Period	Total	Total
Member Months		291,172	914,822	1,243,20
Monbol Months		201,112	011,022	5, 2 (0,2.)
REVENUES:				
1. TennCare Capita	tion	49,408,943	141,012,678	188,214,6
2. Investment		839,102	2,296,769	2,448,6
3. Other Revenue		392,878	392,878	3,653,6
IBNR / Ca	itation Revenue Receivable	(4,868,857)	22,292,866	24,064,9
Premium T	ax	(23, 192)	(183,739)	3,253,0
State Admin Rev	enue	0	, o	
4. TOTAL REVEN	IES (Lines 1 to 3)	45,748,875	165,811,452	221,634,9
		10,110,010	100,011,102	
EXPENSES:				
	Hospital Services:		_	
5. Capitated Physic		0	0	
6. Fee-For-Service		4,898,799	18,213,664	24,712,1
Inpatient Hospita		21,746,183	84,514,661	108,957,7
Outpatient Servi		19,471	46,438	65,3
9. Emergency Roo		2,570,525	10,906,316	15,195,9
10. Mental Health Se		13,170	27,692	22,6
 Dental Services 		718	2,200	3,0
	Capitated, FFS & Opthamology)	242,880	638,260	825,5
	es (Capitated & FFS)	· 0	3	(22,7
 Home Health Se 		294,826	685,913	900,4
Chiropractic Ser		0	0	
Radiology Servic		87,574	258,553	343,1
 Laboratory Servi 		5,493,545	20,562,912	26,737,1
 18. Durable Medical 		2,066,057	7,593,863	10,770,8
19. Transportation S		1,621,378	4,332,338	4,599,1
20. Outside Referral		0	0	
	Pool and Withhold Adjustments	0	0	
	reciation, and Amortization	. 0	0	
23. Other Medical a	nd Hospital Services (Provide Detail)	0	0	
	opedic - FFS Office	0	0	
MCO Delegate	d Services	0	0	
Allergy & Imm	nology FFS Office & Other	2,090,412	6,074,193	8,948,6
Counselors/Th		0	0	
Otolaryngology		319,719	1,100,895	1,462,1
Anesthesiolog	- FFS Hosp & Other	703,128	2,092,621	2,833,0
Gastroenterolo	ду	12,910	34,257	61,6
Preventive Me	dicine	1,121,446	2,703,378	3,554,2
Ped Emergence	y Medicine - FFS Hospital	0	0	
Miscellaneous		693,083	1,789,553	3,213,9
IBNR		0	0	
Risk Share		0	0	
24. Subtotal (Lines 5		43,995,823	161,577,710	213,184,1
25. Reinsurance Exp	enses Net of Recoveries	0	0	
LESS:				
26. Copayments		. 0	0	
27. Subrogation		157,682	512,148	1,010,4
7a Recoveries		163,952	698,293	703,4
28. Coordination of I	Benefits	0	0	
29. Subtotal (Lines		321,634	1,210,441	1,713,8
	CAL AND HOSPITAL (Lines 24 and 25 less	29) 43,674,189	160,367,269	211,470,2

	ATEMENT OF REVI	ENUES AND EXF	PENSES
	Current	Year	Previous Year
	Current Period	Year to Date Total	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
 Occupancy, Depreciation and Amortization (Including Allocated Costs) Other Administration (Provide detail) 	0 0	0	1,167,298 0
Printing	27,604	135,167	143,605
Rent/Utilities	0	0	C
Franchise, Excise & Property Taxes	0	0	C
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	(
Auditing, actuarial and other consulting services	0	0	(
Books & Subscriptions	362	3,526	4,522
Dues, Fees & Licenses Education & Seminars	0	660 0	41,550
Education & Seminars Meals & Entertainment	. 81	- 140	39:
Office Supplies	918	2,549	6,33
Minor Equipment	910	2,549 4,097	4,66
Travel	0	4,057	4,00
Wellness Program	. 0	0	210
Leases & Rentals of equipment	ů o	o	
Repairs/Maintenance Agreements	39,760	61,849	40,78
Telephone/Beepers/Cellular Phones	0	0	4
Temp/Contract Personnel	96,922	251,182	110,03
Provision for Loss Contracts	(4,427,640)	(4,427,640)	4
Risk Banding Reserve	0	0	
Program Run Out Expense	0	0	(
State Admin Revenue	(3,356,555)	(10,454,649)	(14,235,27
Miscellaneous Expense Total DIRECT Expenses	(1,772,880) (8,706,820)	(1,919,616) (12,886,664)	(1,314,246 (352,812
Other ALLOCATED Expenses (Provide detail)			
Rent/Utilities	0	0	559,297
Printing	0	0	86,004
Postage	· 0	0	411,526
Legal Fees	0	0	364,930
Outside Services	0	-0	1,451,03
Board & Committee Fees	0	0	103,43
Survey Fees	0	0	67,77
Telephone/Beepers/Cellular Phones	0	0	336,10
Books & Subscriptions	0	0	98,83
Minor Equipment	0	0	74,36
Computer Supplies	0	0	400.22
Dues, Fees & Licenses Education & Seminars	0	0	106,33 61,78
Meals & Entertainment	0	0	24,45
Office Supplies	0	0	108,76
Travel	0	. 0	68,98
Miscellaneous Expense	4,455,592	13,832,041	167,63
Franchise, Excise & Property Taxes & Sales/Use Tax	0	0	109,93
Insurance	0	0	298,82
Leases & Rentals of equipment	0	0	49,08
	0	. 0	527,52
Repairs/Maintenance Agreements	0	0	2,24
Repairs/Maintenance Agreements Relocation Expense Total			
Relocation Expense Total Training and Orientation Total	0	0	
Relocation Expense Total Training and Orientation Total Temp/Contract Personnel		0	477,23
Relocation Expense Total Training and Orientation Total	0		477,23 2,313,41
Relocation Expense Total Training and Orientation Total Temp/Contract Personnel	0 0	0	477,23 2,313,41
Relocation Expense Total Training and Orientation Total Temp/Contract Personnel Covenant Management Fees Total ALLOCATED Expenses	0 0 0	0 0	477,23 2,313,41 7,869,52
Relocation Expense Total Training and Orientation Total Temp/Contract Personnel Covenant Management Fees Total ALLOCATED Expenses	0 0 0 4,455,592	0 0 13,832,041	477,23 2,313,41 7,869,52 7,516,71
Relocation Expense Total Training and Orientation Total Temp/Contract Personnel Covenant Management Fees Total ALLOCATED Expenses 36. TOTAL ADMINISTRATION (Lines 31 to 36) FIT & Excise Tax	0 0 4,455,592 (4,251,228)	0 0 13,832,041 945,377	477,23 2,313,41 7,869,52 7,516,71 (107,34
Relocation Expense Total Training and Orientation Total Temp/Contract Personnel Covenant Management Fees Total ALLOCATED Expenses 36. TOTAL ADMINISTRATION (Lines 31 to 36)	0 0 4,455,592 (4,251,228) (617,875)	0 0 13,832,041 945,377 (1,130,890)	477,23

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Lennessee, Inc. 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

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Tennessee, Inc. Notes to Financial Statement

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.

			Adjustments	•	
		Oc	tober 2008 Activ	ity	
	Net Admitted Assets reported as of 09/30/2008	Sales	Realized Gain/(Loss)	Unrealized Gain/(Loss)	Adjusted Value of remaining 09/30/2008 Assets as of 10/31/2008
Bonds Stocks Preferred Common Mortgage Loans Other Invested Assets	63,913,952	31,054,267	(2,882,408)	(529,741)	29,447,536
	63,913,952	31,054,267	(2,882,408)	(529,741)	29,447,536
			(1)	(2)	
Total Capital and Surpl	us reported on Qua	rterly Statemer	nt	_	65,536,015
Change in 9-30-2008 s (losses) occuring Octob			0	-	(3,412,149)
Total Capital and Surpl October 2008 related to	62,123,866				
Percentage change in s realized and unrealized	=	-9.48%			

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

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Lennessee, Inc. 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 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
		Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	DS								
1.	Class 1 (a)				(44,309)			56,984,659	51,004,4
2.	Class 2 (a)								
3.	Class 3 (a)								
4.	Class 4 (a)	1						f	
5.	Class 5 (a)								
6.	Class 6 (a)	1							
7.	Total Bonds							63,913,952	55,643,00
PREF	ERRED STOCK			and the second se			-		
8.	Class 1								
9.	Class 2								
10.	Class 3								
11.	Class 4								
12.	Class 5								
13.	Class 6								
14.	Total Preferred Stock								l
15.	Total Bonds & Preferred Stock								



SCHEDULE DA - Verification

Short-Term Investments

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of short-term investments acquired		1,496,150
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	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)		1,500,000
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE D - PART 3 Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreian	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
	bdivisions of States, Territories and Possessions								
Donus - Fontical ou	building of states, remones and Possessions								
499527AG4	COVENANT ARS		07/09/2008	NORTHERN TRUST	X X X	275,000	275,000.00		1FE
499527AH2	COVENANT ARS		07/10/2008	NORTHERN TRUST	X X X	100,000	100,000.00		1FE
499527AE9	COVENANT ARS		07/22/2008	NORTHERN TRUST	X X X	5,000,000	5,000,000.00		1FE
499527AF6	COVENANT ARS		07/10/2008	NORTHERN TRUST	X X X	1,050,000	1,050,000.00		1FE
499527AG4	COVENANT ARS		07/23/2008	NORTHERN TRUST	X X X	600,000	600,000.00		1FE
499527AH2	COVENANT ARS	·	07/17/2008	NORTHERN TRUST	X X X	500,000	500,000.00		1FE
499527AE9	COVENANT ARS		08/05/2008	NORTHERN TRUST	X X X	5,000,000	5,000,000.00		1FE
499527AG4	COVENANT ARS		08/13/2008	NORTHERN TRUST	XXX		2,900,000.00		1FE
499527AG4	COVENANT ARS		08/20/2008	NORTHERN TRUST	X X X	1,075,000	1,075,000.00		1FE
499527AF6	COVENANT ARS		08/21/2008	NORTHERN TRUST	X X X	1,250,000	1,250,000.00		1FE
499527AG4	COVENANT ARS		08/27/2008	NORTHERN TRUST	X X X	425,000	425,000.00		1FE
499527AH2	COVENANT ARS		08/28/2008	NORTHERN TRUST	X X X	175,000	175,000.00		1FE
499527AF6	COVENANT ARS		08/28/2008	NORTHERN TRUST	X X X	3,000,000	3,000,000.00		1FE
499527AE9	COVENANT ARS		09/02/2008	NORTHERN TRUST	X X X	5,000,000	5,000,000.00		1FE
499527AG4	COVENANT ARS		09/03/2008	NORTHERN TRUST	X X X .:	325,000	325,000.00		1FE
499527AH2	COVENANT ARS		09/04/2008	NORTHERN TRUST	X X X	100,000	100,000.00		1FE
499527AE9	COVENANT ARS		09/16/2008	NORTHERN TRUST	X X X	5,000,000	5,000,000.00		1FE
499527AG4	COVENANT ARS		09/17/2008	NORTHERN TRUST	X X X	5,000,000	5,000,000.00		1FE
2 499527AH2	COVENANT ARS		09/18/2008	NORTHERN TRUST	X X X	4,875,000	4,875,000.00		1FE
499527AF6	COVENANT ARS		09/18/2008	NORTHERN TRUST	X X X	5,000,000	5,000,000.00		1FE
					X X X				
2499999 Subtotal - B	X X X	46,650,000	46,650,000.00		X X X				
6099997 Subtotal - B	onds - Part 3	X X X	46,650,000	46,650,000.00		X X X			
6099998 Summary It	X X X	X X X	XXX	X X X	X X X				
6099999 Subtotal - B	onds	X X X	46,650,000	46,650,000.00		X X X			
6599998 Summary Ite	em from Part 5 for Preferred Stocks (N/A to Quarterly)	X X X	X X X	X X X	X X X	X X X			
7299998 Summary It	em from Part 5 for Common Stocks (N/A to Quarterly)		XXX	X X X	X X X	X X X	X X X		
7399999 Subtotal - P	referred and Common Stocks		X X X		XXX		X X X		
7499999 Total - Bond	s, Preferred and Common Stocks	XXX	46,650,000	X X X		X X X			
L									ن ـــــــ

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE04

SCHEDULE D - PART 4

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

by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
		F								11	12	13	14	15	1		1		1		
		0	1											-							
		ŗ							Prior Year			Current Year's		Total	Book/				Bond Interest/		
										there is a			1				1				
		e							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock		NAIC
		1			Number		ļ		Adjusted	Valuation	Current Year's	1	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends		Designation
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Bonds - II	.S. Governments																		1		
31359MNU3 .			07/10/2000	NORTHERN TRUST	xxx	1,510,944	1,500.000.00	1,516,466	1,507,740		(844)				1.506.896		4.048	4.048		09/04/004/0	100
			1		X X X	1,510,944	1.500.000.00	1,516,466	1,507,740		(0.11)		1010		1,506,896		1.0.10				
0399999 Subtotal - Bonds - U.S. Governments				1,510,944	1,500.000.00		1,007,740						1,006,090					. XXX.	XXX .		
Bonds - Political Subdivisions of States, Territories and Possessions																					
	FLORIDA HURRICANE CAT FUND		07/01/2008	MATURED	xxx	1,500.000	1,500.000.00	1,534,965	1,508,392		(8,392)		(8,392)		1,500,000						1FE
499527AG4 .	COVENANT ARS			NORTHERN TRUST	XXX	2,000,000	2,000,000.00	2.000,000							2,000.000					01/01/2046	
	COVENANT ARS		07/03/2008		XXX		700,000.00													01/01/2046	1FE
499527AE9 . 499527AF6 .	COVENANT ARS		07/17/2008		XXX	1,625.000	1,625,000.00	1,625,000		********	· · · · · · · · · · · · · · · · · · ·				16,250,000			•••••		01/01/2046	1FE
499527AE9	COVENANT ARS		07/29/2008		x x x	2,500,000	2,500,000.00	2,500,000							2,500,000	•••••		• • • • • • • • • • • • • • • • • • • •		01/01/2046 01/01/2046	1FE
499527AH2	COVENANT ARS				xxx	100,000	100.000.00	100.000							100.000					01/01/2046	1FE
499527AG4	COVENANT ARS		08/06/2008	NORTHERN TRUST	XXX	1,450,000	1,450,000.00	1,450,000							14,500,000					01/01/2046	1FE
499527AH2 .	COVENANT ARS		08/07/2008	NORTHERN TRUST	XXX	1,000,000	1,000,000.00	100,000							100,000					01/01/2046	1FE
	COVENANT ARS	• • •	08/07/2008		XXX	1,325,000	1,325,000.00	1,325,000							1,325,000					01/01/2046	1FE
499527AE9 .	COVENANT ARS		08/12/2008		XXX	6,000,000	6,000,000.00	6,000,000							6,000,000					01/01/2046	1FE
	COVENANT ARS		08/14/2008		XXX		5,000,000.00	5,000,000 1,975,000	· · · · · · · · · · · · · · · · · · ·					********	5,000,000			• • • • • • • • • • • • • • • • • •		01/01/2046	1FE
499527AF6 . 499527AE9 .	COVENANT ARS	• • •	09/04/2008		XXX	1,975,000	1,975,000.00	4.000.000		********				* * * * * * * * * * * *	4.000.000			••••••		01/01/2046 01/01/2046	1FE
499527AE5	COVENANT ARS		09/11/2008		x x x	3.000.000	3.000.000.00	3.000.000							3,000,000	*****		***********		01/01/2046	1FE
	COVENANT ARS		09/24/2008		XXX	10,500,000	10.500.000.00 1	10,500,000							10.500.000					01/01/2046	166
499527AG4 .	COVENANT ARS		09/25/2008		XXX	13,725,000	13,725,000.00	13,725,000							13,725,000					01/01/2046	1FE
	COVENANT ARS		09/25/2008		XXX	100,000	100,000.00	100,000							100,000					01/01/2046	1FE
499527AF6 .	COVENANT ARS		09/26/2008	NORTHERN TRUST	XXX	7.000,000	7,000,000.00	7.000,000							7,000,000					01/01/2046	1FE
					X X X													<u></u>			
	al - Bonds - Political Subdivisions of States.	Territo	ories and Pos	ssessions	X X X	65,500,000	65,500,000.00	64,634,965	1,508.392		(8,392)	1	(8,392)		110,050,000					. XXX.	X X X .
				·····	XXX	67,010,944	67.000.000.00	66,151,431	3,016,132		(9,236)		(9,236)		111,556,896			4,048		. XXX.	XXX.
	6099998 Summary Item from Part 5 for Bonds (N/A to Quarterly)			XXX	.,. XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX	X X X	XXX	XXX	XXX	XXX	. XXX.	XXX.	
6099999 Subtota					XXX	67,010,944	67,000,000.00	66,151,431	3,016,132		(9,236)		(9,236)		111.556.896			4,048		. XXX.	XXX.
6599998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)			X X X	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. XXX.	XXX.		
7299998 Summa	ary Item from Part 5 for Common Stocks (N/	A to Q	arterly}		XXX	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. XXX.	XXX.
The second se					XXX		X X X													. XXX.	XXX.
7499999 Total - Bonds, Preferred and Common Stocks			XXX	67,010,944	XXX	66,151,431	3,016,132		(9,236)		(9,236)		111.556.896			4,048		. XXX.	XXX.		