

ANNUAL STATEMENT

OF THE

UAHC HEALTH PLAN OF TENNESSEE

of **MEMPHIS**

in the state of **TENNESSEE**

TO THE

Insurance Department

OF THE

TENNESSEE

FOR THE YEAR ENDED

December 31, 2008

HEALTH

2008

March 9, 2009

Mr. Stephen Harris
Chief Financial Officer
UAHC Health Plan of Tennessee
1991 Corporate Avenue, Fourth Floor
Memphis, Tennessee 38132

Confidential

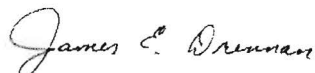
Dear Stephen:

Enclosed is our statement of actuarial opinion dated March 9, 2009. A copy of the representation letter should be attached to the actuarial opinion.

This opinion is based on a review of actuarial liabilities and related items identified herein, as shown in the annual 2008 statutory statement of UAHC Health Plan of Tennessee, Inc. This opinion has been prepared for the sole purpose of attaching it to the above described statement, in accordance with the instructions for completing the health statement blank.

Publication or use of the opinion, except as specifically provided above is prohibited without our prior written consent.

Ingenix Consulting



James E. Drennan
Fellow, Society of Actuaries
Member, American Academy of Actuaries

JED:bah

Enclosure

UAHC HEALTH PLAN OF TENNESSEE, INC.

STATEMENT OF ACTUARIAL OPINION – 2008

I, James E. Drennan, a member of the American Academy of Actuaries, am a Principal with the firm of Ingenix Consulting, which has been retained by UAHC Health Plan of Tennessee, Inc. (Company) to render this opinion. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the Company, as prepared for filing with state regulatory officials for year 2008. Tabulated below are those reserves and related actuarial items.

Claims unpaid (less \$ reinsurance ceded) (Page 3, Line 1)	\$	1,878,000
Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$	0
Unpaid claims adjustment expenses (Page 3, Line 3)	\$	182,000
Aggregate health policy reserves (Page 3, Line 4)	\$	0
Aggregate health claim reserves (Page 3, Line 7)	\$	0

In forming my opinion on the reserves above, I relied upon data prepared by Stephen Harris, Chief Financial Officer, as certified in the attached statements. I evaluated that data for reasonableness and consistency. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

My review covered the effect on reserves of incentive contracts with service providers and potential provider insolvencies. My review included consideration of the potential impact on reserves of contractual arrangements between the Company and service providers. Based on that review and the opinion provided by the Company regarding the separate amounts included to cover potential performance default by at-risk providers, I believe the amounts shown above appropriately recognize the financial impact of contracts between service providers and the Company and the financial strength of at-risk providers.

In my opinion the reserves and related actuarial values concerning the statement items identified above:

- (a) Are computed in accordance with presently accepted actuarial standards consistently applied and are fairly stated, in accordance with sound actuarial principles;
- (b) Are based on actuarial assumptions that produce reserves at least as great as those called for in any contract provision as to reserve basis and method, and are in accordance with all other contract provisions;

Mr. Stephen Harris
March 9, 2009
Page 3

- (c) Meet the requirements of the Insurance Law and regulation of the state of Tennessee; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- (d) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- (e) Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- (f) Include provision for all actuarial reserves and related statement items which ought to be established.

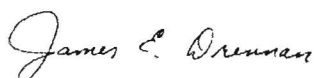
This statement of actuarial opinion is not based upon an asset adequacy analysis.

The Underwriting and Investment Exhibit – Part 2B was prepared consistent with “Section 3.6, *Follow-Up Studies*” contained in Actuarial Standard of Practice No. 5, *Incurred Health and Disability Claims* which was adopted by the Actuarial Standards Board in December 2000 (Effective May 1, 2001).

The actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

This opinion is updated annually as required by statute. To the best of my knowledge, there have been no material changes from the applicable date of the annual statement to the date of the rendering of this opinion which should be considered in reviewing this opinion.

The impact of the unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion.



James E. Drennan
Fellow, Society of Actuaries
Member, American Academy of Actuaries

Ingenix Consulting
2170 Satellite Blvd, Suite 150
Duluth, GA 30097
Phone: (678) 417-4904

March 9, 2009

JED:bah



UAHC Health Plan of Tennessee, Inc.

1769 Paragon Drive, Suite 100
Memphis, TN 38132
• 901-346-0064 •

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

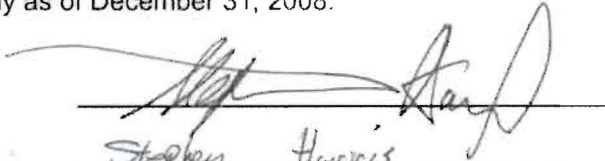
To: Ingenix Consulting
FROM: UAHC Health Plan of Tennessee

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of UAHC Health Plan of Tennessee (UAHC) as of December 31, 2008, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete, and were derived from the records and data which form the basis of the annual statement for the year ending December 31, 2008,
3. No methods or procedures employed by UAHC, now or in the past, would preclude the accurate determination of the actuarial items examined; and,
4. At risk providers are in a financial position to meet all liabilities under risk sharing contracts, including incentive and capitation contracts, and if not, the Company has accrued an appropriate liability to cover the risk.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of UAHC Health Plan of Tennessee as of December 31, 2008, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of December 31, 2008.

Signed 
Name Stephen Harris
Title CFO
Date 1/26/09
Address _____
Phone Number 313 393-4571

Managed by United American of Tennessee, Inc



ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)	10,553,424		10,553,424	9,607,094
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 1,931,607, Schedule E - Part 1), cash equivalents (\$ 0, Schedule E - Part 2), and short-term investments (\$ 4,744,734, Schedule DA)	6,676,341		6,676,341	8,733,394
6. Contract loans (including \$ 0 premium notes)				
7. Other invested assets (Schedule BA)				
8. Receivables for securities				
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Lines 1 to 9)	17,229,765		17,229,765	18,340,488
11. Title plants less \$ 0 charged off (for Title insurers only)				
12. Investment income due and accrued	177,784		177,784	368,683
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	816,797		816,797	1,064,529
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset				271,990
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software				
19. Furniture and equipment, including health care delivery assets (\$ 0)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care (\$ 105,209) and other amounts receivable	1,188,117	1,153,117	35,000	326,642
23. Aggregate write-ins for other than invested assets				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	19,412,463	1,153,117	18,259,346	20,372,332
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	19,412,463	1,153,117	18,259,346	20,372,332

DETAILS OF WRITE-IN LINES				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	1,878,000		1,878,000	
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	182,000		182,000	59,000
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	209,621		209,621	160,110
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	1,194,833		1,194,833	1,323,996
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	116,818		116,818	
16. Payable for securities				
17. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)				
18. Reinsurance in unauthorized companies				
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Liability for amounts held under uninsured plans				
21. Aggregate write-ins for other liabilities (including \$ 0 current)	1,578,397		1,578,397	1,950,044
22. Total liabilities (Lines 1 to 21)	5,159,669		5,159,669	3,493,150
23. Aggregate write-ins for special surplus funds	X X X	X X X		
24. Common capital stock	X X X	X X X	200,000	200,000
25. Preferred capital stock	X X X	X X X	12,550,000	12,550,000
26. Gross paid in and contributed surplus	X X X	X X X		
27. Surplus notes	X X X	X X X		
28. Aggregate write-ins for other than special surplus funds	X X X	X X X		
29. Unassigned funds (surplus)	X X X	X X X	349,677	1,866,274
30. Less treasury stock, at cost:				
30.1 0 shares common (value included in Line 24 \$ 0)	X X X	X X X		
30.2 0 shares preferred (value included in Line 25 \$ 0)	X X X	X X X		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	13,099,677	14,616,274
32. Total liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	18,259,346	18,109,424

DETAILS OF WRITE-IN LINES				
2101. PREMIUM TAX PAYABLE	816,796		816,796	1,064,529
2102. A/P - OTHER	29,181		29,181	42,253
2103. MEDICARE LIS (OVER/UNDER)	607,319		607,319	423,909
2198. Summary of remaining write-ins for Line 21 from overflow page	125,101		125,101	419,353
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	1,578,397		1,578,397	1,950,044
2301.	X X X	X X X		
2302.	X X X	X X X		
2303.	X X X	X X X		
2398. Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	X X X	X X X		
2802.	X X X	X X X		
2803.	X X X	X X X		
2898. Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	1,002,447	1,275,167
2. Net premium income (including \$ 0 non-health premium income)	X X X	11,063,240	5,710,555
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X	2,381,946	781,803
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	13,445,186	6,492,358
Hospital and Medical:			
9. Hospital/medical benefits		5,177,723	909,245
10. Other professional services		2,514,932	900,458
11. Outside referrals			
12. Emergency room and out-of-area		153,713	
13. Prescription drugs		2,302,426	1,154,596
14. Aggregate write-ins for other hospital and medical		(148,188)	2,233,387
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		10,000,606	5,197,686
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		10,000,606	5,197,686
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 506,213 cost containment expenses		795,213	670,691
21. General administrative expenses		3,307,458	(876,450)
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		14,103,277	4,991,927
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(658,091)	1,500,431
25. Net investment income earned		659,168	795,631
26. Net realized capital gains (losses) less capital gains tax of \$ 0			
27. Net investment gains (losses) (Lines 25 plus 26)		659,168	795,631
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			(1,497,816)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,077	798,246
31. Federal and foreign income taxes incurred	X X X	418,386	977,389
32. Net income (loss) (Lines 30 minus 31)	X X X	(417,309)	(179,143)

DETAILS OF WRITE-IN LINES			
0601. TENNCARE SHARED RISK REVENUE	X X X	2,381,946	781,803
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X	2,381,946	781,803
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X		
1401. MEDICARE ACCRUAL		(148,188)	2,233,387
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		(148,188)	2,233,387
2901. CLAIMS AUDIT / AMENDMENT 3			(1,497,816)
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			(1,497,816)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	14,616,274	11,699,216
34. Net income or (loss) from Line 32	(417,309)	(179,143)
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	(35,137)	122,442
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(797,536)	797,536
39. Change in nonadmitted assets	(266,615)	2,176,223
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		
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)	(1,516,597)	2,917,058
49. Capital and surplus end of reporting period (Line 33 plus 48)	13,099,677	14,616,274

DETAILS OF WRITE-IN LINES		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
1. Premiums collected net of reinsurance	11,310,972	5,802,224
2. Net investment income	822,689	829,695
3. Miscellaneous income	2,381,946	775,411
4. Total (Lines 1 through 3)	14,515,607	7,407,330
5. Benefit and loss related payments	10,237,326	2,970,691
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	3,930,160	1,247,730
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	547,549	23,044
10. Total (Lines 5 through 9)	14,715,035	4,241,465
11. Net cash from operations (Line 4 minus Line 10)	(199,428)	3,165,865
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	11,405,265	
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		3,019,791
12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,405,265	3,019,791
13. Cost of investments acquired (long-term only):		
13.1 Bonds	12,363,747	
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	108,658	
13.7 Total investments acquired (Lines 13.1 to 13.6)	12,472,405	
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,067,140)	3,019,791
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
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		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(790,485)	724,751
17. Net cash from financing and miscellaneous sources (Lines 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	(790,485)	724,751
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)	(2,057,053)	6,910,407
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	8,733,394	1,822,987
19.2 End of year (Line 18 plus Line 19.1)	6,676,341	8,733,394

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

20.0001		
20.0002		
20.0003		

Report #2A TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of December 31, 2008 of UAHC Health Plan of TN, Inc.

		Current Period	Current Year to Date	Prior Calendar Year
	MEMBER MONTHS	94,673	992,434	1,270,122
	REVENUES:			
1.	TennCare Capitation	40,976,393	199,841,236	206,313,119
2.	Investment	173,329	659,168	795,631
3.	Other Revenue (Provide detail)	8,343,515	23,775,744	45,859,299
4.	TOTAL REVENUES (Lines 1 to 3)	49,493,237	224,276,148	252,968,048
	EXPENSES:			
	Medical and Hospital Services			
5.	Capitated Physician Services	443,170	4,853,135	6,508,229
6.	Fee-for-Service Physician Services	4,436,752	19,145,656	20,686,600
7.	Inpatient Hospital Services	8,766,138	42,722,689	46,653,148
8.	Outpatient Services	13,878,776	69,327,207	69,863,890
9.	Emergency Room Services	5,578,445	25,104,839	22,447,200
10.	Mental Health Services	-	-	-
11.	Dental Services	-	-	-
12.	Vision Services	377,506	1,660,010	1,587,685
13.	Pharmacy Services	-	-	-
14.	Home Health Services	281,624	1,287,015	1,604,105
15.	Chiropractic Services	-	-	-
16.	Radiology Services	721,295	3,721,992	4,126,065
17.	Laboratory Services	330,895	1,723,396	2,399,071
18.	Durable Medical Equipment Services	590,314	2,251,078	2,321,147
19.	Transportation Services	1,523,691	7,400,564	6,761,813
20.	Outside Referrals	-	-	-
21.	Medical Incentive Pool and Withhold Adjustments	-	-	-
22.	Occupancy, Depreciation, and Amortization	-	-	-
23.	Other Medical and Hospital Services (Provide detail)	10,275,135	25,815,720	47,156,191
24.	Subtotal (Lines 5 to 23)	47,203,741	205,013,300	232,115,143
25.	Reinsurance Expenses Net of Recoveries	-	-	-
	LESS:			
26.	Copayments	-	-	-
27.	Subrogation	-	-	-
28.	Coordination of Benefits	(217,862)	(1,467,011)	(1,007,776)
29.	Subtotal (Lines 26 to 28)	(217,862)	(1,467,011)	(1,007,776)
30.	TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	46,985,879	203,546,289	231,107,367
	Administration:			
31.	Compensation	668,665	4,281,547	4,857,074
32.	Marketing	-	-	-
33.	Interest Expense	-	-	-
34.	Premium Tax Expense	865,988	4,324,126	4,520,716
35.	Occupancy, Depreciation and Amortization	55,725	234,252	247,060
36.	Other Administration (Provide detail)	2,022,784	8,924,518	9,922,967
37.	TOTAL ADMINISTRATION (Lines 31 thru 36)	3,613,161	17,764,444	19,547,816
38.	TOTAL EXPENSES (Lines 30 and 37)	50,599,040	221,310,733	250,655,183
39.	NET INCOME (LOSS) (Line 4 less 38)	(1,105,803)	2,965,415	2,312,865

Report #2A (con't) TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of December 31, 2008 of UAHC Health Plan of TN, Inc.

<u>Line 3 - Other Revenue</u>	Current Period	Current Year to Date	Prior Calendar Year
Administrative Fee Revenue from State	1,172,522	11,731,680	14,968,111
Revenue from State for Premium Tax	1,136,993	4,571,859	4,612,385
Miscellaneous Revenue	-	-	-
Shared Risk Revenue	-	1,438,205	781,802
Pharmacy Rebates	-	-	-
IBNR	6,034,000	6,034,000	25,497,000
Total	8,343,515	23,775,744	45,859,299

Line 23 - Other Medical and Hospital Services

Other Referral/Specialist Services	4,241,135	19,781,720	21,659,191
Other	-	-	-
Physical Therapy	-	-	-
IBNR	6,034,000	6,034,000	25,497,000
Total	10,275,135	25,815,720	47,156,191

Line 36 - Other Administration

Accounting Services	22,500	101,200	90,423.75
Legal Services	-	63,208	11,757.74
Professional Services	968,246	4,333,829	4,350,592.65
Board of Directors' Meetings	998	40,579	48,120.51
Outreach/Member Services	6,945	209,641	230,166
Bank Charges	10,796	41,622	27,729.28
Administrative Expenses	1,079,267	3,914,781	2,718,194.31
Consumables	28,396	214,796	420,477.94
Travel & Entertainment	3,574	101,494	150,683.80
Other Administrative Expenses	1,524	60,526	1,497,816
Provision for Income Taxes	(108,672)	418,386	977,388.67
Deferred Income Tax	(0)	(797,536)	(797,536)
Other Professional Services	9,210	221,993	197,152
Total	2,022,784	8,924,518	9,922,966

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	11,063,240						11,063,240			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ 0 medical expenses)										X X X
4. Risk revenue										X X X
5. Aggregate write-ins for other health care related revenues	2,381,946							2,381,946		X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. Total revenues (Lines 1 to 6)	13,445,186						11,063,240	2,381,946		
8. Hospital/medical benefits	5,177,723						5,177,723			X X X
9. Other professional services	2,514,932						2,514,932			X X X
10. Outside referrals										X X X
11. Emergency room and out-of-area	153,713						153,713			X X X
12. Prescription drugs	2,302,426						2,302,426			X X X
13. Aggregate write-ins for other hospital and medical	(148,188)						(148,188)			X X X
14. Incentive pool, withhold adjustments and bonus amounts										X X X
15. Subtotal (Lines 8 to 14)	10,000,606						10,000,606			X X X
16. Net reinsurance recoveries										X X X
17. Total hospital and medical (Lines 15 minus 16)	10,000,606						10,000,606			X X X
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$ 506,213 cost containment expenses	795,213						795,213			
20. General administrative expenses	3,307,458						3,307,458			
21. Increase in reserves for accident and health contracts										X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. Total underwriting deductions (Lines 17 to 22)	14,103,277						14,103,277			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(658,091)						(3,040,037)	2,381,946		

DETAILS OF WRITE-IN LINES										
0501. TENNCARE SHARED RISK REVENUE	2,381,946							2,381,946		X X X
0502.										X X X
0503.										X X X
0598. Summary of remaining write-ins for Line 05 from overflow page										X X X
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)	2,381,946							2,381,946		X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 06 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301. MEDICARE ACCRUAL	(148,188)						(148,188)			X X X
1302.										X X X
1303.										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page										X X X
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	(148,188)						(148,188)			X X X

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

	1	2	3	4
	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII – Medicare	11,063,240		76,855	10,986,385
7. Title XIX – Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	11,063,240		76,855	10,986,385
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	11,063,240		76,855	10,986,385

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	10,148,794						10,148,794			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	19,819						19,819			
1.4 Net	10,128,975						10,128,975			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,878,000						1,878,000			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	1,878,000						1,878,000			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	(384,906)						(384,906)			
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,262,908						2,262,908			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	2,262,908						2,262,908			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	10,148,792						10,148,792			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	19,819						19,819			
12.4 Net	10,128,973						10,128,973			
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct	1,878,000						1,878,000			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	1,878,000						1,878,000			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct	1,878,000						1,878,000			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	1,878,000						1,878,000			

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII – Medicare	1,868,160	5,913,329	172,503	1,705,497	2,040,663	2,262,908
7. Title XIX – Medicaid						
8. Other health						
9. Health subtotal (Lines 1 through 8)	1,868,160	5,913,329	172,503	1,705,497	2,040,663	2,262,908
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	1,868,160	5,913,329	172,503	1,705,497	2,040,663	2,262,908

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Hospital & Medical

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Medicare Supplement

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Dental Only

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Vision Only

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Federal Employee Health Benefits Plan

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Title XVIII - Medicare

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X	3,108	1,868
6. 2008	X X X	X X X	X X X	X X X	5,913

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		172
6. 2008	X X X	X X X	X X X	X X X	1,706

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007	5,711	3,108	671	21.589	3,779	66.171	2,263	160	6,202	108.597
5. 2008	11,063	7,781	795	10.217	8,576	77.520	1,878	210	10,664	96.393

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)
 Title XIX - Medicaid

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004							(1,076)		(1,076)	
2. 2005										
3. 2006										
4. 2007		(144)			(144)				(144)	
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Other

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		
6. 2008	X X X	X X X	X X X	X X X	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004										
2. 2005										
3. 2006										
4. 2007										
5. 2008										

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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)
Grand Total

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X	3,108	1,868
6. 2008	X X X	X X X	X X X	X X X	5,913

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2004	2 2005	3 2006	4 2007	5 2008
1. Prior					
2. 2004					
3. 2005	X X X				
4. 2006	X X X	X X X			
5. 2007	X X X	X X X	X X X		172
6. 2008	X X X	X X X	X X X	X X X	1,706

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3 / 2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5 / 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9 / 1) Percent
1. 2004							(1,076)		(1,076)	
2. 2005										
3. 2006										
4. 2007	5,711	2,964	671	22.638	3,635	63.649	2,263	160	6,058	106.076
5. 2008	11,063	7,781	795	10.217	8,576	77.520	1,878	210	10,664	96.393

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NONE Underwriting and Investment Exhibit - Part 2D

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)			415,586		415,586
2. Salaries, wages and other benefits	1,455,614		4,393,364		5,848,978
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)			112,083		112,083
4. Legal fees and expenses			736,936		736,936
5. Certifications and accreditation fees	158,481		23,182		181,663
6. Auditing, actuarial and other consulting services	286,990		1,222,522		1,509,512
7. Traveling expenses	22,575		231,439		254,014
8. Marketing and advertising	1,448		331,525		332,973
9. Postage, express and telephone	85,495		239,249		324,744
10. Printing and office supplies	87,004		358,583		445,587
11. Occupancy, depreciation and amortization			383,682		383,682
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	90,491	289,000	3,763,760		4,143,251
15. Boards, bureaus and association fees	260		7,842		8,102
16. Insurance, except on real estate			292,549		292,549
17. Collection and bank service charges			41,622		41,622
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(1,801,855)	(289,000)	(9,640,825)		(11,731,680)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	98,577		216,673		315,250
23.5 Other (excluding federal income and real estate taxes)			13,393		13,393
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	310,133		164,293		474,426
26. Total expenses incurred (Lines 1 to 25)	795,213		3,307,458		(a) 4,102,671
27. Less expenses unpaid December 31, current year			209,621		209,621
28. Add expenses unpaid December 31, prior year			160,110		160,110
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	795,213		3,257,947		4,053,160

DETAILS OF WRITE-IN LINES					
2501. BOOKS & SUBSCRIPTIONS EXPENSE	260		7,633		7,893
2502. TEMPORARY PERSONNEL EXPENSE			25,703		25,703
2503. EMPLOYEE RELATIONS EXPENSE	(20)		33,283		33,263
2598. Summary of remaining write-ins for Line 25 from overflow page	309,893		97,674		407,567
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	310,133		164,293		474,426

(a) Includes management fees of \$ 0 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 293,594	258,430
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 556,748	400,738
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	850,342	659,168
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		659,168

DETAILS OF WRITE-IN LINES		
0901.		
0902.		
0903.		
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	
1501.		
1502.		
1503.		
1598.	Summary of remaining write-ins for Line 15 from overflow page	
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	

- (a) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds				(35,137)	
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)				(35,137)	

DETAILS OF WRITE-IN LINES					
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 09 from overflow page				
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2), and short-term investments (Schedule DA)			
6. Contract loans			
7. Other invested assets (Schedule BA)			
8. Receivables for securities			
9. Aggregate write-ins for invested assets			
10. Subtotals, cash and invested assets (Lines 1 to 9)			
11. Title plants (for Title insurers only)			
12. Investment income due and accrued			
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection			
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
13.3 Accrued retrospective premiums			
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			
14.2 Funds held by or deposited with reinsured companies			
14.3 Other amounts receivable under reinsurance contracts			
15. Amounts receivable relating to uninsured plans			
16.1 Current federal and foreign income tax recoverable and interest thereon			
16.2 Net deferred tax asset		525,546	525,546
17. Guaranty funds receivable or on deposit			
18. Electronic data processing equipment and software			
19. Furniture and equipment, including health care delivery assets			
20. Net adjustment in assets and liabilities due to foreign exchange rates			
21. Receivables from parent, subsidiaries and affiliates			
22. Health care and other amounts receivable	1,153,117	360,956	(792,161)
23. Aggregate write-ins for other than invested assets			
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	1,153,117	886,502	(266,615)
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26. Total (Lines 24 and 25)	1,153,117	886,502	(266,615)

DETAILS OF WRITE-IN LINES			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
2301.			
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)			

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	106,005	102,168	101,034	97,744	804	1,002,447
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	106,005	102,168	101,034	97,744	804	1,002,447

DETAILS OF WRITE-IN LINES						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 06 from overflow page						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)						

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
STATE OF TENNESSEE PARTNER'S RX	35,000			1,082,908 70,209	1,082,908 70,209	35,000
0599998 Risk sharing Receivables Not Individually Listed						
0599999 Risk sharing Receivables	35,000			1,153,117	1,153,117	35,000
0799999 Gross Health Care Receivables	35,000			1,153,117	1,153,117	35,000

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
UNITED AMERICAN OF TENNESSEE	TPL REIMBURSEMENT	139,167		139,167
0199999 Individually listed payable		139,167		139,167
0299999 Payables not individually listed				
0399999 Total gross payables		139,167		139,167

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	7,846,371	100.000	1,002,447	124682.463	7,846,371	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	7,846,371	100.000	1,002,447	124682.463	7,846,371	
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements – fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements – contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments			X X X	X X X		
13. Total (Line 4 plus Line 12)	7,846,371	100.000	X X X	X X X	7,846,371	

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999	Totals		X X X	X X X	X X X

NONE Exhibit 8 - Furniture, Equipment, and Supplies Owned

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of UAHC Health Plan, Inc. are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee.

There are no reconciling items between the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the state of Tennessee.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

TennCare capitation revenues are recognized as health insurance coverage is provided to enrollees.

In addition, the company uses the following accounting policies:

- (1) Cash and cash equivalents include cash and all highly liquid investments with an original maturity of one year or less.
- (2) The carrying values of cash and cash equivalents, receivables, and fixed maturities approximate fair values of these instruments.
- (3) Comprehensive income is the total of net income and all other non-ownership changes in equity, as required by Financial Accounting Standard No. 130, Reporting Comprehensive Income.
- (4) The Company provides for medical claims incurred but not reported based primarily on past experience, together with current factors, using accepted actuarial methods. Estimates are adjusted as changes in these factors occur, and such adjustments are reported in the year of determination. Although considerable variability is inherent in such estimates, management believes that these reserves are adequate.
- (5) Fixed maturities are comprised of investments in certificates of deposit, federal agency debt securities, and U.S. Treasury notes carried at fair value, based upon published quotations of the underlying security, and six-month certificates of deposit, carried at cost plus interest earned, which approximates fair value. Fixed maturities placed in escrow to meet statutory funding requirements, although considered available for sale, are not reasonably expected to be used in the normal operating cycle of the

NOTES TO FINANCIAL STATEMENTS

Company and are classified as noncurrent. All other available-for-sale securities are classified as current.

Premiums and discounts are amortized or accreted, respectively, over the life of the related debt security as an adjustment to yield using the yield-to-maturity method. Interest income is recognized when earned. Realized gains and losses on investments are included in investment income and are derived using the specific identification method for determining the cost of securities sold; Unrealized gains and losses on fixed maturities are recorded as a separate component of stockholders' equity, net of deferred federal income taxes.

2. Accounting Changes and Corrections of Errors

A. Material Changes in Accounting Principles and/or Correction of Errors

None

B. Cumulative Effect of Changes in Accounting Principles as a Result of the Initial Implementation of Codification

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Tennessee. Effective January 1, 2001, the State of Tennessee required that insurance companies domiciled in the State of Tennessee prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual subject to any deviations prescribed or permitted by the State of Tennessee insurance commissioner.

Accounting changes adopted to conform to the provision of the NAIC Accounting Practices and Procedures manual are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities – None
- E. Repurchase Agreements – None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

NOTES TO FINANCIAL STATEMENTS

Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

The total amount excluded was \$0.

8. Derivative Instruments

None

9. Income Taxes

A. The components of the net deferred tax asset (liability) at December 31, 2008 and 2007 are as follows:

	2008	2007
Total of all deferred tax assets (admitted and nonadmitted)	\$ -	\$ 797,536
Total of all deferred tax liabilities	\$ -	\$ -
Total deferred tax assets nonadmitted in accordance with SSAP No. 10, Income Taxes	\$ -	\$ -
Increase/(decrease) in nonadmitted deferred tax assets	\$ (797,536)	\$ -

B. The components of income tax expense (benefit) for the years ended December 31, 2008 and 2007 are as follows:

	2008	2007
Current	\$ 418,386	\$ 977,389
Deferred	\$ -	\$ (797,536)
Total	\$ 418,386	\$ 179,853

C. Deferred income taxes arise primarily from net operating loss carry-forwards and unrealized investment holding gains. As of December 31, 2008, the company has utilized all of its net operating loss carry forwards for tax purposes.

10. Information Concerning Parent, Subsidiaries and Affiliates

At December 31, 2008, the Company reported \$116,818 as accounts payable due to the Parent Company, United American of Tennessee, Inc.

The Parent Company, United American of Tennessee, Inc. has contracted with the Company to provide management services for their Medicaid and Medicare HMO.

The Parent Company, United American of Tennessee, Inc. owns 100% of the Company's common stock and all of the Company's outstanding preferred stock.

11. Debt

None

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

NOTES TO FINANCIAL STATEMENTS

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

The Company has 89,100,000 shares of common stock authorized with 8,000,000 shares issued and outstanding. The stock has a par value of \$0.025. The Company has 12,550,000 shares of Series A preferred stock authorized, issued and outstanding. The stock has a par value of \$1.00 and is nonvoting, nonconvertible and non-dividend bearing. The stock has a liquidation preference of \$1.00 per share and is subject to redemption at any time by the Company at 110% of par value.

14. Contingencies

None

15. Leases

The company leases its facilities under an operating lease that expires in December 2010. The lease commenced in April 2005. Terms of the facility lease generally provide that the Company pay its pro rata share of all operating expenses including insurance, property taxes and maintenance. Rent Expense for the year ended December 31, 2008 and 2007 totaled \$381,645 and \$475,777 respectively. Based on the current lease agreement, the company estimates rent expense of approximately \$784,107 in aggregated or \$388,584, \$395,523, \$0, \$0 for years 2008 through 2012.

The Company has subleased its leased Tennessee facility to a third party effective beginning April 2009 and ending December 31, 2010. The Company recorded a liability of \$0.1 million related to the remaining lease obligation.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None

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

None

20. September 11 Events

None

21. Other Items

On April 22, 2008, the Company learned that UAHC-TN will cease providing managed care services as a TennCare contractor when its present TennCare contract expires. UAHC-TN's TennCare members transferred to other managed

NOTES TO FINANCIAL STATEMENTS

care organizations on November 1, 2008, after which UAHC-TN continued perform its remaining contractual obligations through its TennCare contract expiration date of June 30, 2009. However, revenue under this contract was only earned through October 31, 2008. Management believes that the discontinuance of the TennCare contract will have a material impact on the Company's operations.

22. Events Subsequent

None

23. Reinsurance

Under an Agreement with an insurer for the Company's Medicare product, 90% of inpatient medical claim costs in excess of \$100,000 up to \$1,000,000 per enrollee for the plan year, as defined, are paid by the insurer. Furthermore, our agreement with an insurer includes outpatient coverage that is limited to \$1,500 per day. During 2008, the Company had \$19,819 medical claim cost paid under the stop-loss agreement. The Company paid premiums to the insurer totaling \$76,855 for 2008.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly by the company or by any representative, officer, trustee, or director of the company? NO
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? NO

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? NO
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include

NOTES TO FINANCIAL STATEMENTS

policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

NO

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claim Adjustment Expenses

There has been no change in the provision for incurred claim and claim adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter Ended:	Estimated Rebates per Financial Statements	Actual Rebates Confirmed	Actual Rebates Received in <90 days	Actual Rebates Received in 91-180 days	Actual Rebates Received in >180 days
December 31, 2008	\$ 105,209	\$ 70,209	\$ 34,494	\$ -	\$ -
September 30, 2008	\$ 95,109	\$ 65,109	\$ 30,615	\$ 34,494	\$ -
June 30, 2008	\$ 88,398	\$ 58,398	\$ 27,783	\$ 30,615	\$ 34,494
March 31, 2008	\$ 77,037	\$ 47,037	\$ 19,254	\$ 27,783	\$ 30,615
December 31, 2007	\$ 46,629	\$ 46,629	\$ -	\$ -	\$ -
September 30, 2007	\$ 8,810	\$ 8,810	\$ 3,416	\$ -	\$ -
June 30, 2007	\$ 8,810	\$ 8,810	\$ -	\$ 3,416	\$ -
March 31, 2007	\$ -	\$ -	\$ -	\$ -	\$ -
December 31, 2006	\$ -	\$ -	\$ -	\$ -	\$ -
September 30, 2006	\$ -	\$ -	\$ -	\$ -	\$ -
June 30, 2006	\$ -	\$ -	\$ -	\$ -	\$ -
March 31, 2006	\$ -	\$ -	\$ -	\$ -	\$ -

B. Risk Sharing Receivables

Through an amendment with an effective date of July 1, 2005, TennCare implemented a modified risk arrangement ("MRA") with all its contracted MCOs, which are at risk for losing up to 10% of administrative fee revenue and potentially could receive up to 20% incentive bonus revenue based on performance relative to benchmarks (through June 30, 2007). The Company

NOTES TO FINANCIAL STATEMENTS

received notice from TennCare that it earned additional revenue of \$1.0 million for its performance under the modified risk arrangement for fiscal 2008. The Company has recorded a receivable of \$943,741 associated with fiscal 2008 bonus revenue at December 31, 2008.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

6.2 If yes, give full information:

.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control.

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

UHY LLP CERTIFIED PUBLIC ACCOUNTANTS 26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD, MI 48034-6173

.....

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

REDEN ANDERS, 222 SOUTH NINTH STREET, SUITE 1500 MINNEAPOLIS, MN 55402

.....

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

11.11 Name of real estate holding company

11.12 Number of parcels involved

11.13 Total book/adjusted carrying value

\$ _____

11.2 If yes, provide explanation:

.....

GENERAL INTERROGATORIES

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

.....

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes No

12.3 Have there been any changes made to any of the trust indentures during the year?

Yes No

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes No N/A

13.1 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?

- (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.

Yes No

13.11 If the response to 13.1 is no, please explain:

.....

13.2 Has the code of ethics for senior managers been amended?

Yes No

13.21 If the response to 13.2 is yes, provide information related to amendment(s).

.....

13.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes No

13.31 If the response to 13.3 is yes, provide the nature of any waiver(s).

.....

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes No

15. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes No

16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes No

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes No

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.11 To directors or other officers	\$ _____
18.12 To stockholders not officers	\$ _____
18.13 Trustees, supreme or grand (Fraternal only)	\$ _____

GENERAL INTERROGATORIES

- 18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|--|----------|
| 18.21 To directors or other officers | | \$ _____ |
| 18.22 To stockholders not officers | | \$ _____ |
| 18.23 Trustees, supreme or grand (Fraternal only) | | \$ _____ |
- 19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 19.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|----------------------------|--|----------|
| 19.21 Rented from others | | \$ _____ |
| 19.22 Borrowed from others | | \$ _____ |
| 19.23 Leased from others | | \$ _____ |
| 19.24 Other | | \$ _____ |
- 20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 20.2 If answer is yes:
- | | | |
|--|--|----------|
| 20.21 Amount paid as losses or risk adjustment | | \$ _____ |
| 20.22 Amount paid as expenses | | \$ _____ |
| 20.23 Other amounts paid | | \$ _____ |
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 22.3)? Yes [] No [X]
- 22.2 If no, give full and complete information relating thereto:
 HELD BY CUSTODIAN REGIONS MORGAN KEEGAN TRUST

- 22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)

- 22.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [X]
- 22.5 If answer to 22.4 is yes, report amount of collateral. \$ _____
- 22.6 If answer to 22.4 is no, report amount of collateral. \$ _____
- 23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3.) Yes [] No [X]
- 23.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|--|----------|
| 23.21 Subject to repurchase agreements | | \$ _____ |
| 23.22 Subject to reverse repurchase agreements | | \$ _____ |
| 23.23 Subject to dollar repurchase agreements | | \$ _____ |
| 23.24 Subject to reverse dollar repurchase agreements | | \$ _____ |
| 23.25 Pledged as collateral | | \$ _____ |
| 23.26 Placed under option agreements | | \$ _____ |
| 23.27 Letter stock or securities restricted as to sale | | \$ _____ |
| 23.28 On deposit with state or other regulatory body | | \$ _____ |
| 23.29 Other | | \$ _____ |

GENERAL INTERROGATORIES

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X] N/A []
 If no, attach a description with this statement.

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year. \$ _____

26. Excluding items in Schedule E-Part 3-Special Deposits, 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, F – Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
REGIONS MORGAN KEEGAN	315 DEADERICK STREET, NASHVILLE TN 37237

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

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [] No [X]

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

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

26.05 Identify all investment advisors, broker/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 Central Registration Depository Number(s)	2 Name(s)	3 Address

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

GENERAL INTERROGATORIES

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 TOTAL		

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds	10,553,424	10,553,424	
28.2 Preferred stocks			
28.3 Totals	10,553,424	10,553,424	

28.4 Describe the sources or methods utilized in determining the fair values:

.....

.....

.....

29.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []

29.2 If no, list exceptions:

.....

.....

.....

OTHER

30.1 Amount of payments to Trade associations, service organizations and statistical or Rating Bureaus, if any? \$ 4,539,744

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
VESTICA	4,264,895

31.1 Amount of payments for legal expenses, if any? \$ 63,208

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Baker Donelson Bearman & Caldwell	51,719

GENERAL INTERROGATORIES

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$ _____

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding

.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ _____

1.62 Total incurred claims \$ _____

1.63 Number of covered lives _____

All years prior to most current three years:

1.64 Total premium earned \$ _____

1.65 Total incurred claims \$ _____

1.66 Number of covered lives _____

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ _____

1.72 Total incurred claims \$ _____

1.73 Number of covered lives _____

All years prior to most current three years:

1.74 Total premium earned \$ _____

1.75 Total incurred claims \$ _____

1.76 Number of covered lives _____

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ _____	\$ _____
2.2 Premium Denominator	\$ _____	\$ _____
2.3 Premium Ratio (2.1 / 2.2)		
2.4 Reserve Numerator	\$ _____	\$ _____
2.5 Reserve Denominator	\$ _____	\$ _____
2.6 Reserve Ratio (2.4 / 2.5)		

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []

5.2 If no, explain:

.....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ _____

5.32 Medical Only \$ _____ 100

5.33 Medicare Supplement \$ _____

5.34 Dental and vision \$ _____

5.35 Other Limited Benefit Plan \$ _____

5.36 Other \$ _____

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

.....

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
- 7.2 If no, give details

8. Provide the following information regarding participating providers:
- | | |
|--|-----|
| 8.1 Number of providers at start of reporting year | 380 |
| 8.2 Number of providers at end of reporting year | 584 |
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
- | | |
|---|--|
| 9.21 Business with rate guarantees between 15-36 months | |
| 9.22 Business with rate guarantees over 36 months | |
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | |
|---|----------|
| 10.21 Maximum amount payable bonuses | \$ _____ |
| 10.22 Amount actually paid for year bonuses | \$ _____ |
| 10.23 Maximum amount payable withholds | \$ _____ |
| 10.24 Amount actually paid for year withholds | \$ _____ |
- 11.1 Is the reporting entity organized as:
- | | |
|---|---|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such net worth.
 TENNESSEE

- 11.4 If yes, show the amount required. \$ 7,227,152
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
 UAHCTN'S TENNCARE REVENUE FOR 2007 TOTALED 252,968,048. THEREFORE THE CALCULATION IS AS FOLLOWS:
 $7,227,152 = (\$150,000,000 \times 4\%) + ((252,968,048 - 150,000,000) \times 1.5\%)$

12. List service areas in which reporting entity is licensed to operate:

1	
Name of Service Area	
TENNESSEE	
.....
.....

FIVE – YEAR HISTORICAL DATA

	1	2	3	4	5
	2008	2007	2006	2005	2004
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	18,259,346	20,897,878	13,808,172	12,637,932	12,850,424
2. Total liabilities (Page 3, Line 22)	5,159,669	5,756,058	2,108,878	1,400,013	1,178,466
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 31)	13,099,677	15,141,820	11,699,216	11,237,919	11,671,958
Income Statement (Page 4)					
5. Total revenues (Line 8)	13,445,186	6,492,358	360,956	538,850	585,216
6. Total medical and hospital expenses (Line 18)	10,000,606	5,197,686	(103,952)	(367,488)	(79,710)
7. Claims adjustment expenses (Line 20)	795,213	670,691		6,444,202	4,398,932
8. Total administrative expenses (Line 21)	3,307,458	(876,450)	(551,677)	(7,541,118)	(6,183,150)
9. Net underwriting gain (loss) (Line 24)	(658,091)	1,500,431	1,016,585	2,003,254	2,449,144
10. Net investment gain (loss) (Line 27)	659,168	795,631	638,027	172,925	197,364
11. Total other income (Lines 28 plus 29)		(1,497,816)			
12. Net income or (loss) (Line 32)	(417,309)	(179,143)	1,285,337	1,683,187	2,598,968
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(199,428)	3,165,865			
Risk-Based Capital Analysis					
14. Total adjusted capital		17,916,326	11,697,566	11,237,919	11,671,958
15. Authorized control level risk-based capital		5,157,293	316,774	838,579	838,549
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	804	106,005	110,534	122,260	130,298
17. Total members months (Column 6, Line 7)	1,002,447	1,275,167	1,418,559	1,545,179	1,552,662
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.4	91.0	100.0	215.0	73.8
20. Cost containment expenses		5.2			
21. Other claims adjustment expenses		6.5			
22. Total underwriting deductions (Line 23)	127.5	6489743.0	(655629.0)	(1998933.0)	
23. Total underwriting gain (loss) (Line 24)	(5.9)	2615.0	1016585.0	2003254.0	
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	2,040,663			(367,488)	
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	2,262,908				
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 53, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					



00000200843043110

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation **UAHC HEALTH PLAN OF TENNESSEE, INC**

2. **MEMPHIS, TENNESSEE**

(LOCATION)

NAIC Group Code **0000**

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2008

NAIC Company Code **00000**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	106,005							816	105,189	
2. First Quarter	102,168							848	101,320	
3. Second Quarter	101,034							839	100,195	
4. Third Quarter	97,744							845	96,899	
5. Current Year	804							804		
6. Current Year Member Months	1,002,447							10,013	992,434	
Total Member Ambulatory Encounters For Year:										
7. Physician	800,290							16,157	784,133	
8. Non-Physician	116,589							2,344	114,245	
9. Total	916,879							18,501	898,378	
10. Hospital Patient Days Incurred	242,420							11,910	230,510	
11. Number of Inpatient Admissions	7,934							311	7,623	
12. Health Premiums Written (b)	11,063,240							11,063,240		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,063,240							11,063,240		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	10,148,794							10,148,794		
18. Amount Incurred for Provision of Health Care Services	10,000,606							10,000,606		

29 TN

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,063,240 .



00000200843059110

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation UAHC HEALTH PLAN OF TENNESSEE, INC

2. MEMPHIS, TENNESSEE

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2008

NAIC Company Code 00000

29,GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	106,005							816	105,189	
2. First Quarter	102,168							848	101,320	
3. Second Quarter	101,034							839	100,195	
4. Third Quarter	97,744							845	96,899	
5. Current Year	804							804		
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,063,240							11,063,240		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	10,148,794							10,148,794		
18. Amount Incurred for Provision of Health Care Services	10,000,606							10,000,606		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,063,240.

NONE **Schedule S - Part 1 - Section 2**

NONE **Schedule S - Part 2**

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
92711	35-1817054	01/01/2008	HCC LIFE INSURANCE COMPANY	MINNEAPOLIS, MINNESOTA	SSL/A/G	76,855						
0299999	Authorized General Account – Non-Affiliates					76,855						
0399999	Total Authorized General Account					76,855						
0799999	Total Authorized and Unauthorized General Account					76,855						
(This section contains a large grid of empty rows for additional reinsurance entries.)												
1599999	Totals					76,855						

NONE Schedule S - Part 4

SCHEDULE S – PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1	2	3	4	5
	2008	2007	2006	2005	2004
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	77	59			
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	20				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S – PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	17,229,765		17,229,765
2. Accident and health premiums due and unpaid (Line 13)	816,797		816,797
3. Amounts recoverable from reinsurers (Line 14.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	212,784		212,784
6. Total assets (Line 26)	18,259,346		18,259,346
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,878,000		1,878,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	3,281,669		3,281,669
13. Total liabilities (Line 22)	5,159,669		5,159,669
14. Total capital and surplus (Line 31)	13,099,677	X X X	13,099,677
15. Total liabilities, capital and surplus (Line 32)	18,259,346		18,259,346
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Ttle XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	L		11,063,240					11,063,240	
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CN	N								
58. Aggregate other alien	OT	X X X								
59. Subtotal		X X X		11,063,240					11,063,240	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Totals (Direct Business)	(a) 1			11,063,240					11,063,240	

DETAILS OF WRITE-INS										
5801.		X X X								
5802.		X X X								
5803.		X X X								
5898. Summary of remaining write-ins for Line 58 from overflow page		X X X								
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		X X X								

Explanation of basis of allocation by states, premiums by state, etc.

.....

.....

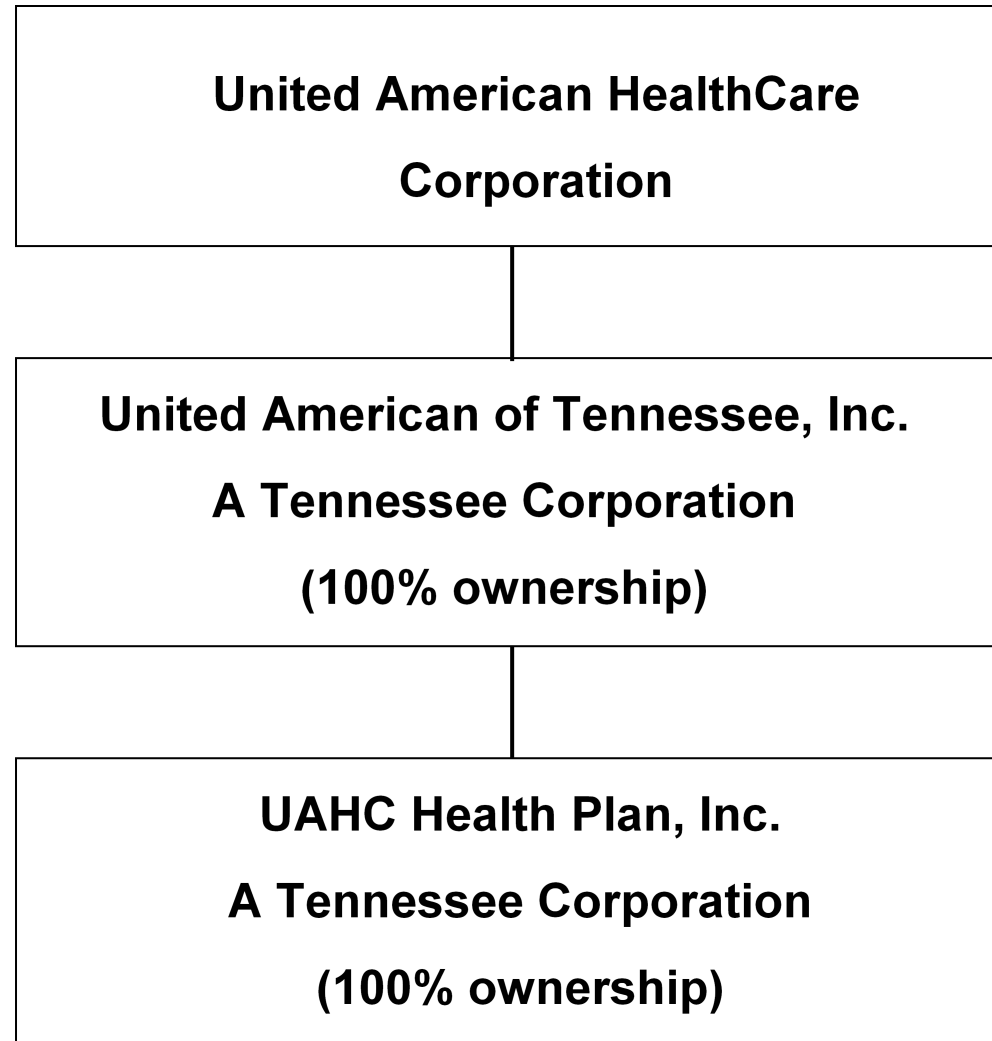
.....

(a) Insert the number of L responses except for Canada and Other Alien.

NONE Schedule T - Part 2

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	WAIVED
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	WAIVED
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	WAIVED
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	WAIVED
JUNE FILING	
8. Will an audited financial report be filed by June 1?	WAIVED

The following supplemental reports are required to be filed as part of your annual 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 supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

Explanation:

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



200842000000



200837000000



200833000000



200821300000



200837100000



200836500000



200821100000

OVERFLOW PAGE FOR WRITE-INS

Page 3 - Continuation

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
REMAINING WRITE-INS AGGREGATED AT LINE 21 FOR OTHER LIABILITIES				
2104. DUE TO/(FROM) STATE/MEDICAL	125,101		125,101	419,353
2105.				
2106.				
2107.				
2108.				
2109.				
2110.				
2111.				
2112.				
2113.				
2114.				
2115.				
2116.				
2117.				
2118.				
2119.				
2120.				
2121.				
2122.				
2121.				
2124.				
2125.				
2197. Totals (Lines 2104 through 2125) (Page 3, Line 2198)	125,101		125,101	419,353

OVERFLOW PAGE FOR WRITE-INS

Page 14 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR EXPENSES					
2504. CHARITABLE EXPENSE			7,550		7,550
2505. PAYROLL SERVICE EXPENSE			8,227		8,227
2506. SERVICE FEE EXPENSE			760		760
2507. EQUIPMENT RENTAL EXPENSE			4,827		4,827
2508. REPAIRS & MAINTENANCE SUPPLIES EXPENSE	550		47,034		47,584
2509. NON-CAPITALIZED EXPENSE	174		8,448		8,622
2510. MISC EXPENSE (A/P DEFAULT SET UP)			20,828		20,828
2511. MEDICAL CONSULTING EXPENSE	309,169				309,169
2512.					
2513.					
2514.					
2515.					
2516.					
2517.					
2518.					
2519.					
2520.					
2521.					
2522.					
2523.					
2524.					
2525.					
2597. Totals (Lines 2504 through 2525) (Page 14, Line 2598)	309,893		97,674		407,567

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities	45,000	0.26	45,000	0.26
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies				
1.22 Issued by U.S. government sponsored agencies				
1.3 Foreign government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations				
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations				
1.44 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA				
1.512 Issued or guaranteed by FNMA and FHLMC				
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	10,508,424	60.99	10,508,424	60.99
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521				
1.523 All other				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)				
2.2 Unaffiliated foreign securities				
2.3 Affiliated securities				
3. Equity interests:				
3.1 Investments in mutual funds				
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated				
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company				
5.2 Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)				
5.3 Property held for sale (including \$ 0 property acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities				
8. Cash, cash equivalents and short-term investments	6,676,341	38.75	6,676,341	38.75
9. Other invested assets				
10. Total invested assets	17,229,765	100.00	17,229,765	100.00

NONE Schedule A and B Verification

SCHEDULE BA - VERIFICATION BETWEEN YEARS**Other Long-Term Invested Assets**

1. Book/adjusted carrying value, December 31 of prior year	_____	_____
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8)	_____	_____
2.2 Additional investment made after acquisition (Part 2, Column 9)	_____	_____
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 16	_____	_____
3.2 Totals, Part 3, Column 12	_____	_____
4. Accrual of discount	_____	_____
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13	_____	_____
5.2 Totals, Part 3, Column 9	_____	_____
6. Total gain (loss) on disposals, Part 3, Column 19	_____	_____
7. Deduct amounts received on disposals, Part 3, Column 16	_____	_____
8. Deduct amortization of premium and depreciation	_____	_____
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17	_____	_____
9.2 Totals, Part 3, Column 14	_____	_____
10. Deduct current year's other than temporary impairment recognized:		
10.1 Totals, Part 1, Column 15	_____	_____
10.2 Totals, Part 3, Column 11	_____	_____
11. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	_____	_____
12. Deduct total nonadmitted amounts	_____	_____
13. Statement value at end of current period (Line 11 minus Line 12)	_____	_____

SCHEDULE D - VERIFICATION BETWEEN YEARS**Bonds and Stocks**

1. Book/adjusted carrying value, December 31 of prior year	_____	9,607,095
2. Cost of bonds and stocks acquired, Column 7, Part 3	_____	12,363,747
3. Accrual of discount	_____	_____
4. Unrealized valuation increase (decrease):		
4.1 Column 12, Part 1	_____	(12,153)
4.2 Column 15, Part 2, Section 1	_____	_____
4.3 Column 13, Part 2, Section 2	_____	_____
4.4 Column 11, Part 4	_____	(12,153)
5. Total gain (loss) on disposals, Column 19, Part 4	_____	_____
6. Deduction consideration for bonds and stocks disposed of, Column 7, Part 4	_____	11,405,265
7. Deduct amortization of premium	_____	_____
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Column 15, Part 1	_____	_____
8.2 Column 19, Part 2, Section 1	_____	_____
8.3 Column 16, Part 2, Section 2	_____	_____
8.4 Column 15, Part 4	_____	_____
9. Deduct current year's other than temporary impairment recognized:		
9.1 Column 14, Part 1	_____	_____
9.2 Column 17, Part 2, Section 1	_____	_____
9.3 Column 14, Part 2, Section 2	_____	_____
9.4 Column 13, Part 4	_____	_____
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	_____	10,553,424
11. Deduct total nonadmitted accounts	_____	_____
12. Statement value at end of current period (Line 10 minus Line 11)	_____	10,553,424

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	10,553,424	10,553,424	10,531,649	10,513,955
	2. Canada				
	3. Other Countries				
	4. Totals	10,553,424	10,553,424	10,531,649	10,513,955
States, Territories and Possessions (Direct and guaranteed)	5. United States				
	6. Canada				
	7. Other Countries				
	8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States				
	10. Canada				
	11. Other Countries				
	12. Totals				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States				
	14. Canada				
	15. Other Countries				
	16. Totals				
Public Utilities (unaffiliated)	17. United States				
	18. Canada				
	19. Other Countries				
	20. Totals				
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States				
	22. Canada				
	23. Other Countries				
	24. Totals				
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	10,553,424	10,553,424	10,531,649	10,513,955
PREFERRED STOCKS					
Public Utilities (unaffiliated)	27. United States				
	28. Canada				
	29. Other Countries				
	30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	31. United States				
	32. Canada				
	33. Other Countries				
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States				
	36. Canada				
	37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS					
Public Utilities (unaffiliated)	41. United States				
	42. Canada				
	43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States				
	46. Canada				
	47. Other Countries				
	48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States				
	50. Canada				
	51. Other Countries				
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals				
	54. Total Common Stocks				
	55. Total Stocks				
	56. Total Bonds and Stocks	10,553,424	10,553,424	10,531,649	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, (Group 1)											
1.1 Class 1	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
2. All Other Governments, (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions, etc., Guaranteed, (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, etc., Guaranteed, (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

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SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	(d) 2,981,264	7,572,160				10,553,424	100.000	X X X	X X X		
10.2 Class 2	(d)							X X X	X X X		
10.3 Class 3	(d)							X X X	X X X		
10.4 Class 4	(d)							X X X	X X X		
10.5 Class 5	(d)					(c)		X X X	X X X		
10.6 Class 6	(d)					(c)		X X X	X X X		
10.7 Totals	2,981,264	7,572,160				(b) 10,553,424	100.000	X X X	X X X		
10.8 Line 10.7 as a % of Col. 6	28.249	71.751				100.000	X X X	X X X	X X X		
11. Total Bonds Prior Year											
11.1 Class 1	6,193,687	3,413,407				X X X	X X X	9,607,094	100.000	9,607,094	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 Totals	6,193,687	3,413,407				X X X	X X X	(b) 9,607,094	100.000	9,607,094	
11.8 Line 11.7 as a % of Col. 8	64.470	35.530				X X X	X X X	100.000	X X X	100.000	
12. Total Publicly Traded Bonds											
12.1 Class 1								9,607,094	100.000		X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 Totals								9,607,094	100.000		X X X
12.8 Line 12.7 as a % of Col. 6							X X X	X X X	X X X		X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X		X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X		X X X
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X		X X X

S07

(a) Includes \$ 0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 0 current year, \$ 0 prior year of bonds with Z designations and \$ 0 current year, \$ 0 prior year of bonds with Z* designations. The letter 'Z' means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5* designations and \$ 0 current year, \$ 0 prior year of bonds with 6* designations. '5*' means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. '6*' means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, (Group 1)											
1.1 Issuer Obligations	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals	2,981,264	7,572,160				10,553,424	100.000	9,607,094	100.000		
2. All Other Governments, (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
5.5 Defined											
5.6 Other											
5.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined											
9.6 Other											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	2,981,264	7,572,160				10,553,424	100.000	X X X	X X X		
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES								X X X	X X X		
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 Totals	2,981,264	7,572,160				10,553,424	100.000	X X X	X X X		
10.8 Line 10.7 as a % of Col. 6	28.249	71.751				100.000	X X X	X X X	X X X		
11. Total Bonds Prior Year											
11.1 Issuer Obligations	6,193,687	3,413,407				X X X	X X X	9,607,094	100.000	9,607,094	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						X X X	X X X				
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 Totals	6,193,687	3,413,407				X X X	X X X	9,607,094	100.000	9,607,094	
11.8 Line 11.7 as a % of Col. 8	64.470	35.530				X X X	X X X	100.000	X X X	100.000	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations								9,607,094	100.000		X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											X X X
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
12.5 Defined											X X X
12.6 Other											X X X
12.7 Totals								9,607,094	100.000		X X X
12.8 Line 12.7 as a % of Col. 6							X X X	X X X	X X X		X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X		X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										X X X	
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

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SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-Term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	1,825,709			1,825,709	
2. Cost of short-term investments acquired	5,677,221			5,677,221	
3. Accrual of discount					
4. Unrealized valuation increase (decrease)					
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals	2,758,196			2,758,196	
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)	4,744,734			4,744,734	
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	4,744,734			4,744,734	

SM11

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: _____.

- NONE Schedule DB - Part A and B Verification**
- NONE Schedule DB - Part C, D and E Verification**
- NONE Schedule DB - Part F - Section 1**
- NONE Schedule DB - Part F - Section 2**
- NONE Schedule E Verification**
- NONE Schedule A - Part 1**
- NONE Schedule A - Part 2**
- NONE Schedule A - Part 3**
- NONE Schedule B - Part 1**
- NONE Schedule B - Part 2**
- NONE Schedule B - Part 3**
- NONE Schedule BA - Part 1**
- NONE Schedule BA - Part 2**
- NONE Schedule BA - Part 3**

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	Change in Book/Adjusted Carrying Value					Interest					Dates	
		3	4	5			8	9		11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F o r e i g n	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Maturity
912828-FP-O	UNITED STATES TREASURY					45,000	102.723	46,225	45,000	46,225	1,225				4.875	4.875			2,194	08/03/2006	08/15/2009
3133XP-BG-8	FEDERAL FARM CREDIT BANK					915,000	100.156	916,427	915,000	916,427	1,427				3.500	3.500			16,013	01/30/2008	01/30/2012
3133XP-FC-3	FEDERAL HOME LOAN BANK					100,000	100.188	100,188	100,000	100,188	188				3.300	3.300			1,650	02/04/2008	02/04/2011
3133XP-E2-6	FEDERAL HOME LOAN BANK					450,000	100.188	450,846	450,000	450,846	846				3.570	3.570			8,033	02/04/2008	08/04/2011
31331Y-R5-	FEDERAL FARM CREDIT BANK					1,000,000	100.469	1,004,690	1,000,000	1,004,690	4,690				3.150	3.150			15,750	03/31/2008	03/24/2011
3128X6-A8-9	FEDERAL HOME MORTGAGE CO					1,008,395	100.124	1,001,240	1,000,000	1,001,240	1,240				4.125	4.125			19,600	01/22/2008	01/22/2013
31331V-Q3-	FEDERAL FARM CREDIT BANK					382,032	100.313	380,186	379,000	380,186	1,186				5.200	5.200			9,854	05/07/2008	01/30/2013
31331Y-V3-1	FEDERAL FARM CREDIT BANK					1,005,313	101.063	1,010,630	1,000,000	1,010,630	10,630				5.150	5.150				07/29/2008	06/05/2015
31331Y-F9-6	FEDERAL FARM CREDIT BANK					25,870	100.031	26,008	26,000	26,008	8				4.500	4.500			585	04/22/2008	04/22/2014
31331G-EY-1	FEDERAL FARM CREDIT BANK					1,000,000	100.313	1,003,130	1,000,000	1,003,130	3,130				4.050	4.050				11/06/2008	05/06/2011
31331G-EE-5	FEDERAL FARM CREDIT BANK					1,000,000	101.781	1,017,810	1,000,000	1,017,810	17,810				3.400	3.400				11/20/2008	11/01/2012
31331G-GE-3	FEDERAL FARM CREDIT BANK					265,000	99.813	264,504	265,000	264,504	(496)				3.200	3.200				12/12/2008	12/12/2011
31331G-GU-7	FEDERAL FARM CREDIT BANK					200,000	99.125	198,250	200,000	198,250	(1,750)				4.000	4.000				12/23/2008	12/23/2013
31331GH-W2-	FEDERAL FARM CREDIT BANK					200,000	99.125	198,250	200,000	198,250	(1,750)				2.375	2.375				12/30/2008	12/01/3011
000000-00-0	SUNTRUST -CD					433,955	100.000	433,955	433,955	433,955					4.400	4.400				12/07/2007	01/07/2009
000000-00-	THE COMMUNITY BANK -CDS					2,501,084	100.000	2,501,085	2,500,000	2,501,085	1,084				2.260	2.260				10/09/2008	04/09/2009
0199999	Issuer Obligations					10,531,649	X X X	10,553,424	10,513,955	10,553,424	39,468				X X X	X X X	X X X		73,679	X X X	X X X
0399999	Subtotals - U.S. Governments					10,531,649	X X X	10,553,424	10,513,955	10,553,424	39,468				X X X	X X X	X X X		73,679	X X X	X X X
5499999	Totals - Issuer Obligations					10,531,649	X X X	10,553,424	10,513,955	10,553,424	39,468				X X X	X X X	X X X		73,679	X X X	X X X
6099999	Total Bonds					10,531,649	X X X	10,553,424	10,513,955	10,553,424	39,468				X X X	X X X	X X X		73,679	X X X	X X X

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NONE **Schedule D - Part 2 - Section 1**

NONE **Schedule D - Part 2 - Section 2**

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Ident- ification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
3133XP-BG-8	Bond at Regions Bank		01/30/2008	FEDERAL FARM CREDIT BANK		915,000	915,000.00	16,013
3133XP-FC-3	Bond at Regions Bank		02/04/2008	FEDERAL HOME LOAN BANK		100,000	100,000.00	1,650
3133XP-E2-6	Bond at Regions Bank		02/04/2008	FEDERAL HOME LOAN BANK		450,000	450,000.00	8,033
31331Y-YR-5	Bond at Regions Bank		03/31/2008	FEDERAL FARM CREDIT BANK		1,000,000	1,000,000.00	15,750
3128X6-A8-9	Bond at Regions Bank		01/22/2008	FEDERAL HOME MORTGAGE CORP		1,008,395	1,000,000.00	19,600
31331V-PQ-3	Bond at Regions Bank		05/07/2008	FEDERAL FARM CREDIT BANK		382,032	379,000.00	9,854
31331Y-V3-1	Bond at Regions Bank		07/29/2008	FEDERAL FARM CREDIT BANK		1,005,313	1,000,000.00	
31331Y-F9-6	Bond at Regions Bank		04/22/2008	FEDERAL FARM CREDIT BANK		25,870	26,000.00	585
31331G-EY-1	Bond at Regions Bank		11/06/2008	FEDERAL FARM CREDIT BANK		1,000,000	1,000,000.00	
31331G-EE-5	Bond at Regions Bank		11/20/2008	FEDERAL FARM CREDIT BANK		1,000,000	1,000,000.00	
31331G-GE-3	Bond at Regions Bank		12/12/2008	FEDERAL FARM CREDIT BANK		265,000	265,000.00	
31331G-GU-7	Bond at Regions Bank		12/23/2008	FEDERAL FARM CREDIT BANK		200,000	200,000.00	
31331G-HW-2	Bond at Regions Bank		12/30/2008	FEDERAL FARM CREDIT BANK		200,000	200,000.00	
0399999	Subtotal - Bonds - U. S. Government				X X X	7,551,610	7,535,000.00	71,485
6099997	Subtotal - Bonds - Part 3				X X X	7,551,610	7,535,000.00	71,485
6099998	Summary Item from Part 5 for Bonds				X X X	4,812,137		
6099999	Total - Bonds				X X X	12,363,747	7,535,000.00	71,485
7499999	Totals				X X X	12,363,747	X X X	71,485

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SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										11	12	13	14	15						
CUSIP Identification	Description	Forfeiture	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date
3133MU-WA-9	FEDERAL HOME LOAN BANK - BO		01/24/2008	FEDERAL HOME L		1,405,000	1,405,000.00	1,406,757	1,404,129	2,628			2,628		1,404,129					01/24/2008
3136F6-TV-1	FANNIE MAE		01/18/2008	FANNIE MAE		1,000,000	1,000,000.00	993,125	999,690	6,565			6,565		999,690					01/18/2008
3133MX-LF-4	FEDERAL HOME LOAN BANK		01/29/2008	FEDERAL HOME L		915,000	915,000.00	913,856	915,000	1,144			1,144		915,000					01/01/2010
3133F0-ZQ-5	FEDERAL HOME LOAN MORTGA		01/31/2008	FEDERAL HOME L		400,000	400,000.00	395,813	399,748	3,935			3,935		399,748					01/15/2010
3133XA-P5-0	FEDERAL HOME LOAN MORTGA		01/31/2008	FEDERAL HOME L		50,000	50,000.00	49,531	50,000	469			469		50,000					03/02/2009
31331Q-JH-1	FEDERAL FARM CREDIT BANK		02/01/2008	FEDERAL FARM CR		1,000,000	1,000,000.00	992,188	1,000,000	8,281			8,281		1,000,000					11/18/2009
31339X-M3-5	FEDERAL HOME LOAN BANK		03/31/2008	FEDERAL HOME L		1,000,000	1,000,000.00	973,438	993,750	20,312			20,312		993,750					04/28/2009
3133X5-YC-6	FEDERAL HOME LOAN BANK		02/11/2008	FEDERAL HOME L		200,000	200,000.00	198,500	198,938	1,500			1,500		200,000					10/15/2008
3128X2-L2-9	FREDDIE MAC		03/17/2008	FREDDIE MAC		200,000	200,000.00	201,875	199,980	1,895			1,895		199,980					03/15/2010
3128X0-4M-8	FEDERAL HOME LOAN BANK		04/17/2008	FEDERAL HOME L		1,000,000	1,000,000.00	985,625	997,180	11,555			11,555		997,180					04/17/2008
3136F8-N3-5	FANNIE MAE		07/27/2008	FANNIE MAE		1,362,989	1,405,000.00	1,405,000	1,374,273	(42,011)			(42,011)		1,374,273					01/28/2013
31398A-NC-2	FANNIE MAE		07/29/2008	FANNIE MAE		994,583	1,000,000.00	998,438	991,560	(3,855)			(3,855)		991,560					02/11/2011
000000-00-	SUNTRUST CD'S		07/25/2008	SUNTRUST		1,877,693	1,600,000.00	1,600,000	1,600,000	277,693			277,693		1,600,000					07/22/2008
3133X6-Q7-4	FEDERAL HOME LOAN BANK	0	02/07/2008	FEDERAL HOME L		100,000	100,000.00	98,749	100,000	2,103			2,103		100,000					04/28/2009
3133XK-WD-3	FEDERAL HOME LOAN BANK		12/08/2008	FEDERAL HOME L		265,000	265,000.00	265,000	268,479						265,167					12/08/2012
0399999	Subtotal - Bonds - U.S. Governments				X X X	11,770,265	11,540,000.00	11,477,895	11,492,727	292,214			292,214		11,490,477					X X X
6099997	Subtotal - Bonds - Part 4				X X X	11,770,265	11,540,000.00	11,477,895	11,492,727	292,214			292,214		11,490,477					X X X
6099998	Summary Item from Part 5 for Bonds				X X X	4,762,772		4,812,137	0						4,766,703		(49,365)	(49,365)		X X X
6099999	Total - Bonds				X X X	16,533,037	11,540,000.00	16,290,032	11,492,727	292,214			292,214		16,257,180		(49,365)	(49,365)		X X X
7499999	Totals					16,533,037	X X X	16,290,032	11,492,727	292,214			292,214		16,257,180		(49,365)	(49,365)		X X X

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NONE Schedule D - Part 6 - Section 1 and 2

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book / Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				12 Par Value	13 Actual Cost	Interest					20 Paid for Accrued Interest	
	2 Cod	3 gn					8 Unrealized Valuation Increase / (Decrease)	9 Current Year's (Amortization) Accretion	10 Current Year's Other Than Temporary Impairment Recognized	11 Total Foreign Exchange Change in B./A.C.V.			14 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	15 Non-Admitted Due And Accrued	16 Rate of	17 Effective Rate of	18 When Paid		19 Amount Received During Year
Commercial Paper BFPP Cusip#11563V			10/28/2008	Suntrust	01/14/2009	937,994					943,000	937,994	4,028		2.300	2.300			
Commercial Paper GECC Cusip#36959H			07/28/2008	Suntrust	01/26/2009	926,183					939,000	926,183	10,727		2.700	2.700			
Commercial Paper GECC Cusip#36959			09/18/2008	Suntrust	01/16/2009	991,733					1,000,000	991,733	7,069		2.480	2.480			
Certificate of Deposits			07/05/2008	Suntrust	02/05/2009	1,335,593					1,335,593	1,335,593	30,680		4.400	4.400			
Certificate of Deposits			07/18/2008	Landmark Community	07/18/2009	553,231					553,231	553,231	9,257		3.800	3.800			
8199999 Other Short-Term Invested Assets						4,744,734					X X X	4,744,734	61,761		X X X	X X X	X X X		
8299999 TOTALS						4,744,734					X X X	4,744,734	61,761		X X X	X X X	X X X		

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- NONE** **Schedule DB - Part A - Section 1 and 2**
- NONE** **Schedule DB - Part A - Section 3 and Part B - Section 1**
- NONE** **Schedule DB - Part B - Section 2 and 3**
- NONE** **Schedule DB - Part C - Section 1 and 2**
- NONE** **Schedule DB - Part C - Section 3 and Part D - Section 1**
- NONE** **Schedule DB - Part D - Section 2 and 3**
- NONE** **Schedule DB - Part E - Section 1**

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
OPEN DEPOSITORIES						
REGIONS BANK - HMO OPERATING MEMPHIS, TN		1.635	103,408		254,634	
REGIONS BANK - ASO OPERATING MEMPHIS, TN					82,376	
REGIONS BANK - MEDICARE OPERATING MEMPHIS, TN		1.635	91,540		1,453,132	
REGIONS BANK - SUBROGATION MEMPHIS, TN					122,129	
SUNTRUST BANK MEMPHIS, TN					19,336	
0199998 Deposits in () depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	X X X	X X X				X X X
0199999 Totals - Open Depositories	X X X	X X X	194,948		1,931,607	X X X
SUSPENDED DEPOSITORIES						
0299998 Deposits in () depositories that do not exceed the allowable limit in any one depository (See Instructions) - Suspended Depositories	X X X	X X X				X X X
0299999 Totals - Suspended Depositories	X X X	X X X				X X X
0399999 Total Cash on Deposit	X X X	X X X	194,948		1,931,607	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X		X X X
0599999 Total Cash	X X X	X X X	194,948		1,931,607	X X X

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	6,701,177	4. April	6,543,243	7. July	6,518,123	10. October	4,792,261
2. February	8,068,030	5. May	6,775,066	8. August	7,535,155	11. November	2,926,641
3. March	6,115,015	6. June	6,531,951	9. September	6,673,367	12. December	1,931,607

NONE **Schedule E - Part 2**

NONE **Schedule E - Part 3**



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SUPPLEMENTAL COMPENSATION EXHIBIT
For the Year Ended December 31, 2008 (To Be Filed by March 1)

PART 1 – INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: yes no. If yes, do the amounts below represent
 - 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes []; or 2) allocation to each insurer: Yes [].

2. Did any person while an officer, director, or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [] No []

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [] No []

PART 2 — OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	Annual Compensation			
		3 Salary	4 Bonus	5 Compensation	6 Totals
Chief Executive Officer - STEPHANIE DOWELL	2008	270,569			270,569
	2007	245,723			245,723
	2006				
1. STEPHEN HARRIS CHIEF FINANCIAL OFFICER	2008	274,000			274,000
	2007	242,500			242,500
	2006				
2. EDWARD REED SENIOR VICE PRESIDENT-MEDICAL SERVICES	2008				
	2007				
	2006	102,543			102,543
3. STACEY HILL VICE PRESIDENT MIS	2008	50,732			50,732
	2007	132,456			132,456
	2006	122,448			122,448
4. MYLA JOHNSON VICE PRESIDENT-MEDICAL SERVICES	2008	71,510			71,510
	2007	125,440			125,440
	2006	115,591			115,591
5.	2008				
	2007				
	2006				
6.	2008				
	2007				
	2006				
7.	2008				
	2007				
	2006				
8.	2008				
	2007				
	2006				
9.	2008				
	2007				
	2006				
10.	2008				
	2007				
	2006				

PART 3 — DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals
1. GROVER BARNES MD	4,000		4,000
2. LOGAN MILLER MD	4,250		4,250
3. KINGSLEY ORAEDU MD	3,250		3,250
4. NEAL BECKFORD MD	1,500		1,500
5. RICKY WILKINS	2,000		2,000
6. JULIUS COMBS MD	1,414		1,414
7. THOMAS GOSS	3,840		3,840
8. GRISELLE FIGUEREDO MD	2,000		2,000
9. STANLEY SAWYER	3,250		3,250
10. SAMUEL KING	3,000		3,000
11. LLYOD ROBINSON	3,450		3,450
12. RICHARD BROWN	550		550
13.			
14.			
15.			
16.			
17.			
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25.			



0000200836500000

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000

NAIC Company Code

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

UAHC Health of Tennessee, Inc
NAIC 2008 Annual Statement
MLR to NAIC Reconciliation

Medical Expenses Per NAIC:	
Statement of Revenue and Expenses- Page 4, Line 16	-
Add: Reinsurance Ceded from U & I Exhibit, Page 8, Line 15	-
Total	<u>-</u>
Total Medical Expenses Paid per 12/31/08 MLR	
January-December, 2008	
Lag Timing Adjustment	
Less: IBNR as of 12/31/08	-
	-
	<u>-</u>
	-
Unreconciled difference	<u><u>-</u></u>

MEDICAL LOSS RATIO REPORT
ALL REGIONS

MCO																											
UAHC Health Plan, Inc.																											
Reporting Month																											
Decembberr 2008 (pymts for DOS 06/30/02 & prior)																											
	2000						2001						For the Year Ended 6/30 6/30/2001	2001						2002						For the Year Ended 6/30 6/30/2002	
	Incurred Month						Incurred Month							Incurred Month						Incurred Month							
	July	August	September	October	November	December	January	February	March	April	May	June		July	August	September	October	November	December	January	February	March	April	May	June		
Enrollment	46,440	48,006	48,686	49,776	50,163	51,092	50,984	51,061	48,028	53,117	53,117	55,504		75,104	76,324	77,410	77,914	78,807	79,739	75,032	105,886	121,541	122,018	120,330	120,054	1,130,159	
TennCare Capitation Payment	6,894,792	7,269,628	7,294,441	7,519,336	7,573,081	7,809,249	7,557,194	7,569,170	7,665,545	7,943,588	8,184,011	8,342,914	91,622,951	11,078,169	10,937,453	11,014,685	10,914,056	11,216,705	11,400,419	10,661,507	14,468,546	17,026,493	17,226,598	16,843,838	16,872,878	159,661,348	
Payments for Medical Services for the Month																											
UB 92 Payments by the Claims Processing System	3,062,990	2,816,337	2,721,351	2,856,959	3,121,884	2,604,113	3,768,701	2,877,694	2,404,305	2,503,010	3,165,761	4,463,875	36,366,979	4,791,258	5,629,220	4,768,100	6,011,407	5,757,499	5,688,716	5,895,840	5,971,937	8,268,569	8,346,370	8,632,633	9,655,525	79,417,074	
HCFA1500 Payments by the Claims Processing System	1,384,825	1,535,180	1,459,501	1,495,246	1,024,238	1,264,644	1,605,246	2,316,429	2,658,058	2,729,720	1,689,443	1,728,286	20,890,816	2,002,413	2,599,226	2,483,289	2,848,270	2,721,294	2,621,617	2,925,634	3,187,710	3,973,700	4,355,370	4,458,564	4,233,697	38,410,784	
Dental Payments by the Claims Processing System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Capitation Payments	459,900	464,935	465,990	472,377	481,853	494,108	370,166	364,811	391,475	392,608	357,423	375,316	5,090,961	405,783	286,006	628,645	606,629	585,309	561,056	560,542	615,894	898,333	862,915	859,101	676,269	7,546,482	
Pharmacy Payments	852,411	788,015	1,001,384	793,825	978,307	891,440	1,284,218	924,000	943,092	937,321	1,170,720	903,155	11,467,888	1,408,399	1,264,044	1,318,471	1,818,243	1,510,762	1,624,203	1,967,811	2,077,281	2,552,856	2,493,448	2,969,831	2,383,515	23,388,863	
Subcontractor Payments for Medical Services	134,538	158,690	145,956	79,591	224,665	128,988	97,028	103,209	145,942	126,985	102,567	134,332	1,582,491	103,687	392,122	201,140	197,917	197,661	199,406	187,580	264,715	303,853	387,143	382,923	680,502	3,498,649	
Reinsurance Payment	17,647	23,523	23,856	24,390	26,381	62,298	27,022	27,062	25,455	28,152	28,152	29,417	343,356	63,599	48,084	48,862	49,086	49,648	38,064	38,514	34,417	67,869	64,442	59,165	57,304	619,054	
Other Payments/Adjustments to Medical Costs	2,183	253,932	252,825	251,573	252,301	102,783	2,306	6,565	1,828	39,344	27,707	8,792	1,202,140	41,905	64,516	59,020	10,081	42,583	96,395	7,361	20,512	61,505	49,500	70,334	452,555	976,268	
Less:																											
BHO Capitation Revenue													0														0
Pharmacy Rebates												1,452	1,452	55,668	55,668	55,668	63,538	63,538	63,538	82,707	82,707	82,707	102,559	102,559	102,559	913,414	
Recoveries not Reflected in Payments by the Claims System													0														0
Total Payments for the month	5,914,495	6,040,611	6,070,864	5,973,960	6,109,629	5,548,374	7,154,687	6,619,770	6,570,156	6,757,139	6,541,772	7,641,721	76,943,178	8,761,377	10,227,551	9,451,859	11,478,096	10,801,219	10,765,920	11,500,574	12,089,759	16,043,976	16,456,629	17,329,992	18,036,808	152,943,761	
Remaining IBNR for the month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Payments and Remaining IBNR for the month	5,914,495	6,040,611	6,070,864	5,973,960	6,109,629	5,548,374	7,154,687	6,619,770	6,570,156	6,757,139	6,541,772	7,641,721	76,943,178	8,761,377	10,227,551	9,451,859	11,478,096	10,801,219	10,765,920	11,500,574	12,089,759	16,043,976	16,456,629	17,329,992	18,036,808	152,943,761	
Medical Loss Ratio	85.8%	83.1%	83.2%	79.4%	80.7%	71.0%	94.7%	87.5%	85.7%	85.1%	79.9%	91.6%	84.0%	79.1%	93.5%	85.8%	105.2%	96.3%	94.4%	107.9%	83.6%	94.2%	95.5%	102.9%	106.9%	95.8%	

UAHC Health of Tennessee, Inc
NAIC 2008 Annual Statement
MFT to NAIC Reconciliation

Medical Expenses Per NAIC:

Statement of Revenue and Expenses- Page 2A, Line 24	197,512,289
Add: Reinsurance Ceded from U & I Exhibit, Page 8, Line 15	<u>-</u>
Total	<u>197,512,289</u>

Total Medical Expenses Paid per 12/31/08 MFT

January-December, 2008 for Facility	129,662,092
January-December, 2008 for Physician	62,764,789
Primary Care - Caps	4,594,466
CHA - Transportation	158,288
Appeals - Other	<u>15,389</u>
Total	<u>197,195,024</u>

Unreconciled difference	<u><u>(317,265)</u></u>	-0.1609%
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MEDICAL FUND MONITORING REPORT
GRAND REGION - WEST

MCO

UAHC Health Plan of TN		2007						For the Year	2007						2008						For the Year	2008						For the Year
Reporting Month		Incurred Month						Ending	Incurred Month						Incurred Month						Ending	Incurred Month						Ending
December, 2008		January	February	March	April	May	June	6/30/2007	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2008	July	August	September	October	6/30/2009		
Enrollment		112,604	111,774	110,612	110,074	109,138	108,492	1,370,193	108,059	107,766	107,624	107,419	106,814	106,397	105,709	105,171	104,725	103,720	102,428	101,386	1,267,218	100,130	99,021	99,161	98,376	396,688		
TennCare Medical Fund Target		10,603,731	10,520,064	10,408,886	10,353,609	10,267,979	10,211,170	129,251,520	10,166,720	10,143,096	10,132,637	10,120,626	10,072,305	10,044,819	9,990,073	9,945,139	9,901,442	9,784,533	9,637,430	9,516,812	119,455,632	9,362,831	9,226,426	9,204,095	9,110,180	36,903,531		
Payments for Medical Services for the Month																												
UB 92 Payments by the Claims Processing System		12,395,563	11,106,710	11,218,842	11,222,792	11,154,769	10,852,185	135,287,451	11,841,093	11,628,372	11,084,659	11,533,115	11,294,012	11,154,064	12,575,261	10,909,672	11,247,378	11,313,588	11,320,777	11,167,252	137,069,243	10,961,769	10,652,428	9,852,006	8,988,046	40,454,249		
HCFA1500 Payments by the Claims Processing System		5,763,228	5,318,404	5,779,627	5,527,477	5,702,143	5,449,694	67,363,613	5,441,514	6,280,647	5,431,695	6,033,333	5,391,939	5,195,868	6,103,240	5,625,028	5,509,987	5,700,305	5,269,305	5,110,241	67,093,103	5,704,485	5,732,525	5,626,457	5,376,410	22,439,877		
Dental Payments by the Claims Processing System								0												0					0			
Capitation Payments		494,267	478,875	465,612	485,384	465,095	473,122	5,931,210	470,432	461,298	466,927.78	482,146	472,381	468,880	479,228	471,314	470,282	463,981	453,465	459,655	5,619,990	446,698	452,940	453,733	443,170	1,796,540		
Pharmacy Payments								0												0					0			
Subcontractor Payments for Medical Services		17,578	0	16,990	34,654	16,741	16,618	210,052	16,839	16,471	28,503.76	16,921	16,345	16,512	16,724	16,110	16,007	15,828	15,664	15,829	207,754	15,275	15,636	15,802	15,412	62,126		
Reinsurance Payment								0												0					0			
Other Payments/Adjustments to Medical Costs		1,006	685	598	4,493	371	0	23,407	584	1,866.73	753.00	1,280	341	2,155	928	890	1,568	406	100	561	11,432	1,897	653.64	1,662	6,725	10,937		
Less:																												
BHO Capitation Revenue								0												0					0			
Pharmacy Rebates								0												0					0			
Recoveries not Reflected in Payments by the Claims System								0												0					0			
Total Payments for the month		18,671,642	16,904,674	17,481,669	17,274,799	17,339,119	16,791,618	208,815,733	17,770,462	18,388,654	17,012,539	18,066,795	17,175,017	16,837,479	19,175,381	17,023,015	17,245,223	17,494,108	17,059,311	16,753,539	210,001,521	17,130,123	16,854,183	15,949,660	14,829,763	64,763,730		
Remaining IBNR for the month		0	0	0	0	0	0	0	0	0	0	5,000	14,000	37,000	71,000	104,000	174,000	247,000	332,000	419,000	1,403,000	526,000	784,000	1,232,000	2,089,000	4,631,000		
Payments and Remaining IBNR for the month		18,671,642	16,904,674	17,481,669	17,274,799	17,339,119	16,791,618	208,815,733	17,770,462	18,388,654	17,012,539	18,071,795	17,189,017	16,874,479	19,246,381	17,127,015	17,419,223	17,741,108	17,391,311	17,172,539	211,404,521	17,656,123	17,638,183	17,181,660	16,918,763	69,394,730		
Medical Fund / Total Payments		176.1%	160.7%	167.9%	166.8%	168.9%	164.4%	161.6%	174.8%	181.3%	167.9%	178.6%	170.7%	168.0%	192.7%	172.2%	175.9%	181.3%	180.5%	180.4%	177.0%	188.6%	191.2%	186.7%	185.7%	188.0%		

UAHC Health Plan of Tennessee, Inc.
2008 Annual Statement
UB92 Payments by Claim System (MFT)

Month Paid by the Claims System	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08				
Jul-02																																												
Aug-02																																												
Sep-02																																												
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Feb-05																																												
Mar-05																																												
Apr-05																																												
May-05																																												
Jun-05																																												
Jul-05	79,482																																											
Aug-05	7,371,528	280,069																																										
Sep-05	2,735,137	7,213,741	77,649																																									
Oct-05	688,753	2,872,980	6,888,994																																									
Nov-05	308,325	893,285	2,829,553	7,337,265	341,879																																							
Dec-05	129,263	294,296	795,401	2,063,985	6,614,584	108,383																																						
Jan-06	96,729	404,622	470,085	896,099	3,014,861	6,984,146	62,734																																					
Feb-06	72,493	146,164	183,099	649,599	847,871	2,183,574	7,802,686	445,890																																				
Mar-06	18,853	133,346	199,843	136,444	313,329	719,641	2,379,870	7,028,832	402,722																																			
Apr-06	115,987	67,208	13,601	30,268	80,829	286,126	551,648	2,279,532	7,907,793	236,311																																		
May-06	24,374	11,881	29,385	23,442	37,028	152,602	284,235	859,088	2,059,750	7,965,454	284,344																																	
Jun-06	8,534	33,555	22,702	21,018	25,024	30,210	94,282	292,008	506,714	1,478,368	8,081,860	182,207																																
Jul-06	(27,530)	3,286	6,983	15,785	42,340	(11,041)	68,695	216,137	10																																			

UAHC Health Plan of Tennessee, Inc.
2008 Annual Statement
HCFA Payments by Claim System (MFT)

Month Paid by the Claims System	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08				
Jul-02																																													
Aug-02																																													
Sep-02																																													
Oct-02																																													
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Jan-05																																													
Feb-05																																													
Mar-05																																													
Apr-05																																													
May-05																																													
Jun-05	206,298																																												
Jul-05	4,002,883	143,370																																											
Aug-05	1,442,873	3,994,878	298,855																																										
Sep-05	335,530	1,036,988	3,854,145	79,423																																									
Oct-05	160,206	288,172	1,460,086	3,623,372	178,536																																								
Nov-05	112,187	288,121	490,596	1,308,780	3,790,431	296,648																																							
Dec-05	75,729	88,873	222,735	408,978	818,188	3,243,627	128,493																																						
Jan-06	35,990	48,968	84,904	220,265	488,009	1,382,299	3,465,500	170,549																																					
Feb-06	10,959	12,276	34,545	123,410	213,076	424,007	1,110,658	3,606,396	254,519																																				
Mar-06	6,191	32,679	22,298	56,026	56,945	166,211	367,072	1,167,073	3,323,265	227,435																																			
Apr-06	13,641	19,755	16,223	21,108	37,311	101,535	307,334	423,977	1,216,572	3,878,051	170,502																																		
May-06	19,389	14,318	42,988	27,077	12,314	19,389	49,358	293,936	284,952	1,148,820	3,526,240	304,744																																	
Jun-06	9,186	11,697	10,800	12,991	10,451	12,5																																							