

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	804	700	624	543	421	7,245
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	804	700	624	543	421	7,245

DETAILS OF WRITE-IN LINES						
0601.		NONE				
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 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
.....						
.....						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
.....	13,321					13,321
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0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	13,321					13,321

18

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	30,000			344,750 72,688	344,750 72,688	30,000
0599998 Risk sharing Receivables Not Individually Listed						
0599999 Risk sharing Receivables	30,000			417,438	417,438	30,000
0799999 Gross Health Care Receivables	30,000			417,438	417,438	30,000

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0599999 Unreported claims and other claim reserves						1,450,000
0799999 Total claims unpaid						1,450,000

NONE Exhibit 5 - Amounts Due from Parent, Subsidiaries and Affiliates

NONE Exhibit 6 - Amounts Due to Parent, Subsidiaries and Affiliates

NONE Exhibit 8 - Furniture, Equipment, and Supplies Owned