# QUARTERLY STATEMENT 

## 2010 a11818 AS OF JUNE 30, 2010

Preferred Health Partnership of Tennessee, Inc.


| State of | Kentucky |
| :--- | :--- |
| County of | Jefferson |

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when requited, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or/maddition to the enclosed statement.


VP \& Corporate Secretary

Subscribed and sworn to before me this

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached
$\qquad$
$\bar{\square}$

ASSETS


## LIABILITIES, CAPITAL AND SURPLUS

|  | Current Period |  |  | Prior Year |
| :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 1 \\ \text { Covered } \end{gathered}$ | 2 <br> Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ $\qquad$ reinsurance ceded) <br> 2. Accrued medical incentive pool and bonus amounts $\qquad$ <br> 3. Unpaid claims adjustment expenses $\qquad$ <br> 4. Aggregate health policy reserves $\qquad$ <br> 5. Aggregate life policy reserves $\qquad$ <br> 6. Property/casualty unearned premium reserve $\qquad$ <br> 7. Aggregate health claim reserves $\qquad$ <br> 8. Premiums received in advance $\qquad$ <br> 9. General expenses due or accrued $\qquad$ <br> 10.1 Current federal and foreign income tax payable and interest thereon (including \$ $\qquad$ 87,005 on realized gains (losses)) $\qquad$ <br> 10.2 Net deferred tax liability $\qquad$ <br> 11. Ceded reinsurance premiums payable $\qquad$ <br> 12. Amounts withheld or retained for the account of others $\qquad$ <br> 13. Remittances and items not allocated $\qquad$ <br> 14. Borrowed money (including $\$$ $\qquad$ current) and interest thereon \$ $\qquad$ (including \$ $\qquad$ current) $\qquad$ |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  | 15,314 |  | 15,314 | 919 |
|  |  |  |  |  |
|  | 172,839 |  | 172,839 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  | 0 | 0 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates <br> 16. Derivatives <br> 17. Payable for securities | -197,656 |  | 197,656 | 0 |
|  |  |  | 0 |  |
|  |  |  | 0 | 0 |
| 18. Funds held under reinsurance treaties (with $\$$ authorized reinsurers and \$ reinsurers) |  |  |  |  |
|  |  |  |  |  |
|  |  |  | 0 | 0 |
| 19. Reinsurance in unauthorized companies |  |  | 0 | 0 |
| 20. Net adjustments in assets and liabilities due to foreign exchange rates |  |  | 0 | 0 |
| 21. Liability for amounts held under uninsured plans |  |  | 0 | 0 |
| 22. Aggregate write-ins for other liabilities (including \$ ...enenenemen ${ }_{\text {current) }}$ |  |  |  |  |
|  | 0 | 0 | 0 | 7,643 |
| 23. Total liabilities (Lines 1 to 22) | 385,809 | 0 | .-.385,809 | 8,562 |
| 24. Aggregate write-ins for special surplus funds | xXx | xxx | 0 | 0 |
| 25. Common capital stock | xXX | xXX | 1,000 | 1,000 |
| 26. Preferred capital stock | xxx | xxx |  | 0 |
| 27. Gross paid in and contributed surplus | $x x x$ | $x x x$ | 61,379,848 | 61,379,848 |
| 28. Surplus notes | $x x x$ | xxx |  | 0 |
| 29. Aggregate write-ins for other than special surplus funds | xxx | xxx | 0 | 0 |
| 30. Unassigned funds (surplus) | xxx | xxx | $(55,668,437)$ | $(36,422,651)$ |
| 31. Less treasury stock, at cost: |  |  |  |  |
| 31.1 shares common (value included in Line 25 |  |  |  |  |
| \$ .-. | xxx | xxx |  | 0 |
| 31.2 shares preferred (value included in Line 26 |  |  |  |  |
| \$ ....a. | xxx | xxx |  | 0 |
| 32. Total capital and surplus (Lines 24 to 30 minus Line 31) | $x x x$ | $x x x$ | 5,712,411 | 24,958,197 |
| 33. Total liabilities, capital and surplus (Lines 23 and 32) | XXX | XXX | 6,098,220 | 24,966,759 |
| DETAILS OF WRITE-INS |  |  |  |  |
|  | 0 |  | 0 | 7,643 |
| 2201. Unclaimed Property |  |  | 0 | 0 |
| 2203. |  |  | 0 | 0 |
| 2298. Summary of remaining write-ins for Line 22 from overflow page | 0 | 0 | 0 | 0 |
|  | 0 | 0 | 0 | 7,643 |
| 2401. | $x \times x$ | $x x x$ |  | 0 |
| 2402. | $x \times x$ | xxx |  | 0 |
| 2403. | $x \times x$ |  |  | 0 |
| 2498. Summary of remaining write-ins for Line 24 from overflow page | $x x^{x}$ | xxx | 0 | 0 |
| 2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) | $x \times x$ | xxx | 0 | 0 |
| 2901. | xxx | $x \times x$ |  | 0 |
| 2902. | $x x x$ | $x x x$ |  | 0 |
| 2903. | $x x x$ | $x x x$ |  | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page <br> 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | $x x x$ | $x x x$ | 0 | 0 |
|  | xxx | xxx | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES


STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc.

STATEMENT OF REVENUE AND EXPENSES (Continued)


CASH FLOW

|  | Current Year To Date | 2 <br> Prior Year To Date | $\begin{gathered} 3 \\ \hline \text { Prior Year Ended } \\ \text { December } 31 \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| Cash from Operations |  |  |  |
| 1. Premiums collected net of reinsurance | 0 | 0 | 0 |
| 2. Net investment income | 531,439 | 869,234 | 1,268,147 |
| 3. Miscellaneous income | 0 | 0 | . 0 |
| 4. Total (Lines 1 to 3) ${ }^{\bullet}$ | 531,439 | 869,234 | 1,268,147 |
| 5. Benefit and loss related payments | $(72,089)$ | $(5,933,972)$ | $(8,921,977)$ |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts |  | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 16,812 | 113,906 | $(229,026)$ |
| 8. Dividends paid to policyholders |  | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $\$$ $\qquad$ 0 tax on capital gains (losses) | 0 | 2,944,940 | 49,340 |
| 10. Total (Lines 5 through 9) | $(55,277)$ | $(2,875,126)$ | $(9,101,663)$ |
| 11. Net cash from operations (Line 4 minus Line 10) | 586,716 | 3,744,360 | 10,369,810 |
| Cash from Investments |  |  |  |
| 12. Proceeds from investments sold, matured or repaid: |  |  |  |
| 12.1 Bonds | 19,375,621 | 34,652,119 | 36,413,459 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | -....... 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term irivestments | (11) | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 19,375,610 | 34,652,119 | 36,413,459 |
| 13. Cost of investments acquired (long-term only): |  |  |  |
| 13.1 Bonds | 625,606 | 22,152,529 | 22,944,112 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 625,606 | 22,152,529 | 22,944,112 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 18,750,004 | 12,499,590 | 13,469,347 |
| Cash from Financing and Miscellaneous Sources |  |  |  |
| 16. Cash provided (applied): |  |  |  |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities |  | 0 | 0 |
| 16.5 Dividends to stockholders | 20,000,000 | 30,000,000 | 30,000,000 |
| 16.6 Other cash provided (applied). | 582,178 | $(6,594,442)$ | $(11,634,096)$ |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | $(19,417,822)$ | $(36,594,442)$ | $(41,634,096)$ |
| RECONCILIATION OF CASH, CASH ȨQUIVALENTS AND SHORT-TERM INVESTMENTS |  |  |  |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17). | $(81,102)$ | $(20,350,492)$ | $(17,794,939)$ |
| 19. Cash, cash equivalents and short-term investments: |  |  |  |
| 19.1 Beginning of year | 4,882,827 | 22,677,766 | 22,677,766 |
| 19.2 End of period (Line 18 plus Line 19.1) | 4,801,725 | 2,327,274 | 4,882,827 |

STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc.
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION


STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc.
CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)


# STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc. 

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


## NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

## A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Insurance.

The Tennessee Insurance Department 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. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations currently exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Tennessee is shown below:

|  | State of Domicile |  | 2010 |  | 2009 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Net Income, Tennessee basis | TN | \$ | 371,406 | \$ | 10,620,192 |
| 2. State Prescribed Practices (Income): | TN |  | - |  |  |
| 3. State Permitted Practices (Income): | TN |  | - |  |  |
| 4. Net Income, NAIC SAP | TN | \$ | 371,406 | \$ | 10,620,192 |
| 5. Statutory Surplus, Tennessee basis | TN | \$ | 5,712,411 | \$ | 24,958,197 |
| 6. State Prescribed Practices (Surplus): | TN |  | - |  |  |
| 7. State Permitted Practices (Surplus): | TN |  | 5,712,41- |  |  |
| 8. Statutory Surplus, NAIC SAP | TN | \$ | 5,712,411 | \$ | 24,958,197 |

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. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.
C. Accounting Policy

Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.

Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-thantemporary, the related investment is written down to its estimated fair value through earnings.

For loan backed and structured securities where the securities fair value is less then the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.

Amortization of bond premium or discount is computed using the scientific interest method.
Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

## NOTES TO FINANCIAL STATEMENTS

The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expenses are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events, and therefore, the actual liability could differ from the amounts provided
2. Accounting Changes and Corrections of Errors

Not Applicable.
3. Business Combinations and Goodwill
A. Statutory Purchase Method

Not Applicable.
B. Statutory Merger

Not Applicable.
C. Assumption Reinsurance

Not Applicable.
D. Impairment Loss

Not Applicable
4. Discontinued Operations

Not Applicable.
5. Investments
A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.
B. Debt Restructuring

Not Applicable.
C. Reverse Mortgages

Not Applicable.
D. Loan-Backed Securities

The Company does not have any investments in an other-than-temporary impairment position at quarter-end.
The Company does not have any loan-backed securities in an unrealized position at quarter-end.
E. Repurchase Agreements

Not Applicable.
F. Real Estate

Not Applicable.
G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.
6. Joint Ventures, Partnerships and Limited Liability Companies
A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

## NOTES TO FINANCIAL STATEMENTS

7. Investment Income
A. 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 loan default.
B. The total amount excluded was $\$ 0$
8. Derivative Instruments

Not Applicable.
9. Income Taxes

No material change since year-end December 31, 2009.
10. Information Concerning Parent, Subsidiaries and Affiliates

A-F.Dividends of $\$ 20.0$ million were paid to Humana Inc. on April 23, 2010. The Department of Insurance was notified prior to the payment of this dividend. At June 30, 2010, the Company reported $\$ 66.8$ million amounts due Humana Inc. Amounts due to or from parent are generally settled within 30 days.
G. Not Applicable.
H. Not Applicable.
I. Not Applicable.
J. Not Applicable
K. Not Applicable.
L. Not Applicable
11. Debt
A. Capital Notes

The Company has no capital notes outstanding.
B. All other Debt

The Company has no debentures outstanding.
The Company does not have any reverse repurchase agreements
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
A. Defined Benefit Plan

Not Applicable.
B. Defined Contribution Plan

Not Applicable.
C. Multiemployer Plans

Not Applicable.
D. Consolidated/Holding Company Plans

No material change since year ended December 31, 2009.
E. Post Employment Benefits and Compensated Absences

Not Applicable.
F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

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

1) The company has $\$ .01$ par value common stock with 100,000 shares authorized and 90,200 shares issued and outstanding.
2) The Company has no preferred stock outstanding.

3-5) Dividends are non cumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Department of Insurance if such dividend distribution exceeds the greater of the Company's prior year net operating profits or ten percent of policyholders surplus funds derived from realized net operating profits.
Within the limitations of the above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
Dividends of $\$ 20.0$ million were paid to Humana Inc. on April 23, 2010. The Department of Insurance was notified prior to the payment of this dividend.
There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
6) Not Applicable.
7) Not Applicable.
8) Not Applicable.
9) Not Applicable
10) Not Applicable
11) Not Applicable.

## NOTES TO FINANCIAL STATEMENTS

12) Not Applicable.
13) Not Applicable.
14. Contingencies
A. Contingent Commitments

Not Applicable.
B. Assessments

Not Applicable.
C. Gain Contingencies

Not Applicable.
D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.
E. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Plan does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of June 30, 2010.
15. Leases
A. Lessee Operating Lease

Not Applicable.
B. Other Leases

Not Applicable.
16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentration of Credit Risk

1) The Company has no investment in Financial Instruments with Off Balance Sheet Risk.
2) The Company has no investment in Financial Instruments with Concentration Credit Risk.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
A. Transfers of Receivables Reported as Sales

Not Applicable.
B. Transfer and Servicing of Financial Assets

Not Applicable.
C. Wash Sales

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

Not Applicable.
B. ASC Plans

Not Applicable.
C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

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

Not Applicable.

## NOTES TO FINANCIAL STATEMENTS

20. Other Items
A. Extraordinary Items

Not Applicable
B. Troubled Debt Restructuring

Not Applicable.
C. Other Disclosures

Not Applicable
D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bill Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

Not Applicable.
E. Business Interruption Insurance Recoveries

Not Applicable.
F. State Transferable Tax Credits

Not Applicable.
G. The Company has no deposits admitted under Section 6603 of the Internal Revenue Service Code.
H. Hybrid Securities

Not Applicable.
I. Subprime Mortgage Related Risk Exposure

The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores; lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.
(1) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.
(2) Indirect exposure to sub-prime mortgage risk through investments in the following securities:
a. Residential mortgage backed securities - No exposure noted.
b. Collateralized debt obligations - No exposure noted.
c. Structured Securities (including principal protected notes) - No exposure noted.
d. Debt Securities of companies with significant sub-prime exposure - No exposure noted.
e. Equity securities of companies with significant sub-prime exposure - No exposure noted.
f. Other Assets - No exposure noted.
(3) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.
(4) Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.
21. Events Subsequent

No subsequent events came to the Company's attention that were deemed necessary for disclosure.
22. Reinsurance
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 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)
If yes, give full details.
(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding

## NOTES TO FINANCIAL STATEMENTS

U.S. Branches of such companies) that is owned in excess of 10.0 percent 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?

Yes ( ) No (X)
If yes, give full details.
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 credits?

Yes ( ) No (X)
a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0
(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?

Yes ( ) No (X)
If yes, give full details.
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 premium 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 policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

## Yes ( ) No(X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0
B. Uncollectible Reinsurance

Not Applicable.
C. Commutation of Ceded Reinsurance

Not Applicable.
23. Retrospectively Rated Contracts and Contracts Subject to Redetermination
A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.
B. The Company records accrued retrospective premium as an adjustment to earned premiums.
C. Not Applicable.
24. Change in Incurred Claims and Claim Adjustment Expenses

There are no reserves remaining for prior years as a result of reestimation of unpaid claims and claim adjustment expenses. The Company has no retrospectively rated policies.
25. Intercompany Pooling Arrangements

Not Applicable.
26. Structured Settlements

Not Applicable.
27. Health Care Receivables
A. Pharmaceutical Rebate Receivables

Not Applicable.
B. Risk Sharing Receivables

# NOTES TO FINANCIAL STATEMENTS 

## Not Applicable

Participating Policies
Not Applicable.
29. Premium Deficiency Reserves

As of June 30, 2010, the Company had no liabilities related to premium deficiency reserves.
30. Anticipated Salvage and Subrogation

Not Applicable.

## PART 1 - COMMON INTERROGATORIES GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? | Yes [ ] No [X] |
| :---: | :---: | :---: |
| 1.2 | If yes, has the report been filed with the domiciliary state? | Yes [ ] No [] |
| 2.1 | Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? | Yes [ ] No [X] |
| 2.2 | If yes, date of change: |  |

3. Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ] No [X]
If yes, complete the Schedule Y - Part 1 - organizational chart.
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-infact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?. If yes, attach an explanation.
6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

Yes [] No [X] NA []

2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2005
.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/28/2006
6.4 By what department or departments? Tennessee Department of Insurance
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [ ] NA [ ]
.6 Have all of the recommendations within the latest financial examination report been complied with?
Yes [X] No [ ] NA []

Yes [] No [X]
Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
7.2 If yes, give full information:
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?...

Yes [ ] No [X]
2 If response to 8.1 is yes, please identify the name of the bank holding company.
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of 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) | $\begin{gathered} 3 \\ F R B \end{gathered}$ | $\begin{gathered} 4 \\ \mathrm{OCC} \end{gathered}$ | $\begin{gathered} 5 \\ \text { OTS } \\ \hline \end{gathered}$ | 6 FDIC | $\begin{gathered} 7 \\ \text { SEC } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |
| $\cdots$ | -................ | $\cdots$ |  | - |  | - |
|  |  |  |  |  |  |  |
| $\cdots$ | -..... |  | -......... |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code
9.11 If the response to 9.1 is No, please explain
9.2 Has the code of ethics for senior managers been amended?

Yes [ ] No [X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$
INVESTMENT
11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
11.2 If yes, give full and complete information relating thereto:


14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
14.2 If yes, please complete the following:

|  |  | 1 <br> Prior Year-End Book/Adjusted Carrying Value |  | 2 <br> Current Quarter Book/Adjusted Carrying Value |
| :---: | :---: | :---: | :---: | :---: |
| 14.21 Bonds | \$ | 0 | \$ | 0 |
| 14.22 Preferred Stock | \$ | 0 | \$ | 0 |
| 14.23 Common Stock | \$ | 0 | \$ | 0 |
| 14.24 Short-Term Investments | \$ | 0 | \$ | 0 |
| 14.25 Mortgage Loans on Real Estate | \$ | 0 | \$ | 0 |
| 14.26 All Other | \$ | 0 | \$ | 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ | ... 0 | \$ | 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | $\$$ | 0 | \$ | 0 |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement

## GENERAL INTERROGATORIES

16. 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 1, III-General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| Name of Custodian(s) | Custodian Address |
| :---: | :---: |
| JP Morgan Chase | 4 New York Plaza, 15th Floor, New York, NY 100042413 <br> Attention: Char les Tuzzolino |

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

| 1 | 2 |  |
| :---: | :---: | :---: |
| Name(s) | Location(s) | Complete Explanation(s) |
|  |  |  |

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:

| Old Custodian | New Custodian | Date of Change | 4 |
| :---: | :---: | :---: | :---: |
|  |  |  | Reason |

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

|  | 1 |  |
| :---: | :---: | :---: |
| Central Registration Depository | Name(s) | 3 <br> Address |
| 107105 | Blackrock, Inc. |  |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ................ Yes [X] No [ ] 17.2 If no, list exceptions:

## GENERAL INTERROGATORIES <br> PART 2 - HEALTH

1 Operating Percentages
1.1 A\&H loss percent$0.0 \%$
1.2 A\&H cost containment percent ..... $0.0 \%$
1.3 A\&H expense percent excluding cost containment expenses\%2.1 Do you act as a custodian for health savings accounts?2.2 If yes, please provide the amount of custodial funds held as of the reporting date.Yes [ ] No [X]\$2.3 Do you act as an administrator for health savings accounts?Yes [] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.\$

# STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc. 

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


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

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \multirow[b]{2}{*}{States, Etc.} \& \multirow[t]{2}{*}{1

Active
Status} \& \multicolumn{8}{|c|}{Direct Business Only} <br>

\hline \& \& | 2 |
| :--- |
| Accident \& Health Premiums | \& | Medicare |
| :--- |
| Title XVIII | \& Medicaid Title XIX \& 5

Federal
Employees
Health
Benefits
Program

Premiums \& \begin{tabular}{c}
6 <br>
Life \& Annuity <br>
Premiums \& <br>
Other <br>
Consideration <br>
s <br>
\hline

 \& 

7 <br>
Property/ Casualty Premiums

 \& 

8 <br>
Total Columns 2 Through 7
\end{tabular} \& Deposit-Type Contracts <br>

\hline 1. Alabama \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 2. Alaska ${ }^{\text {a }}$ a \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 3. Arizona ................................ \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 4. Arkansas AR \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 5. California CA \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 6. Colorado ............................. CO \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 7. Connecticut $\quad$ CT \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 8. Delaware ${ }^{\text {a }}$ - ${ }^{\text {a }}$ \& N \& \& \& \& \& \& \& - 0 \& <br>
\hline 9. Dist. of Columbia ....aneme DC \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 10. Florida FL \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 11. Georgia \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 12. Hawaii $\quad \mathrm{HI}$ \& N \& \& \& \& \& \& \& 0 \& <br>
\hline  \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 14. Illinois \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 15. Indiana \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 16. lowa IA \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 17. Kansas KS \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 18. Kentucky KY \& N. \& \& \& \& \& \& \& 0 \& <br>
\hline 19. Louisiana - LA \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 20. Maine ME \& N. \& \& \& \& \& \& \& 0 \& <br>
\hline 21. Maryland .......a.a.a.a.a......... MD \& N \& \& \& \& \& \& \& . 0 \& <br>
\hline 22. Massachusetts ma ma \& N \& \& \& \& \& \& \& 0 \& <br>
\hline  \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 24. Minnesota MN \& N. \& \& \& \& \& \& \& 0 \& <br>
\hline 25. Mississippi ........................... MS \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 26. Missouri MO \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 27. Montana MT \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 28. Nebraska ..an mean \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 29. Nevada \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 30. New Hampshire ........ NH \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 31. New Jersey ......an NJ \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 32. New Mexico NM \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 33. New York NY \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 34. North Carolina NC \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 35. North Dakota ND \& N \& \& \& \& - \& \& \& 0 \& <br>
\hline 36. Ohio OH \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 37. Oklahoma ...a \& N \& \& \& \& \& \& \& 0 \& <br>
\hline  \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 39. Pennsylvania PA \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 40. Rhode Island .......... RI \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 41. South Carolina \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 42. South Dakota ..._ SD \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 43. Tennessee .... TN \& 1 \& \& \& \& \& \& \& 0 \& <br>
\hline 44. Texas ...anemene TX \& N. \& \& \& \& \& \& \& 0 \& <br>
\hline 45. Utah UT \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 46. Vermont ......................... VT \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 47. Virginia VA \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 48. Washington WA \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 49. West Virginia ....anamenow WV \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 50. Wisconsin ..........................WI \& N \& \& \& \& \& \& \& 0 \& <br>
\hline  \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 52. American Samoa ...a.a......... AS \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 53. Guam GU \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 54. Puerto Rico ......................... \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 55. U.S. Virgin Islands ............... VI \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 56. Northern Mariana islands .......... MP \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 57. Canada CN \& N \& \& \& \& \& \& \& 0 \& <br>
\hline 58. Aggregate other alien ....-.-.....- OT \& XXX \& 0 \& 0 \& 0 \& 0 \& 0 \& 0 \& 0 \& 0 <br>
\hline 59. Subtotal ... \& XXX \& \& \& 0 \& \& 0 \& 0 \& 0 \& 0 <br>
\hline 60. Reporting entity contributions for Employee Benefit Plans \& XXX \& \& \& \& \& \& \& 0 \& <br>
\hline 61. Total (Direct Business) \& a) 1 \& 0 \& 0 \& 0 \& 0 \& 0 \& 0 \& 0 \& 0 <br>
\hline detalls Of WRITE-INS \& \& \& \& \& \& \& \& \& <br>
\hline 5801. \& XXX \& \& \& \& \& \& \& \& <br>
\hline 5802. \& XXX \& \& \& \& \& \& \& \& <br>
\hline 5803. \& XXX \& \& \& \& \& \& \& \& <br>
\hline 5898. Summary of remaining write-ins for Line 58 from overflow page \& XXX \& 0 \& 0 \& - 0 \& 0 \& 0 \& 0 \& 0 \& 0 <br>
\hline 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) \& XXX \& 0 \& \& \& 0 \& \& 0 \& 0 \& 0 <br>
\hline
\end{tabular}

[^0](a) Insert the number of $L$ responses except for Canada and other Alien

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


## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

## Explanation:

. This type of business in not written

Bar Code:

SCHEDULE A - VERIFICATION


SCHEDULE B - VERIFICATION


## SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets


## SCHEDULE D - VERIFICATION

| Bonds and Stocks |  |  |
| :---: | :---: | :---: |
|  | 1 Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 19,780,102 | 32,632,846 |
| 2. Cost of bonds and stocks acquired | 625,606 | 22,944,112 |
| 3. Accrual of discount | 5,255 | 28,714 |
| 4. Unrealized valuation increase (decrease) |  | 0 |
| 5. Total gain (loss) on disposals | 248,597 | 739,329 |
| 6. Deduct consideration for bonds and stocks disposed of. | 19,375,620 | 36,413,459 |
| 7. Deduct amortization of premium | 43,825 | 151,440 |
| 8. Total foreign exchange change in book/adjusted carrying value |  | 0 |
| 9. Deduct current year's other than temporary impairment recognized |  | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ) | 1,240,115 | 19,780,102 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,240,115 | 19,780,102 |

STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc.
SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
Ouring the Current Quarter for all Bonds and Preferred Stock by Rating Class
 NAIC $3 \$$

SCHEDULE DA - PART 1
Short-Term Investments

|  | 1 <br> Book/Adjusted <br> Carrying Value | $2$ <br> Par Value | $3$ <br> Actual Cost | ```4 \\ Interest Collected Year To Date``` | 5 <br> Paid for Accrued Interest Year To Date |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 9199999 | 81,990 | XXX | 81,990 | 1,084 | 0 |

SCHEDULE DA - VERIFICATION
Short-Term Investments

|  | 1 <br> Year To Date | 2 <br> Prior Year Ended December 31 |
| :---: | :---: | :---: |
| 1. Book/adjusted carrying value, December 31 of prior year | 3,792,230 | 19,709,091 |
| 2. Cost of short-term investments acquired | 39,440,609 | 66,169,372 |
| 3. Accrual of discount |  | 0 |
| 4. Unrealized valuation increase (decrease) |  | 0 |
| 5. Total gain (loss) on disposals |  | 0 |
| 6. Deduct consideration received on disposals | 43,150,849 | 82,086,233 |
| 7. Deduct amortization of premium |  | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value. |  | 0 |
| 9. Deduct current year's other than temporary impairment recognized |  | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ). | 81,990 | 3,792,230 |
| 11. Deduct total nonadmitted amounts |  | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 81,990 | 3,792,230 |

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

SCHEDULE E - VERIFICATION
(Cash Equivalents)

|  | Year To Date | 2 Prior Year Ended December 31 |
| :---: | :---: | :---: |
| 1. Book/adjusted carryigg value, December 31 of prior year | 699,998 | 2,199,950 |
| 2. Cost of cash equivalents acquired | 13,698,832 | 48 |
| 3. Accrual of discount | 794 | 0 |
| 4. Unrealized valuation increase (decrease) |  | 0 |
| 5. Total gain (loss) on disposals | (11) | 0 |
| 6. Deduct consideration received on disposals | 9,899,927 | 1,500,000 |
| 7. Deduct amortization of premium |  | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value |  | 0 |
| 9. Deduct current year's other than temporary impairment recognized |  | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines $1+2+3+4+5-6-7+8-9$ ) | 4,499,687 | - 699,998 |
| 11. Deduct total nonadmitted amounts |  | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 4,499,687 | 699,998 |

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

## Schedule B - Part 2 <br> NONE

## Schedule B - Part 3 <br> NONE

Schedule BA - Part 2 NONE

Schedule BA - Part 3
NONE

Schedule D - Part 3
NONE

## SCHEDULE D - PART 4



STATEMENT AS OF JUNE 30, 2010 OF THE Preferred Health Partnership of Tennessee, Inc
SCHEDULE D - PART 4
Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter



Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1 NONE

Schedule DB - Part D
NONE

## SCHEDULE E = PART 1 - CASH

\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{9}{|l|}{} <br>
\hline 1 \& 2 \& 3 \& 4 \& 5 \& \multicolumn{3}{|c|}{Book Balance at End of Each Month During Current Quarter} \& \multirow[t]{2}{*}{${ }^{9}$} <br>
\hline Depository \& Code \& $$
\begin{aligned}
& \text { Rate } \\
& \text { of } \\
& \text { Interest }
\end{aligned}
$$ \& Arnount of Interest Received During Current Quarter \& Amount of Interest Accrued at Current Statement Date \& First Month \& Second Month ${ }^{7}$ \& 8

Third Month \& <br>
\hline \multicolumn{9}{|l|}{Open Depositories} <br>
\hline  \& \& \& \& \& 15,410

923 \& $$
\begin{array}{r}
1115,410 \\
52,456
\end{array}
$$ \& \[

$$
\begin{aligned}
& 137,106 \\
& .82,942
\end{aligned}
$$
\] \& xx <br>

\hline | 0199998 | Deposits in <br> not exceed the allowable limit in any one deposit tory <br> (See Instruct ions). Open Depositories |
| :--- | :--- | \& XXX \& xxx \& \& \& \& \& \& <br>

\hline 9 Total Open Depositories \& XXX \& XxX \& \& \& 116,333 \& 167.866 \& 220,048 \& <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{$\square \square+\square \square \square$} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{- $-\cdots$}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline \multicolumn{9}{|l|}{\multirow[t]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline $0299998 \begin{aligned} & \text { Deposits in } \\ & \text { not exceed the allowable Iimit in any one depository }\end{aligned}$ (See Instructions) - Suspended Depositories \& xxx \& x $x$ x \& \& \& \& \& \& xxx <br>
\hline \multicolumn{9}{|l|}{} <br>
\hline \multicolumn{9}{|l|}{\multirow[b]{2}{*}{}} <br>
\hline \& \& \& \& \& \& \& \& <br>
\hline 0599999 Total Cash \& Xxx \& XxX \& \& \& 116,333 \& 167,866 \& 220,048 \& XxX <br>
\hline
\end{tabular}

## SCHEDULE E - PART 2 - CASH EQUIVALENTS




[^0]:    (L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or pproved to write Surplus ines in the state; ( $N$ ) None of the above - Not allowed to write business in the state.

