

## **QUARTERLY STATEMENT**

2018 AUG 18 PM 3: OF THE CONDITION AND AFFAIRS OF THE

Preferred Health Partnership of Tennessee, Inc.

NAIC Group Code 0119 (Current Peri	iod) , 0119 NAIC Compan	ny Code 95749 Employer's	ID Number 62-1546662
Organized under the Laws of	Tennessee	, State of Domicile or Port of Entry	Tennessee
Country of Domicile		United States	
Licensed as business type: Life	, Accident & Health [ ] Property/Ca	asualty [ ] Hospital, Medical	& Dental Service or Indemnity [ ]
Den	ntal Service Corporation [ ] Vision Serv	vice Corporation [ ] Health Maintenan	ce Organization [ X ]
	er[]	Is HMO, Federally	Qualified? Yes [X] No []
ncorporated/Organized	09/02/1993 Comme	enced Business	01/01/1994
Statutory Home Office	1420 Centerpoint Blvd.		ville, TN 37932
Main Administrative Office	(Street and Number)	, · ·	vn, State and Zip Code)
Main Administrative Office	1420 Centerpoint Blvd. (Street and Number)	Knoxville, TN 37932 (City or Town, State and Zip Code)	865-670-7282 (Area Code) (Telephone Number)
Mail Address	P.O. Box 740036		(40201-7436
	(Street and Number or P.O. Box)		ate and Zip Code)
Primary Location of Books and Re		Knoxville, TN 37932	865-670-7282
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)
nternet Web Site Address		www.humana.com	
Statutory Statement Contact	Justin Haydock		580-1870
ihavdock@	(Name) Dhumana.com	(Area Code) (Telep 502-580-20	hone Number) (Extension) 199
	ail Address)	(FAX Numbe	
	OFFIC	CERS	
Name	Title	Name	Title
Michael Benedict McCallister	. President & CEO	Joan Olliges Lenahan ,	VP & Corporate Secretary
James Harry Bloem	, Sr. VP, CFO & Treasurer	Frank Murray Amrine ,	Appointed Actuary
	OTHER O		
Occurs Andrews Andrews M.D.			View D. add at
George Andreas Andrews M.D.  John Gregory Catron	, VP - CMO/Tennessee Vice President	George Grant Bauernfeind Roy Goldman Ph.D#	Vice President VP & Chief Actuary
Douglas Edward Haaland	Mkt. Pres Sr. Prod./Tennessee	Charles Frederic Lambert III #	Vice President
Thomas Joseph Liston	Sr. Vice President - Sr. Prod.	Clarence Evans Looney	Market President - Tennessee
George Renaudin	VP & Div. Leader - Southern Div.	Larry Dale Savage	Regional CEO
William Joseph Tait	, Vice President	Gary Dean Thompson ,	Vice President
Ralph Martin Wilson	, Vice President	Joseph Christopher Ventura #,	Assistant Secretary
	DIRECTORS C	R TRUSTEES	
James Harry Bloem	Michael Benedict McCallister	James Elmer Murray	
State of Kentu	icky		
	SS		
County ofJeffer	son		
above, all of the herein described asset his statement, together with related ex and of the condition and affairs of the some been completed in accordance with the differ; or, (2)/that state rules or regula knowledge and belief, respectively. Full	ng duly sworn, each depose and say that they are the absolute property of the said reporting chibits, schedules and explanations therein contassaid reporting entity as of the reporting period stree NAIC Annual Statement Instructions and Accordations require differences in reporting not relate rithermore, the scope of this attestation by the detector enclosed statement.	g entity, free and clear from any liens or claims ained, annexed or referred to, is a full and true ated above, and of its income and deductions ounting Practices and Procedures manual exc ad to accounting practices and procedures, a escribed officers also includes the related corr	thereon, except as herein stated, and the statement of all the assets and liabilitis therefrom for the period ended, and have to the extent that: (1) state law maccording to the best of their information esponding electronic filing with the NAI
Michael Borodist McCa	Joan Ollin	Indu Xx	Next Room
Michael Benedict McCa President & CEO		es Lenahan rate Secretary	James Harry Bloem Gr. VP, CFO & Treasurer
		a. Is this an original	filing? Yes [X] No []
Subscribed and sworn to before		b. If no:	due and more bar
9th day of	August, 2010	1. State the amen	ament number
n.	and the same of th	Date filed     Number of pages	attached
_ / Myra Oa	raquilly/	5. Number of pages	
Myra Carpenter, Notary Public August 9, 2013			

## **ASSETS**

			Current Statement Date		4
		1	2	3	4
	·	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. E	Bonds	1,240,115		1,240,115	19,780,103
	Stocks:				
2	2.1 Preferred stocks			0	0
2	2.2 Common stocks			0	0
3. N	Mortgage loans on real estate:				
3	3.1 First liens			0	0
3	3.2 Other than first liens			0	0
4. F	Real estate:				
4	4.1 Properties occupied by the company (less				•
\$	encumbrances)	***************************************		0	
4	4.2 Properties held for the production of income				
(1	less \$encumbrances)			0	
4	4.3 Properties held for sale (less				
\$	encumbrances)			0	(
	Cash (\$220,048 ),				
	cash equivalents (\$				
	and short-term investments (\$	4 801 725		4,801,725	4.882.827
	Contract loans (including \$ premium notes)			0	1,002,027
	Derivatives				
	Other invested assets			• 0	(
	Receivables for securities				
	Aggregate write-ins for invested assets		1	1 1	(
	Subtotals, cash and invested assets (Lines 1 to 10)		0		24,662,930
	Title plants less \$ charged off (for Title insurers	0,041,040	0	0,041,040	24,002,900
				0	
	only)			0	254 400
				6,385	254,489
1	Premiums and considerations:  14.1 Uncollected premiums and agents' balances in the course of collection			. 0	(
	14.2 Deferred premiums, agents' balances and installments booked but		***************************************		
	, , ,				
	deferred and not yet due (including \$ earned			0	
	out unbilled premiums)			0	
	14.3 Accrued retrospective premiums				
				0	
	15.1 Amounts recoverable from reinsurers			0	
	15.2 Funds held by or deposited with reinsured companies	*		1	ا
	15.3 Other amounts receivable under reinsurance contracts				
	Amounts receivable relating to uninsured plans			1 3	
	-				
	Net deferred tax asset		-	49,340	49,340
	· · · · · · · · · · · · · · · · · · ·			0	
	Electronic data processing equipment and software				(
20. F	Furniture and equipment, including health care delivery assets				
	\$)		}	1 :1	(
	Net adjustment in assets and liabilities due to foreign exchange rates			0	!
	Receivables from parent, subsidiaries and affiliates				
23. F	Health care (\$0 ) and other amounts receivable	655		655	
24. <i>A</i>	Aggregate write-ins for other than invested assets	0	0	0	(
25. T	Total assets excluding Separate Accounts, Segregated Accounts and				
F	Protected Cell Accounts (Lines 11 to 24)	6,180,712	82,492	6,098,220	24,966,759
	From Separate Accounts, Segregated Accounts and Protected				
C	Cell Accounts	***************************************	,	0	
	Total (Lines 25 and 26)	6,180,712	82,492	6,098,220	24,966,759
	DETAILS OF WRITE-INS				
1001.	***************************************			0	(
				1 1	
				0	
	Summary of remaining write-ins for Line 10 from overflow page		0	0	
	Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)	0	n	0	
	rotato (Entro 1664 all'ought 1666 più 1666) (Entro 16 diboto)			0	
2401 2402.				n	
2402. 2403.		·····	***************************************		
	Summary of remaining write-ins for Line 24 from overflow page	0	^	0	
<u>-</u> -30. €	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	0	0	

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

## LIABILITIES, CAPITAL AND SURPLUS

<b></b>	LIADILITIES, SAI		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)			0	0
2.	Accrued medical incentive pool and bonus amounts			0	0
3.	Unpaid claims adjustment expenses	1	•	1	0
4.	Aggregate health policy reserves	1		1	_
		1		1	0
5.	Aggregate life policy reserves	1	1	i	0
6.	Property/casualty unearned premium reserve	1	1		0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance			0	0
9.	General expenses due or accrued	15,314		15,314	919
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$	172 839		172 839	0
10.2	Net deferred tax liability	1		i i	0
1		1		1	
1	Ceded reinsurance premiums payable	1			0
1	Amounts withheld or retained for the account of others	1	1		0
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates			197.656	0
l	Derivatives	1			
1		1	ı		0
1	Payable for securities			0	<u>U</u>
18.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers and \$unauthorized		THE PROPERTY OF THE PROPERTY O		
	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
l	Aggregate write-ins for other liabilities (including \$ 0				
		0		0	7 642
	current)	0			7,643
l	Total liabilities (Lines 1 to 22)		i i	· ·	8,562
l	Aggregate write-ins for special surplus funds	XXX	ı		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	xxx	xxx	61,379,848	61,379,848
28.	Surplus notes	xxx	xxx		0
29.	Aggregate write-ins for other than special surplus funds	1	ı	0	0
30.		XXX	xxx	(55,668,437)	(36,422,651)
l	Unassigned funds (surplus)			(33,000,437)	(30,422,001)
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				
	\$	xxx	xxx		0
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)	xxx	xxx	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				
2204		0			7 040
	Unclaimed Property.	0			7,643
2202.				0	0
2203.				0	0
2298.	Summary of remaining write-ins for Line 22 from overflow page	0	0	0	
2299.	Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	0	0	0	7,643
2401.		XXX	XXX		
2402.		V007	2004		0
2402.			XXX		0
İ					
2498.	Summary of remaining write-ins for Line 24 from overflow page		XXX	0	0
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	XXX	XXX	0	0
2901.		xxx	xxx		0
2902.		xxx	xxx	1	0
2903.		xxx	xxx		0
2998.	Summary of remaining write-ins for Line 29 from overflow page		xxx	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	XXX	XXX	o I	0
L-000.	15.0.0 (Elito 2001 anough 2000 plus 2000) (Elite 20 above)	, ,,,,,	7000		

## STATEMENT OF REVENUE AND EXPENSES

		Current Yea	r To Date	Prior Year To Date	Prior Year Ended December 31	
		1	2	3	4	
		Uncovered	Total	Total	Total	
1.		i i			0	
	Net premium income (including \$ non-health premium income)			1	0	
3.	Change in unearned premium reserves and reserve for rate credits	1		1 : 1	0	
4.	Fee-for-service (net of \$medical expenses)	1		0		
5.	Risk revenue	1		0		
6.	Aggregate write-ins for other health care related revenues	1				
7.	Aggregate write-ins for other non-health revenues	1		1		
8.	Total revenues (Lines 2 to 7)	XXX	0	0	0	
1	al and Medical:			·		
i	Hospital/medical benefits	1	(72,089)	1	(8,921,977)	
10.	Other professional services	1		1	0	
11.				0	0	
12.	Emergency room and out-of-area			1	0	
13.	Prescription drugs			I : I	0	
14.	Aggregate write-ins for other hospital and medical	0	0	0	0	
15.	Incentive pool, withhold adjustments and bonus amounts					
16.	Subtotal (Lines 9 to 15)	0	(72,089)	(5,848,079)	(8,921,977)	
Less:						
17.	Net reinsurance recoveries			0	0	
18.	Total hospital and medical (Lines 16 minus 17)	0	(72,089)	(5,848,079)	(8,921,977)	
19.		1		0	0	
20.	Claims adjustment expenses, including \$cost containment			0	0	
	expenses					
21.			21,195	0	0	
22.	Increase in reserves for life and accident and health contracts (including		,			
	\$ increase in reserves for life only)			0	. 0	
23.	Total underwriting deductions (Lines 18 through 22)	1		(5,848,079)		
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	1 1		1		
	Net investment income earned	1 1				
	Net realized capital gains (losses) less capital gains tax of \$	1		376,530		
	Net investment gains (losses) (Eines 25 plus 26)	0	406,346			
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered	l		1,032,001	1,400,730	
20.	\$) (amount charged off \$)]			0	0	
20	Aggregate write-ins for other income or expenses	0	0	0	٥	
		0	0		0	
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	457,240	6,880,680	10,410,767	
31.	Federal and foreign income taxes incurred	xxx	85,834	2,742,194	(209,425)	
l .	Net income (loss) (Lines 30 minus 31)	XXX	371,406	4,138,486	10,620,192	
	DETAILS OF WRITE-INS	7001	077,400	1,100,100	10,020,102	
0601.		xxx		. 0	0	
0601.		XXX		0		
0602.				0	0	
	Current of analysis in fact in 6 forms and an area	XXX	•	0		
0698.	, , , , , , , , , , , , , , , , , , , ,	XXX	0	0	0	
0699.		XXX	0	0	0	
0701.		XXX		0	0	
0702.		XXX		0	0	
0703.		xxx		0	0	
	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0	
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0	
1401.				0	0	
1402.						
1403.						
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0	
2901.				0	0	
2902.						
2903.						
2998.	Summary of remaining write-ins for Line 29 from overflow page	.0	0	0	0	
2999.		0	0			

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

	STATEMENT OF REVENUE AND EX	1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	·			
	CAPITAL AND SURPLUS ACCOUNT			
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	24 958 197	44,681,797	44 681 797
34.	Net income or (loss) from Line 32		,	
35.	Change in valuation basis of aggregate policy and claim reserves			
	Change in net unrealized capital gains (losses) less capital gains tax of \$			
36.				
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:	·		
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders	(20,000,000)	(30,000,000)	(30,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	(19,245,786)	(25,861,980)	(19,723,600)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	5,712,411	18,819,817	24,958,197
	DETAILS OF WRITE-INS			
4701.		4		
4702.				
4702.				
	Cummary of someticing write in fact in 47 from qualiforn age			^
4798.	Summary of remaining write-ins for Line 47 from overflow page		U	<u>U</u>
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

## **CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
Premiums collected net of reinsurance	0	0	
Net investment income	531,439	869,234	1,268,147
3. Miscellaneous income	0	0	
4. Total (Lines 1 to 3) <sup>●</sup>	531,439	869,234	1,268,147
Benefit and loss related payments	(72,089)	(5,933,972)	(8,921,977
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.		0	
7. Commissions, expenses paid and aggregate write-ins for deductions	16,812	113,906	(229,026
Dividends paid to policyholders		0	
9. Federal and foreign income taxes paid (recovered) net of \$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	(
12.3 Mortgage loans		0	• (
12.4 Real estate		0	(
12.5 Other invested assets		0	(
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	(
12.7 Miscellaneous proceeds	0	0	(
	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	
13.3 Mortgage loans	_ 1	0	(
13.4 Real estate	0	0	(
13.5 Other invested assets	0	0	(
13.6 Miscellaneous applications	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	(
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	
16.2 Capital and paid in surplus, less treasury stock		0	(
16.3 Borrowed funds		0	(
16.4 Net deposits on deposit-type contracts and other insurance liabilities		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 EQUIVALENTS 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	22,677,760
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**

	1	Comprehe (Hospital & N	ensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0		0	0	0	
2 First Quarter	0	0	0	0	0		0	0	0	
3 Second Quarter	0	0	0	0	0	0	0	0	0	*****************************
4. Third Quarter	0									
5. Current Year	. 0									
6 Current Year Member Months	0			-	<u> </u>					
Total Member Ambulatory Encounters for Period:  7. Physician  8. Non-Physician	0									
9. Total	0	. 0	0	0	. 0	(	. 0	0	. 0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	0									
13. Life Premiums Direct	0									***************************************
14. Property/Casualty Premiums Written	0									***************************************
15. Health Premiums Earned	0								·	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(72,089)								(72,089)	
18. Amount Incurred for Provision of Health Care Services	(72,089)				]				(72,089)	

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

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)					,						
	NON										
-											
0199999 Individually listed claims unpaid		0	0	0	0	0					
0299999 Aggregate accounts not individually listed-uncovered						0					
0399999 Aggregate accounts not individually listed-covered						0					
0499999 Subtotals	0	0	0	0	0	0					
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX						
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX						
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	0					
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX						

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#### 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

1 2 3 4 Estimated Clair		Cla Paid Yea	ims	Lial End of Curr	bility rent Quarter	5	6
2. Medicare Supplement		Claims Incurred Prior to January 1 of	On Claims Incurred	On Claims Unpaid Dec. 31	Claims Incurred	in Prior Years	Dec. 31 of
3. Dental Only 4. Vision Only 5. Federal Employees Health Benefits Plan 6. Title XVII - Medicare 7. Title XIX - Medicaid 8. Other health 9. Health subtotal (Lines 1 to 8) 7. Health subtotal (Lines 1 to 8) 8. Other health 9. Health care receivables (a) 9. Hone health 9. Other non-health	Comprehensive (hospital and medical)					0	0
3. Dental Only 4. Vision Only 5. Federal Employees Health Benefits Plan 6. Tritle XVIII - Medicare 7. Title XIX - Medicaid 8. Other health 9. Health subtotal (Lines 1 to 8) 10. Health care receivables (a) 11. Other non-health	Medicare Supplement					0	0
4. Vision Only  5. Federal Employees Health Benefits Plan  6. Title XVIII - Medicare  7. Title XIX - Medicaid  8. Other health  9. Health subtotal (Lines 1 to 8)  10. Health care receivables (a)  11. Other non-health						0	0
5. Federal Employees Health Benefits Plan	4. Vision Only					0	0
7. Title XIX - Medicaid						0	0
8. Other health	6. Title XVIII - Medicare					0	0
9. Health subtotal (Lines 1 to 8) (72,089) 0 0 (72,089)  10. Health care receivables (a) 0  11. Other non-health 0		(72,089)				(72,089)	0
10. Health care receivables (a) 0 11. Other non-health 0	8. Other health	,				0	0
11. Other non-health 0		(72,089)	0	0	0		0
						9	0
12. Medical incentive pools and bonus amounts							0
13. Totals (72,089) 0 0 0 (72,089)		(70,000)		_			0

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

#### 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
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	-	-
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-than-temporary, 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.

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. <u>Investments</u>

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. <u>Joint Ventures, Partnerships and Limited Liability Companies</u>

- 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.

#### 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.

- 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. <u>Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentration of Credit Risk</u>
  - 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. <u>Direct Premium Written/Produced by Managing General Agents/Third Party Administrators</u>

Not Applicable.

#### 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

U.S.	Branches of sucl	n companies)	that is	owned in	n excess	of 10.0	percent	or	controlled	directly	or	indirectly	by	an	insured, a
bene	ficiary, a creditor of	or an insured o	or any o	ther perso	n not prii	marily en	gaged 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

Not Applicable.

28. Participating Policies

Not Applicable.

29. <u>Premium Deficiency Reserves</u>

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	g entity experience any mate	erial transactions requiring the	filing of Disclosure of Ma	aterial Transaction	ns with the St	ate of	Yes	s [ ]	No [X]
1.2			niciliary state?					Yes	s [ ]	No [ ]
2.1	reporting entity?	· · · · · · · · · · · · · · · · · · ·	of this statement in the charte				****	Yes	S [ ]	No [X]
3.		n any substantial changes ir the Schedule Y - Part 1 - or	the organizational chart since	the prior quarter end?				Yes	s [ ]	No [X]
4.1 4.2	If yes, provide th		erger or consolidation during the npany Code, and state of domiconsolidation.					Yes	s [ ]	No [X]
			1 Name of Entity			3 State of D				
5.	If the reporting efact, or similar a	greement, have there been	ment agreement, including thir any significant changes regard	d-party administrator(s) ing the terms of the agr	, managing gener eement or princip	al agent(s), a als involved?	attorney-in-	Yes [ ] No	o [X]	NA []
6.1	State as of what	t date the latest financial exa	amination of the reporting entity	was made or is being r	nade.	***************************************			12/	31/2005
6.2	State the as of o	date that the latest financial	examination report became availed balance sheet and not the da	ailable from either the st	tate of domicile or	the reporting	entity.		12/	31/2005
6.3	State as of what or the reporting	t date the latest financial exa entity. This is the release da	amination report became availate or completion date of the ex	ble to other states or th amination report and no	e public from eithet ot the date of the	er the state o	f domicile balance			28/2006
6.4	By what departn	ment or departments?								
	Tennessee Depa	rtment of Insurance			•					
6.5			hin the latest financial examina					Yes [X] No	o [ ]	NA [ ]
6.6	Have all of the r	ecommendations within the	latest financial examination rep	oort been complied with	?			Yes [X] No	o [ ]	NA []
7.1			s of Authority, licenses or regist entity during the reporting per					Yes	s [ ]	No [X]
7.2	If yes, give full in	nformation:								
8.1	Is the company	a subsidiary of a bank holdi	ng company regulated by the F	ederal Reserve Board?				Yes	s [ ]	No [X]
8.2	If response to 8.	.1 is yes, please identify the	name of the bank holding com	pany.						
8.3	Is the company	affiliated with one or more b	anks, thrifts or securities firms	)				Ye	s [ ]	No [X]
8.4	federal regulato of Thrift Supervi	ry services agency [i.e. the	ow the names and location (cit Federal Reserve Board (FRB), posit Insurance Corporation (Fl or.]	the Office of the Compt	roller of the Curre	ncy (OCC), t	he Office			
		1	l l	2 stion	3	4	5	6		7
		Affiliate Name		ation State)	FRB	occ	OTS	FDIC	5	SEC
	# A # V V V					4				
	***************************************								1	

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?	Yes [X]	No [ ]
	<ul> <li>(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationship</li> <li>(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</li> <li>(c) Compliance with applicable governmental laws, rules and regulations;</li> <li>(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and</li> <li>(e) Accountability for adherence to the code.</li> </ul>	s;	
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?	Yes [ ]	No [X]
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?	Yes [ ]	No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:		************
11.1	INVESTMENT  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.)	Yes [ ]	No [X]
11.2	If yes, give full and complete information relating thereto:		
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		0
13.	Amount of real estate and mortgages held in short-term investments:		0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [	] No [X]
14.2	If yes, please complete the following:		
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value 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?	Yes [ ]	No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [ ]	No [X]

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?

Yes [X] No []

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

1	2
Name of Custodian(s)	Custodian Address
	4 New York Plaza, 15th Floor, New York, NY 10004-
JP Morgan Chase	2413
	Attention: Charles 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	3		
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?

Yes [ ] No [X]

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	Address
107105	Blackrock, Inc.	40 East 2nd Street, NY, NY 10022

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

17.2 If no, list exceptions:

Yes [X] No []

#### 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?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$
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.	\$

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

	1	2	3	4	5	6 Type of Reinsurance	7 Is Insurer Authorized?
Cor	NAIC mpany Code	Federal ID Number	Effective Date	Name of Reinsurer	Location	Reinsurance Ceded	Authorized? (Yes or No)
- 001	mpany code	ID Number	Date	Name of Nombard	Location	Cedea	(163 01 140)
ļ							
ļ					***************************************		
				,			
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ļ							
<b> </b>				NIANE	***************************************		
			**********	NONE			
1			********************				
					***************************************		
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## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

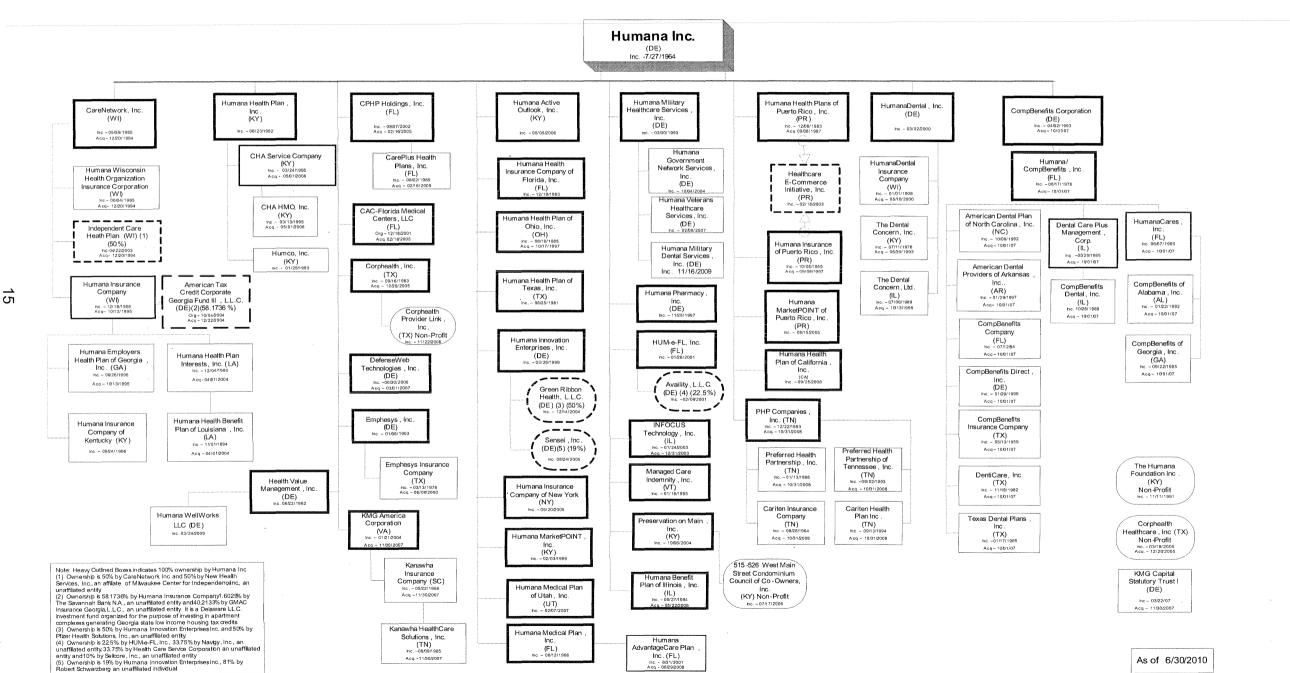
Current Year to Date - Allocated by States and Territories

1		1	Current Year to Date - Allocated by States and Territories  Direct Business Only							
		1	5 6					T		
			2	3	4	Federal	Ĭ	7	8	9
						Employees	Life & Annuity			
						Health	Premiums &	Dramout/	Total	
		Active	Accident & - Health	Medicare	Medicaid	Benefits Program	Other Consideration	Property/ Casualty	Total Columns	Deposit-Type
	States, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	S	Premiums	2 Through 7	Contracts
1		N							0	
		N				<b>†</b>			1	
	AlaskaAK	1							0	
	ArizonaAZ	N					<u> </u>		0	
4.	ArkansasAR	N							0	
5.	CaliforniaCA	N				<b></b>			0	
6.	ColoradoCO	N								
7.	Connecticut CT	N	<u> </u>						0	
8.	Delaware DE	N							. 0	
į.	Dist. of Columbia DC	N		******					0	
i i	FloridaFL	N	l			1			0	
1		N N				<b>†</b>	<b></b>			
	GeorgiaGA		ł		······	<b>+</b>	<b></b>		0	
	HawaiiHI	N							0	
	IdahoID	N				ļ			. 0	
14.	IllinoisIL	N				<b></b>			0	
15.	Indiana IN	N				<b></b>	<b></b>		0	
16.	lowaIA	N			********	1			0	
	Kansas KS	N							0	
1	Kentucky KY	N.				I	T		n	
l .	Louisiana LA	N				1	[		1	
1						t	<b></b>		, , ,	
ł	Maine ME	N				<del>†</del>	ł		0	
1	Maryland MD					<b>+</b>	<b></b>		0	
1	MassachusettsMA	N				ļ			0	
23.	MichiganMI	N							. 0	
24.	MinnesotaMN	N	ļ			<b></b>	ļ		0	
25.	Mississippi MS	N				<b>1</b>			0	
1	Missouri MO	N					L		0	
1	Montana MT	N.		•					0	
	Nebraska NE						İ		n	
į.						<b>†</b>			0	
ł	New HampshireNH	N					ł		0	
31.	New Jersey NJ	N				<b></b>			. 0	
32.	New Mexico NM	N.				ļ			. 0	
33.	New YorkNY	N							0	
34.	North Carolina NC	LN			***************************************				0	
35.	North Dakota ND	N							0	
36.	OhioOH	N							0	
	Oklahoma OK	1							n	
I .	Oregon OR	N N				***************************************			1 0	
Į.		N.				<b>†</b>			1	
	•		***************************************			<b>†</b>			0	
	Rhode Island RI	ļN		*********		<b>+</b>				
1	South Carolina SC	N							. 0	
42.	South DakotaSD	N				<b></b>	*		0	
43.	TennesseeTN	ļL				ļ				
	TexasTX	N			*********	ļ	ļ		0	
45.	UtahUT	N				<u> </u>			0	
	Vermont VT	N				I			n	
1	VirginiaVA	N							0	
1	Washington WA				***************************************	T			1 0	
1	•	NI NI	1			t			J	
1	West Virginia WV	JN				<b>†</b>			1	
1	Wisconsin WI	N				<b>†</b>	ļ		·0	
ı	WyomingWY	N				<b>†</b>			.  <sup>0</sup>	
1	American SamoaAS	ļN	<b>!</b>		***************************************	<b>+</b>	<b>}</b>		. 0	
1	Guam GU	ļN	ļ			<b>‡</b>	ļ		0	
54.	Puerto Rico PR	N				<b>4</b>	ļ		0	
55.	U.S. Virgin Islands VI	N				<b></b>			0	
	Northern Mariana Islands MP	N			L	1			L 0	
1	Canada CN	N				T	l		n	
1	Aggregate other alien OT	XXX	0	0	Λ	0	1. 0	^	n	0
	Subtotal	XXX	1	0		0	0	0	1	1
i	Reporting entity contributions for		0	0	0			0	0	1
61.	Employee Benefit Plans Total (Direct Business)	(a) XXX	0	0	0	0	0	0	0	0
<u> </u>	DETAILS OF WRITE-INS	ľ	İ			1	İ	l		1
5801.		XXX								
5802.			1			<b>†</b>			<b></b>	
1		XXX				ł	}		<b> </b>	-
5803.	***************************************	XXX				<b></b>	<b>_</b>		<b> </b>	
5898.	Summary of remaining write-ins for	WWW	_	_	_	_	_	-		
	Line 58 from overflow page	XXX	0	0	0	0	0	J0	0	0
5899.	Totals (Lines 5801 through 5803	VVV	_	_	_		_	_		
L	plus 5898) (Line 58 above) nsed or Chartered - Licensed Insurance Ca	XXX	0	0	0	0	0	0	0	
// \   ioo	need or Chartered Licensed Incurance Co	errior or Domici	led RRG: (R) Regi	stered - Non-domi	ciled RRGs: (O) O	ualified - Oualified	or Accredited Rei	neuror: (F) Fligible	<ul> <li>Donorting Entit</li> </ul>	· 10 - 10 - 1

<sup>(</sup>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 approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

<sup>(</sup>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 filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

·	RESPONSE
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:	
1. This type of business in not written.	
Bar Code:	

## **SCHEDULE A – VERIFICATION**

Real Estate

	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		L0
2.2 Additional investment made after acquisition		10
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
Deduct amounts received on disposals		0
Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
Deduct current year's depreciation		1 0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	. 0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

### **SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition		0
		• 0
Capitalized deferred interest and other		0
4. Accrual of discount		0
2.2. Additional investment made after acquisition 3. Capitalized deferred interest and other 4. Accrual of discount 5. Unrealized valuation increase (decrease) 6. Total gain (loss) on disposals		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and mortgage interest points and commitment fees		0
Total foreign exchange change in book value/recorded investment excluding accrued interest		0
Deduct current year's other than temporary impairment recognized.		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	\ 0 <b>\</b>	0

#### **SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

Other Long-Term invested Assets		
	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	L 0	0
Cost of acquired:		
2.1. Actual cost at time of acquisition		0
2.2. Additional investment made after acquisition     3. Capitalized deferred interest and other		0
Capitalized deferred interest and other		0
Accrual of discount		0
5. Unrealized valuation increase (decrease)		. 0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and depreciation		0
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other than temporary impairment recognized.		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	L0	0
12. Deduct total nonadmitted amounts	1	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1	2 Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	19,780,102	32,632,846
Cost of bonds and stocks acquired	625,606	22,944,112
Accrual of discount	5,255	28,714
Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	248,597	739,329
Deduct consideration for bonds and stocks disposed of	19,375,620	36,413,459
7. Deduct amortization of premium		151,440
Total foreign exchange change in book/adjusted carrying value		0
O Destruct comments de subscribt ou thought our commitment incomplement as a secular of		Λ Ι
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
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	22,769,489	39,089,915	56,029,773	(7,840)	22,769,490	5,821,791	0	22,177,550
2. Class 2 (a)	2,578,605		2,572,959	(5,645)	2,578,604	1	0	2,094,781
3. Class 3 (a)	0				0	0	0	0
4. Class 4 (a)	0				0	0	0	0
5. Class 5 (a)	0				0	0	0	0
6. Class 6 (a)	0				0	0	0	0
7. Total Bonds	. 25,348,094	39,089,915	58,602,732	(13,486)	25,348,094	5,821,791	0	24,272,331
PREFERRED STOCK					·			
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0		· · · · · · · · · · · · · · · · · · ·		0	0	0	0
11. Class 4	0	,			0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	. 0	0	0	. 0	0	0	- 0
15. Total Bonds & Preferred Stock Book/Adjusted Carrying Value column for the end of the	25,348,094	39,089,915	58,602,732	(13,486)	25,348,094	5,821,791 : NAIC 2 \$	0	24,272,331

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$ ; NAIC 5 \$ ; NAIC 5 \$ ; NAIC 6 \$ ; NA

## **SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted		·	Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	81,990	xxx	81,990	1,084	0

## **SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	3,792,230	19,709,091
Cost of short-term investments acquired	39,440,609	66,169,372
Accrual of discount		0
Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
Deduct consideration received on disposals		82,086,233
7. Deduct amortization of premium		0
Total foreign exchange change in book/adjusted carrying value		0
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)		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)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	699,998	2,199,950
Cost of cash equivalents acquired	13,698,832	48
Accrual of discount	794	0
Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	(11)	0
Deduct consideration received on disposals	9,899,927	1,500,000
7. Deduct amortization of premium		0
Total foreign exchange change in book/adjusted carrying value		0
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	
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

NONE

Schedule B - Part 3

Schedule BA - Part 2
NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)

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

										D - P										
			T	T	Sho	w All Long-	erm Bonds		old, Redeeme	ed or Otherwis	e Disposed of Book/Adjusted Ca		urrent Quarte		17	1 40	40	20	1 04	1 00
1	2	3 4	5	6	/	l °	9	10		Change in t	l	In ying value		16	''	18	19	20	21	22
									11	12	13	14	15							NAIC
CUSIP Identi- fication	Description	o r e i g Disposal n 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	NAIC Designation or Market Indicator (a)
Bonds - U.S.	Governments								· · · · · · · · · · · · · · · · · · ·		r			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·		·		1
912828-HQ-6	UNITED STATES TREASURY GOVERNMENT	04/20/2010.	BANK OF AMERICA		207,617	200,000	203,485	202,563		(243)		(243)		202,320		5,297	5,297	4, 130	01/31/2013_	11
912828-HT-0_	UNITED STATES TREASURY GOVERNMENT	04/20/2010.	BANK OF AMERICA.		3,103,242	3,000,000	3,057,544	3,042,542		(3,894)		(3,894)		3,038,649		64,594	64,594	52,683	02/28/2013.	1
912828-HV-5	UNITED STATES TREASURY	04/20/2010	BANK OF AMERICA		205,430	200,000	195,627	196,727		291		291		197.018		8,412	8,412	2,773	03/31/2013	1
912828-KJ-8.	UNITED STATES TREASURY GOVERNMENT		BANK OF AMERICA		2.218.447	2,250,000	2,233,220	2,235,459		1.000		1.000		2,236,458		(18,011)	(18.011)	21,839	1	1
	Totals - Bonds - U.S. Gover		DANN OF AMERICA		5,734,736	5,650,000	5,689,876	5,677,291	Č	(2,846)	0	(2,846)	0	5,674,445	0	60,291	60,291	81,426		XXX
	Other Governments States, Territories and Po	accaccions																		
	FLORIDA ST BOARD EDUC		T	T		50	I			1		(170)		T			,	,	00.104.106	T
341535-W2-4	MUNI GEORGIA ST	05/12/2010.	UBS SECURITIES		55,748	50,000	57,012			(472)		(472)		56,539		(791)	(791)	1, 153	06/01/2014	1FE
373384-PJ-9	MUNI NORTH CAROLINA ST	05/12/2010.	UBS SECURITIES	ļ		75,000	88,620	88,584	,		·····	(545)				(1,286)	(1,286)	1,510	07/01/2018	1FE
658256-A8-5,	MUNI	05/12/2010.	BRANCH BANK & TRUST		228,602	200,000	235,378	235,105		(2,482)		(2,482)		232,623		(4,021)	(4,021)	5,750	03/01/2015_	1FE
83755G-3B-1	SOUTH DAKOTA HSG DEV AUTH		SEATTLE NORWEST SEC.		1,427,669	1,390,000	1,390,000	1,390,000				0		1,390,000		37,669	37,669	30,580		1FE
	Totals - Bonds - U.S. State Political Subdivisions of				1,798,772	1,715,000	1,771,010	1,713,689	1 0	(3,499)	0	(3,499)	0	1,767,201	0	31,571	31,571	38,993	XXX	XXX
	Special Revenue and Specia		all Non-Guaranteed Obligati	ions of Agencies	and Authorities	of Governments	and Their Polit	ical Subdivision	S						•					
116083-EP-7	BROWNSBURG IND SCH BLDG MUNI	05/12/2010.	UBS SECURITIES.		1,546,821	1,415,000	1,526,092	1,508,812		(5,800)		(5,800)		1,503,013		43,809	43,809	56,207	08/01/2016.	1FE
454623-M4-8	INDIANA BD BK	05/12/2010	CREWS & ASSOCIATES		1,252,512	1,200,000	1,288,260	1,267,854		(6,812)		(6,812)		1,261,042	ē.	(8,530)	(8,530)	47,667	08/01/2015_	2FE
478271-DS-5	JOHNSON CITY TN HEALTH & EDU MUNI		EMMET & CO		825,484	775,000	849,749	826,928		(7,620)		(7,620)		819,308		6,176	6, 176	40,817	07/01/2012	
ļ	LOUISA VA INDL DEV AUTH									1 ' '		(1,887)				5,175	0, 1/0	· ·		1
546071-AA-9	MUNI	04/01/2010.		)	1,000,000	1,000,000	1,002,050	1,001,887		(1,887)		1 ' 1		1,000,000				21,250		1FE
546596-FM-4.	CTY MUNI. TENNESSEE HSG DEV AGY	05/14/2010.	. WEDBUSH SECURITIES		1,373,450	1,300,000	1,403,623	1,372,086		(10,718)		(10,718)		1,361,369		12,081	12,081		07/01/2012.	1FE
88045R-DY-5	MUNI TENNESSEE HSG DEV AGY	05/14/2010.	UBS SECURITIES			1,120,000	1 , 120 ,000	1,120,000				0		1,120,000		14,862	14 ,862	39,573	01/01/2011.	1FE
88045R - DZ - 2	MUNI	05/14/2010.	SEATTLE NORWEST SEC	ļ	1,241,183	1,215,000	1,215,000	1,215,000		ļ		0		1,215,000		26,183	26, 183	42,930	07/01/2011.	1FE
880557-G9-8	TENN STATE SCHOOL BD AUTH		MORGAN KEEGAN		1,005,488	975,000	975,000	975,000	***************************************			0		975,000		30,488	30 , 488	22,355	05/01/2011.	1FE
927781-SZ-8	VIRGINIA COLLEGE BLDG AUTH MUNI	05/12/2010.	BRANCH BANK & TRUST		164,552	150,000	168,644	168,414		(2,228)	********	(2,228)		166,186		(1,634)	(1,634)	3,125	02/01/2013_	1FE
92812U-MM-7	VIRGINIA ST HSG DEV AUTH	.05/14/2010	MORGAN KEEGAN		1,416,044	1,400,000	1,390,200	1,396,009		1,937	4	1,937		1,397,946		18,098	18,098	35,467	10/01/2010	1FE
	Totals - Bonds - U.S. Speci	ial Revenue and S	pecial Assessment and all No of Governments and Their Po	on-Guaranteed olitical	10,960,396	10,550,000	10,938,617	10,851,990	C	(33,126)	0	(33,126)	0	10,818,864	0	141,533	141,533	375,420		XXX
Bonds - Indu	strial and Miscellaneous (U TADORE SYSTEMS	Unaffiliated)		T		1					I	]		T	I				T	T -
00724F - AA -9	INCORPORATED CORPORATE	05/12/2010.	RBC CAPITAL MARKETS		177,826	175,000	174,696		ļ	11		11		174,706		3,120	3, 120	1,675	02/01/2015	2FE
15189Y - AB - 2	CENTERPOINT ENERGY INC CORPORATE	05/12/2010.	. WALL STREET ACCESS		143,891	125,000	144,198			(1,113)	***************************************	(1,113)		143,085		806	806	6,180	04/01/2013_	2FE
53217V - AB - 5	LIFE TECHNOLOGIES CORP CORPORATE	05/12/2010	UBS SECURITIES.		77,008	75,000				6		6		74,757		2,251	2,251	807	03/01/2015_	2FE
585055-AS-5.	MEDTRONIC INC		HSBC SECURITIES INC.			75,000	74,880			.(3)		/3)		74,878		1,344	1,344	566	03/15/2020_	
	VALERO ENERGY CORP		RBS GREENWICH CAPITAL		1	100,000				(10)		(10)					1,931	1,238	1	
91913Y - AQ - 3	EKSPORT FINANCE		MARKETS INC. RBS GREENWICH CAPITAL		101,992		100,070			1		` 1		100,061	***	1,931	•	·	1	1
282640 - R6 - 3 3899999 -	CORPORATE Totals - Bonds - Industrial		MARKETS_INC us_(Unaffiliated)		203,028	200,000 750,000	199,072 767,666	199,089	<del> </del>	(1,038)	0	(1,038)	n	199,159 766,645	0	3,869 13,321	3,869 13.321	3,000 13,464		XXX
Bonds - Cred	it Tenant Loans	, and miscernation	ss (sharring)		110,000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	707,1000	100,000	<u> </u>	(1,500)	<u> </u>	(1,000/		, , , , , , , ,	· · · · · ·	10,021	10,021	10,107		
	id Securities nt, Subsidiaries, and Affi	Liates				***************************************			***************************************											
8399997 -	Total - Bonds - Part 4				19,273,871								0	19,027,155			246,716	509,303		XXX
	Total - Bonds	allamana (baff	Listed\		19,273,871	18,665,000	19,167,168	18,442,059	1 0	(40,509)	0	(40,509)	0	19,027,155	0	246,716	246,716	509,303	XXX	XXX

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

## SCHEDULE D - PART 4

Show All Long-Term Ro	inde and Stack Sold Badas	med or Otherwise Disnose	d of During the Current Quarter

1 1	2 3	4	T 5	6	7	8	9	10		Change in E	Book/Adjusted Ca			16	17	18	19	20	21	22
				1						T	T	1		1					i	
	-			Ì			İ	,	11	12	13	14	15					1	i	NAIG
	F								1										i	NAIC Desig-
	0						1		1		Current Year's			Book/				Bond	1	nation
	'e							Prior Year	Unrealized	'	Other Than		Total Foreign		Foreign			Interest/Stock	i	or
CUSIP	Ιĭ			Number of				Book/Adjusted		Current Year's		Total Change in				Realized Gain	Total Gain	Dividends	i	Market
Identi-	g	Disposal		Shares of				Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	
fication	Description n	Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	(a)
	cks – Parent, Subsidiaries, a																			
Common Stocks	- Industrial and Miscellane	ous (Unaffilia	ted)																	
Common Stocks	– Parent, Subsidiaries, and – Mutual Funds	Affiliates																		
Common Stocks	- Money Market Mutual Funds						***************************************													
COMMON STOCKS	- moriey market motual runus	T	T	T	ſ		Г	I	Γ	T	I	1	T	T	T	T			·	T
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9999999 T	otals	· · · · · · · · · · · · · · · · · · ·	1	4	19,273,871	XXX	19,167,168	18.442.059	0	(40,509)	0	(40.509)	0	19,027,155	0	246,716	246,716	509,303	XXX	XXX
		C market indi	cator "U" provide: the numb	hor of auch ionu			1,, , , , ,			1.2,000/		1.2,000/		1,						

# Schedule DB - Part A - Section 1 NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

# SCHEDULE E - PART 1 - CASH Month End Depository Balances

Amount of Interest Received Accrued at Accrued at Accrued at Accrued at Current Of Current Of Interest Received Accrued at Accrued a	1	2	3	4	5	Book F	Balance at End of	Fach	9
Amount of Interest   Courter   Cou		-		7	Ĭ				Ŭ
1788 TBM	Depository Cons. Pages Harriss	Code	of	Interest Received During Current	Interest Accrued at Current Statement	6	7	8	*
\$ 9.0 (	FIRST TENN Knoxville.TN		Γ			115,410	115,410	137,106	XXX
(250000 Total Tate Report latines	B OF AAtlanta,GA					923	52,456	82,942	XXX
(250000 Total Tate Report latines	0199998 Deposits in depositories that do								
205500 Total Agen Perceivaries	(See Instructions) - Open Depositories	XXX	XXX						
Company   Control Cash on Deposit   XXX		XXX	XXX	0	0	116,333	167,866	220,048	ХХХ
Company   Control Cash on Deposit   XXX		ł							1
Company   Control Cash on Deposit   XXX								***************************************	
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Company   Control Cash on Deposit   XXX				********************************	*****				1 1
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Company   Control Cash on Deposit   XXX									
Company   Control Cash on Deposit   XXX	2000000	<u> </u>							<b>↓</b>
Company   Control Cash on Deposit   XXX	U299998 Deposits in								
Company   Control Cash on Deposit   XXX	(See Instructions) - Suspended Depositories								ХХХ
0499999 Cash in Company's Office XXX XXX XXX XXX XXX XXX XXX XXX	0299999 Total Suspended Depositories								
	0499999 Cash in Company's Office					116,333	767,866	220,048	
	0599999 Total Cash					116,333	167,866	220,048	

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

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Ol	Investment		J F1 - E	A	A
Snow	investmen	rs i Jwner	i Ena or	Lurrent	CHARTER

			snow investments Owned End of Cur				
1	2	3 Date	4 Rate of	5 Maturity	6 Book/Adjusted	7 Amount of Interest	8 Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
U.S. Governments Issuer Obligations							
TREASURY BILL		06/29/2010	0.090	07/29/2010	_4,499,687		22
0199999 - U.S. Governments - Issuer Obligations					4,499,687	0	22
U.S Governments Single Class Mortgage-Backed/Asset-Backed Securities							
0399999 - Subtotals - U.S. Government Bonds					4,499,687	0	22
All Other Governments - Issuer Obligations							
All Other Governments - Single Class Mortgage-Backed/Asset-Backed Securities							
All Other Governments - Defined Multi-Class Residential Mortgage-Backed Securities	· · · · · · · · · · · · · · · · · · ·						
All Other Governments - Other Multi-Class Residential Mortgage-Backed Securities						***************************************	
All Other Governments - Defined Multi-Class Commercial Mortgage-Backed Securities							
All Other Governments - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securiti	es						
U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Single Class Mortgage-Ba	acked/Asset-Backed	Securites					
U.S. States, Territories and Possessions (Direct and Guaranteed) - Defined Multi-Class Res							
U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Multi-Class Reside							Maria
U.S. States, Territories and Possessions (Direct and Guaranteed) - Defined Multi-Class Com							
U.S. States. Territories and Possessions (Direct and Guaranteed) - Other Multi-Class Comme			ecurities				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)					**************************************		**************************************
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)	- Single Class Mo	ortgage-Backed/Asse	t-Backed Securities			***************************************	VIII. VIII.
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)	- Defined Multi-C	Class Residential Mo	ortgage-Backed/Asset-Backed Securities				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)	- Other Multi-Cla	ass Residential Mor	tgage-Backed Securities				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)	- Defined Multi-C	Class Commercial Mo	rtgage-Backed Securities				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations				. Issuer Obligations			
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations					d/Assat-Backed Securities		
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations							
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations						os	
Credit Tenant Loans - Issuer Obligations	or Agenetes and r	tutnorities or cove	Trimerite and their retrities capativistoria	- Other marti-orass commercial	T mortgage backed/hoset-backed becall fitt	03	
Industrial and Miscellaneous (Unaffiliated) - Single Class Mortgage-Backed/Asset-Backed Sea	curities						***************************************
Industrial and Miscellaneous (Unaffiliated) - Defined Multi-Class Residential Mortgage-Back							
Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Residential Mortgage-Backer							
Industrial and Miscellaneous (Unaffiliated) - Defined Multi-Class Commercial Mortgage-Backet							
Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Commercial Mortgage-Backed		ritioe		****			
Credit Tenant Loans - Issuer Obligations	ASSET DACKED SECT	111162					<u> </u>
Credit Tenant Loans - Single Class Mortgage-Backed/Asset-Backed Securities				· · · · · · · · · · · · · · · · · · ·			
Hybrid Securities - Issuer Obligations							
Hybrid Securities - Single Class Mortgage-Backed/Asset-Backed Securities							
Hybrid Securities - Defined Multi-Class Residential Mortgage-Backed Securities	····					-	
Hybrid Securities - Other Multi-Class Residential Mortgage-Backed Securities							
Hybrid Securities - Defined Multi-Class Commercial Mortgage-Backed Securities							
Hybrid Securities - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities							
Parent, Subsidiaries and Affiliates Bonds - Issuer Obligations							
Parent, Subsidiaries and Affiliates Bonds - Single Class Mortgage-Backed/Asset-Backed Secu							
Parent, Subsidiaries and Affiliates Bonds - Defined Multi-Class Residential Mortgage-Backer	a Securities						
Parent, Subsidiaries and Affiliates Bonds - Other Multi-Class Residential Mortgage-Backed	becurities			***************************************			
Parent, Subsidiaries and Affiliates Bonds - Defined Multi-Class Commercial Mortgage-Backed	Securities						
Parent, Subsidiaries and Affiliates Bonds – Other Multi-Class Commercial Mortgage-Backed/A	sset-Backed Securi	ties		•			
7799999 - Subtotals - Issuer Obligations					4,499,687	0	22
8399999 - Subtotals - Bonds					4,499,687	0	22
Sweep Accounts							
Other Cash Equivalents							
8699999 Total Cash Equivalents					4,499,687	0	22
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