Quarterly STATEMENT FOR THE YEAR 3Q 2010 OF THE Preferred Health Partnership of Tennessee, Inc.

AMENDED

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
95			l	· .		7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
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						1	1
						1	1
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables 0299999 Receivables not individually listed	0	Ō	l õ	Õ	0	Ō	ő
0399999 Total gross amounts receivable	0	0	0	0	Ö	0	i o