

Exhibit

DD



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

AMERICAN TRANSIT INS CO
330 WEST 34TH ST. - 10TH FLOOR
NEW YORK, NY 10001-1000

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	016616	20102	15210062	\$345,948.00

Full payment of \$345,948.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$345,948.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$363,245.40

** Includes late payment penalty of \$17,297.40. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

Please take notice, if payment is not received by 06/10/10, this agency is authorized to pursue other collection alternatives.

State agencies may refer past-due accounts to a private collection agency, or the New York State Attorney General's Office. Further, Section 171-f of the State Tax Law authorizes State agencies to certify a past-due legally enforceable debt to the New York State Department of Taxation and Finance for collection by offset of tax overpayments or other payments due from the State. In addition, State agencies are authorized to charge a collection fee, up to 22 percent of the outstanding debt, on accounts that are more than 90 days past-due. Section 19 of the State Finance Law allows State agencies to charge a \$20.00 fee for dishonored checks or like instruments.

If you have any questions regarding this bill, please call the Bureau of Taxes and Accounts at (518) 474-8567 or e-mail billing@ins.state.ny.us

Please make checks payable to : Superintendent of Insurance.

Send payment with a copy of this invoice to:

NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

EVEREADY INSURANCE COMPANY
ATTN: EILEEN MUELLER
59 MAIDEN LANE - 43RD FLOOR
NEW YORK, NY 10038-0000

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	011037	20102	15210062	\$29,579.00

Full payment of \$29,579.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$29,579.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$31,057.95

** Includes late payment penalty of \$1,478.95. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

GREATER NEW YORK MUTUAL INS CO
ATTN: ACCOUNTING DEPT.
200 MADISON AVE.
NEW YORK, NY 10016-0000

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	022187	20102	15210062	\$220,679.00

Full payment of \$220,679.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10	\$220,679.00
AMOUNT DUE - If paid after 06/10/10 and before 07/11/10	\$231,712.95

** Includes late payment penalty of \$11,033.95. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Please make checks payable to : Superintendent of Insurance.

Send payment with a copy of this invoice to:

NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257

013668



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

COMMERCIAL MUTUAL INS CO 13668
15 JOYS LANE
KINGSTON, NY 12401

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	013668	20102	15210062	\$54,910.00

Full payment of \$54,910.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10	\$54,910.00
AMOUNT DUE - If paid after 06/10/10 and before 07/11/10	\$57,655.50

** Includes late payment penalty of \$2,745.50. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

MERCHANTS MUTUAL INS. CO
VP & CFO
250 MAIN ST
BUFFALO, NY 14202

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	023329	20102	15210062	\$178,023.00

Full payment of \$178,023.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$178,023.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$186,924.15

** Includes late payment penalty of \$8,901.15. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

UTICA MUTUAL INSURANCE COMPANY
TAX COMPLIANCE
PO BOX 530
UTICA, NY 13503

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	025976	20102	15210062	\$157,695.00

Full payment of \$157,695.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$157,695.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$165,579.75

** Includes late payment penalty of \$7,884.75. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Please make checks payable to : Superintendent of Insurance.

Send payment with a copy of this invoice to:

NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

AETNA HEALTH INC
980 JOLLY ROAD-MSU11S
BLUE BELL, PA 19422

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095234	20102	15210062	\$1,128,695.00

Full payment of \$1,128,695.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$1,128,695.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$1,185,129.75

** Includes late payment penalty of \$56,434.75. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Please make checks payable to : Superintendent of Insurance.

Send payment with a copy of this invoice to:

NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

AETNA HEALTH INSURANCE CO OF NY
980 JOLLY ROAD- MAIL STOP 11 S
BLUE BELL, PA 19422

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	084450	20102	15210062	\$27,751.00

Full payment of \$27,751.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10	\$27,751.00
AMOUNT DUE - If paid after 06/10/10 and before 07/11/10	\$29,138.55

** Includes late payment penalty of \$1,387.55. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

CAP. DIST. PHYSICIANS HEALTH PLAN
ATTN: FINANCE DEPARTMENT
500 PATRON CREEK BLVD
ALBANY, NY 12206

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095491	20102	15210062	\$1,289,756.00

Full payment of \$1,289,756.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$1,289,756.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$1,354,243.80

** Includes late payment penalty of \$64,487.80. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

CDPHP UNIVERSAL BENEFITS INC
500 PATROON CREEK BLVD.
ALBANY, NY 12206

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047027	20102	15210062	\$324,889.00

Full payment of \$324,889.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$324,889.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$341,133.45

** Includes late payment penalty of \$16,244.45. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

HEALTH NET INSURANCE OF NEW YORK, INC.
STATUTORY REPORTING & ACCOUNTING
21650 OXNARD ST. - 25TH FLOOR
WOODLAND HILLS, CA 91367

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	043893	20102	15210062	\$1,281,267.00

Full payment of \$1,281,267.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$1,281,267.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$1,345,330.35

** Includes late payment penalty of \$64,063.35. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

HEALTH NET OF NEW YORK INC
STATUTORY REPORTING & ACCOUNTING
21650 OXNARD ST. - 25 FLOOR
WOODLAND HILLS, CA 91367

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095305	20102	15210062	\$1,012,387.00

Full payment of \$1,012,387.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10	\$1,012,387.00
AMOUNT DUE - If paid after 06/10/10 and before 07/11/10	\$1,063,006.35

** Includes late payment penalty of \$50,619.35. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

HEALTHNOW NY, INC.
C/O BC & BS OF WNY
ATTN: J. DICKERSON, CFO
PO BOX 80
BUFFALO, NY 14240-0080

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	055204	20102	15210062	\$3,445,077.00

Full payment of \$3,445,077.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$3,445,077.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$3,617,330.85

** Includes late payment penalty of \$172,253.85. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

INDEPENDENT HEALTH ASSOC. INC
511 FARBER LAKES DR.
BUFFALO, NY 14221

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095308	20102	15210062	\$869,014.00

Full payment of \$869,014.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$869,014.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$912,464.70

** Includes late payment penalty of \$43,450.70. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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If you have any questions regarding this bill, please call the Bureau of Taxes and Accounts at (518) 474-8567 or e-mail billing@ins.state.ny.us

Please make checks payable to : Superintendent of Insurance.

Send payment with a copy of this invoice to:

NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

INDEPENDENT HEALTH BENEFITS CORP.
ATTN.: FINANCE
511 FARBER LAKES DRIVE
BUFFALO, NY 14221

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047034	20102	15210062	\$830,644.00

Full payment of \$830,644.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$830,644.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$872,176.20

** Includes late payment penalty of \$41,532.20. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

MVP HEALTH INSURANCE CO
DIRECTOR OF ACCOUNTING
625 STATE STREET
SCHENECTADY, NY 12305

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	011125	20102	15210062	\$256,106.00

Full payment of \$256,106.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$256,106.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$268,911.30

** Includes late payment penalty of \$12,805.30. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

MVP HEALTH PLAN
DIRECTOR OF ACCOUNTING
625 STATE ST.
SCHENECTADY, NY 12305

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095521	20102	15210062	\$1,482,761.00

Full payment of \$1,482,761.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$1,482,761.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$1,556,899.05

** Includes late payment penalty of \$74,138.05. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

MVP HEALTH SERVICES CORP.
DIRECTOR OF ACCOUNTING
625 STATE STREET
SCHENECTADY, NY 12305

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047062	20102	15210062	\$8,694.00

Full payment of \$8,694.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$8,694.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$9,128.70

** Includes late payment penalty of \$434.70. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

OXFORD HEALTH INSURANCE, INC.
ATTN: BRIAN MCKINNEY
48 MONROE TURNPIKE
TRUMBULL, CT 06611

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	078026	20102	15210062	\$7,346,839.00

Full payment of \$7,346,839.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$7,346,839.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$7,714,180.95

** Includes late payment penalty of \$367,341.95. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Please make checks payable to : Superintendent of Insurance.

Send payment with a copy of this invoice to:

NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

OXFORD HEALTH PLANS OF NY INC
ATTN: JENNIE PAPILE
MGR OF FINANCIAL EXAMINATIONS
450 COLUMBUS BLVD - CT030-04NB
HARTFORD, CT 06103-0000

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095479	20102	15210062	\$2,923,457.00

Full payment of \$2,923,457.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$2,923,457.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$3,069,629.85

** Includes late payment penalty of \$146,172.85. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

PREFERRED ASSURANCE COMPANY
ATTN: DIRECTOR OF ACCOUNTING
625 STATE ST., 7TH FLR
SCHENECTADY, NY 12305-0000

This is a bill invoice or notice from the State of New York Insurance Department

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 06/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	049964	20102	15210062	\$117,736.00

Full payment of \$117,736.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$117,736.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$123,622.80

** Includes late payment penalty of \$5,886.80. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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Albany, New York 12257



STATE OF NEW YORK
INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY, NY 12257

05/05/10

UNITEDHEALTHCARE INS CO OF NY
ATTN: ANN CARUSO
MAIL ROUTE CT030-04NB
450 COLUMBUS BLVD.
HARTFORD, CT 06115-0000

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<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	060093	20102	15210062	\$10,161,639.00

Full payment of \$10,161,639.00 is due on or before 06/10/10.

AMOUNT DUE - If paid by 06/10/10 \$10,161,639.00

AMOUNT DUE - If paid after 06/10/10 and before 07/11/10 \$10,669,720.95

** Includes late payment penalty of \$508,081.95. Section 9109 of the State Insurance Law provides for the imposition of a late payment penalty of five percent of the principal amount due plus an additional one percent of such amount for the second and subsequent months or fractions thereof during which payment has not been made.

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