

Exhibit

EE

016616



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	016616	20103	15210062	\$345,948.00

Full payment of \$345,948.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$345,948.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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 09/10/10, 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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	011037	20103	15210062	\$29,579.00

Full payment of \$29,579.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$29,579.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

022187



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	022187	20103	15210062	\$220,679.00

Full payment of \$220,679.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$220,679.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	013668	20103	15210062	\$54,910.00

Full payment of \$54,910.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$54,910.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

023329



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

08/05/10

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

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

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	023329	20103	15210062	\$178,023.00

Full payment of \$178,023.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$178,023.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

025976



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	025976	20103	15210062	\$157,695.00

Full payment of \$157,695.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$157,695.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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

095234



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095234	20103	15210062	\$1,128,695.00

Full payment of \$1,128,695.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10	\$1,128,695.00
AMOUNT DUE - If paid after 09/10/10 and before 10/11/10	\$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

084450



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

08/05/10

AETNA HEALTH INSURANCE CO OF NY
980 JOLLY ROAD- MAIL STOP 11 S
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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	084450	20103	15210062	\$27,751.00

Full payment of \$27,751.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$27,751.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095491	20103	15210062	\$1,289,756.00

Full payment of \$1,289,756.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$1,289,756.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

047027



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

08/05/10

CDPHP UNIVERSAL BENEFITS INC
500 PATROON 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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047027	20103	15210062	\$324,889.00

Full payment of \$324,889.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$324,889.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

043893



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

08/05/10

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

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

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	043893	20103	15210062	\$1,281,267.00

Full payment of \$1,281,267.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$1,281,267.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

095305



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

08/05/10

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

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

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095305	20103	15210062	\$1,012,387.00

Full payment of \$1,012,387.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$1,012,387.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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Send payment with a copy of this invoice to:

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

055204



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

08/05/10

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

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

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	055204	20103	15210062	\$3,445,077.00

Full payment of \$3,445,077.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$3,445,077.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

095308



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

08/05/10

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095308	20103	15210062	\$869,014.00

Full payment of \$869,014.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$869,014.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

047034



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047034	20103	15210062	\$830,644.00

Full payment of \$830,644.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$830,644.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

011125



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	011125	20103	15210062	\$256,106.00

Full payment of \$256,106.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$256,106.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

095521



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

08/05/10

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

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

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095521	20103	15210062	\$1,482,761.00

Full payment of \$1,482,761.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$1,482,761.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

047062



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047062	20103	15210062	\$8,694.00

Full payment of \$8,694.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$8,694.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	078026	20103	15210062	\$7,346,839.00

Full payment of \$7,346,839.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$7,346,839.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

095479



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095479	20103	15210062	\$2,923,457.00

Full payment of \$2,923,457.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$2,923,457.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

049964



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

08/05/10

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 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	049964	20103	15210062	\$117,736.00

Full payment of \$117,736.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$117,736.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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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

08/05/10

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

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

Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 09/10/10

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	060093	20103	15210062	\$10,161,639.00

Full payment of \$10,161,639.00 is due on or before 09/10/10.

AMOUNT DUE - If paid by 09/10/10 \$10,161,639.00

AMOUNT DUE - If paid after 09/10/10 and before 10/11/10 \$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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NYS Insurance Department
Bureau of Taxes and Accounts
One Commerce Plaza
Albany, New York 12257