

*Exhibit*

*MM*

016616



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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	016616	20111	15210062	\$280,951.00

Full payment of \$280,951.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$280,951.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$294,998.55

\*\* Includes late payment penalty of \$14,047.55. 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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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](mailto: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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	011037	20111	15210062	\$31,623.00

Full payment of \$31,623.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$31,623.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$33,204.15

\*\* Includes late payment penalty of \$1,581.15. 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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	022187	20111	15210062	\$197,874.00

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Full payment of \$197,874.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$197,874.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$207,767.70

\*\* Includes late payment penalty of \$9,893.70. 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

02/05/11

KINGSTONE INSURANCE CO  
15 JOYS LANE  
KINGSTON, NY 12401-0000

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	013668	20111	15210062	\$58,455.00

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Full payment of \$58,455.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$58,455.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$61,377.75

**\*\* Includes late payment penalty of \$2,922.75. 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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Bureau of Taxes and Accounts  
One Commerce Plaza  
Albany, New York 12257



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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	023329	20111	15210062	\$171,296.00

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Full payment of \$171,296.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$171,296.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$179,860.80

\*\* Includes late payment penalty of \$8,564.80. 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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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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	025976	20111	15210062	\$148,811.00

Full payment of \$148,811.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$148,811.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$156,251.55

\*\* Includes late payment penalty of \$7,440.55. 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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095234	20111	15210062	\$1,018,375.00

Full payment of \$1,018,375.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11	\$1,018,375.00
AMOUNT DUE - If paid after 03/10/11 and before 04/10/11	\$1,069,293.75

\*\* Includes late payment penalty of \$50,918.75. 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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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

02/05/11

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 03/10/11

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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	084450	20111	15210062	\$20,988.00

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Full payment of \$20,988.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$20,988.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$22,037.40

\*\* Includes late payment penalty of \$1,049.40. 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.

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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

095491



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

02/05/11

CAP. DIST. PHYSICIANS HEALTH PLAN  
ATTN: FINANCE DEPARTMENT  
500 PATRON CREEK BLVD  
ALBANY, NY 12206-0000

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	095491	20111	15210062	\$1,298,442.00

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Full payment of \$1,298,442.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$1,298,442.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$1,363,364.10

\*\* Includes late payment penalty of \$64,922.10. 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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047027	2011	15210062	\$363,382.00

Full payment of \$363,382.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11	\$363,382.00
AMOUNT DUE - If paid after 03/10/11 and before 04/10/11	\$381,551.10

\*\* Includes late payment penalty of \$18,169.10. 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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	043893	20111	15210062	\$1,536,929.00

Full payment of \$1,536,929.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$1,536,929.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$1,613,775.45

\*\* Includes late payment penalty of \$76,846.45. 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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STATE OF NEW YORK  
INSURANCE DEPARTMENT  
ONE COMMERCE PLAZA  
ALBANY, NY 12257

02/05/11

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 03/10/11

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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	095305	20111	15210062	\$828,580.00

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Full payment of \$828,580.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11	\$828,580.00
AMOUNT DUE - If paid after 03/10/11 and before 04/10/11	\$870,009.00

\*\* Includes late payment penalty of \$41,429.00. 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 OF NEW YORK  
INSURANCE DEPARTMENT  
ONE COMMERCE PLAZA  
ALBANY, NY 12257

02/05/11

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 03/10/11

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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	055204	20111	15210062	\$3,452,915.00

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Full payment of \$3,452,915.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$3,452,915.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$3,625,560.75

\*\* Includes late payment penalty of \$172,645.75. 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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Albany, New York 12257



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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	095308	20111	15210062	\$642,698.00

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Full payment of \$642,698.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$642,698.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$674,832.90

\*\* Includes late payment penalty of \$32,134.90. 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 03/10/11, 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](mailto: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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	047034	20111	15210062	\$910,342.00

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Full payment of \$910,342.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$910,342.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$955,859.10

\*\* Includes late payment penalty of \$45,517.10. 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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	011125	20111	15210062	\$746,583.00

Full payment of \$746,583.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$746,583.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$783,912.15

\*\* Includes late payment penalty of \$37,329.15. 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



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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095521	20111	15210062	\$2,118,089.00

Full payment of \$2,118,089.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$2,118,089.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$2,223,993.45

\*\* Includes late payment penalty of \$105,904.45. 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



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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	047062	20111	15210062	\$7,573.00

Full payment of \$7,573.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$7,573.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$7,951.65

\*\* Includes late payment penalty of \$378.65. 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.

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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

02/05/11

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

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

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Explanation: 332 ASSESSMENT ESTIMATED BILLING DUE 03/10/11

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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	078026	20111	15210062	\$7,362,334.00

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Full payment of \$7,362,334.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11	\$7,362,334.00
AMOUNT DUE - If paid after 03/10/11 and before 04/10/11	\$7,730,450.70

\*\* Includes late payment penalty of \$368,116.70. 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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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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	095479	20111	15210062	\$2,477,632.00

Full payment of \$2,477,632.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11	\$2,477,632.00
AMOUNT DUE - If paid after 03/10/11 and before 04/10/11	\$2,601,513.60

\*\* Includes late payment penalty of \$123,881.60. 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

02/05/11

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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	049964	20111	15210062	\$173,493.00

Full payment of \$173,493.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$173,493.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$182,167.65

\*\* Includes late payment penalty of \$8,674.65. 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

02/05/11

UNITEDHEALTHCARE INS CO OF NY  
MAIL ROUTE CT039004A  
185 ASYLUM ST  
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 03/10/11

<u>Fund</u>	<u>Account Number</u>	<u>Period</u>	<u>Accounts Receivable Revenue Code</u>	<u>Amount Due</u>
01	060093	20111	15210062	\$11,406,239.00

Full payment of \$11,406,239.00 is due on or before 03/10/11.

AMOUNT DUE - If paid by 03/10/11 \$11,406,239.00

AMOUNT DUE - If paid after 03/10/11 and before 04/10/11 \$11,976,550.95

\*\* Includes late payment penalty of \$570,311.95. 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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