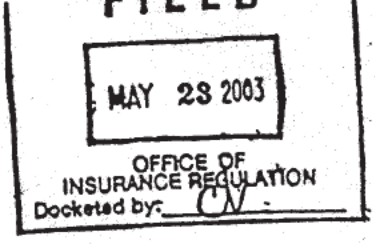

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
DIRECTOR

IN THE MATTER OF:

Bertany Association for Travel and Leisure, Inc. ("BAFTAL"),

Business Association for Trade and Labor, Inc. ("BAFTAL"),

Quik Quote Insurance Brokers, Inc.,

Susan Pine,

Ray Pinto,

Paul McCarthy,

Samuel A. Best,

The Insurance Plus Agency,

Good Samaritan, LLC.,

Highmark Blue Cross Blue Shield

Joy Sherryl Herro,

Wings for Christ, Inc.

Respondents.

CASE NO.: 66100-03-CO

IMMEDIATE FINAL ORDER

TO:
Bertany Association for Travel and Leisure,
Inc. ("BAFTAL")
8181 West Broward Blvd.
Suite 204
Plantation, Florida 33324

Business Association for Trade and Labor, Inc. ("BAFTAL")
8181 West Broward Blvd.
Suite 204
Plantation, Florida 33324

Quik Quote Insurance Brokers, Inc.
8181 West Broward Blvd.
Suite 204
Plantation, Florida 33324

Susan Pine
740 Conch Shell Place
Plantation, Florida 33324-2908

Ray Pinto
1490 NW 104th Ave.
Plantation, Florida 33322

Paul F. McCarthy
2 River Oaks Drive
Sebastian, Florida 32958-4189

Samuel A. Best
946 N. State Street
Greenfield, IN. 46140

The Insurance Plus Agency
946 N. State Street
Greenfield, IN. 46140

Good Samaritan, LLC
946 N. State Street
Greenfield, IN. 46140

Highmark Blue Cross Blue Shield
Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

Joy Sherryl Herro
600 Corporate Drive, Ste. 101
Ft. Lauderdale, Florida 33334-3604

Wings for Christ, Inc.
445 Ft. Pitt Blvd., 2nd Floor
Pittsburgh, PA 15219

THIS CAUSE having come on to be heard by and through the Director of the Office of Insurance Regulation against the afore-referenced entities and individuals. Having been fully informed in the premises.

NOW THEREFORE, it is hereby FOUND as follows:

1. The Office of Insurance Regulation has jurisdiction over the parties and the subject matter pursuant to §§ 120.569(2)(n) [Decisions which affect substantial interest], 624.307 (General Powers), 624.317 (Investigation of agents, adjusters, administrators, service companies and others), 624.318 (Conduct of examination or investigation; access to records; correction of accounts; appraisals), 626.8805 (Certificate of authority required to act as an administrator), 629.901 (Representing or aiding unauthorized insurer prohibited), 626.885 (Notice; statement of charge or premium for coverage), *Florida Statutes*. As a result of alleged violations by the Respondents of the Florida Insurance Code, the Office of Insurance Regulation (hereinafter referred to as the "Office") of the Financial Services Commission within the Department of Financial Services has caused an investigation to be made of the insurance-related activities of the Respondents.

2. Investigators of the Office of Insurance Regulation have determined that an unauthorized insurance company has been providing health insurance to Florida consumers. Highmark Blue Cross Blue Shield is an insurance carrier located in the state of Pennsylvania, which writes a health insurance plan for employees and/or associates of members of Wings for Christ, Inc. Wings for Christ, Inc. is a Pennsylvania corporation whose vice-president is an individual by the name of Sam Best. Sam Best holds a non-resident health insurance license

from the State of Florida. Sam Best has recruited Susan Pine, Ray Pinto, Paul McCarthy, and Joy Sherryl Herro, all Florida licensed health insurance agents, to solicit consumers to join the Wings for Christ, Inc. group, in order to secure health insurance through Highmark Blue Cross Blue Shield.

3. Susan Pine is an insurance agent licensed by the Florida Department of Financial Services. The agent status is attached hereto as **Exhibit "A"**.

4. According to the records with the Florida Secretary of State, Division of Corporations, Susan Pine is the President of Bertany Association for Travel and Leisure, Inc., the President of Business Association for Trade and Labor, Inc. and the President of Quik Quote Insurance Brokers, Inc. Copies of the status of these corporations are attached as **Exhibit "B"**.

5. Susan Pine and the afore-cited corporate Respondents that Susan Pine is associated with, are not licensed to do business in the state of Florida to act as a "third party administrator" as required by § 626.8805, *Florida Statutes*. Proof that said individual and/or entities are not licensed as a third party administrator, is attached herein as **Exhibit "C"**.

6. Ray Pinto is an insurance agent licensed by the Florida Department of Financial Services. The agent status of this individual is attached hereto as **Exhibit "D"**.

7. According to the records with the Florida Secretary of State, Division of Corporations, Ray Pinto is the Vice-President of Bertany Association for Travel and Leisure, Inc., the Vice-President of Business Association for Trade and Labor, Inc. and the Vice-President of Quik Quote Insurance Brokers, Inc. (See Exhibit "B")

8. Ray Pinto is not licensed to do business in the state of Florida as an "administrator" as required by § 626.8805, *Florida Statutes*. (See Exhibit "C")

9. All third party administrators of an insurance plan within the state of Florida, are required to hold a Florida Certificate of Authority, in accordance with § 626.8805, *Florida Statutes*. None of the afore-cited Respondents are subject to any exception to the requirements of the Florida Insurance Code for a Certificate of Authority or other appropriate licensure to act as a third party administrator in Florida.

10. Despite the absence of any license to act as an administrator in this State, Respondents Susan Pine, Ray Pinto, the BAFTAL groups and Quik Quote Insurance Brokers, Inc. have in the past engaged and currently are attempting to engage illegally as a third party administrator in violation of § 626.8805, *Florida Statutes*. Specifically, the afore-named Respondents within this paragraph, contracted illegally with an authorized HMO, Total Health Choice, Inc., to act as a third party administrator. On or about October 17, 2002, Total Health Choice, Inc., entered into a Consent Order with the Department of Insurance, now known as the Office of Insurance Regulation. Within this Consent Order, Total Health Choice, Inc. admitted to engaging the unlicensed afore-cited Respondents as administrators of its plan. A copy of the Consent Order is hereto attached and marked as **Exhibit "E"**.

11. The Web Page for BAFTAL announces that it was "conceived with the idea of providing a "Dollars and Sense" approach to providing comprehensive benefits for the unique needs of the small and mid-size business, as well as for the self-employed." On the cover of its Web Page, BAFTAL advertises only health and life insurance benefits to its potential members. The list of health and life benefits include patient advocacy programs, hospital indemnity plans, Disability plans, Term Life plans, Dental plans, RX Cards, and Canadian Pharmacy access. A copy of the Web Page is hereto attached as **Exhibit "F"**.

12. Subsequent to the afore-cited Consent Order being issued, the Office of Insurance Regulation was given a lead that Wings for Christ, Inc. was offering to the members of BAFTAL, health insurance from an unauthorized insurance entity, Highmark Blue Cross Blue Shield. Additionally, the Respondents offered to act as an administrator of this new plan to the members of BAFTAL. A copy of such solicitation and marketing from the source is attached and marked hereto as Exhibit "G". The date of the solicitation is February 13, 2003. The importance of this date is linked with additional materials discovered by the Office and admissions by the parties, which are made referenced to herein.

13. Sam Best is a Florida licensed non-resident health insurance agent. The agent status of this individual is attached hereto as Exhibit "H".

14. Sam Best is the Vice-President of a group called Wings for Christ, Inc., located in the state of Pennsylvania. Further, Wings for Christ, Inc. engaged Good Samaritan, LLC. to act as an administrative arm for public relations, customer service, and promotion of Wings for Christ, Inc. Sam Best is the sole member of Good Samaritan, LLC. These admissions were given to the Office by an affidavit from Sam Best. A copy of his affidavit is attached hereto as Exhibit "I".

15. Investigators for the Office determined that the Respondents named in paragraph nine (9), on February 13, 2003, sent an application for BAFTAL to join a group called "Wings for Christ" d/b/a Christian Shield. Simultaneously with making their application for membership to Wings for Christ, Inc., Susan Pine and Ray Pinto sent out solicitations to BAFTAL's approximately two thousand (2,000) members, offering health insurance with High mark Blue Cross Blue Shield and to act as an administrator for the plan. This solicitation is confirmed by the correspondence between Best and Pine. (See attachments to the affidavit of Best in Exhibit "I")

16. As a member of Wings for Christ, an associate, employee or member could apply for health insurance benefits through Highmark Blue Cross Blue Shield of Pennsylvania. (See Exhibit "I")

17. Highmark Blue Cross Blue Shield has not received a Certificate of Authority to transact insurance within the State of Florida, thus making this entity unauthorized to transact insurance business in the State of Florida. A copy of the non-status of this company in Florida is attached hereto as **Exhibit "J"**.

18. Paul McCarthy, is a health insurance agent licensed by the Florida Department of Financial Services. A copy of license status of agent McCarthy is attached as **Exhibit "K"**.

19. Investigators from the Office met with Susan Pine on March 27, 2003 wherein insurance agent Pine admitted that she and her BAFTAL group were marketing the Highmark Blue Cross Blue Shield policy through Wings for Christ and that they were introduced to this market by insurance agent Paul F. McCarthy. Further, that her group had sold approximately ten (10) policies to consumers in Florida. These admissions by Mr. McCarthy were made to an investigator for the Department of Financial Services and are memorialized by an affidavit that is attached hereto as **Exhibit "L"**.

20. On April 7, 2003, Investigators from the Office meet with insurance agent Paul F. McCarthy and questioned said agent regarding his involvement with Wings for Christ, Inc, Highmark Blue Cross Blue Shield. Agent McCarthy told the investigators from the Office that non-resident agent Samuel A. Best contacted him. Further, agent McCarthy was told by agent Best that membership in the Wings for Christ organization would entitle his agency to market health insurance through Highmark Blue Cross Blue Shield. Material was given to the Office investigators that indicated that agent McCarthy joined Wings for Christ on February 14, 2003.

These admissions were made to an investigator for the Department of Financial Services and were memorialized in an affidavit attached hereto as **Exhibit "M"**.

21. Joy Sherryl Herro is a health insurance agent licensed by the Florida Department of Financial Services. A copy of license status of agent Herro is attached as **Exhibit "N"**.

22. Agent Joy Sherryl Herro admitted to an investigator of the Department of Financial Services that she had sold two Highmark Blue Cross Blue Shield policies through BAFTAL. These admissions were memorialized in an affidavit attached hereto as **Exhibit "O"**.

23. The Department of Financial Services has jurisdiction over the afore-mentioned Respondents in its efforts at securing unauthorized insurance for members of BAFTAL and/or members of Wings for Christ, Inc. According to the Employee Benefits Security Administration of the United States Department of Labor, and in particular by its advisory opinion dated November 4, 2002, such a group would be a Multiple Employer Welfare Association (MEWA) and would be subject to state regulation. This opinion is attached herein as **Exhibit "P"**.

24. In light of the opinion expressed by the U.S. Department of Labor, even if the membership in Wings For Christ, Inc. was limited to rigid uniform standards and/or restricted to employees of Wings For Christ, Inc. only, the plan would still be subject to regulation in which it conducts insurance business.

25. Sam Best recruited licensed health insurance agents in Florida to solicit and market the health insurance provided by Highmark Blue Cross Blue Shield by having said agents recruit membership into Wings for Christ Inc.

26. The admissions and evidence of and by the Agent/Respondents, Pine, Pinto, Best and McCarthy, that they had begun marketing and soliciting Highmark Blue Cross Blue Shield

health insurance, is consistent with the material supplied by the anonymous source. The date of the solicitation to BAFTAL members is February 13, 2003. The date of application for Wings for Christ by Pine and Pinto, is February 13, 2003. The date for agent/Respondent McCarthy joining the Wings for Christ group is February 14, 2003. (See Exhibits G, L and I)

27. All of the marketing and solicitations complained of herein, aids and abets the unlicensed, and therefore unauthorized insurance entity of Highmark Blue Cross Blue Shield.

28. By aiding an unauthorized insurance entity, the Respondents violate § 626.901, *Florida Statutes*. Additionally, § 626.902, *Florida Statutes* provides that any violation of § 626.901, *Florida Statutes*, by any person, is a felony.

29. Pursuant to § 120.569(2)(n), *Florida Statutes*, the Director of the Office of Insurance Regulation finds that the continued transaction of insurance without administrator licensure by any of the Respondents, Bertany Association for Travel and Leisure, Inc. ("BAFTAL"), Business Association for Trade and Labor, Inc. ("BAFTAL"), Quik Quote Insurance Brokers, Inc. ("Quick Quote"), Susan Pine and Ray Pinto, and the continued violations of the Florida Insurance Code, as cited herein, constitutes an immediate danger to the public welfare so as to require the issuance of this Immediate Final Order. Further, the Director of the Office of Insurance Regulation finds that the continued involvement of all of the Respondents to market an unauthorized insurance entity, not only presents an immediate grave danger to the public, but also is a willful, civil and criminal, violation of the Insurance Code pursuant to § 629.901, *Florida Statutes*.

Accordingly, **IT IS HEREBY ORDERED**:

A) The Respondents, whether acting in or outside the State of Florida as insurance agents, insurance agencies, insurance adjusters, third-party administrators, managing general

agents, unauthorized insurers, or otherwise engaging in the business of insurance, either directly or indirectly through named and unnamed persons, entities, agents, or otherwise, shall forthwith **CEASE AND DESIST** from the transaction of any new or renewal insurance business as or on behalf of unauthorized insurers.

B) The Respondents shall forthwith notify, in writing, each and every agent, broker, salesperson, and other marketing outlet that is presently, or that has in the past been used to solicit, sell, or deliver any unauthorized product in Florida, of the cessation of this portion of their Florida business because they are marketing an unauthorized product, and due to this Immediate Final Order, shall also inform such persons and entities that no further applications will be accepted, contracts issued or premiums accepted. The Respondents shall furnish for approval or edit a draft of such notification to the Office of Insurance Regulation within five (5) business days from the receipt of this Immediate Final Order, along with a list of names and addresses of every agent, broker, salesperson, and other marketing outlet. Thereafter, Respondents shall within five (5) business days of receipt by mail or by fax of the Office of Insurance Regulation's approval or edits, mail such letter (in revised form, if edited by the Office) to all such agents, brokers, salespersons, and other marketing outlets, and shall immediately thereafter file the sworn attestations of Susan Pine, Ray Pinto, Paul F. McCarthy and Samuel A. Best, and Joy Sherryl Herro and any representative that has authority on behalf of the entities or individuals named as a Respondent herein, that there has been full compliance with this provision.

C) The Respondents shall forthwith notify in writing each Florida subscriber, member, and beneficiary of, and each applicant for, any unauthorized policy, contract, plan, or other product of the cessation of their business in Florida because it is an unlicensed insurer and/or

because it has marketed an unauthorized product. Due to this Immediate Final Order, each such subscriber, member, beneficiary, and applicant should immediately obtain health coverage from a licensed insurer or Health Maintenance Organization, administered by a licensed administrator with the State of Florida. The Respondents shall furnish for approval or edit a draft of such notification to the Office of Insurance Regulation within five (5) business days from the receipt of this Immediate Final Order. Thereafter, they shall, within five (5) business days of receipt by mail or by fax of the Office of Insurance Regulation's approval or edits, mail such notice, in revised form, if edited by the Office, to each such subscriber, member, beneficiary, and applicant, and shall immediately thereafter file the sworn attestations of Susan Pine, Ray Pinto, Paul F. McCarthy and Samuel A. Best, and Joy Sherryl Herro and any representative that has authority on behalf of the entities or individuals named as a Respondent herein and on behalf of any entity that they exercise any control over, that there has been full compliance with this provision. If more than one individual in any household is a subscriber, member, beneficiary or applicant, a single notice, properly addressed, to any one such person in that household shall constitute notice to all persons in that household. In those situations in which the parties named herein contend that a group, association, or other multi-participant policy or contract was issued or applied for, the Respondents shall furnish the requisite notice to each participant, member, beneficiary, and person afforded or to be afforded coverage under each policy or contract. If there is more than one participant, member, beneficiary, or person afforded or to be afforded coverage within a single household, one notice, properly addressed to any one such person in that household shall constitute notice to all persons in that household.

D) The Respondents, shall, within fifteen (15) calendar days from the receipt of the Immediate Final Order hereof, deliver to the Office of Insurance Regulation a full and complete

accounting of all premiums, "contributions", "membership fees" and "association" dues collected, and health claims paid or incurred, since the inception of their marketing operation complained of within this Order related to any Florida participant. This accounting shall include, but is not limited to, the identity of each insurer that premiums were collected for. Further, all such premiums collected for Florida consumers, shall be forwarded to and made payable to the Office of Insurance Regulation with sufficient transmittal information clearly designating the names and addresses of the Florida consumers and the amounts paid by each consumer.

E) This Immediate Final Order, or any amendment thereto, shall not be interpreted as having, nor shall it have, the effect of abrogating any statutory, common law, or contractual rights of any subscriber, member, beneficiary, or person afforded coverage under any contract, policy, or plan policy or contract, or of any person that furnished health care goods or services pursuant to or in reliance upon the existence of a contract, policy, or plan with, from, or involving the Respondents.

F. The issuance of this Immediate Final Order and the procedural safeguards set forth herein are concluded to be fair under the circumstances due to the potential grave harm resulting from unauthorized insurance administrators engaging in the business of insurance in Florida, as well as the marketing of unauthorized insurance within the State of Florida. Procedures set forth therein afford the Respondents the opportunity to request a proceeding pursuant to Section 120.57, *Florida Statutes*.

DONE and ORDERED this 23rd day of MAY, 2003.

KEVIN MCCARTY
Director of the Office of Insurance Regulation

NOTICE OF RIGHTS

Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, Florida Statutes, and Rule 9.110, Fla.R.App.P. Review proceedings must be instituted by filing a petition or notice of appeal with the General Counsel of the Office of Insurance Regulation, acting as the agency clerk, at 612 Larson Building, Tallahassee, Florida 32399-0333, and a copy of the same with the appropriate district court of appeal, within thirty (30) days of rendition of this Order.

All correspondence or requests for hearing should contain the case number and/or style of the case as listed on page one of this order.

CERTIFICATE OF SERVICE

Bertany Association for Travel
and Leisure, Inc. ("BERTANY")
8181 West Broward Blvd.
Suite 204
Plantation, Florida 33324

Quik Quote Insurance
Brokers, Inc.
8181 West Broward Blvd.
Suite 204
Plantation, Florida 33324

Wings for Christ, Inc.
445 Ft. Pitt Blvd.
Pittsburgh, PA 15219

Susan Pine
740 Conch Shell Place
Plantation, Florida 33324

The Insurance Plus Agency
946 N. State Street
Greenfield, Indiana 46140

Business Association for Trade
and Labor, Inc.
8181 West Broward Blvd.
Suite 204
Plantation, Florida 33324

Paul F. McCarthy
2 River Oaks Drive
Sebastian, Florida 32958-4189

Samuel A. Best
946 N. State Street
Greenfield, Indiana 46140

Ray Pinto
1490 NW 104th Ave.
Plantation, Florida 33322

Good Samaritan, LLC
946 N. State Street
Greenfield, Indiana 46140

Joy Sherryl Herro
600 Corporate Drive, Ste. 101
Ft. Lauderdale, Florida 33334-3602

I HEREBY CERTIFY that a true and correct copy of the foregoing Immediate Final Order has been sent by Certified Mail this 23rd day of MAY, 2003 to the above-referenced individuals and entities.

Clifford A. Taylor
Senior Attorney
Division of Legal Services
Office Of Insurance Regulation
200 East Gaines Street, 6th Floor
Tallahassee, Florida 32399-0333
Telephone: 850/ 413-4143
Fax: 850/ 922-2543

State of Florida

Department of Financial Services
Tallahassee, Florida
May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that, Susan Hope Pine/License Number A207606/D.O.B. 09/07/45, is licensed as a Life, Health and Life and Health Agent. Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT
A

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME PINE,SUSAN HOPE

AGENT# A207606 RACE W SEX F
DOB POB PITTSBURGH PA

HOME STREET
HOME OPT. STREET
HOME CITY STATE FL ZIP

BUS. STREET QUIK QUOTE INSURANCE BROKERS
BUS. OPT. STREET 8181 W BROWARD BLVD STE 204
BUS. CITY STATE PLANTATION FL ZIP 333242049
BUS. CNTY. 10

MAIL STREET
MAIL OPT. STREET
MAIL CITY STATE FL ZIP

DATE 05/21/2003

AGENT LICENSE DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST ACTIVE APPOINT DATE	LOST RE
0216	Q	LICENSED	110774	110774	D	87	0000000003	001	00		D
0218	Q	LICENSED	110774	110774	D	87	0000000001	010	00		D
0240	Q	LICENSED	110774	110774	D	87	0000000002	006	00		D
0256	1	LOST-Q	090198	081695	D	95	6985650003	000	00	090196	D

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	DOB / EXPIRES	
0216	051	10	NR NOT RENEWED	040192	032587	S			033192	
	RCPT/APP 0000000095 CPNY 06278			INTER-AMERICAN INSURANCE CO. OF ILLINOIS						
0216	133	10	CN CANCELLED	102301	030593	S			093003	
	RCPT/APP 5625620162 CPNY 05436			LINCOLN BENEFIT LIFE COMPANY 2940 S 84TH ST LINCOLN 685064142						NE
0216	148	10	CN CANCELLED	013097	122994	S			093097	
	RCPT/APP 7403350052 CPNY 06195			MIDLAND LIFE INSURANCE COMPANY 250 E BROAD ST COLUMBUS 432153708						OH
0216	171	10	NR NOT RENEWED	093097	121196	S			093097	
	RCPT/APP 0422030001 CPNY 05014			BANNER LIFE INSURANCE COMPANY 1701 RESEARCH BLVD ROCKVILLE 208503171						MD
0216	175	10	CN CANCELLED	050801	070197	S			093001	
	RCPT/APP 7975380010 CPNY 05585			HEALTH NET LIFE INSURANCE COMPANY 21281 BURBANK BLVD WOODLAND HILLS 913676607						CA
0216	187	10	RN RENEWED	100101	041699	S			093003	
	RCPT/APP 6613040098 CPNY 05052			AMERICAN GENERAL LIFE INSURANCE COMPANY 750 W VIRGINIA ST MILWAUKEE 532041539						WI
0216	206	10	CL INVALID STATUS	020703	082602	S				
	RCPT/APP 9894640001 CPNY 05052			AMERICAN GENERAL LIFE INSURANCE COMPANY 750 W VIRGINIA ST MILWAUKEE 532041539						WI

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	019	10	CN CANCELLED	011991	030686	S				AMERICAN PIONEER LIFE INSURANCE COMPANY PO BOX 12746 PENSACOLA 325912746 — FL RCPT/APP 7783751275 CPNY 05072
0218	038	10	NR NOT RENEWED	040192	041186	S				ULLICO LIFE INSURANCE COMPANY PO BOX 52121 PHOENIX 850722121 — AZ RCPT/APP 1163680206 CPNY 05094
0218	043	10	CN CANCELLED	080191	052286	S				GENERAL AMERICAN LIFE INSURANCE COMPANY PO BOX 14490 SAINT LOUIS 631784490 — MO RCPT/APP 7691890438 CPNY 06115
0218	044	10	NR NOT RENEWED	093002	052886	S			093002	UNITED AMERICAN INSURANCE COMPANY PO BOX 8080 MCKINNEY 750708080 — TX RCPT/APP 2120680114 CPNY 05615
0218	050	10	CN CANCELLED	110190	022787	S				MONY LIFE INSURANCE COMPANY 1740 BROADWAY # 19-14 NEW YORK 100194315 — NY RCPT/APP 7810080341 CPNY 06220
0218	052	10	NR NOT RENEWED	030194	032787	S			033194	DURHAM LIFE INSURANCE COMPANY RCPT/APP CPNY 05192
0218	054	10	NR NOT RENEWED	090196	061287	S			093096	TRANSAMERICA LIFE INSURANCE COMPANY 4333 EDGEWOOD RD NE CEDAR RAPIDS 524990001 — IA RCPT/APP 4067021228 CPNY 05417

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	057	10	NR NOT RENEWED	093000	080587	S			093000	
	RCPT/APP 5391020119 CPNY 05586			FORTIS INSURANCE COMPANY PO BOX 3183 MILWAUKEE 532013183						WI
0218	063	10	NR NOT RENEWED	040192	061488	S				
	RCPT/APP 1222210646 CPNY 05099			BANKERS UNITED LIFE ASSURANCE COMPANY 4333 EDGEWOOD RD NE CEDAR RAPIDS 524990001						IA
0218	069	10	NR NOT RENEWED	040192	112988	S				
	RCPT/APP 0000000084 CPNY 05491			PROVIDENT LIFE INSURANCE COMPANY						
0218	074	10	NR NOT RENEWED	040192	032489	S				
	RCPT/APP 1237750415 CPNY 06280			PACIFIC LIFE INSURANCE COMPANY 700 NEWPORT CENTER DR NEWPORT BEACH 926606307						CA
0218	077	10	NR NOT RENEWED	040192	081889	S				
	RCPT/APP 1234970648 CPNY 05278			FIRST NATIONAL LIFE INSURANCE COMPANY 7 CLAYTON STREET MONTGOMERY AL 361044089						
0218	079	10	NR NOT RENEWED	040192	102089	S				
	RCPT/APP 1237210297 CPNY 05380			ALLIANZ LIFE INSURANCE COMPANY OF NORTH PO BOX 59060 MINNEAPOLIS 554590060						MN
0218	080	10	NR NOT RENEWED	040192	110689	S			033192	
	RCPT/APP 1291121076 CPNY 05593			UNION BANKERS INSURANCE COMPANY PO BOX 3509 ORLANDO 328023509						FL

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	082	10	CN CANCELLED	022691	120889	S				
	RCPT/APP 7807380507 CPNY 05035			ALL AMERICAN LIFE INSURANCE COMPANY						
				PO BOX 401						
				MILWAUKEE						WI
				532010401						
0218	083	10	NR NOT RENEWED	030194	121489	S			033194	
	RCPT/APP 3402560003 CPNY 05479			AMERICAN CHAMBERS LIFE INSURANCE COMPANY						
				1805 HIGH POINT DRIVE						
				NAPERVILLE IL						
				60563						
0218	084	10	NR NOT RENEWED	040192	122989	S				
	RCPT/APP 1122100077 CPNY 05298			LAMAR LIFE INSURANCE COMPANY						
				PO BOX 1970						
				CARMEL						IN
				460821970						
0218	086	10	CN CANCELLED	020491	031490	S				
	RCPT/APP 7617070001 CPNY 05399			OLD LINE LIFE INSURANCE COMPANY OF AMERI						
				PO BOX 401						
				MILWAUKEE						WI
				532010401						
0218	087	10	NR NOT RENEWED	040192	032190	S				
	RCPT/APP 1227421010 CPNY 05664			SENIOR AMERICAN LIFE INSURANCE COMPANY						
				PO BOX 368						
				WARRINGTON						PA
				189760368						
0218	089	10	CN CANCELLED	102891	062388	S				
	RCPT/APP 4651660001 CPNY 05061			CONSECO ANNUITY ASSURANCE COMPANY						
				PO BOX 1974						
				CARMEL						IN
				460821974						
0218	090	10	CN CANCELLED	041591	042690	S				
	RCPT/APP 7761090001 CPNY 05620			UNITED STATES LIFE INSURANCE COMPANY IN						
				443 N FRANKLIN ST # 220						
				SYRACUSE						NY
				132041415						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	DOB #MO	EXPIRES	
0218	091	10	CN CANCELLED	011194	041990	S			033194	FIDELITY SECURITY LIFE INSURANCE COMPANY, PO BOX 418131, KANSAS CITY, 641419131, MO
	RCPT/APP 1244181365		CPNY 05249							
0218	092	10	CN CANCELLED	080398	060790	S			093098	UNITED WISCONSIN LIFE INSURANCE COMPANY, PO BOX 19032, GREEN BAY, 543079032, WI
	RCPT/APP 9956980219		CPNY 05930							
0218	093	10	CN CANCELLED	072090	061490	S				GARDEN STATE LIFE INSURANCE COMPANY, PO BOX 1762, GALVESTON, 775531762, TX
	RCPT/APP 8082650004		CPNY 05251							
0218	094	10	CN CANCELLED	013193	061890	S			033194	ACCELERATION LIFE INSURANCE COMPANY, 520 MARYVILLE CENTRE DR STE 500, SAINT LOUIS, 631415820, MO
	RCPT/APP 1189090912		CPNY 05007							
0218	095	10	NR NOT RENEWED	030194	062190	S			033194	PHOENIX LIFE INSURANCE COMPANY, PO BOX 1900, ENFIELD, 060831900, CT
	RCPT/APP 3998702934		CPNY 06288							
0218	096	10	NR NOT RENEWED	090196	092490	S			093096	ANTHEM LIFE INSURANCE COMPANY, PO BOX 6087, INDIANAPOLIS, 462066087, IN
	RCPT/APP 4070920782		CPNY 05077							
0218	097	10	NR NOT RENEWED	093001	101090	S			093001	PIONEER LIFE INSURANCE COMPANY, 11815 N PENNSYLVANIA ST, CARMEL, 460324555, IN
	RCPT/APP 8432050068		CPNY 05460							

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0218	098	10	NR NOT RENEWED		093099	110590	S			093099	
	RCPT/APP	2711500027	CPNY	05090	BANKERS LIFE AND CASUALTY COMPANY 222 MERCHANDISE MART PLZ CHICAGO 606541103						IL
0218	100	10	NR NOT RENEWED		020193	020791	S			020793	
	RCPT/APP	2304480021	CPNY	05346	MANHATTAN NATIONAL LIFE INSURANCE COMPAN PO BOX 5416 CINCINNATI 452015416						OH
0218	101	10	NR NOT RENEWED		090195	030591	S			093095	
	RCPT/APP	2525840065	CPNY	05399	OLD LINE LIFE INSURANCE COMPANY OF AMERI PO BOX 401 MILWAUKEE 532010401						WI
0218	103	10	CN CANCELLED		080192	040591	S			040593	
	RCPT/APP	9419510004	CPNY	05176	CONTINENTAL AMERICAN LIFE INSURANCE COMP						
0218	104	10	CN CANCELLED		033192	032291	S			032293	
	RCPT/APP	9441490008	CPNY	05552	SECURITY LIFE INSURANCE COMPANY OF AMERI 10901 RED CIRCLE DR MINNETONKA 553439304						MN
0218	106	10	NR NOT RENEWED		040193	041591	S			041593	
	RCPT/APP	2652760066	CPNY	05180	CONTINENTAL ASSURANCE COMPANY CNA PLAZA-9S CHICAGO 60685						IL
0218	107	10	NR NOT RENEWED		040193	041891	S			041893	
	RCPT/APP	2588460019	CPNY	05431	PAN-AMERICAN ASSURANCE COMPANY 601 POYDRAS ST NEW ORLEANS 701306029						LA

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TYCL	REF#	CNTY	STATUS		DATE	OI DATE	S/C	T	#MO	EXPIRES
0218	108	10	NR NOT RENEWED		040193	041891	S			041893
	RCPT/APP	2588410126	CPNY	05410	PAN-AMERICAN LIFE INSURANCE COMPANY					
					601 POYDRAS ST					
					NEW ORLEANS					LA
					701306029					
0218	109	10	NR NOT RENEWED		090195	042491	S			093095
	RCPT/APP	2618780087	CPNY	06045	AMERITAS LIFE INSURANCE CORP.					
					5900 O ST					
					LINCOLN					NE
					685102234					
0218	110	10	NR NOT RENEWED		093099	042491	S			093099
	RCPT/APP	2701010378	CPNY	05590	TRAVELERS INSURANCE COMPANY					
					1 TOWER SQ # 4CR					
					HARTFORD					CT
					061830001					
0218	111	10	NR NOT RENEWED		050193	051691	S			051693
	RCPT/APP	2713580064	CPNY	06055	TRUSTMARK INSURANCE COMPANY					
					400 N FIELD DR					
					LAKE FOREST					IL
					600454809					
0218	114	10	NR NOT RENEWED		093099	081991	S			093099
	RCPT/APP	2779460018	CPNY	06125	GUARANTEE TRUST LIFE INSURANCE COMPANY					
					1275 MILWAUKEE AVE					
					GLENVIEW					IL
					600252463					
0218	115	10	NR NOT RENEWED		093097	081691	S			093097
	RCPT/APP	7355850042	CPNY	05070	AMERICAN NATIONAL INSURANCE COMPANY					
					PO BOX 1762					
					GALVESTON					TX
					775531762					
0218	116	10	NR NOT RENEWED		080193	080691	S			080693
	RCPT/APP	3099440052	CPNY	05591	TRANSPORT LIFE INSURANCE COMPANY					

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	DOB / EXPIRES	
0218	117	10	NR NOT RENEWED	090193	100191	S			093093	
	RCPT/APP 3234520061 CPNY 05252			GERBER LIFE INSURANCE COMPANY 1311 MAMARONECK AVE WHITE PLAINS 106055221						NY
0218	118	10	CN CANCELLED	020797	112091	S			093098	
	RCPT/APP 9977650056 CPNY 05620			UNITED STATES LIFE INSURANCE COMPANY IN 443 N FRANKLIN ST # 220 SYRACUSE 132041415						NY
0218	119	10	CN CANCELLED	073195	123091	S			093096	
	RCPT/APP 3647630052 CPNY 05496			PYRAMID LIFE INSURANCE COMPANY PO BOX 772 SHAWNEE MISSION 662010772						KS
0218	120	10	CN CANCELLED	061092	032392	S			032394	
	RCPT/APP 1231200007 CPNY 06110			FIDELITY MUTUAL LIFE INSURANCE COMPANY 250 KING OF PRUSSIA ROAD RADNOR PA 19087						
0218	122	10	NR NOT RENEWED	093002	040892	S			093002	
	RCPT/APP 1744030172 CPNY 05349			CONSECO LIFE INSURANCE COMPANY PO BOX 1970 CARMEL 460821970						IN
0218	123	10	NR NOT RENEWED	090196	041392	S			093096	
	RCPT/APP 4447640067 CPNY 05552			SECURITY LIFE INSURANCE COMPANY OF AMERI 10901 RED CIRCLE DR MINNETONKA 553439304						MN
0218	124	10	CN CANCELLED	110494	051492	S			093096	
	RCPT/APP 4319390051 CPNY 05042			AMERICAN BANKERS LIFE ASSURANCE COMPANY 11222 QUAIL ROOST DR MIAMI 331576543						FL

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	126	10	NR NOT RENEWED	060194	060292	S			060294	AMERICAN PIONEER LIFE INSURANCE COMPANY PO BOX 12746 PENSACOLA 325912746 — FL
	RCPT/APP 1522760007 CPNY 05072									
0218	127	10	CN CANCELLED	021194	062992	S			062994	CENTRAL STATES HEALTH AND LIFE COMPANY O PO BOX 34350 OMAHA 681340350 — NE
	RCPT/APP 1544780005 CPNY 05121									
0218	128	10	NR NOT RENEWED	090196	070992	S			093096	FIRST ALLMERICA FINANCIAL LIFE INSURANCE 440 LINCOLN ST # S155 WORCESTER 016530002 — MA
	RCPT/APP 5072120004 CPNY 06330									
0218	129	10	NR NOT RENEWED	093098	071092	S			093098	FORTIS BENEFITS INSURANCE COMPANY 2323 GRAND BLVD KANSAS CITY 641082670 — MO
	RCPT/APP 9900590111 CPNY 05638									
0218	130	10	NR NOT RENEWED	090193	101992	S			093093	WILLIAM PENN LIFE INSURANCE COMPANY OF N PO BOX 519 GARDEN CITY 115300519 — NY
	RCPT/APP 3223010011 CPNY 05644									
0218	131	10	NR NOT RENEWED	090195	110192	S			093095	PROTECTIVE LIFE INSURANCE COMPANY PO BOX 2606 BIRMINGHAM 352022606 — AL
	RCPT/APP 3205180153 CPNY 05480									
0218	132	10	NR NOT RENEWED	090195	022493	S			093095	PROFESSIONAL INSURANCE COMPANY 100 BRIGHT MEADOW BLVD ENFIELD 060821981 — CT
	RCPT/APP 3226360011 CPNY 05475									

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	135	10	CN CANCELLED	101894	081693	S			093095	GREAT SOUTHERN LIFE INSURANCE COMPANY
	RCPT/APP 3391510014 CPNY 05239			PO BOX 139040 DALLAS 753139040						TX
0218	137	10	NR NOT RENEWED	090194	021094	S			093094	WASHINGTON NATIONAL INSURANCE COMPANY
	RCPT/APP 3892400001 CPNY 05640			11815 N PENNSYLVANIA ST CARMEL 460324555						IN
0218	138	10	CN CANCELLED	062794	031894	S			093094	STANDARD LIFE AND ACCIDENT INSURANCE COM
	RCPT/APP 4040630001 CPNY 05557			PO BOX 1762 GALVESTON 775531762						TX
0218	139	10	CN CANCELLED	031897	041994	S			093098	JEFFERSON-PILOT LIFE INSURANCE COMPANY
	RCPT/APP 0004260096 CPNY 05470			1 GRANITE PL CONCORD 033013258						NH
0218	141	10	RP RENEWAL PENDING	020103	062794	S			093002	PRUDENTIAL INSURANCE COMPANY OF AMERICA
	RCPT/APP 1693870816 CPNY 06300			199 WATER ST # FL29 NEW YORK 10292						NY
0218	142	10	CN CANCELLED	091699	060894	S			093094	AMERICAN FAMILY LIFE ASSURANCE COMPANY O
	RCPT/APP 4669720034 CPNY 05044			1932 WYNNTON RD COLUMBUS 319990001						GA
0218	143	10	NR NOT RENEWED	090194	061094	S			093094	CONSECO SENIOR HEALTH INSURANCE COMPANY
	RCPT/APP 4666330023 CPNY 05920			11815 N PENNSYLVANIA ST CARMEL 460324555						IN

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TYCL	REF#	CNTY	STATUS		DATE	OI DATE	S/C	T	#MO	DOB EXPIRES	
0218	146	10	CN CANCELLED		111901	091394	S			093003	
	RCPT/APP 5645690055	CPNY 06148		INTER-STATE ASSURANCE COMPANY							
				PO BOX 1907							IA
				DES MOINES							
				503061907							
0218	149	10	NR NOT RENEWED		093097	030395	S			093097	
	RCPT/APP 7492810113	CPNY 05245		GOLDEN RULE INSURANCE COMPANY							
				712 11TH ST							IL
				LAWRENCEVILLE							
				624392316							
0218	153	10	CN CANCELLED		042397	121395	S			093098	
	RCPT/APP 9908050026	CPNY 05105		BUSINESS MEN'S ASSURANCE COMPANY OF AMER							
				PO BOX 419458							MO
				KANSAS CITY							
				641416458							
0218	155	10	NR NOT RENEWED		093098	020196	S			093098	
	RCPT/APP 9948870029	CPNY 05770		CLARICA LIFE INSURANCE COMPANY - U.S.							
				PO BOX 2907							ND
				FARGO							
				581082907							
0218	160	10	NR NOT RENEWED		093002	031596	S			093002	
	RCPT/APP 1671420213	CPNY 05596		UNITED HEALTHCARE INSURANCE COMPANY							
				PO BOX 150450							CT
				HARTFORD							
				061150450							
0218	162	10	CN CANCELLED		102597	061496	S			093098	
	RCPT/APP 9811920053	CPNY 05582		SURETY LIFE INSURANCE COMPANY							
				PO BOX 82599							NE
				LINCOLN							
				685012599							
0218	163	10	CN CANCELLED		120197	072596	S			093098	
	RCPT/APP 0005390006	CPNY 05403		OHIO NATIONAL LIFE ASSURANCE CORPORATION							
				1 FINANCIAL WAY							OH
				CINCINNATI							
				452425851							

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	DOB
0218	164	10	CN CANCELLED	120197	072596	S			093098	
	RCPT/APP 0005420004 CPNY 06277			OHIO NATIONAL LIFE INSURANCE COMPANY						
				1 FINANCIAL WAY						
				CINCINNATI						OH
				452425851						
0218	165	10	NR NOT RENEWED	090196	072996	S			093096	
	RCPT/APP 9448040003 CPNY 05775			PHILADELPHIA LIFE INSURANCE COMPANY						
				PO BOX 1970						
				CARMEL						IN
				460821970						
0218	168	10	CN CANCELLED	082198	112696	S			093099	
	RCPT/APP 2387770005 CPNY 05389			NATIONAL GUARDIAN LIFE INSURANCE COMPANY						
				PO BOX 1191						
				MADISON						WI
				537011191						
0218	172	10	NR NOT RENEWED	093099	020797	S			093099	
	RCPT/APP 2770410362 CPNY 05627			VALLEY FORGE LIFE INSURANCE COMPANY						
				100 CNA DR						
				NASHVILLE						TN
				372143439						
0218	173	10	NR NOT RENEWED	093097	032197	S			093097	
	RCPT/APP 1184310001 CPNY 05620			UNITED STATES LIFE INSURANCE COMPANY IN						
				443 N FRANKLIN ST # 220						
				SYRACUSE						NY
				132041415						
0218	176	10	NR NOT RENEWED	093001	081397	S			093001	
	RCPT/APP 8536300107 CPNY 05901			HUMANA INSURANCE COMPANY						
				1100 EMPLOYERS BLVD						
				GREEN BAY						WI
				543440001						
0218	177	10	NR NOT RENEWED	093099	090497	S			093099	
	RCPT/APP 2457300001 CPNY 05044			AMERICAN FAMILY LIFE ASSURANCE COMPANY O						
				1932 WYNNTON RD						
				COLUMBUS						GA
				319990001						

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TYCL	REF#	CNTY	STATUS		DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	181	10	CN CANCELLED		061502	012698	S			093002	ALL AMERICAN LIFE INSURANCE COMPANY
	RCPT/APP 2086930017	CPNY 05035			PO BOX 401 MILWAUKEE 532010401						WI
0218	183	10	NR NOT RENEWED		093000	012698	S			093000	AMERICAN HERITAGE LIFE INSURANCE COMPANY
	RCPT/APP 3685590001	CPNY 05046			1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE 322246687						FL
0218	184	10	CN CANCELLED		121601	022698	S			093002	OHIO NATIONAL LIFE ASSURANCE CORPORATION
	RCPT/APP 2138450010	CPNY 05403			1 FINANCIAL WAY CINCINNATI 452425851						OH
0218	185	10	CN CANCELLED		121601	022698	S			093002	OHIO NATIONAL LIFE INSURANCE COMPANY
	RCPT/APP 2138420007	CPNY 06277			1 FINANCIAL WAY CINCINNATI 452425851						OH
0218	188	10	NR NOT RENEWED		093002	121599	S			093002	FIDELITY SECURITY LIFE INSURANCE COMPANY
	RCPT/APP 8990350004	CPNY 05249			PO BOX 418131 KANSAS CITY 641419131						MO
0218	189	10	NR NOT RENEWED		093002	011100	S			093002	SECURITY LIFE INSURANCE COMPANY OF AMERI
	RCPT/APP 9190410002	CPNY 05552			10901 RED CIRCLE DR MINNETONKA 553439304						MN
0218	190	10	CN CANCELLED		040400	022200	S			093002	FREEDOM LIFE INSURANCE COMPANY OF AMERIC
	RCPT/APP 0012430001	CPNY 05172			110 W 7TH ST STE 300 FORT WORTH 761027032						TX

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	191	10	RN RENEWED	100102	092200	S			093004	
RCPT/APP 1753870038 CPNY 05905	KANAWHA INSURANCE COMPANY PO BOX 7200 LANCASTER 297217200									SC
0218	192	10	OI ORIGINAL ISSUE	100400	100400	S			093003	
RCPT/APP 2117040002 CPNY 05853	COLORADO BANKERS LIFE INSURANCE COMPANY 5990 GREENWOOD PLAZA BLVD STE 325 GREENWOOD VILLAGE 801114736									CO
0218	195	10	OI ORIGINAL ISSUE	012301	012301	S			093003	
RCPT/APP 3600020001 CPNY 05337	LIFE INSURANCE COMPANY OF THE SOUTHWEST PO BOX 569080 DALLAS 753569080									TX
0218	197	10	OI ORIGINAL ISSUE	032901	032901	S			093003	
RCPT/APP 4054080001 CPNY 05410	PAN-AMERICAN LIFE INSURANCE COMPANY 601 POYDRAS ST NEW ORLEANS 701306029									LA
0218	198	10	OI ORIGINAL ISSUE	032901	032901	S			093003	
RCPT/APP 4054090001 CPNY 05431	PAN-AMERICAN ASSURANCE COMPANY 601 POYDRAS ST NEW ORLEANS 701306029									LA
0218	199	10	NR NOT RENEWED	093001	050801	S			093001	
RCPT/APP 7975380010 CPNY 05585	HEALTH NET LIFE INSURANCE COMPANY 21281 BURBANK BLVD WOODLAND HILLS 913676607									CA
0218	201	10	OI ORIGINAL ISSUE	040102	040102	S			093004	
RCPT/APP 8148580001 CPNY 05075	AMERICAN PUBLIC LIFE INSURANCE COMPANY PO BOX 925 JACKSON 392050925									MS

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	202	10	OI ORIGINAL ISSUE	040902	040902	S			093004	
	RCPT/APP 8190170008 CPNY 05930			UNITED WISCONSIN LIFE INSURANCE COMPANY						
				PO BOX 19032						
				GREEN BAY						WI
				543079032						
0218	205	10	CL INVALID STATUS	020703	070202	S				
	RCPT/APP 9091890001 CPNY 05215			ASSURITY LIFE INSURANCE COMPANY						
				1526 K ST						
				LINCOLN						NE
				685082732						
0218	207	10	OI ORIGINAL ISSUE	092002	092002	S			093004	
	RCPT/APP 0142800001 CPNY 05458			STANDARD INSURANCE COMPANY						
				920 SW 6TH AVE						
				PORTLAND						OR
				972041239						
0218	208	10	CL INVALID STATUS	020703	092302	S				
	RCPT/APP 0319740001 CPNY 05586			FORTIS INSURANCE COMPANY						
				PO BOX 3183						
				MILWAUKEE						WI
				532013183						
0218	209	10	CL INVALID STATUS	020703	111302	S				
	RCPT/APP 0650070001 CPNY 05069			AMERICAN NATIONAL LIFE INS. CO. OF TEXAS						
				PO BOX 1996						
				GALVESTON						TX
				775531996						
0218	210	10	CL INVALID STATUS	020703	111302	S				
	RCPT/APP 0613850001 CPNY 06125			GUARANTEE TRUST LIFE INSURANCE COMPANY						
				1275 MILWAUKEE AVE						
				GLENVIEW						IL
				600252463						
0218	211	10	OI ORIGINAL ISSUE	120302	120302	S			093005	
	RCPT/APP 0918490001 CPNY 05475			PROFESSIONAL INSURANCE COMPANY						
				100 BRIGHT MEADOW BLVD						
				ENFIELD						CT
				060821981						

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0218	212	10	PE PENDING ERROR	011303		S			
	RCPT/APP 1426000001 CPNY 05586			FORTIS INSURANCE COMPANY PO BOX 3183 MILWAUKEE 532013183					WI
0240	099	10	NR NOT RENEWED	012393	012391	S			012393
	RCPT/APP 8608960004 CPNY 87057			FAMILY HEALTH PLAN, INC. 6101 BLUE LAGOON DRIVE SUITE 300 MIAMI FL					33126
0240	105	10	CN CANCELLED	091196	032191	S			093097
	RCPT/APP 7449880301 CPNY 09165			CONTINENTAL CASUALTY COMPANY 333 S WABASH AVE CHICAGO 606044107					IL
0240	112	10	NR NOT RENEWED	093001	072691	S			093001
	RCPT/APP 8839230160 CPNY 05015			HUMANA HEALTH INSURANCE COMPANY OF FLORI 1100 EMPLOYERS BLVD GREEN BAY 543440001					WI
0240	113	10	NR NOT RENEWED	093001	072691	S			093001
	RCPT/APP 8408770191 CPNY 87050			HUMANA MEDICAL PLAN, INC. 1100 EMPLOYERS BLVD GREEN BAY 543440001					WI
0240	121	10	NR NOT RENEWED	030194	031292	S			031294
	RCPT/APP 1323650043 CPNY 87047			PCA FAMILY HEALTH PLAN, INC. 76 S LAURA ST JACKSONVILLE 322023433					FL
0240	134	10	NR NOT RENEWED	090193	040193	S			093093
	RCPT/APP 3318470015 CPNY 87051			PCA HEALTH PLANS OF FLORIDA, INC. 76 S LAURA ST JACKSONVILLE 322023433					FL
0240	140	10	NR NOT RENEWED	090194	012194	S			093094
	RCPT/APP 3855390026 CPNY 87057			FAMILY HEALTH PLAN, INC. 6101 BLUE LAGOON DRIVE SUITE 300 MIAMI FL					33126

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0240	145	10	NR NOT RENEWED	093002	080194	S			093002	
	RCPT/APP 2407440005 CPNY 87058			TOTAL HEALTH CHOICE, INC. DBA PACIFICARE						
				PO BOX 830010						
				MIAMI						FL
				332830010						
0240	150	10	RM RENEWAL MAILED	020103	090695	S			093003	
	RCPT/APP 2043760038 CPNY 87086			VISTA HEALTHPLAN, INC.						
				300 S PARK RD						
				HOLLYWOOD						FL
				330218593						
0240	159	10	RM RENEWAL MAILED	020103	021596	S			093002	
	RCPT/APP 1716260065 CPNY 87067			VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.						
				300 S PARK RD						
				HOLLYWOOD						FL
				330218593						
0240	161	10	NR NOT RENEWED	093002	021596	S			093002	
	RCPT/APP 1773390210 CPNY 87005			UNITED HEALTHCARE OF FLORIDA, INC.						
				PO BOX 150450						
				HARTFORD						CT
				061150450						
0240	166	10	CN CANCELLED	102196	081996	S			093098	
	RCPT/APP 0078580026 CPNY 05022			CENTRE LIFE INSURANCE COMPANY						
				155 FEDERAL ST # 7						
				BOSTON						MA
				021101727						
0240	167	10	NR NOT RENEWED	093001	091696	S			093001	
	RCPT/APP 8317630044 CPNY 87062			AMERIGROUP FLORIDA, INC. DBA AMERIGROUP						
				4200 W CYPRESS ST STE 900						
				TAMPA						FL
				336074173						
0240	170	10	CN CANCELLED	073097	120696	S			093097	
	RCPT/APP 0413980001 CPNY 06225			MUTUAL OF OMAHA INSURANCE COMPANY						
				MUTUAL OF OMAHA PLAZA						
				OMAHA						NE
				68175						

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES
0240	174	10	NR NOT RENEWED	093099	072197	S			093099
	RCPT/APP 2182820004 CPNY 05022			CENTRE LIFE INSURANCE COMPANY					
				155 FEDERAL ST # 7					
				BOSTON					MA
				021101727					
0240	179	10	CN CANCELLED	082102	080197	S			093003
	RCPT/APP 5621010022 CPNY 87075			PREFERRED CHOICE, THE HMO OF FLORIDA HEA					
				300 S PARK RD					
				HOLLYWOOD					FL
				330218593					
0240	180	10	CN CANCELLED	110198	111597	S			093000
	RCPT/APP 3143890042 CPNY 87073			HEALTHPLANS OF AMERICA, INC.					
				2605 MAITLAND CENTER PARKWAY SUITE 300					
				ALTAMONTE SPRINGS MI					32714
0240	186	10	CN CANCELLED	020100	110298	S			093001
	RCPT/APP 5810380042 CPNY 87081			SUNSTAR HEALTH PLAN, INC.					
				300 INTERNATIONAL PKWY STE 230					
				HEATHROW					FL
				327465000					
0240	193	10	OI ORIGINAL ISSUE	113000	113000	S			093003
	RCPT/APP 3008830031 CPNY 01020			GENESIS INSURANCE COMPANY					
				PO BOX 10350					
				STAMFORD					CT
				069042350					
0240	194	10	OI ORIGINAL ISSUE	010101	010101	S			093003
	RCPT/APP 3111760001 CPNY 02995			AF&L INSURANCE COMPANY					
				PO BOX 368					
				WARRINGTON					PA
				189760368					
0240	196	10	CN CANCELLED	123102	120100	S			093003
	RCPT/APP 3584180017 CPNY 87077			BEACON HEALTH PLANS, INC.					
				300 S PARK RD					
				HOLLYWOOD					FL
				330218593					
0240	200	10	CL INVALID STATUS	062702	032502	S			
	RCPT/APP 8129980001 CPNY 06227			MUTUAL SERVICE LIFE INSURANCE COMPANY					
				PO BOX 64035					
				SAINT PAUL					MN
				551640035					

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES
0240	203	10	OI ORIGINAL ISSUE	051702	051702	S			093004
	RCPT/APP 8719220002 CPNY 87008			PREFERRED MEDICAL PLAN, INC. DBA PREFERR					
				4950 SW 8TH ST FL 4					
				CORAL GABLES					FL
				331342400					
0240	204	10	OI ORIGINAL ISSUE	060602	060602	S			093004
	RCPT/APP 8875250001 CPNY 06227			MUTUAL SERVICE LIFE INSURANCE COMPANY					
				PO BOX 64035					
				SAINT PAUL					MN
				551640035					
0256	151	00	NR NOT RENEWED	090196	090195	S			093096
	RCPT/APP 7226460001 CPNY 75002			PRE-PAID LEGAL SERVICES, INC. OF FLORIDA					
				PO BOX 1443					
				ADA					OK
				748211443					
1202	078	10	NR NOT RENEWED	040192	082389	S			033192
	RCPT/APP 1343440084 CPNY 66008			ORAL HEALTH SERVICES, INC.					
				PO BOX 769239					
				ROSWELL					GA
				300768217					
1202	088	10	NR NOT RENEWED	040192	032390	S			
	RCPT/APP 1232690514 CPNY 66006			DENTICARE, INC.					
				PO BOX 2606					
				BIRMINGHAM					AL
				352022606					
1202	102	10	NR NOT RENEWED	020193	022291	S			022293
	RCPT/APP 0000000005 CPNY 66009			INTERNATIONAL DENTAL PLANS, INC.					
				PO BOX 2606					
				BIRMINGHAM					AL
				352022606					
1202	125	10	NR NOT RENEWED	060194	061992	S			061994
	RCPT/APP 1497320019 CPNY 66013			SAFEGUARD HEALTH PLANS, INC.					
				8100 N UNIVERSITY DR					
				TAMARAC					FL
				333211717					

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207606 PINE,SUSAN HOPE DOB

TYCL REF# CNTY STATUS DATE OI DATE S/C T #MO EXPIRES

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# 579551

Entity Name: QUIK QUOTE INSURANCE BROKERS, INC.

Current Principal Place of Business:

8181 WEST BROWARD BLVD
204
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

8181 WEST BROWARD BLVD
204
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 59-1843906 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

PINE, SUSAN
8181 W. BROWARD BLVD #204
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ Date
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: PINE, SUSAN
Address: 8181 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

Title: V ( ) Delete
Name: PINTO, RAY
Address: 8181 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

EXHIBIT
B

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PINE P 04/21/2003
Electronic Signature of Signing Officer or Director Date

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# G97713

Entity Name: BERTANY ASSOCIATION FOR TRAVEL AND LEISURE, INC.

Current Principal Place of Business:

8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-2394789 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

PINE, SUSAN
8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PV ( ) Delete
Name: PINE, SUSAN
Address: 1370 N UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: PINTO, RAY
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: VP ( ) Delete
Name: PINTO, RAY
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

Title: ST ( ) Delete
Name: PINE, SUSAN
Address: 1370 N UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PINE P 04/21/2003
Electronic Signature of Signing Officer or Director Date

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# P95000029778

Entity Name: BUSINESS ASSOCIATION FOR TRADE AND LABOR, INC.

Current Principal Place of Business:

8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0589175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

PINE, SUSAN
8181 WEST BROWARD BLVD
SUITE 204
PLANTATION, FL 33324

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ Date
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: PINE, SUSAN
Address: 8181 WEST BROWARD BLVD, SUITE 204
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PINE, SUSAN
Address: 8181 WEST BROWARD BLVD, SUITE 204
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Change (X) Addition
Name: PINTO, RAY
Address: 8181 WEST BROWARD BLVD, SUITE 204
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation c the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appea above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PINE P 04/21/2003
Electronic Signature of Signing Officer or Director Date

State of Florida

OFFICE OF INSURANCE REGULATION
Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 22nd Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Quik Quote Insurance Brokers, Inc.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director, Office of Insurance Regulation

EXHIBIT

C

State of Florida

OFFICE OF INSURANCE REGULATION
Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 22nd Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Bertany Association for Travel and Leisure, Inc.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director, Office of Insurance Regulation

State of Florida

OFFICE OF INSURANCE REGULATION
Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 22nd Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Business Association for Trade and Labor, Inc.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director, Office of Insurance Regulation

State of Florida

OFFICE OF INSURANCE REGULATION
Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 22nd Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

BAFTAL

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director, Office of Insurance Regulation

State of Florida

OFFICE OF INSURANCE REGULATION
Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 22nd Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

BERTANY

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director, Office of Insurance Regulation

State of Florida

Department of Financial Services
Tallahassee, Florida
May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that,
Ray Pinto/License Number A207789/D.O.B. , is licensed as a Health and Legal Expense Agent.
Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT
D

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME PINTO,RAY

AGENT# A207789 RACE W SEX M
DOB POB SALEM NJ

HOME STREET
HOME OPT. STREET
HOME CITY STATE FL ZIP

BUS. STREET QUIK QUICK INSURANCE BROKERS
BUS. OPT. STREET 1370 N UNIVERSITY DR STE 1370C
BUS. CITY STATE PLANTATION FL ZIP 333224734
BUS. CNTY. 10

MAIL STREET 1370 N UNIVERSITY DR STE 1370C
MAIL OPT. STREET
MAIL CITY STATE PLANTATION FL ZIP 333224734

DATE 05/21/2003

AGENT LICENSE DISPLAY

AGENT# A207789 PINTO,RAY DOB

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST ACTIVE APPOINT DATE	LOST RE
0214	F	FAILED	110294		D	94	5166200003	000	00	101294	
0214	E	EXPIRED	083095		D	95	6903340001	000	00	101294	
0214	E	EXPIRED	120695		D	95	7181350001	000	00	101294	
0214	C	CLOSED	062196		D	96	7965410001	000	00	101294	
0214	C	CLOSED	080996		D	96	8525800001	000	00		D
0240	Q	LICENSED	110294	110294	D	94	5166200003	004	00	103101	D
0256	Q	LICENSED	061099	061099	D	99	7056160003	000	00		

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207789 PINTO,RAY DOB

TYCL	REF#	CNTY	STATUS		DATE	OI DATE	S/C	T	#MO	EXPIRES	
0240	001	01	CN CANCELLED		110596	110794	S			103197	
	RCPT/APP	0260720004	CPNY	87027	FOUNDATION HEALTH,A SOUTH FLORIDA HEALTH						
					7950 NW 53RD STREET SUITE 300						
					MIAMI FL						33166
0240	002	01	NR NOT RENEWED		103197	120196	S			103197	
	RCPT/APP	0588970002	CPNY	87068	SUNRISE HEALTHCARE PLAN, INC.						
					500 W. CYPRESS CREEK ROAD SUITE 640						
					FT. LAUDERDALE FL						33309
0240	003	10	CN CANCELLED		081499	022797	S			103199	
	RCPT/APP	2868380185	CPNY	87050	HUMANA MEDICAL PLAN, INC.						
					1100 EMPLOYERS BLVD						
					GREEN BAY						WI
					543440001						
0240	004	10	CN CANCELLED		081499	022797	S			103199	
	RCPT/APP	2868390180	CPNY	05015	HUMANA HEALTH INSURANCE COMPANY OF FLORI						
					1100 EMPLOYERS BLVD						
					GREEN BAY						WI
					543440001						
0240	005	10	NR NOT RENEWED		103101	030197	S			103101	
	RCPT/APP	8392130007	CPNY	05023	DELTA DENTAL INSURANCE COMPANY						
					1000 MANSELL EXCHANGE W STE 100						
					ALPHARETTA						GA
					300228296						
0240	006	10	CN CANCELLED		110198	052397	S			103199	
	RCPT/APP	2847590022	CPNY	87073	HEALTHPLANS OF AMERICA, INC.						
					2605 MAITLAND CENTER PARKWAY SUITE 300						
					ALTAMONTE SPRINGS MI						32714
0240	007	10	NR NOT RENEWED		103102	040198	S			103102	
	RCPT/APP	2148140013	CPNY	66009	INTERNATIONAL DENTAL PLANS, INC.						
					PO BOX 2606						
					BIRMINGHAM						AL
					352022606						
0240	009	10	OI ORIGINAL ISSUE		120100	120100	S			103103	
	RCPT/APP	3579280027	CPNY	87086	VISTA HEALTHPLAN, INC.						
					300 S PARK RD						
					HOLLYWOOD						FL
					330218593						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A207789 PINTO,RAY

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	DOB #MO	EXPIRES	
0240	010	10	OI ORIGINAL ISSUE	042601	042601	S			103103	
	RCPT/APP 4325220008 CPNY 87087			NEIGHBORHOOD HEALTH PARTNERSHIP, INC.						
				7600 CORPORATE CENTER DR						FL
				MIAMI						
				331261219						
0240	011	10	OI ORIGINAL ISSUE	100101	100101	S			103103	
	RCPT/APP 6156990014 CPNY 87058			TOTAL HEALTH CHOICE, INC. DBA PACIFICARE						
				PO BOX 830010						FL
				MIAMI						
				332830010						
0240	012	10	OI ORIGINAL ISSUE	112101	112101	S			103104	
	RCPT/APP 6779740001 CPNY 05458			STANDARD INSURANCE COMPANY						
				920 SW 6TH AVE						OR
				PORTLAND						
				972041239						
0240	013	10	CL INVALID STATUS	020703	091902	S				
	RCPT/APP 0085840007 CPNY 09180			EMPIRE FIRE AND MARINE INSURANCE COMPANY						
				13810 FNB PKWY						NE
				OMAHA						
				681545202						
0256	008	00	NR NOT RENEWED	103101	091099	S			103101	
	RCPT/APP 8117250001 CPNY 75002			PRE-PAID LEGAL SERVICES, INC. OF FLORIDA						
				PO BOX 1443						OK
				ADA						
				748211443						

State of Florida

Office of Insurance Regulation
Tallahassee, Florida

May 22, 2003

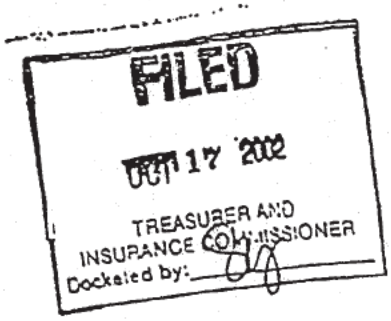
I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that the attached Consent Order for Total Health Choice, Inc., Case No.: 60902-02-CO, is a true and correct copy of the official records on file and maintained in the regular course of business at the Office of Insurance Regulation.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director

EXHIBIT

E



THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO. 60902-02-CO

TOTAL HEALTH CHOICE, INC.

_____/

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between TOTAL HEALTH CHOICE, INC. (hereinafter referred to as "TOTAL") and the FLORIDA DEPARTMENT OF INSURANCE, (hereinafter referred to as the "DEPARTMENT"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises; the undersigned hereby finds as follows:

1. The DEPARTMENT has jurisdiction over the subject matter of, and parties to, this proceeding.

2. TOTAL is authorized to transact business in this state as a health maintenance organization subject to the jurisdiction and regulation of the DEPARTMENT in accordance with the Florida Insurance Code.

3. The DEPARTMENT conducted an investigation pursuant to Section 641.3905, Florida Statutes. As a result of such investigation, the DEPARTMENT determined that TOTAL violated the following provisions of the Florida Insurance Code, to wit:

Section 627.6571(5)(d), Florida Statutes, Offering coverage through an association which does not meet the criteria of a "bona fide association".

Sections 626.88, 641.386, Florida Statutes, Use of an unlicensed insurance administrator.

Section 626.8817, Florida Statutes, Failure to provide appropriate benefits, rates, underwriting criteria, and claims payment procedures

Section 626.882, Florida Statutes, Failure to have a written agreement between the insurance administrator and insurer, which ensures that the association is being administered in accordance with the Florida Insurance Code.

Section 626.885(1), Florida Statutes, Failure to ensure that written notice is given to the insured groups, which advised them of the identity of and relationship among, the insurance administrator, the policyholder, and the insurer.

Section 626.885(2), Florida Statutes, Failure to ensure that the insurance administrator states separately the amount of the premium and the amount of the administrative charges on billing statements.

Section 626.887, Florida Statutes, Failure to require the administrator to use appropriate approved advertising materials.

Section 641.31(3)(a), Florida Statutes, and Rule 4-191.051, Florida Administrative Code, Failure to file the contract and application, which defines the association's eligibility requirements.

Section 641.31(3), Florida Statutes, and Rule 4-191.054(9), Florida Administrative Code, Failure to make an annual rate filing in year 2001.

Section 627.6699 (5), Florida Statutes, Failure to provide coverage to all group members, by restricting coverage to groups of five or more.

Section 627.65625, Florida Statutes, by allowing the association to decline coverage to groups due to health status, medical history or other grounds prohibited by this statute.

4. The DEPARTMENT and TOTAL expressly waive a hearing in this matter, and the making of Findings of Fact and Conclusions of Law by the DEPARTMENT and all further and other proceedings herein to which the parties may be entitled by law. TOTAL hereby knowingly and voluntarily waives all rights to challenge or to contest this

Order, in any forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. TOTAL agrees that the failure to adhere to one or more of the above terms and conditions of this Order shall constitute a violation of a lawful order of the DEPARTMENT, and shall subject TOTAL to such administrative action as the DEPARTMENT may deem appropriate.

6. TOTAL agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) TOTAL shall pay a penalty of Twelve Thousand Dollars ($12,000) and administrative costs of Two Thousand Dollars ($2,000) on or before the 30th day after the execution of this Consent Order.

(b) TOTAL shall henceforth comply with all of the provisions of the Florida Insurance Code.

(c) TOTAL is hereby placed on notice of the requirements of the above referenced sections of law and agrees that any future violations of these sections by TOTAL may be deemed willful, subjecting TOTAL to appropriate penalties.

(d) TOTAL shall undertake the following corrective actions:

(1) Cessation of writing new business through Bertany / BAFTAL until said entity obtains a certificate of authority to operate as an insurance administrator in the State of Florida;

(2) Assume all premium billing and collection activities associated with Bertany / BAFTAL;

(3) Total shall nonrenew large group health coverage to individuals and small group employers, which participate in Bertany / BAFTAL;

(4) Total shall offer health coverage through one of its approved products at renewal (including individual, small group, individual conversion, one life groups or other coverage as appropriate), or by compliance with the provisions of Section 641.31, Florida

Statutes and Rules 4-191.051 and 4-191.054, for those subscribers that do not qualify for the large group health product;

(5) Draft an advisory to their members, which explains the changes that will be taking place in their healthcare contracts and identify the effective date of the changes;

(6) Submit a draft copy of the advisory for the Department's review prior to implementation; and

(7) Submit a corrective action plan to the Department within thirty (30) days of the execution of the Consent Order.

7. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between TOTAL HEALTH CHOICE, INC. and the DEPARTMENT, consisting of the terms and conditions set forth above, is APPROVED.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE and ORDERED this 17th day of October, 2002.

KEVIN MCCARTY
Deputy Insurance Commissioner

By execution hereof, TOTAL HEALTH CHOICE, INC. consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents, pursuant to Section 624.310, Florida Statutes, that he/she has the authority to bind TOTAL HEALTH CHOICE, INC. to the terms and conditions of this Consent Order.

TOTAL HEALTH CHOICE, INC.

By: Lyle E Allgood

Lyle E. Allgood
(Print or type name)

Title: Chief Executive Officer

Date: Oct 9. 2002

COPIES FURNISHED TO:

KENNETH G. RIMMER, PRESIDENT
Total Health Choice, Inc.
8701 S.W. 137th Ave., Suite 200
Miami, Florida 33183

GERALD B. STERNSTEIN, ESQUIRE
Total Health Choice, Inc.
8701 S.W. 137th Ave., Suite 200
Miami, Florida 33183

STEVE RODDENBERRY, DEPUTY DIRECTOR
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DENNIS K. THREADGILL, EXECUTIVE SENIOR ATTORNEY
Division of Legal Services
200 East Gaines Street
Tallahassee, Florida 32399-0333

BAFTAL Business Association for Trade and Labor

HOME ABOUT US AGENTS CONTACT US

SUSAN PINE PRESIDENT

AGENT LOGIN

Email Id

Password

LOGIN

REGISTER NOW FORGOT PASSWORD?

This The Business Association for Trade and Labor was conceived with the idea of providing a "DOLLARS AND SENSE" approach to providing comprehensive benefits for the unique needs of the small and mid-size business, as well as for the self-employed.

Our approach is consumer-driven, geared to overcome the many hurdles businesses encounter in attempting to provide quality, affordable benefits for themselves as well as their employees.

We rely on "Group Buying Power" to provide our members with the best of prices for many products and services.

Our Board of Directors has determined that this will be the year of zero-ing in on "HELPING AMERICANS OBTAIN AFFORDABLE HEALTH BENEFITS". A day doesn't pass that I do not see an article in a newspaper or magazine, or a discussion on TV about the numbers of people in the United States who either cannot afford to buy health coverage for their families OR who cannot but coverage because of pre-existing conditions.

WE ARE PLEASED TO INTRODUCE, after many months of research and development, our program called "FLEX-CARE", which addresses these situations and provides solutions for the "uninsurable" and the "financially challenged". Our goal to provide all programs in Flex-Care regardless of health conditions is a reality. Included are

1. A patient-advocacy program.
2. Two Mini-Med insurance plans (Guarantee Issue) which will pay fixed amounts for hospital stays, doctor visits, and more.
3. Guarantee issue Disability
4. Guarantee issue life insurance

RX Benefits ($10 or $15 generic drug co-pay, plus a Canadian program to order brandname drugs at very very significant discounts.

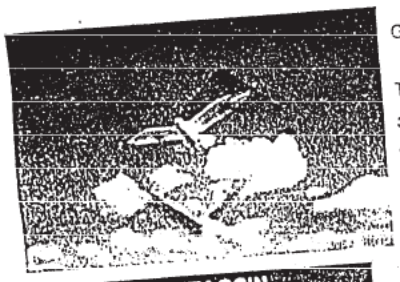
Over the months to come, we will be adding many benefits for our members, so please continue to check our website.

5/21/2003

BAFTAL

Business Association for Trade and Labor

HOME ABOUT US AGENTS CONTACT US



AGENT LOGIN

Email Id

Password

LOGIN

REGISTER NOW FORGOT PASSWORD?

GUARANTEE ISSUE - COMPOSITE RATED - SIMPIFLIED BILLING - TPA ADMINISTERED - NATIONALLY AVAILABLE

The Business Association for Trade and Labor was conceived with the idea of providing a "DOLLARS AND SENSE" approach to providing comprehensive benefits for the unique needs of the small and mid-size business, as well as for the self-employed.

Our approach is consumer-driven, geared to overcome the many hurdles businesses encounter in attempting to provide quality, affordable benefits for themselves as well as their employees.

- Patient advocacy program
- Hospital indemnity
- Disability
- Term Life
- Dental
- RX Card
- Canadian Pharmacy access

YOUR PARTNER IN HEALTH,

SUSAN PINE, PRESIDENT

State of Florida

Department of Financial Services
Tallahassee, Florida

May 22, 2003

I, the undersigned, Chief Financial Officer of the State of Florida, do hereby certify that the attached documents are true and correct copies of the official records on file and maintained in the regular course of business at the Department of Financial Services.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT

G

BERTANY ASSOCIATION FOR TRAVEL AND LEISURE
8181 West Broward Boulevard, Suite 204, Plantation, FL 33324
PHONE: (954) 424-3131 · FAX: (954) 424-0489

ANNOUNCING NEW PPO HEALTH PLAN FOR OUR MEMBERS

Dear BATAL member:

We have been pleased over the past few years to be able to provide health insurance coverage for our members with Total Healthchoice. Unfortunately, for reasons out of our control, Total dissolved the relationship with our Association and made arrangements to provide coverage for you direct with Total. Most of you were unhappy with the change because your rate was increased dramatically. We have been diligently searching for a plan for our members and are pleased to announce a PPO program with an outstanding network.....YOU WILL BE PLEASED, THE NETWORK UTILIZES THE FLORIDA BLUE CROSS BLUE SHIELD LIST OF HOSPITALS AND DOCTORS.

You have the option to change to this program and continue your membership in our affiliate association (BUSINESS ASSOCIATION FOR TRADE AND LABOR). You can do this effective April 1, 2003, as long as we have your completed paperwork in our office by March 10, 2003.

You will find the benefits and rates attached as well as a description of the optional benefits that are available to you as a member of our association.

If you are tired of HMO coverage at a high premium and would like a PPO Plan with a larger network.....where you do not have to choose a primary doctor.....and best of all, where you can go to a specialist without having to go through the red tape of getting a referral to a specialist, then give us a call, and we will answer your questions and help you enroll in the new program.

You can reach Marcos Valdez at Ext. 215, Ray Pinto at Ext 213, or myself at Ext 212.

YOUR PARTNER IN HEALTH

SUSAN PINE, PRESIDENT

February 13, 2003

HIGHMARK
Blue Cross Blue Shield

Dear Wings for Christ Employee:

Welcome to your Blue Cross and Blue Shield PPO! As a Highmark Blue Cross Blue Shield member you are now able to enjoy the many advantages of a PPO (Preferred Provider Organization) program.

As a Blue Cross Blue Shield PPO member, you have:

- a choice of network providers;
- control over your care;
- coverage for a range of preventive care;
- toll-free Member Service;
- toll-free, 24-hour-a-day health care assistance.

To learn all about your program, please read the enclosed brochure, *Your 'Ticket' to Quality Care*. Also, for specific benefits information, refer to *Your PPO Program Benefits* in the brochure's back pocket. These materials will explain your program and your benefits in detail.

If you have any questions about your program or completing your enrollment form, call the special hotline established for your use during your enrollment period. Call us toll free at 1-800-215-7865 Monday through Friday, between 9 a.m. and 9 p.m., and a trained representative who is familiar with your program will be glad to answer any questions you have. Please be sure to have your reference number available when you call.

For information on your nearest PPO providers or to see if your current provider is in the PPO network, simply call 1-800-810-BLUE (2583). You can also go online to www.bcbs.com for more information regarding network providers.

Thank you for giving Highmark Blue Cross Blue Shield the opportunity to provide your health care benefits ... we're looking forward to serving you!

Sincerely,

Michael P. Brady
Senior Vice President

P.S. Have questions? Call our special open enrollment hotline toll free at 1-800-215-7865!

Reference Code: P0191202
(Please have this number ready when you call)

Fifth Avenue Place • 120 Fifth Avenue • Pittsburgh PA 15222-3099
www.highmarkbcbs.com

NOW AVAILABLE TO MEMBERS OF THE BUSINESS ASSOCIATION FOR TRADE AND LABOR

PPO BLUECARD BENEFITS THROUGH THE WINGS FOR CHRIST ORGANIZATION

RATE BELOW IS FOR THE PPO PLAN THROUGH HIGHMARK BCBS, PLUS DENTAL THROUGH CAREINGTON, PLUS CANADIAN PHARMACY ACCESS CARD. RATE ALSO INCLUDES $15 MONTHLY MEMBERSHIP IN THE BUSINESS ASSOCIATION FOR TRADE AND LABOR AND $15 MONTHLY ADMINISTRATION FEE.

SINGLE	$326.00
WITH CHILDREN	$721.00
FAMILY	$923.00

FOR SINGLE AND SPOUSE RATE, USE TWO SINGLE RATES AND TWO APPLICATIONS.

THERE IS ALSO A ONE TIME $50 APPLICATION FEE.

MODE OF PAYMENT: BANKDRAFT (ACH), PLEASE BE SURE TO SIGN AUTHORIZATION AND MAKE CHECK PAYABLE TO BUSINESS ASSOCIATION FOR TRADE AND LABOR. FOR BUSINESSES WITH 5 OR MORE APPLICATIONS, WE WILL LIST BILL TO THE BUSINESS.

OPTIONAL PLANS INCLUDE:

GUARANTEE ISSUE... GE CHOICE... WHICH HELPS PAY THE DEDUCTIBLES AND COPAYS UNDER ABOVE PLAN.

GUARANTEE ISSUE TERM INSURANCE TO $50,000 WITH TERMINAL ILLNESS RIDER THAT ACCELERATES THE DEATH BENEFIT.

GUARANTEE ISSUE DISABILITY, FIRST DAY ACCIDENT, 8TH DAY SICKNESS BENEFIT, UP TO 2,000 PER MONTH, PAYABLE FOR 12 MONTHS PER DISABILITY.

Summary of DirectBlue and PPO BlueCard *Benefits*

PPO Care is considered coordinated (in-network) when it is performed or referred by your PCP. Exceptions apply for emergency room, Ob/Gyn, and mental health and substance abuse services. If you choose to obtain medical care through another provider, in most cases, this care will be considered self-referred care. Following a referral from your PCP, network specialists may continue to provide follow-up care and refer for diagnostic services for a 60-day time period. Below are specific benefit levels.

DirectBlue is an open access product that offers two levels of benefits. If you receive services from a provider who is in the DirectBlue network, you will receive the higher level of benefits for covered services. If you receive services from a provider who is not in the DirectBlue network, you will receive the lower level of benefits for covered services. There is no requirement to select a Primary Care Physician; however, we request that you choose a Primary Care Physician to assure you get consistent, quality care. Below are specific benefit levels.

Benefits	Coordinated Care In-Network	Self-Referred Care In or Out-of-Network
Deductible Individual Family	$2000 $4000	$4000 $8000
Coinsurance	80% after deductible	60% after deductible until out of pocket maximum is met; then 100%.
Out-of-Pocket Maximums Individual Family	$2000 $4000	$4000 $8000
Lifetime Maximum	Unlimited	$1,000,000
Primary Care Physician (PCP) Office Visits	100% after $30 copayment	60% after deductible
Specialist Office Visits	100% after $30 copayment	60% after deductible
Preventive Care *Adult* Routine physical exams (must be performed by PCP)	100% after $30 copayment	Not Covered
Routine gynecological exams, including a PAP Test①	100% after $30 copayment	Self-referred to in-network provider: 100% after $30 copayment Self-referred to out-of-network provider: 60% (deductible/lifetime maximum does not apply)
Mammograms, as required	80% after deductible	60% after deductible
Pediatric Routine physical exams (must be performed by PCP)	100% after $30 copayment	Not Covered
Pediatric immunizations	80% after deductible	60% (deductible/lifetime maximum does not apply)
Emergency Room Services②	100% after $50 copayment (waived if admitted) Emergency care is paid at the coordinated benefits level	100% after $50 copayment (waived if admitted) Self-referred benefits (60% after the deductible) apply for non-emergency care
Ambulance	80% after deductible	60% after deductible

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Benefits	Coordinated Care In-Network	Self-Referred Care In or Out-of-Network
Hospital Expenses		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Maternity①	80% after deductible	Self-referred to in-network provider: 100% Self-referred to out-of-network provider: 60% after deductible
Infertility counseling, testing and treatment①	80% after deductible	60% after deductible
Assisted Fertilization Procedures	Not Covered	Not Covered
Medical/Surgical Expenses	80% after deductible	60% after deductible
Spinal Manipulations	100% $30 copayment/visit 25 visit limit - Combined Coordinated and Self-Referred	60% after deductible
Diagnostic Services (Lab, X-Ray and other tests)	80% after deductible	60% after deductible
Outpatient Physical Therapy	100% $30 copayment/visit	60% after deductible 20 visit limit/calendar year
Outpatient Speech & Occupational Therapy	100% $30 copayment/visit	60% after deductible 20 visit limit/calendar year for each separately
Durable Medical Equipment	80% after deductible	60% after deductible
Skilled Nursing Facility Care	80% after deductible	60% after deductible 100 day limit/calendar year
Home Health Care	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Mental Health③		
Inpatient	80% 30 day limit/calendar year	60% after deductible 10 day limit/calendar year
Outpatient	100% $30 copayment/visit Limit: 45 visits/calendar year	60% after deductible Limit: 15 visits/calendar year
Substance Abuse (PA Mandated Benefit)		
Inpatient		
Detoxification	80% after deductible 7 days/admission; 4 admissions/lifetime	60% after deductible
Rehabilitation	80% after deductible 30 days/year, 90 days/lifetime	60% after deductible
Outpatient	100% $30 copayment/visit 60 visits/year, 120 visits/lifetime	60% after deductible
Precertification Requirements	Performed by Network Medical Management	Required for inpatient admission non-network hospital③

This is not intended as a contract of benefits. It is designed merely

Benefits	Coordinated Care In-Network	Self-Referred Care In or Out-of-Network
Premier Prescription Drug Program (Defined by Premier Gold III Pharmacy Network - Not Physician Network)	$200 Individual Deductible/$400 Family Deductible applies to Retail and Mail-Order Prescription Drugs combined Drug deductible is separate deductible and not part of overall program deductibles Retail Drugs: 20% coinsurance with $10 minimum/$50 maximum copayment per Prescription Mandatory Generic + Formulary Maintenance Drugs through Mail Order: 20% coinsurance with $20 minimum/$100 Maximum copayment per prescription Mandatory Generic 90 Days Supply $2,500 Annual Maximum combined Retail and Mail Order	

- A female member may *self-refer* to a network Ob/Gyn of her choice for any gynecological or maternity care. These services do not require authorization or a referral from your PCP.
- Emergency care services are the initial treatment • For bodily injuries resulting from an accident, or • Following the sudden onset of a medical condition, or • Following, in case of a chronic condition, a sudden and unexpected medical event that manifests itself by acute symptoms of sufficient severity or severe pain such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in one or more of the following: • Placing the health of the member, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, or • Serious impairment to bodily functions, or • Serious dysfunction of any bodily organ or part. Emergency services do not require a referral from your PCP.
- Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- State mandated benefits (30 inpatient days and 60 outpatient visits annually) may apply for serious diagnosis. Serious diagnoses include: schizophrenia, schizo-affective disorder, major depressive disorder, bipolar disorder, obsessive compulsive disorder, panic disorder, anorexia nervosa, bulimia nervosa, delusional disorder.
- If Blue Cross Blue Shield is not contacted prior to a non-emergency inpatient admission and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.
- Prescriptions are covered as long as they are listed on the prescription drug formulary applicable to your plan. The member is responsible for the payment differential when a generic drug is available and the doctor or patient specifies a brand name drug. The member's payment is the price difference between the brand and generic in addition to the copayment or coinsurance amounts which may apply.

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HIGHMARK. Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

HOW TO COMPLETE YOUR HIGHMARK BLUE CROSS BLUE SHIELD ENROLLMENT APPLICATION

Following are instructions for completing the Highmark Blue Cross Blue Shield Enrollment Application. All information must be completed as indicated.

EMPLOYEE INFORMATION

The first thirteen (13) items ask for information regarding the employee. The information you must complete includes:

1) Employer Name and Reason for Application
2) Employee First Name, skip a space, Last Name. (no middle initial)
3) Employee Street Address
4) City
5) State
6) Zip Code
7) Employee Social Security Number
8) Effective Date of Coverage
9) Employee Status: Please check (✓) the appropriate box indicating whether you are an Active, Retired, Hourly or Salary employee
10) Employee Daytime Phone Number (including area code)
11) Employee Evening Phone Number (including area code)
12) Date of Hire of Employee
13) Check Type of Coverage for which you are enrolling, using the appropriate category (employee, two person or family)

Items 14 through 18 ask for important information about yourself and each eligible member of your family (14 yourself, 15 your spouse/domestic partner, 16-18 your dependents). Please complete all requested information. If relationship is "other", please indicate the dependent's relationship to the employee according to the codes provided on the application.

- First Name/Middle Initial/Last Name—Complete the first and last name for each eligible person listed. Skip a space between names.
- Social Security Number—Please include the Social Security Number of each person.
- Birth Date (month/day/year)
- Sex (female or male)
- Check If: Student over 19 and/or Disabled—If your dependent is over the age of 19 and a full time student or a disabled dependent of any age, please check (✓) the appropriate column by that dependent's name.

19) Needs to be completed if you, your spouse/domestic partner or one of your eligible dependents has other health insurance coverage or is eligible for Medicare. Please complete all information requested.
20) Should be completed by your account administrator.
21) You must sign and date the form where indicated.
22) Do not complete any of the information below the Employee Signature and Date.

Once the form is completed, retain the last copy for your records.

JD-7 (06-02) 1139

Blue Cross Blue Shield Inc. Pittsburgh, PA

An Independent Licensee of the Blue Cross and Blue Shield Association

Reason for Application: ☐ New Hire ☐ Rehire ☐ Unaffiliated ☐ COBRA ☐ Other:

EMPLOYEE INFORMATION

1) Employer Name

2) Employer First Name / Last Name

3) Street Address

4) City

5) State

6) Zip

7) Social Security Number

8) Effective Date of Coverage — Mo / Day / Year

9) Employee Status: ☐ Active ☐ Retired ☐ Family ☐ Retiree

10) Employee Phone # - Day ( )

11) Employee Phone # — Evening ( )

12) Hire Date — Mo / Day / Year

13) Check Type of Coverage

	MEDICAL	DENTAL	VISION	DRUG	PRODUCT NAME
Employee Only	☐	☐	☐	☐	☐
Insured & Spouse/Domestic Partner	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐
Parent & Child	☐	☐	☐	☐	☐
Parent & Children	☐	☐	☐	☐	☐

Complete Items 14 through 19 where applicable. List eligible participants (If you have additional dependents, attach separate sheet)

Complete Where Applicable	First Name / Middle Initial / Last Name	Social Security Number	Birth Date Mo	Dy	Yr	Sex F/M	Check If Student Over 19	Disabled
14) Self								
15) ☐ Spouse ☐ Dom. Part. ☐								
16) ☐ Child ☐ Other* ☐								
17) ☐ Child ☐ Other* ☐								
18) ☐ Child ☐ Other* ☐								

*If "domestic partner" or "other" applies, complete using one of the following codes: —Grandson, Nephew, Brother (11), —Granddaughter, Niece, Sister (12), —Stepson (13), —Stepdaughter (14) —Male Domestic Partner (17) —Female Domestic Partner (18)

19) Please check one if applicable (If additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (If applicable): _____ Group No: _____

Name of Insurance Carrier: _____ Effective Date: _____

Name of Insured: _____ Is Coverage Still In Effect? ☐ Yes ☐ No

Identification Number: _____

Insurance Carrier Phone #: _____

Please check one if applicable (If additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (If applicable): _____ Group No: _____

Name of Insurance Carrier: _____ Effective Date: _____

Name of Insured: _____ Is Coverage Still In Effect? ☐ Yes ☐ No

Identification Number: _____

Insurance Carrier Phone #: _____

I certify that the information provided on this form is true to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I understand that this form enrolls those eligible persons listed above in the Medical Plan as described in the agreement between the plan and my employer. I authorize any payroll deductions required for the coverage and recognize that I must formally enroll my dependents on this form or they will not be covered.

I also authorize any provider of health care services to provide to Blue Cross and Blue Shield, upon request, any information concerning the health, condition or treatment of any covered person whenever such information is considered necessary with respect to (a) administering benefits; (b) conducting bona fide medical research; and (c) when required or authorized by law.

20) Authorized Employer Signature _____ Date _____

21) Employee Signature _____ Date _____

To be completed by Account/Administrator only

22) Group Number | Payroll Number | Check Number

PLAN USE ONLY	Blue Shield Plan	Blue Cross Plan	Blue Med. Plan	Dental Plan	A	B	C	D	E	Vision Plan	A	B	C	D	E	Drug Plan	A	B	C	D	E
	Blue Shield Plan Area	Blue Cross Plan Area	Blue Med. Plan Area	Dental Plan Area						Vision Plan Area						Drug Plan Area					

HDCDS COPY

JD-7 (Rev.02) HX

Wings For Christ, Inc.

Employee/Associate Agreement

Purpose:

To operate a ministry for transporting of missionaries, mission work groups, supplies, medical equipment and supplies, and personnel to and from the mission field in nations across the world. To spread the "Good News!" and minister to the spirit and body through our world missions, Christian Schools, Churches and Nursing/Personal Care Homes.

To institute plans for the propagation of the Gospel of our Lord by all legitimate means:

a. By general evangelism in all places where doors are opened to us, and the way is providentially made.
b. By conventional revival campaigns and the establishment of prayer circles.
c. By house to house visitation and proclaiming the Gospel.
d. By open air services, meeting in markets, factories, private homes, and in all places permitting such.
e. By personal evangelism.
f. By procuring, printing or causing to be printed and circulated, Bibles, Testaments, books, booklets, newsletters, prayer circulars, tracts, magazines and sound literature of every type which will facilitate the Gospel and the objectives hereby stated.
g. By providing an office or offices, prayer center (with daily prayer rising to God in behalf of individual requests, as well as interests at large for the work of God), Campground or Conference grounds, Tabernacles, halls or other such buildings, training schools, training classes or correspondence classes.
h. The opening of missionary work in the regions beyond, conducting missionary meetings, conferences, the sending forth of missionary personnel connected with Wings For Christ, Inc. and/or assisting other missionary organizations of like faith.
i. By acquiring by purchase, lease, gift, inheritance, annuity or otherwise any real or personal property, and to dispose of such by sale, gift or otherwise, and to appoint any person or persons as trustees to acquire, to hold, or dispose of such interests.
j. To provide Christian Education through established or establishing Christian Schools, programs and research for all who need and desire to grow in life with the Lord.
k. To provide Health, Comfort and Healing, both Spiritual and Physical to those in need or aging through established or establishing Nursing Homes, Hospitals, and Clinics around the world.
l. To do any and all such things incidental to the attainment of these objectives.

My Signature hereon attests to these principals and purpose and serves as my agreement to abide by these principals and purpose and to participate using my time, talent and resources to the degree possible as to promote this mission.

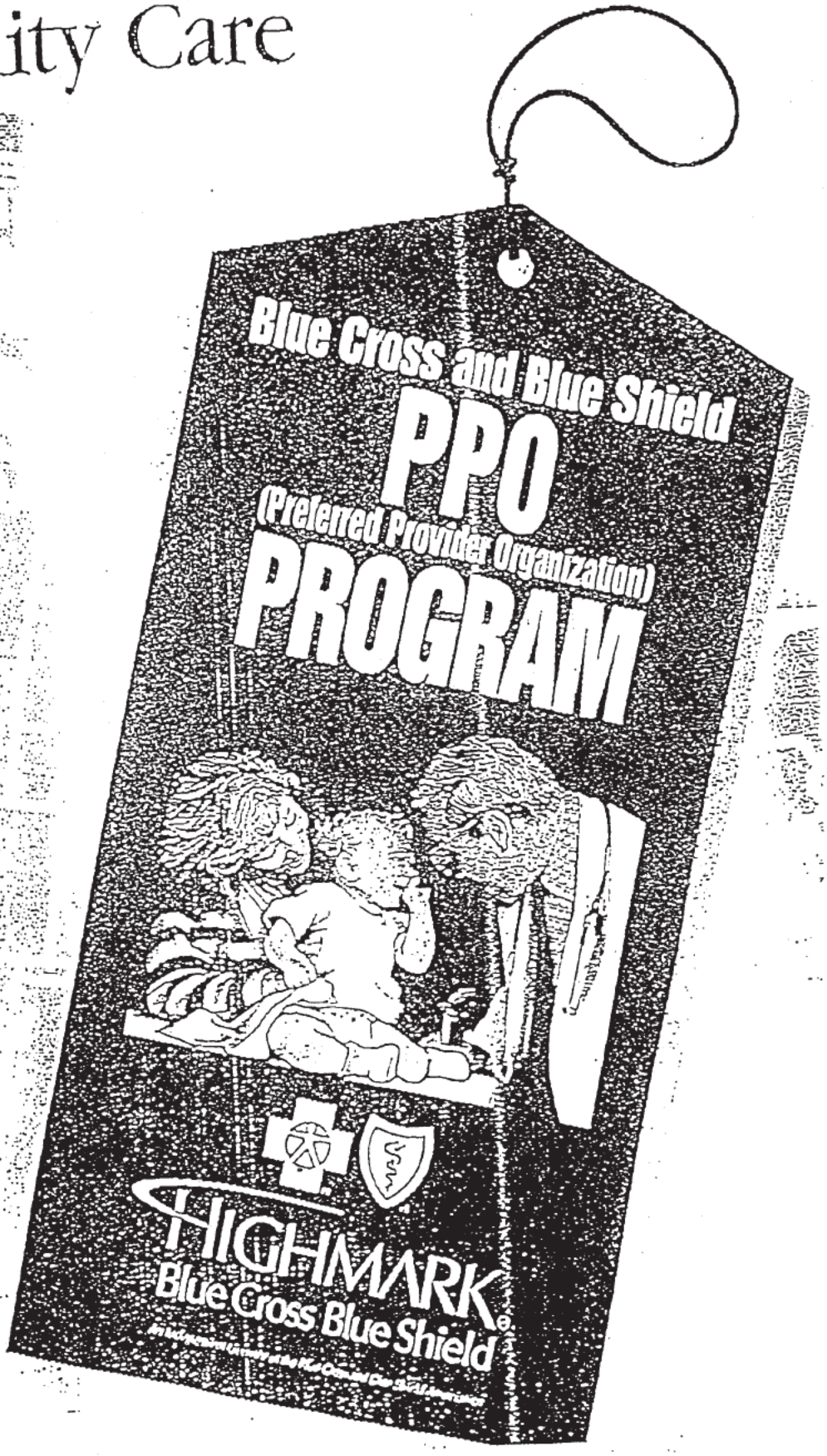
_____ Date

Signature

_____

Printed Name

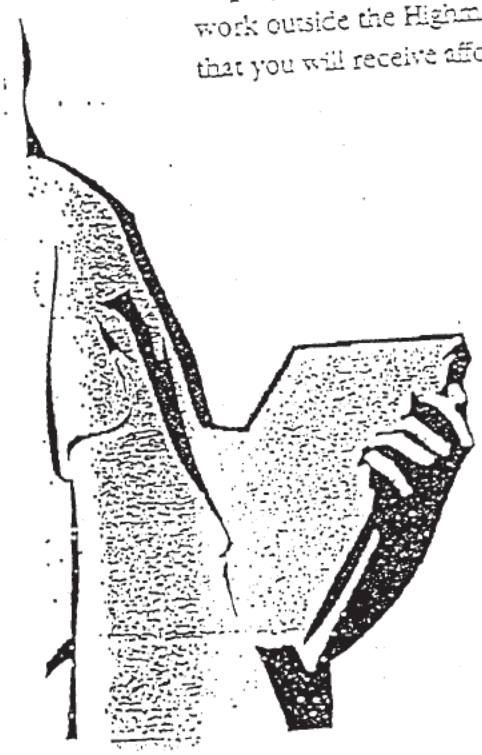
YOUR 'TICKET'
To Quality Care



WHEREVER YOU ARE,
The Blues have you covered!

For more than 60 years,
Highmark Blue Cross Blue Shield
has helped make health care
affordable
for all kinds of people,
from all walks of life.

Now we are working with Blue Cross and Blue Shield plans throughout the country to ensure that this affordable coverage includes all of our groups' employees, in all areas of the country. So members like you, who live or work outside the Highmark's Blue Cross Blue Shield area, can feel confident that you will receive affordable, quality care.



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Enjoy the advantages of PPO COVERAGE

As a Highmark Blue Cross Blue Shield member living or traveling outside the plan's area, you can now receive convenient, comprehensive covered health care.

Your Blue Cross and Blue Shield PPO gives you a network of providers.

- You can receive care from *the network provider of your choice.* The PPO program does not require that you select a primary care physician to receive covered care. Instead, it gives you access to a large network of physicians, hospitals, and other providers. For a higher level of benefits coverage, you *must* receive care from a network provider.

  To locate a network provider near you, or to learn whether your current physician is in the Blue Cross and Blue Shield PPO, call 1-800-810-BLUE (2583).

Your Blue Cross and Blue Shield PPO gives you control over your care.

- The PPO Program puts you in charge and gives you control over your care. *You* decide who provides your care. And *you* determine the level of coverage you receive. That means for most services you can receive care from an out-of-network provider and still be covered at a lower benefit level.

  (In the back pocket, you'll find *Your PPO Program: Benefits*, a description of your PPO plan benefits. Read this insert for specific benefit details.)

HOW Your PPO Program Works

The Blue Cross and Blue Shield PPO lets you get the medically necessary and appropriate care you want from the provider you select. When you or a covered family member needs medical care, you can choose between two levels of health care services: In-Network or Out-of-Network.

In-Network Care is care you receive from providers in the PPO Program's network ("preferred providers"). This network includes primary care physicians and a range of specialists, as well as hospitals and a variety of treatment facilities. All providers are thoroughly evaluated before they are accepted in the PPO network.

When you receive health care within this Blue Cross and Blue Shield PPO network, you enjoy maximum coverage and maximum convenience. You present your ID card to the provider who submits your claim to the local Blue Cross Blue Shield plan. The local plan works with Highmark Blue Cross Blue Shield to ensure prompt and accurate claims payment.

Out-of-Network Care is care you receive from providers who are not in the PPO Program's network.

Even when you go outside the network, you will still be covered for most eligible services. However, your benefits will be paid at your program's lower level. You may be responsible for an annual deductible and a certain percentage of additional expenses called your "coinsurance." (Refer to *Your PPO Program Benefits* for your program's specific coverage.)

You may also be responsible for paying any difference between the provider's actual charge and the plan's allowed amount.

When you receive care from an out-of-network provider, coverage is paid at the lower level — even if you were directed to the non-network provider by a network provider. That's why it is important, in all cases, to check to see that your provider is in the network before you receive care.

PLEASE NOTE:

All inpatient hospital care and inpatient mental health/substance abuse care must be precertified to assure it is covered. A toll-free precertification phone number is included on members' ID cards to make this precertification convenient.

Some plans require members to precertify other services, so please refer to your specific coverage information.

You get a range of COVERED CARE

Your Blue Cross and Blue Shield PPO provides comprehensive health care coverage. You're covered for everything from routine sick care to inpatient and outpatient hospital care. The following are some of your coverage highlights:

Preventive Care...

The Blue Cross and Blue Shield PPO provides coverage for your in-network preventive care. This vital care can help you stay on top of your medical needs and establish a healthy lifestyle.

That's why we encourage members to take advantage of the PPO's excellent preventive care benefits, including periodic physical examinations, well child visits, and a full scope of diagnostic testing such as cholesterol screenings. Women are covered for routine gynecological exams and PAP tests. Depending upon your coverage, you may be responsible for a small copayment for visits to your doctor's office. Refer to *Your PPO Program Benefits* for the specifics on your coverage.

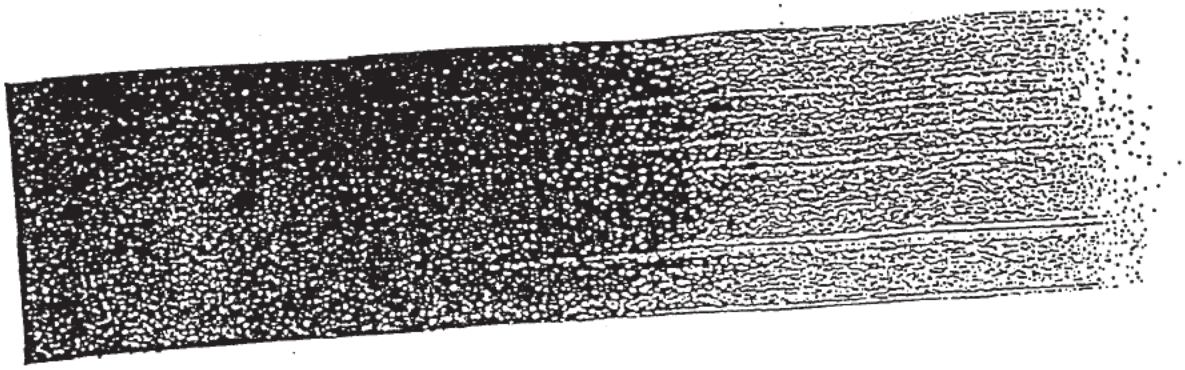
Mental Health/Substance Abuse Care...

Your Blue Cross and Blue Shield PPO also provides coverage for a range of mental health and substance abuse services. To assure members get responsive, appropriate care, the program offers a range of mental health and substance abuse professional providers, so you can get the level and type of care appropriate to your situation. The Blue Cross and Blue Shield PPO covers a variety of counseling and treatment services.

Emergency Care...

More than anything, you want the reassurance of knowing that you're covered when you need care most.

The Blue Cross and Blue Shield PPO covers emergency care received in or *outside* the PPO provider network. This flexibility is critical when you need care *immediately*. So in true emergency situations when you must be



treated immediately, go directly to your nearest hospital emergency room or urgicenter, or call "911" or your area's emergency number.

Please keep in mind, however, if your care is determined not to be emergency in nature you may be responsible for additional out-of-pocket expenses. Therefore, you should use emergency services only when appropriate. In some situations, such as strains or sprains, fevers and sore throats, it may make sense to contact a network doctor.

*See Your PPO Program Benefits in the pocket of this brochure, for copayment and coverage details.

Worldwide Care...

It's reassuring to know that no matter where you travel, you are covered for your critical and urgent care. Your Blue Cross and Blue Shield PPO provides all of the services of the *BlueCard Worldwide Program*. These services include access to a worldwide network of care providers. Medical assistance services are included as well. You access these services by calling 1-800-810-BLUE. Remember, the Cross and Shield symbols on your ID card are recognized around the world — that's *important* protection.

Prescription Drug Coverage

Should your program include prescription drug coverage*, your prescriptions are covered when purchased through our large network of participating Premier pharmacies (see your enclosed Pharmacy Directory). This network includes major pharmacy chains and independent drug stores, so you're sure to find a location convenient for you.

It's easy to purchase your prescription. You only need to make the appropriate copayment. Under most programs, you pay one copayment for generic and a higher copayment for brand name drugs. Your prescription drug benefit includes quality control services to make your use of prescription drugs both safe and effective.

*See Your PPO Program Benefits in the pocket of this brochure for coverage details.

YOU GET SERVICE & SUPPORT
Whenever you need it

Good health care is more than just doctor visits. It's also the service that supports your care.

You Have 24-Hour Health Care Support...

- For answers to health care questions, you can phone Blues On Call℠ — 24-hours-a-day, 7-days-a-week. Blues On Call is a free service provided as part of patient-focused care. This toll-free health decision support service connects you to a specially trained registered nurse. The nurse can help you with any health care question and assist you with your care decisions. You may also receive easy-to-understand information on how to avoid the illness or injury in the future as well as general "stay healthy" tips. Blues On Call also offers educational materials and video-tapes on certain medical conditions. And you can call the AudioHealth Library for a recorded message on the healthcare topic of your choice. *Your call will be kept strictly confidential.* Your Blues On Call number is 1-888-BLUE428.
- For quick access to a range of health and lifestyle information, log onto Highmark's website, www.highmarkbcbs.com. When you visit Highmark's website, you can set up your own personal web page and connect to information on the topics of your choice. You can also e-mail a Blues On Call nurse about a particular health concern, use a symptom diary to track your health symptoms, or look up a medical topic in the Healthwise Knowledgebase®, a comprehensive health information resource with 28,000 pages of current, medically accurate health information and on-line videos. Finally, for a personalized report that will help you identify your health risks and establish health-enhancing goals, take a few minutes to complete the Personal Wellness Profile. You'll get your report within seconds!

You Have Dedicated Member Service...

For answers to claims or coverage questions, just call the Member Service number on your Identification Card to be connected with a Highmark Member Service representative. Representatives are trained to answer your questions quickly, politely, and accurately.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association. Blues On Call is offered in most coverage plans.
Healthwise Knowledgebase is a registered mark of Healthwise, Incorporated.

Error retrieving page 79

State of Florida

Department of Financial Services
Tallahassee, Florida
May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that, Samuel A. Best/License Number D071663/D.O.B. is licensed as a Nonresident Life, Health and Variable Annuity and Nonresident Life and Health Agent. Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT

H

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME BEST,SAMUEL A

AGENT# D071663 RACE SEX
DOB POB

HOME STREET
HOME OPT. STREET
HOME CITY STATE IN ZIP

BUS. STREET THE INSURANCE PLUS AGENCY INC
BUS. OPT. STREET 946 N STATE ST
BUS. CITY STATE GREENFIELD IN ZIP 46140
BUS. CNTY. 00

MAIL STREET
MAIL OPT. STREET
MAIL CITY STATE IN ZIP

DATE 05/21/2003

AGENT LICENSE DISPLAY

AGENT# D071663 BEST,SAMUEL A DOB

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST LOST ACTIVE APPOINT DATE	RE
0815	Q	LICENSED	041001	041001	D	01	3836840003	000	00	041001	A
0818	Q	LICENSED	041001	041001	I	01	3836840003	006	00		D

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME BEST,SAMUEL A

AGENT# D071663 RACE SEX
DOB POB

HOME STREET
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BUS. CITY STATE GREENFIELD IN ZIP 46140
BUS. CNTY. 00

MAIL STREET
MAIL OPT. STREET
MAIL CITY STATE IN ZIP

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# D071663 BEST,SAMUEL A

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T #MO	DOB EXPIRES	
0818	001	00	OI ORIGINAL ISSUE RCPT/APP 4116000001 CPNY 05184	041001	041001	S		123103 FEDERAL KEMPER LIFE ASSURANCE COMPANY 1600 MCCONNOR PKWY SCHAUMBURG 601966801	IL
0818	002	00	OI ORIGINAL ISSUE RCPT/APP 5514600001 CPNY 05323	080301	080301	S		123103 LIFE INVESTORS INSURANCE COMPANY OF AMER 4333 EDGEWOOD RD NE CEDAR RAPIDS 524990001	IA
0818	003	00	OI ORIGINAL ISSUE RCPT/APP 8197640001 CPNY 05153	040502	040502	S		123104 CONTINENTAL GENERAL INSURANCE COMPANY PO BOX 247007 OMAHA 681247007	NE
0818	004	18	OI ORIGINAL ISSUE RCPT/APP 8197640002 CPNY 05153	040502	040502	C		123104 CONTINENTAL GENERAL INSURANCE COMPANY PO BOX 247007 OMAHA 681247007	NE
0818	005	00	OI ORIGINAL ISSUE RCPT/APP 0100190007 CPNY 05941	092302	092302	S		123104 PACIFIC LIFE & ANNUITY COMPANY 2300 MAIN ST IRVINE 926146223	CA
0818	006	03	OI ORIGINAL ISSUE RCPT/APP 0100190008 CPNY 05941	092302	092302	C		123104 PACIFIC LIFE & ANNUITY COMPANY 2300 MAIN ST IRVINE 926146223	CA

State of Florida

Department of Financial Services
Tallahassee, Florida
May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that, Sammie L-Byars Best/License Number A037610/D.O.B. , is licensed as a General Lines (Property and Casualty) Agent. Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME BEST,SAMMIE L-BYARS

AGENT# A037610 RACE SEX
DOB POB CARROLL COUNTY TN

HOME STREET
HOME OPT. STREET
HOME CITY STATE FL ZIP

BUS. STREET JAMES F TULLIS & ASSOC
BUS. OPT. STREET 1665 SAN MARCO BLVD
BUS. CITY STATE JACKSONVILLE FL ZIP 322073079
BUS. CNTY. 02

MAIL STREET 1665 SAN MARCO BLVD
MAIL OPT. STREET
MAIL CITY STATE JACKSONVILLE FL ZIP

DATE 05/21/2003

AGENT LICENSE DISPLAY

AGENT# A037610 BEST,SAMMIE L-BYARS DOB

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST ACTIVE APPOINT DATE	LOST	RE
0220	Q	LICENSED	041481	041481	D	87	0000000001	007	00			D

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A037610 BEST,SAMMIE L-BYARS DOB

TYCL	REF# CNTY STATUS	DATE OI DATE S/C T #MO EXPIRES
0220	001 02 RN RENEWED RCPT/APP 6044190003 CPNY 01573	110101 011684 S 103103 OLD DOMINION INSURANCE COMPANY PO BOX 56770 JACKSONVILLE FL 322416770
0220	002 02 NR NOT RENEWED RCPT/APP 6075640096 CPNY 01375	040189 010185 S GRANITE STATE INSURANCE COMPANY 1 CONNELL DR # 1 BERKELEY HEIGHTS NJ 079222732
0220	003 02 NR NOT RENEWED RCPT/APP 6084040102 CPNY 01530	040189 010185 S NEW HAMPSHIRE INSURANCE COMPANY 1 CONNELL DR # 1 BERKELEY HEIGHTS NJ 079222732
0220	010 02 RN RENEWED RCPT/APP 6043760018 CPNY 09263	110101 091081 S 103103 HARTFORD CASUALTY INSURANCE COMPANY 55 FARMINGTON AVE STE 100 HARTFORD CT 061053725
0220	011 02 RN RENEWED RCPT/APP 6044450014 CPNY 09260	110101 091081 S 103103 HARTFORD ACCIDENT AND INDEMNITY COMPANY 55 FARMINGTON AVE STE 100 HARTFORD CT 061053725
0220	012 02 RN RENEWED RCPT/APP 6043800018 CPNY 01815	110101 091081 S 103103 TWIN CITY FIRE INSURANCE COMPANY 55 FARMINGTON AVE STE 100 HARTFORD CT 061053725
0220	013 02 RN RENEWED RCPT/APP 6044400009 CPNY 01391	110101 091081 S 103103 HARTFORD INSURANCE COMPANY OF THE SOUTHE 55 FARMINGTON AVE STE 100 HARTFORD CT 061053725

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A037610 BEST,SAMMIE L-BYARS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0220	014	02	RN RENEWED	110101	091081	S			103103	
RCPT/APP 6044650019 CPNY 01390	HARTFORD FIRE INSURANCE COMPANY									
	55 FARMINGTON AVE STE 100									
	HARTFORD									CT
	061053725									
0220	024	02	NR NOT RENEWED	040189	033183	S				
RCPT/APP 5960330069 CPNY 09379	OCCIDENTAL FIRE AND CASUALTY COMPANY OF									
	8502 E VIA DE VENTURA, STE 200									
	SCOTTSDALE AZ									
	85258									
0220	025	02	CN CANCELLED	110191	111883	S				
RCPT/APP 9448150203 CPNY 09429	ST. PAUL MERCURY INSURANCE COMPANY									
	385 WASHINGTON ST									
	SAINT PAUL									MN
	551021309									
0220	026	02	CN CANCELLED	110191	111883	S				
RCPT/APP 9451100205 CPNY 01470	ST. PAUL FIRE & MARINE INSURANCE COMPANY									
	385 WASHINGTON ST									
	SAINT PAUL									MN
	551021309									
0220	027	02	CN CANCELLED	110491	121588	S				
RCPT/APP 9450380076 CPNY 01340	ONEBEACON INSURANCE COMPANY									
	62 MAPLE AVE									
	KEENE									NH
	034311625									
0220	028	02	CN CANCELLED	110491	121588	S				
RCPT/APP 9450970076 CPNY 01607	PENNSYLVANIA GENERAL INSURANCE COMPANY									
	62 MAPLE AVE									
	KEENE									NH
	034311625									
0220	029	02	CN CANCELLED	110491	121588	S				
RCPT/APP 9450940077 CPNY 01190	THE CAMDEN FIRE INSURANCE ASSOCIATION, I									
	62 MAPLE AVE									
	KEENE									NH
	034311625									

AGENT APPOINTMENT DISPLAY

AGENT# A037610 BEST,SAMMIE L-BYARS DOS

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0220	030	02	NR NOT RENEWED	100195	042491	S			103195	
	RCPT/APP 2543980015 CPNY 01415			STATE NATIONAL SPECIALTY INSURANCE COMPA						
				8200 ANDERSON BLVD						
				FORT WORTH						TX
				761203620						
0220	031	02	NR NOT RENEWED	103199	042197	S			103199	
	RCPT/APP 2593760003 CPNY 01255			CREDIT GENERAL INSURANCE COMPANY						
				PO BOX 221279						
				BEACHWOOD						OH
				441220996						
0220	032	02	CN CANCELLED	040601	050198	S			103102	
	RCPT/APP 2170110010 CPNY 01460			ENCOMPASS INDEMNITY COMPANY						
				120 S RIVERSIDE PLZ FL 5						
				CHICAGO						IL
				606063908						
0220	033	02	LE LIC APP ONLY-ERR	062298		S				
	RCPT/APP 4643180006 CPNY 09527			WESTERN SURETY COMPANY						
				PO BOX 5077						
				SIOUX FALLS						SD
				571175077						
0220	034	02	NR NOT RENEWED	103101	080199	S			103101	
	RCPT/APP 8108010008 CPNY 09228			QUEENSWAY INTERNATIONAL INDEMNITY COMPAN						
				645 HEMBREE PKWY STE A						
				ROSWELL						GA
				300763868						
0220	035	02	OI ORIGINAL ISSUE	040101	040101	S			103103	
	RCPT/APP 4290450017 CPNY 03510			NORTH POINTE INSURANCE COMPANY						
				28819 FRANKLIN ROAD, SUITE 300						
				SOUTHFIELD MI						480341656

AFFIDAVIT

SATE OF INDIANA)
) SS:
COUNTY OF HANCOCK)

I, Sam Best, the undersigned, do hereby subscribe to the following information as being true and correct to the best of any knowledge, information, and belief:

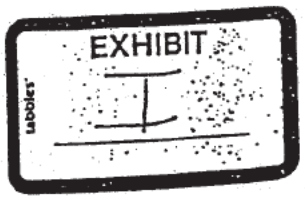
1. I am the sole member in Good Samaritan, LLC, an Indiana Limited Liability Company.

2. I am the Vice President of Wings For Christ, Inc., a Pennsylvania non-profit corporation (formerly an Indiana non-profit corporation).

3. Wings For Christ, Inc. is not nor has it ever been involved in the marketing or sale of health insurance benefits, except that it provides such benefits to its employees and affiliates.

4. Wings For Christ, Inc., employs or affiliates with Christian churches and church groups, ministers, missions, Christian Schools, and nursing/personal care homes who subscribe to the tenets of Wings For Christ, Inc. and its mission. (Said tenets and mission statement is attached hereto as Exhibit "A").

5. When a person or group within the aforesaid categories is employed or affiliates with Wings For Christ, Inc. then those persons or groups are eligible to obtain health insurance benefits through Wings For Christ, Inc., who has a benefit plan with Highmark Blue Cross/Blue Shield of Western Pennsylvania.



6. Good Samaritan, LLC has been engaged by Wings For Christ, Inc. to act as an administrative arm for public relations, customer service, and promotion of the foundation.

7. Neither Wings For Christ, Inc. nor Good Samaritan, LLC has authorized any other persons or entities to market and/or sell health insurance, and specifically the plan developed for Wings by Highmark.

8. Sometime in early February 2003, I received a telephone call from Susan Pine who inquired about the Highmark health plan developed for Wings, and she represented that she was in affiliation or association with a number of Christian-oriented businesses seeking new health coverage.

9. At said date and time, she further inquired about the coverage, which was outlined by me.

10. At said date and time, I asked her to send a spreadsheet on the groups and I would contact them directly.

11. No contacts were ever provided by Susan Pine.

12. At said date and time or shortly thereafter, Pine inquired as to whether or not she was eligible given her association with Christian businesses.

13. I indicated that I would investigate it and sent her a letter and the mission statement (Exhibit "A") of Wings For Christ, Inc. and several healthcare applications. (A true and correct letter is attached as Exhibit "B").

14. On or about February 13, 2003 I received two healthcare applications completed by Susan Pine and Ray Pinto dated February 13, 2003 along with a

check for the premium dated February 13, 2003. (True and correct copies of the aforesaid are attached hereto as Exhibits "C", "D", and "E").

15. On or about February 24, 2003 I received an email from Susan Pine and responded the following day. (A true and correct copy of the printed version is attached hereto as Exhibit "F").

16. On said date and time, I advised Pine that her "occupation will not fit into our foundation". I returned the applications and check to her.

17. The applications and check were never forwarded to RPC Employer Services for processing per my note on Exhibit "E" dated February 19, 2003.

18. I further responded in the email to her inquiry regarding licensing of other agents or brokers for the plan and advised that the plan is promoted through Good Samaritan for Wings employee or associates (affiliates).

19. On or about February 26, 2003 I received another email from Susan Pine. (A true and correct copy of the printed version is attached hereto as Exhibit "G").

20. There has been no further contact.

Sam Best

Subscribed and sworn to before me
this 1st day of March, 2003.

Notary Public

NOTARY PUBLIC SEAL INDIANA

Wings For Christ, Inc.

Phone 317-462-7292 Fax 317-462-5055

946 North State St, P.O. Box 186
Greenfield, IN 46140

445 Ft Pitt Blvd 2nd Floor
Pittsburgh, PA 15219

February 20, 2003

Dear:

Thank you for your interest in our organization. Wings For Christ was founded in 1984 and incorporated as a non-profit corporation on September 2, 1993. Our mission has and will always be to spread the word of Jesus Christ through our missions by providing for the needs of others and ministering to their body and spirit. After more than 20 years we continue to provide air ambulance services, emergency relief efforts and transportation of missionaries and personnel throughout Central America. In addition we have built numerous churches and parsonages across Central America. Our main efforts have been in the countries of Belize, Costa Rica and Honduras.

After Hurricane Mitch a few years ago, Wings for Christ provided air transportation to several teams of doctors along with medical supplies from the states and we were one of the first flights back in Honduras after the hurricane. We flew down a representative from the Department of Agriculture to set up a water purification system and we flew in more than 5 tons of seed corn and 7 shipping containers of clothing, food and supplies. Our fund raising efforts allowed us to accomplish this at no cost to the country.

In addition to our efforts in Central America, we support continuous ministry within the continental United States through our affiliated churches, schools and nursing homes. Our ministry in this area is critical. We facilitate the healing of the body and spirit by spreading the Word, providing faith based education, nurturing the physical needs of those in poor heath or aging and providing comfort to those in distress.

My staff and I continue to work with our missions encouraging growth and spiritual development. In addition, we provide spiritual guidance, education, research and crucial employee benefits to our members. I hope you will support our mission and join in our spiritual growth through Christ Jesus.

Please read the attached mission statement carefully and sign it as acceptance of our mission to join us in spreading the "Good News!" Once we receive your signed acknowledgment, we will make all of our programs available to you including our health and welfare benefits.

Sincerely,

Samuel Best
Wings For Christ, Inc.

EXHIBIT
A

Wings For Christ, Inc.

Employee/Associate Agreement

Purpose:

To operate a ministry for transporting of missionaries, mission work groups, supplies, medical equipment and supplies, and personnel to and from the mission field in nations across the world. To spread the "Good News!" and minister to the spirit and body through our world missions, Christian Schools, Churches and Nursing/Personal Care Homes.

To institute plans for the propagation of the Gospel of our Lord by all legitimate means:

a. By general evangelism in all places where doors are opened to us, and the way is providentially made.
b. By conventional revival campaigns and the establishment of prayer circles.
c. By house to house visitation and proclaiming the Gospel.
d. By open air services, meeting in markets, factories, private homes, and in all places permitting such.
e. By personal evangelism.
f. By procuring, printing or causing to be printed and circulated, Bibles, Testaments, books, booklets, newsletters, prayer circulars, tracts, magazines and sound literature of every type which will facilitate the Gospel and the objectives hereby stated.
g. By providing an office or offices, prayer center (with daily prayer rising to God in behalf of individual requests, as well as interests at large for the work of God), Campground or Conference grounds, Tabernacles, halls or other such buildings, training schools, training classes or correspondence classes.
h. The opening of missionary work in the regions beyond, conducting missionary meetings, conferences, the sending forth of missionary personnel connected with Wings For Christ, Inc. and/or assisting other missionary organizations of like faith.
i. By acquiring by purchase, lease, gift, inheritance, annuity or otherwise any real or personal property; and to dispose of such by sale, gift or otherwise, and to appoint any person or persons as trustees to acquire, to hold, or dispose of such interests.
j. To provide Christian Education through established or establishing Christian Schools, programs and research for all who need and desire to grow in life with the Lord.
k. To provide Health, Comfort and Healing, both Spiritual and Physical to those in need or aging through established or establishing Nursing Homes, Hospitals, and Clinics around the world.
l. To do any and all such things incidental to the attainment of these objectives.

My Signature hereon attests to these principals and purpose and serves as my agreement to abide by these principals and purpose and to participate using my time, talent and resources to the degree possible as to promote this mission.

_____ _____

Signature Date

_____

EXHIBIT B

AM BEST

om: SAM BEST <sam.best@insightbb.com>
o: <BAFTAL@aol.com>
ent: Tuesday, February 25, 2003 8:58 AM
ubject: Re: trying to reach you

usan,

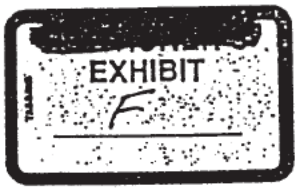
After further review of your company and group, Wings for Christ will not be
aking you recent submission. We feel that your occupation will not fit into
our foundation. Your application and check has been returned.
To answer your question....Wings for Christ will not and will never appoint
or license agent or brokers to solicit our plan. We exclusively promote the
plan through Wings for Christ associates and/or employees.

Please disregard any information you have received and please refrain from
the solicitation of our plan.

Thank you,

Sam Best
Wing for Christ
----- Original Message -----
From: <BAFTAL@aol.com>
To: <sam.best@insightbb.com>
Sent: Monday, February 24, 2003 7:43 PM
Subject: trying to reach you

> SAM,
> I HAVE BEEN TRYING TO REACH YOU SINCE LAST FRIDAY. I NEED TO KNOW WHAT
> LICENSING PAPERS WE NEED TO COMPLETE WITH HIGHMARK TO SELL THE PLAN. DOES
> EACH ONE OF OUR AGENTS HAVE TO BE LICENSED WITH HIGHMASRK. PLEASE LET ME
> KNOW ASAP.
>
> ALSO, I DID NOT RECEIVE THE BROCHURES YOU WERE GOING TO SEND ME.
>
> THANKS.
>
> SUSAN PINE
>



HIGHMARK. Blue Cross Blue Shield

Fifth Avenue Place
120 Fifth Avenue Suite 2303
Pittsburgh, PA 15222-3099

An Independent Licensee of the Blue Cross and Blue Shield Association

Employee must complete Items 1 through 13 and sign. Do not complete shaded areas at bottom of form.

EMPLOYEE INFORMATION

1) Employer Name: BUSINESS ASSN FOR TRADE + LABOR

Reason for Application: ☐ New Hire ☐ Rehire ☐ Other: ☒ Enrollment ☐ COBRA

2) Employee First Name / Last Name: SUSAN PINE

3) Street Address: 8181 WEST BROWARD BLVD

4) City: PLANTATION 5) State: FL 6) Zip: 33324

7) Social Security Number: [redacted]

8) Effective Date of Coverage: Mo 07 Day 01 Year 2003

9) Employee Status: ☒ Active ☐ Retired ☐ Hourly ☐ Salary

10) Employee Phone #—Day: (954) 424 3131

11) Employee Phone #—Evening: (954) 4720908

12) Hire Date: Mo Day Year 2000

13) Check Type of Coverage

	MEDICAL	DENTAL	VISION	DRUG	PRODUCT NAME
Employee Only	☒	☐	☐	☐	☐
Insured & Spouse/Domestic Partner	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐
Parent & Child	☐	☐	☐	☐	☐
Parent & Children	☐	☐	☐	☐	☐

Complete Items 14 through 19 where applicable. List eligible participants (If you have additional dependents, attach separate sheet)

	Complete Where Applicable	First Name / Middle Initial / Last Name	Social Security Number	Birth Date Mo	Dy	Yr	Sex F/M	Check If Student Over 19	Disable
14)	Self	SUSAN PINE	— —				F		
15)	☐ Spouse ☐ Dom. Part.*		— —						
16)	☐ Child ☐ Other*		— —						
17)	☐ Child ☐ Other*		— —						
18)	☐ Child ☐ Other*		— —						

*If "domestic partner" or "other" applies, complete using one of the following codes: —Grandson, Nephew, Brother (11), —Granddaughter, Niece, Sister (12), —Stepson (13), —Stepdaughter (14) —Male Domestic Partner (17) —Female Domestic Partner (1

19) Please check one if applicable (If additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (If applicable): QUIK QUOTE
Group No: NM
Name of Insurance Carrier: VISTA
Effective Date: 03/01/2002
Name of Insured: SUSAN PINE
Is Coverage Still in Effect? ☒ Yes ☐ No
Identification Number:
UNTIL 3/1/03
Insurance Carrier Phone #: 1-866-VISTA-PL

Please check one if applicable (If additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (If applicable):
Group No:
Name of Insurance Carrier:
Effective Date:
Name of Insured:
Is Coverage Still in Effect? ☐ Yes ☐ No
Identification Number:
Insurance Carrier Phone #:

I certify that the information provided on this form is true to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materia false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I understand that this form enrolls those eligible persons listed above in the Medical Plan as described in the agreement between the plan and my employer. I authorize any payroll deductions required for the coverage and recognize that I must formally enroll my dependents on this form or they will be covered.

I also authorize any provider of health care services to provide to Blue Cross and Blue Shield, upon request, any information concerning the health, condition or treatment of any covered person whenever such information is considered necessary with respec (a) administering benefits; (b) conducting bona fide medical research; and (c) when required or authorized by law.

20) Authorized Employer Signature — Date

21) Employee Signature — Date

To be completed by Account/Administrator only

22) Group Number | Payroll Number | Clock Number

PLAN USE ONLY	Blue Shield Plan #	Blue Cross Plan #	Major Med. Plan	Dental Basic	A	B	C	D	E	Vision Basic	A	B	C	D	E	Drug Basic	A	B	C	D
	Blue Shield Plan Area	Blue Cross Plan Area	Major Med. Plan Area	Dental Plan Area						Vision Plan Area						Drug Plan Area				

EXHIBIT C

HBCBS CO

JD-7 (R6-02)

HIGHMARK BLUE CROSS BLUE SHIELD ENROLLMENT APPLICATION

Employee must complete items 1 through 13 and sign. Do not complete shaded areas at bottom of form.

HIGHMARK. Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

Fifth Avenue Place
120 Fifth Avenue Suite 2303
Pittsburgh, PA 15222-3099

EMPLOYEE INFORMATION

1) Employer Name: BRS. ASSOC. FOR TRADE + LABOR

Reason for Application: ☐ New Hire ☐ Rehire ☐ Enrollment ☐ COBRA ☒ Other:

2) Employee First Name / Last Name: RAY PINTO

3) Street Address: 8181 W. BROWARD BLVD STE 204

4) City: PLANTATION 5) State: FL 6) Zip: 33324

7) Social Security Number: [redacted]

8) Effective Date of Coverage: Mo 03 Day 01 Year 2003

9) Employee Status: ☒ Active ☐ Retired ☐ Hourly ☒ Salary

10) Employee Phone #—Day: (954) 424 3131 Ext 213

11) Employee Phone #—Evening: (954) 816 7437

12) Hire Date: Mo 01 Day 04 Year 96

13) Check Type of Coverage

	MEDICAL	DENTAL	VISION	DRUG	PRODUCT NAME
Employee Only	☒	☐	☐	☐	☐
Insured & Spouse/Domestic Partner	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐
Parent & Child	☐	☐	☐	☐	☐
Parent & Children	☐	☐	☐	☐	☐

Complete items 14 through 19 where applicable. List eligible participants (If you have additional dependents, attach separate sheet)

	Complete Where Applicable	First Name / Middle Initial / Last Name	Social Security Number	Birth Date Mo	Dy	Yr	Sex F/M	Check If Student Over 19	Disable
14)	Self	RAY PINTO	— —				M		
15)	☐ Spouse ☐ Dom. Part.*		— —						
16)	☐ Child ☐ Other*		— —						
17)	☐ Child ☐ Other*		— —						
18)	☐ Child ☐ Other*		— —						

*If "domestic partner" or "other" applies, complete using one of the following codes: —Grandson, Nephew, Brother (11), —Granddaughter, Niece, Sister (12), —Stepson (13), —Stepdaughter (14) —Male Domestic Partner (17) —Female Domestic Partner (1

19) Please check one if applicable (If additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (If applicable): BRS ASSOC TRADE + LABOR
Group No:
Name of Insurance Carrier: TOTAL HEALTH
Effective Date: 1-1-01
Name of Insured: RAY PINTO
Is Coverage Still in Effect? ☐ Yes ☒ No
Identification Number:
Insurance Carrier Phone #: 305-498 5700

Please check one if applicable (If additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (If applicable): N/A
Group No:
Name of Insurance Carrier:
Effective Date:
Name of Insured:
Is Coverage Still in Effect? ☐ Yes ☐ No
Identification Number:
Insurance Carrier Phone #:

I certify that the information provided on this form is true to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I understand that this form enrolls those eligible persons listed above in the Medical Plan as described in the agreement between the plan and my employer. I authorize any payroll deductions required for the coverage and recognize that I must formally enroll my dependents on this form or they will n be covered.

I also authorize any provider or health care services to provide to Blue Cross and Blue Shield, upon request, any information concerning the health, condition or treatment of any covered person whenever such information is considered necessary with respect (a) administering benefits; (b) conducting Bona fide medical research; and (c) when required or authorized by law.

20) Ray Pinto — Authorized Employer Signature — Date: 2-13-02

21) Ray Pinto — Employee Signature — Date: 2-13-02

To be completed by Account/Administrator only

22) Group Number | Payroll Number | Clock Number

PLAN USE ONLY	Blue Shield Plan	Blue Cross Plan	Major Med. Plan	Dental Basic	A	B	C	D	E	Vision Basic	A	B	C	D	E	Drug Basic	A	B	C	D
	Blue Shield Plan Area	Blue Cross Plan Area	Major Med. Plan Area	Dental Plan Area				Vision Plan Area					Drug Plan Area							

EXHIBIT D

HBCBS COR

JD-7 (R6-02) 11

COLONIAL BANK
PLANTATION, FLORIDA 33324

6029

BUSINESS ASSOC. FOR TRADE AND LABOR, INC.
AKA BAFTAL INC
8181 W. BROWARD BLVD.
PLANTATION, FL 33324

63-151/670
33

2/13/2003

PAY TO THE ORDER OF WINGS FOR CHRIST $ **578.00

Five Hundred Seventy Eight and 00/100 DOLLARS

WINGS FOR CHRIST

MEMO

[redacted]

Returned
2/24/03

~~Sent Org. apps and ck for $526.62 to RRC 2/19/03 ck # 100~~
Not Sent
Per Sam 2/19

EXHIBIT

AM BEST

om: <BAFTAL@aol.com>
o: <sam.best@insightbb.com>
ent: Wednesday, February 26, 2003 9:30 AM
ubject: inappropriate

am,

do not understand this memo from you, how inappropriate, considering you sent us a "go ahead" agreement via email to market this program just a week ago. Relying on this memo, we have sent all our 2000 members enrollment material and our membership guys have been out talking to businesses and organizations and have received commitments from them. How damaging is this to our association, it is unbelievable that I should receive such a note from you. I cannot accept that as final....it is certainly nothing i would expect from a Christian organization. Good Faith is something I have always lived by.

By the way, the reason I asked about licensing our membership people, is that in Florida, we have in the past licensed these people with the carriers, eventhough they are soliciting memberships. I believe it is a requirement from the Dept of Insurance.

I hope you will reconsider this and we can move on effectively.

State of Florida

State of Florida

OFFICE OF INSURANCE REGULATION
Tallahassee, Florida

I, the undersigned, Director of the Office of Insurance Regulation of the State of Florida, do hereby certify that

Dated this 22nd Day of May, 2003

After conducting a diligent search of the official records of the FLORIDA OFFICE OF INSURANCE REGULATION, no record exists which discloses that the following company or individual currently holds, or has ever held, a CERTIFICATE OF AUTHORITY from the Office authorizing the company or individual to transact insurance as an insurer in any capacity, including that of a Third Party Administrator:

Highmark Blue Cross Blue Shield

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Director, Office of Insurance Regulation

EXHIBIT

J

State of Florida

Department of Financial Services
Tallahassee, Florida

May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that, Paul Francis McCarthy III/License Number A170203/D.O.B. is licensed as a Life and Variable Annuity; Life, Health and Variable Annuity; Life; Life and Health and Health Agent. Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT
K

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME MCCARTHY III,PAUL FRANCIS

AGENT# A170203 RACE W SEX M
DOB POB DAVENPORT IA

HOME STREET
HOME OPT. STREET
HOME CITY STATE FL ZIP

BUS. STREET IMS PARTNERS INC
BUS. OPT. STREET 5240 BABCOCK ST NE STE 218
BUS. CITY STATE PALM BAY FL ZIP 329054641
BUS. CNTY. 19

MAIL STREET 5240 BABCOCK ST NE STE 218
MAIL OPT. STREET
MAIL CITY STATE PALM BAY FL ZIP 329054641

DATE 05/21/2003

AGENT LICENSE DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST LOST ACTIVE APPOINT DATE	RE
0214	Q	LICENSED	031189	031189	I	89	L000041819	004	00		D
0215	Q	LICENSED	061392	061392	I	93	L000041819	002	00		D
0216	Q	LICENSED	031189	031189	D	88	L000041819	005	00		D
0218	Q	LICENSED	061392	061392	I	02	L000041819	005	00		D
0218	1	LOST-Q	083199	061392	I	92	L000041819	005	00		D
0220	1	LOST-Q	061394	061392	D	92	1353590002	000	00	061392	D
0240	Q	LICENSED	061392	061392	D	02	L000041819	001	00		D
0240	E	EXPIRED	011192		D	91	0731140003	001	00		
0240	1	LOST-Q	122399	020797	I	97	L000041819	001	00		D

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0214	002	32	NR NOT RENEWED	040190	031189	S				
	RCPT/APP 0000001098 CPNY 05306			INTEGRATED RESOURCES LIFE INSURANCE COMP						
				10 UNION SQUARE EAST						
				NEW YORK NY						
				10003						
0214	004	32	CN CANCELLED	021001	041891	S			083101	
	RCPT/APP 7956100169 CPNY 05071			AIG SUNAMERICA LIFE ASSURANCE COMPANY						
				21650 OXNARD ST FL 8						
				WOODLAND HILLS						CA
				913674901						
0214	006	19	RN RENEWED	090101	081291	S			083103	
	RCPT/APP 5795060030 CPNY 05646			WESTERN RESERVE LIFE ASSURANCE COMPANY O						
				PO BOX 5068						
				CLEARWATER						FL
				337585068						
0214	013	32	NR NOT RENEWED	080194	042694	S			083194	
	RCPT/APP 4294640007 CPNY 05571			NATIONAL AMERICAN LIFE INSURANCE COMPANY						
0214	023	19	NR NOT RENEWED	083102	050200	S			083102	
	RCPT/APP 0663120003 CPNY 05643			USG ANNUITY & LIFE COMPANY						
				909 LOCUST ST						
				DES MOINES						IA
				503092803						
0214	026	19	OI ORIGINAL ISSUE	031302	031302	S			083104	
	RCPT/APP 7875570002 CPNY 05277			HARTFORD LIFE AND ANNUITY INSURANCE COMP						
				PO BOX 5085						
				HARTFORD						CT
				061025085						
0214	027	19	OI ORIGINAL ISSUE	031302	031302	S			083104	
	RCPT/APP 7875570001 CPNY 05240			HARTFORD LIFE INSURANCE COMPANY						
				PO BOX 5085						
				HARTFORD						CT
				061025085						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0214	030	19	OI ORIGINAL ISSUE	120202	120202	S			083105	
	RCPT/APP 0798240001 CPNY 05294			KEYPORT LIFE INSURANCE COMPANY						
				PO BOX 9133						MA
				WELLESLEY						
				024819133						
0215	009	32	CN CANCELLED	031701	061693	S			083101	
	RCPT/APP 8094470354 CPNY 05277			HARTFORD LIFE AND ANNUITY INSURANCE COMP						
				PO BOX 5085						CT
				HARTFORD						
				061025085						
0215	010	32	CN CANCELLED	031701	061693	S			083101	
	RCPT/APP 8094450268 CPNY 05240			HARTFORD LIFE INSURANCE COMPANY						
				PO BOX 5085						CT
				HARTFORD						
				061025085						
0215	015	32	CN CANCELLED	110101	010596	S			083102	
	RCPT/APP 1877750302 CPNY 05012			ING LIFE INSURANCE AND ANNUITY COMPANY						
				151 FARMINGTON AVE						CT
				HARTFORD						
				061560001						
0215	016	19	NR NOT RENEWED	083102	020196	S			083102	
	RCPT/APP 1877770068 CPNY 05965			ING INSURANCE COMPANY OF AMERICA						
				151 FARMINGTON AVE						CT.
				HARTFORD						
				061560001						
0215	019	32	CN CANCELLED	090701	020199	S			083103	
	RCPT/APP 5451220231 CPNY 05002			AIG LIFE INSURANCE COMPANY						
				PO BOX 15403						TX
				AMARILLO						
				791055403						
0215	035	19	OI ORIGINAL ISSUE	010903	010903	S			083105	
	RCPT/APP 1141680001 CPNY 05957			RELIASTAR LIFE INSURANCE COMPANY						
				PO BOX 5050						ND
				MINOT						
				587025050						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0215	037	19	OI ORIGINAL ISSUE	022703	022703	S			083105	AMERICAN GENERAL LIFE INSURANCE COMPANY, 750 W VIRGINIA ST, MILWAUKEE, 532041539 — WI
	RCPT/APP 1589000001 CPNY 05052									
0216	003	32	NR NOT RENEWED	080195	121890	S			083195	JACKSON NATIONAL LIFE INSURANCE COMPANY, PO BOX 24068, LANSING, 489094068 — MI
	RCPT/APP 2068860129 CPNY 05271									
0216	005	32	CN CANCELLED	021001	042991	S			083101	SUNAMERICA LIFE INSURANCE COMPANY, PO BOX 54197, LOS ANGELES, 900540197 — CA
	RCPT/APP 7931750032 CPNY 05573									
0216	008	32	CN CANCELLED	012097	062592	S			083198	AIG ANNUITY INSURANCE COMPANY, PO BOX 871, AMARILLO, 791050871 — TX
	RCPT/APP 9627410054 CPNY 05649									
0216	017	32	NR NOT RENEWED	083199	020797	S			083199	PHYSICIANS LIFE INSURANCE COMPANY, 2600 DODGE ST, OMAHA, 681312672 — NE
	RCPT/APP 2152840008 CPNY 05453									
0216	020	19	RN RENEWED	090101	062299	S			083103	AMERUS LIFE INSURANCE COMPANY, 611 5TH AVE # 15555, DES MOINES, 503091633 — IA
	RCPT/APP 5347090012 CPNY 05119									
0216	021	19	RN RENEWED	090101	070699	S			083103	AMERITAS VARIABLE LIFE INSURANCE COMPANY, PO BOX 82500, LINCOLN, 685012500 — NE
	RCPT/APP 5237770016 CPNY 05666									

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0216	022	32	CN CANCELLED	021302	090799	S			083102	
	RCPT/APP 8097310001 CPNY 05061			CONSECO ANNUITY ASSURANCE COMPANY						
				PO BOX 1974						IN
				CARMEL						
				460821974						
0216	024	19	OI ORIGINAL ISSUE	090600	090600	S			083103	
	RCPT/APP 1770840032 CPNY 05216			FIDELITY AND GUARANTY LIFE INSURANCE COM						
				1001 FLEET ST						MD
				BALTIMORE						
				212024346						
0216	025	32	CN CANCELLED	122801	112900	S			083103	
	RCPT/APP 2740460002 CPNY 05323			LIFE INVESTORS INSURANCE COMPANY OF AMER						
				4333 EDGEWOOD RD NE						IA
				CEDAR RAPIDS						
				524990001						
0216	029	19	OI ORIGINAL ISSUE	111502	111502	S			083105	
	RCPT/APP 0720800003 CPNY 05453			PHYSICIANS LIFE INSURANCE COMPANY						
				2600 DODGE ST						NE
				OMAHA						
				681312672						
0216	038	19	OI ORIGINAL ISSUE	022703	022703	S			083105	
	RCPT/APP 1589480001 CPNY 05052			AMERICAN GENERAL LIFE INSURANCE COMPANY						
				750 W VIRGINIA ST						WI
				MILWAUKEE						
				532041539						
0218	007	32	CN CANCELLED	092392	061392	S			061394	
	RCPT/APP 1164010003 CPNY 05770			CLARICA LIFE INSURANCE COMPANY - U.S.						
				PO BOX 2907						ND
				FARGO						
				581082907						
0218	011	32	NR NOT RENEWED	100193	071993	S			083193	
	RCPT/APP 3366890257 CPNY 05615			UNITED AMERICAN INSURANCE COMPANY						
				PO BOX 8080						TX
				MCKINNEY						
				750708080						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	012	32	NR NOT RENEWED	080196	122993	S			083196	FEDERAL HOME LIFE INSURANCE COMPANY, PO BOX 466, LYNCHBURG, 245050466, VA
	RCPT/APP	4913560019	CPNY 05202							
0218	014	32	NR NOT RENEWED	083197	111094	S			083197	CONTINENTAL GENERAL INSURANCE COMPANY, PO BOX 247007, OMAHA, 681247007, NE
	RCPT/APP	7337940036	CPNY 05153							
0218	028	19	OI ORIGINAL ISSUE	070902	070902	S			083104	ALLIANZ LIFE INSURANCE COMPANY OF NORTH, PO BOX 59060, MINNEAPOLIS, 554590060, MN
	RCPT/APP	9157780003	CPNY 05380							
0218	032	19	OI ORIGINAL ISSUE	110902	110902	S			083105	AMERICO FINANCIAL LIFE AND ANNUITY INSUR, PO BOX 139040, DALLAS, 753139040, TX
	RCPT/APP	0987170001	CPNY 05133							
0218	033	19	OI ORIGINAL ISSUE	010603	010603	S			083105	SECURITY CONNECTICUT LIFE INSURANCE COMP, PO BOX 5066, MINOT, 587025066, ND
	RCPT/APP	1107910001	CPNY 05518							
0218	034	19	OI ORIGINAL ISSUE	010603	010603	S			083105	SOUTHLAND LIFE INSURANCE COMPANY, PO BOX 5099, MINOT, 587025099, ND
	RCPT/APP	1107900001	CPNY 05556							
0218	036	19	OI ORIGINAL ISSUE	022703	022703	S			083105	AMERICAN GENERAL LIFE INSURANCE COMPANY, 750 W VIRGINIA ST, MILWAUKEE, 532041539, WI
	RCPT/APP	1589020001	CPNY 05052							

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170203 MCCARTHY III,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES
0240	018	32	CN CANCELLED	122397	020797	S			083199
	RCPT/APP	2122320002	CPNY 06012	PHYSICIANS MUTUAL INSURANCE COMPANY					
				2600 DODGE ST					NE
				OMAHA					
				681312672					
0240	031	19	OI ORIGINAL ISSUE	120102	120102	S			083105
	RCPT/APP	0902060001	CPNY 06012	PHYSICIANS MUTUAL INSURANCE COMPANY					
				2600 DODGE ST					NE
				OMAHA					
				681312672					

State of Florida

Department of Financial Services
Tallahassee, Florida
May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that, Paul Francis McCarthy/License Number A170327/D.O.B. is licensed as a Life and Variable Annuity; Life, Health and Variable Annuity; Life; Life and Health and Health Agent. Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES

The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER

CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME MCCARTHY,PAUL FRANCIS

AGENT# A170327 RACE W SEX M
DOB POB DETROIT MI

HOME STREET
HOME OPT. STREET
HOME CITY STATE ZIP

BUS. STREET FINANCIAL RESOURCES GROUP
BUS. OPT. STREET 5070 N A1A STE 215
BUS. CITY STATE VERO BEACH FL ZIP 329631216
BUS. CNTY. 32

MAIL STREET
MAIL OPT. STREET
MAIL CITY STATE FL ZIP

DATE 05/21/2003

AGENT LICENSE DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS D05

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST ACTIVE APPOINT DATE	RE
0214	Q	LICENSED	062787	062787	I	87	0000000001	005	00		D
0215	Q	LICENSED	031892	031892	I	93	2835300002	004	00		D
0216	E	EXPIRED	031209		D	87	0000000002	003	00		D
0216	Q	LICENSED	062787	062787	D	87	2835300002	003	00		D
0218	Q	LICENSED	031892	031892	I	92	2835300002	018	00		D
0240	Q	LICENSED	031892	031892	D	91	0731180003	006	00		

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0214	002	32	NR NOT RENEWED	040190	070887	S				
	RCPT/APP 0000001100 CPNY 05306			INTEGRATED RESOURCES LIFE INSURANCE COMP						
				10 UNION SQUARE EAST						
				NEW YORK NY						
				10003						
0214	005	32	NR NOT RENEWED	040192	070588	S			033192	
	RCPT/APP 1278091559 CPNY 05294			KEYPORT LIFE INSURANCE COMPANY						
				PO BOX 9133						MA
				WELLESLEY						
				024819133						
0214	010	32	CN CANCELLED	030891	020989	S				
	RCPT/APP 7750640399 CPNY 05124			CHARTER NATIONAL LIFE INSURANCE COMPANY						
				2940 S 84TH ST						NE
				LINCOLN						
				685064142						
0214	016	32	NR NOT RENEWED	030194	081789	S			033194	
	RCPT/APP 1232941204 CPNY 06190			METROPOLITAN LIFE INSURANCE COMPANY						
				501 US HIGHWAY 22						NJ
				BRIDGEWATER						
				088072441						
0214	018	32	NR NOT RENEWED	040192	021490	S				
	RCPT/APP 1234561267 CPNY 05577			SUN LIFE ASSURANCE COMPANY OF CANADA (U.						
				PO BOX 9133						MA
				WELLESLEY HILLS						
				024819133						
0214	020	32	NR NOT RENEWED	040192	022090	S			033192	
	RCPT/APP 1237680571 CPNY 05071			AIG SUNAMERICA LIFE ASSURANCE COMPANY						
				21650 OXNARD ST FL 8						CA
				WOODLAND HILLS						
				913674901						
0214	022	32	NR NOT RENEWED	073102	040490	S			073102	
	RCPT/APP 1510830043 CPNY 05646			WESTERN RESERVE LIFE ASSURANCE COMPANY O						
				PO BOX 5068						FL
				CLEARWATER						
				337585068						

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0214	023	32	CN CANCELLED		011191	042590	S			
	RCPT/APP	7819720001	CPNY	05957	RELIASTAR LIFE INSURANCE COMPANY					
					PO BOX 5050					ND
					MINOT					
					587025050					
0214	030	32	CN CANCELLED		050503	082791	S			073104
	RCPT/APP	9558610510	CPNY	05219	FIRST COLONY LIFE INSURANCE COMPANY					
					PO BOX 1280					VA
					LYNCHBURG					
					245051280					
0214	031	32	NR NOT RENEWED		080193	082091	S			082093
	RCPT/APP	0000000023	CPNY	05293	OLD COLONY LIFE INSURANCE COMPANY					
0214	032	32	NR NOT RENEWED		073198	101691	S			073198
	RCPT/APP	9537730092	CPNY	05340	GE LIFE AND ANNUITY ASSURANCE COMPANY					
					PO BOX 27601					VA
					RICHMOND					
					232617601					
0214	033	32	CN CANCELLED		022693	112791	S			112793
	RCPT/APP	0698400031	CPNY	05383	MID-CONTINENT LIFE INSURANCE COMPANY					
					PO BOX 60269					OK
					OKLAHOMA CITY					
					731460269					
0214	071	32	RN RENEWED		080101	090694	S			073103
	RCPT/APP	5469460536	CPNY	05588	TRANSAMERICA LIFE INSURANCE & ANNUITY CO					
					PO BOX 419521					MO
					KANSAS CITY					
					641416521					
0214	073	32	NR NOT RENEWED		070195	091294	S			073195
	RCPT/APP	5143990001	CPNY	05571	NATIONAL AMERICAN LIFE INSURANCE COMPANY					
0214	077	32	CN CANCELLED		110101	042095	S			073103
	RCPT/APP	5525320158	CPNY	05012	ING LIFE INSURANCE AND ANNUITY COMPANY					
					151 FARMINGTON AVE					CT
					HARTFORD					
					061560001					

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0214	081	32	RN RENEWED	080102	072895	S			073104	MANHATTAN LIFE INSURANCE COMPANY 2727 ALLEN PKWY FL 6 HOUSTON 770192115 — TX RCPT/APP 9107620002 CPNY 06170
0214	083	32	CN CANCELLED	110101	020196	S			073102	ING INSURANCE COMPANY OF AMERICA 151 FARMINGTON AVE HARTFORD 061560001 — CT RCPT/APP 1562350069 CPNY 05965
0214	121	32	RN RENEWED	080101	081898	S			073103	GE LIFE AND ANNUITY ASSURANCE COMPANY PO BOX 27601 RICHMOND 232617601 — VA RCPT/APP 5353650087 CPNY 05340
0214	123	32	RN RENEWED	080101	111098	S			073103	BANNER LIFE INSURANCE COMPANY 1701 RESEARCH BLVD ROCKVILLE 208503171 — MD RCPT/APP 5429440097 CPNY 05014
0214	136	32	OI ORIGINAL ISSUE	062601	062601	S			073103	GOLDEN AMERICAN LIFE INSURANCE COMPANY 1475 DUNWOODY DR WEST CHESTER 193801478 — PA RCPT/APP 4907400001 CPNY 05520
0215	056	32	NR NOT RENEWED	070194	072793	S			073194	MIDLAND LIFE INSURANCE COMPANY 250 E BROAD ST COLUMBUS 432153708 — OH RCPT/APP 3021670040 CPNY 06195
0215	067	32	NR NOT RENEWED	070194	042694	S			073194	NATIONAL AMERICAN LIFE INSURANCE COMPANY RCPT/APP 4294640006 CPNY 05571

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0215	068	32	RN RENEWED	080102	060694	S		073104
	RCPT/APP 9546730069 CPNY 05070			AMERICAN NATIONAL INSURANCE COMPANY				
				PO BOX 1762				TX
				GALVESTON				
				775531762				
0215	070	32	RN RENEWED	080101	072794	S		073103
	RCPT/APP 5467160766 CPNY 05589			TRANSAMERICA OCCIDENTAL LIFE INSURANCE C				
				PO BOX 419521				MO
				KANSAS CITY				
				641416521				
0215	088	32	CN CANCELLED	051999	113096	S		073199
	RCPT/APP 2230770029 CPNY 05095			BANKERS LIFE INSURANCE COMPANY				
				PO BOX 15707				FL
				SAINT PETERSBURG				
				337335707				
0215	092	32	RN RENEWED	080101	030697	S		073103
	RCPT/APP 5643580451 CPNY 05277			HARTFORD LIFE AND ANNUITY INSURANCE COMP				
				PO BOX 5085				CT
				HARTFORD				
				061025085				
0215	093	32	RN RENEWED	080101	030697	S		073103
	RCPT/APP 5463080406 CPNY 05240			HARTFORD LIFE INSURANCE COMPANY				
				PO BOX 5085				CT
				HARTFORD				
				061025085				
0216	003	32	NR NOT RENEWED	040192	042888	S		033192
	RCPT/APP 1285161026 CPNY 05334			KEMPER INVESTORS LIFE INSURANCE COMPANY				
				1600 MCCONNOR PKWY				IL
				SCHAUMBURG				
				601966801				
0216	004	32	NR NOT RENEWED	040192	052688	S		
	RCPT/APP 1215600100 CPNY 05163			FIRST VARIABLE LIFE INSURANCE COMPANY				
				PO BOX 830765				AL
				BIRMINGHAM				
				352830765				

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0216	006	32	NR NOT RENEWED	040192	081688	S				
	RCPT/APP 0000001083 CPNY 05211			FIRST DOMINION MUTUAL LIFE INSURANCE COM						
				1300 E. MAIN STREET						
				RICHMOND VA						23219
0216	007	32	NR NOT RENEWED	033194	092988	S			033194	
	RCPT/APP 1269040518 CPNY 05156			FIRST CAPITAL LIFE INSURANCE COMPANY						
0216	008	32	CN CANCELLED	061094	120888	S			073196	
	RCPT/APP 4167410597 CPNY 05643			USG ANNUITY & LIFE COMPANY						
				909 LOCUST ST						
				DES MOINES						IA
				503092803						
0216	009	32	NR NOT RENEWED	073100	122788	S			073100	
	RCPT/APP 4937620058 CPNY 07020			SUN LIFE ASSURANCE COMPANY OF CANADA						
				1 SUN LIFE PARK						
				WELLESLEY HILLS						MA
				024815615						
0216	011	10	CN CANCELLED	112789	031489	S				
	RCPT/APP 5760370001 CPNY 05646			WESTERN RESERVE LIFE ASSURANCE COMPANY O						
				PO BOX 5068						
				CLEARWATER						FL
				337585068						
0216	012	32	NR NOT RENEWED	030194	060689	S			033194	
	RCPT/APP 1257281502 CPNY 05184			FEDERAL KEMPER LIFE ASSURANCE COMPANY						
				1600 MCCONNOR PKWY						
				SCHAUMBURG						IL
				601966801						
0216	013	32	CN CANCELLED	102990	070389	S				
	RCPT/APP 7810060445 CPNY 05644			WILLIAM PENN LIFE INSURANCE COMPANY OF N						
				PO BOX 519						
				GARDEN CITY						NY
				115300519						
0216	015	32	CN CANCELLED	021296	071189	S			073196	
	RCPT/APP 4177390229 CPNY 05550			SOUTHWESTERN LIFE INSURANCE COMPANY						
				1275 SANDUSKY RD						
				JACKSONVILLE						IL
				626501155						

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0216	017	32	CN CANCELLED	012594	100489	S			033194	BENEFICIAL STANDARD LIFE INSURANCE COMPA
	RCPT/APP 1130240783 CPNY 05103			PO BOX 1911 CARMEL 460324911						IN
0216	019	07	NR NOT RENEWED	040192	021990	S			033192	SUNAMERICA LIFE INSURANCE COMPANY
	RCPT/APP 1238410774 CPNY 05573			PO BOX 54197 LOS ANGELES 900540197						CA
0216	024	32	CN CANCELLED	020193	062990	S			033194	FEDERAL HOME LIFE INSURANCE COMPANY
	RCPT/APP 1209150582 CPNY 05202			PO BOX 466 LYNCHBURG 245050466						VA
0216	025	32	CN CANCELLED	021502	100890	S			073103	LIFEUSA INSURANCE COMPANY
	RCPT/APP 5532150109 CPNY 05213			PO BOX 59060 MINNEAPOLIS 554590060						MN
0216	026	32	CN CANCELLED	021492	122890	S			122892	NORTHERN LIFE INSURANCE COMPANY
	RCPT/APP 8998710006 CPNY 05412			2000 21ST AVE NW MINOT 587030890						ND
0216	027	32	RN RENEWED	080101	010391	S			073103	SECURITY CONNECTICUT LIFE INSURANCE COMP
	RCPT/APP 5619490066 CPNY 05518			PO BOX 5066 MINOT 587025066						ND
0216	028	32	NR NOT RENEWED	020193	020691	S			020693	UNITED LIBERTY LIFE INSURANCE COMPANY
	RCPT/APP 0000000009 CPNY 05628			PO BOX 437249 LOUISVILLE 402537249						KY

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0216	017	32	CN CANCELLED	012594	100489	S			033194	BENEFICIAL STANDARD LIFE INSURANCE COMPA
	RCPT/APP 1130240783 CPNY 05103			PO BOX 1911 CARMEL 460324911						IN
0216	019	07	NR NOT RENEWED	040192	021990	S			033192	SUNAMERICA LIFE INSURANCE COMPANY
	RCPT/APP 1238410774 CPNY 05573			PO BOX 54197 LOS ANGELES 900540197						CA
0216	024	32	CN CANCELLED	020193	062990	S			033194	FEDERAL HOME LIFE INSURANCE COMPANY
	RCPT/APP 1209150582 CPNY 05202			PO BOX 466 LYNCHBURG 245050466						VA
0216	025	32	CN CANCELLED	021502	100890	S			073103	LIFEUSA INSURANCE COMPANY
	RCPT/APP 5532150109 CPNY 05213			PO BOX 59060 MINNEAPOLIS 554590060						MN
0216	026	32	CN CANCELLED	021492	122890	S			122892	NORTHERN LIFE INSURANCE COMPANY
	RCPT/APP 8998710006 CPNY 05412			2000 21ST AVE NW MINOT 587030890						ND
0216	027	32	RN RENEWED	080101	010391	S			073103	SECURITY CONNECTICUT LIFE INSURANCE COMP
	RCPT/APP 5619490066 CPNY 05518			PO BOX 5066 MINOT 587025066						ND
0216	028	32	NR NOT RENEWED	020193	020691	S			020693	UNITED LIBERTY LIFE INSURANCE COMPANY
	RCPT/APP 0000000009 CPNY 05628			PO BOX 437249 LOUISVILLE 402537249						KY

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0216	029	32	NR NOT RENEWED		070195	071191	S			073195
	RCPT/APP	2990590096	CPNY	05436	LINCOLN BENEFIT LIFE COMPANY					
					2940 S 84TH ST					NE
					LINCOLN					
					685064142					
0216	036	32	NR NOT RENEWED		073198	021692	S			073198
	RCPT/APP	9537730093	CPNY	05340	GE LIFE AND ANNUITY ASSURANCE COMPANY					
					PO BOX 27601					VA
					RICHMOND					
					232617601					
0216	037	32	CN CANCELLED		090192	031892	S			031894
	RCPT/APP	0854760033	CPNY	05035	ALL AMERICAN LIFE INSURANCE COMPANY					
					PO BOX 401					WI
					MILWAUKEE					
					532010401					
0216	042	32	CN CANCELLED		122096	062592	S			073198
	RCPT/APP	9316540130	CPNY	05649	AIG ANNUITY INSURANCE COMPANY					
					PO BOX 871					TX
					AMARILLO					
					791050871					
0216	043	32	NR NOT RENEWED		070193	070892	S			073193
	RCPT/APP	2900370128	CPNY	05379	NORTH AMERICAN CO FOR LIFE AND HEALTH IN					
					PO BOX 466					IL
					CHICAGO					
					606900466					
0216	098	32	NR NOT RENEWED		073101	072597	S			073101
	RCPT/APP	7818620058	CPNY	05061	CONSECO ANNUITY ASSURANCE COMPANY					
					PO BOX 1974					IN
					CARMEL					
					460821974					
0216	100	32	NR NOT RENEWED		073100	100697	S			073100
	RCPT/APP	2720640001	CPNY	05170	CONNECTICUT GENERAL LIFE INSURANCE COMPA					
					900 COTTAGE GROVE RD # A149					CT
					HARTFORD					
					061520001					

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TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0216	120	32	CN CANCELLED	010402	072298	S			073102	FIDELITY AND GUARANTY LIFE INSURANCE COM
	RCPT/APP [redacted]30120029 CPNY 05216			1001 FLEET ST BALTIMORE 212024346						MD
0216	128	32	RN RENEWED	080102	082499	S			073104	AMERITAS VARIABLE LIFE INSURANCE COMPANY
	RCPT/APP 9273480038 CPNY 05666			PO BOX 82500 LINCOLN 685012500						NE
0216	133	32	CN CANCELLED	122801	101300	S			073103	AMERICAN INVESTORS LIFE INS. CO., INC.
	RCPT/APP 2224390001 CPNY 05055			PO BOX 2039 TOPEKA 666012039						KS
0216	139	32	OI ORIGINAL ISSUE	122101	122101	S			073104	NORTH AMERICAN CO FOR LIFE AND HEALTH IN
	RCPT/APP 7107020002 CPNY 05379			PO BOX 466 CHICAGO 606900466						IL
0218	034	32	CN CANCELLED	010392	031892	S			031894	ALL AMERICAN LIFE INSURANCE COMPANY
	RCPT/APP 0854760033 CPNY 05035			PO BOX 401 MILWAUKEE 532010401						WI
0218	035	32	CN CANCELLED	053195	031892	S			073196	INTER-STATE ASSURANCE COMPANY
	RCPT/APP 4015360081 CPNY 06148			PO BOX 1907 DES MOINES 503061907						IA
0218	038	32	RN RENEWED	080102	032392	S			073104	FIRST PENN-PACIFIC LIFE INSURANCE COMPAN
	RCPT/APP 9307390123 CPNY 05207			10 N MARTINGALE RD SCHAUMBURG 601732099						IL

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0218	039	32	CN CANCELLED	063094	041292	S			073196	
	RCPT/APP 4328550021 CPNY 05750			UNITED OF OMAHA LIFE INSURANCE COMPANY						
				MUTUAL OF OMAHA PLAZA						NE
				OMAHA						
				68175						
0218	044	32	NR NOT RENEWED	070193	080592	S			073193	
	RCPT/APP 0000000314 CPNY 05479			AMERICAN CHAMBERS LIFE INSURANCE COMPANY						
				1805 HIGH POINT DRIVE						
				NAPERVILLE IL						
				60563						
0218	045	32	NR NOT RENEWED	070193	081292	S			073193	
	RCPT/APP 2992860079 CPNY 06125			GUARANTEE TRUST LIFE INSURANCE COMPANY						
				1275 MILWAUKEE AVE						IL
				GLENVIEW						
				600252463						
0218	046	32	NR NOT RENEWED	073101	110192	S			073101	
	RCPT/APP 7863150111 CPNY 05480			PROTECTIVE LIFE INSURANCE COMPANY						
				PO BOX 2606						AL
				BIRMINGHAM						
				352022606						
0218	047	32	CN CANCELLED	051499	012693	S			073199	
	RCPT/APP 1924190151 CPNY 05930			UNITED WISCONSIN LIFE INSURANCE COMPANY						
				PO BOX 19032						WI
				GREEN BAY						
				543079032						
0218	048	32	CN CANCELLED	121697	011893	S			073199	
	RCPT/APP 1924520033 CPNY 05328			CONTINENTAL LIFE & ACCIDENT COMPANY						
				304 N MAIN ST						IL
				ROCKFORD						
				611011019						
0218	050	32	NR NOT RENEWED	070197	051093	S			073197	
	RCPT/APP 6879290057 CPNY 05077			ANTHEM LIFE INSURANCE COMPANY						
				PO BOX 6087						IN
				INDIANAPOLIS						
				462066087						

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0218	051	32	RN RENEWED	080101	050193	S			073103	
	RCPT/APP 4991520078 CPNY 05044			AMERICAN FAMILY LIFE ASSURANCE COMPANY O						
				1932 WYNNTON RD						GA
				COLUMBUS						
				319990001						
0218	052	32	NR NOT RENEWED	070195	061093	S			073195	
	RCPT/APP 3099440082 CPNY 05591			TRANSPORT LIFE INSURANCE COMPANY						
0218	053	32	CN CANCELLED	050195	071393	S			073196	
	RCPT/APP 4772190018 CPNY 06143			ILLINOIS MUTUAL LIFE INSURANCE COMPANY						
				300 SW ADAMS ST						IL
				PEORIA						
				616340001						
0218	054	32	NR NOT RENEWED	070194	072193	S			073194	
	RCPT/APP 2971980041 CPNY 05615			UNITED AMERICAN INSURANCE COMPANY						
				PO BOX 8080						TX
				MCKINNEY						
				750708080						
0218	055	32	NR NOT RENEWED	073198	073093	S			073198	
	RCPT/APP 9293590085 CPNY 05180			CONTINENTAL ASSURANCE COMPANY						
				CNA PLAZA-9S						IL
				CHICAGO						
				60685						
0218	057	32	NR NOT RENEWED	070196	081293	S			073196	
	RCPT/APP 4861710032 CPNY 05644			WILLIAM PENN LIFE INSURANCE COMPANY OF N						
				PO BOX 519						NY
				GARDEN CITY						
				115300519						
0218	058	32	NR NOT RENEWED	073100	092893	S			073100	
	RCPT/APP 4681500030 CPNY 07005			CANADA LIFE ASSURANCE COMPANY						
				PO BOX 105087						GA
				ATLANTA						
				303485087						

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0218	059	32	CN CANCELLED	092397	102293	S			073198
	RCPT/APP 9275300004 CPNY 05168			EQUITRUST LIFE INSURANCE COMPANY 5400 UNIVERSITY AVE WEST DES MOINES 502665950					IA
0218	060	32	NR NOT RENEWED	070194	102993	S			073194
	RCPT/APP 3299490023 CPNY 05153			CONTINENTAL GENERAL INSURANCE COMPANY PO BOX 247007 OMAHA 681247007					NE
0218	061	32	NR NOT RENEWED	070196	102093	S			073196
	RCPT/APP 4748710007 CPNY 05921			TRUSTMARK LIFE INSURANCE COMPANY 400 FIELD DRIVE LAKE FOREST IL 600452581					
0218	062	32	NR NOT RENEWED	070194	120993	S			073194
	RCPT/APP 3507440001 CPNY 06350			WORLD INSURANCE COMPANY PO BOX 3160 OMAHA 681030160					NE
0218	063	32	NR NOT RENEWED	070194	121593	S			073194
	RCPT/APP 3521570001 CPNY 05249			FIDELITY SECURITY LIFE INSURANCE COMPANY PO BOX 418131 KANSAS CITY 641419131					MO
0218	064	32	CN CANCELLED	083095	020494	S			073196
	RCPT/APP 4853280023 CPNY 05674			CONTINENTAL LIFE INS. CO. OF BRENTWOOD, PO BOX 1188 BRENTWOOD 370241188					TN
0218	065	32	RN RENEWED	080102	022194	S			073104
	RCPT/APP 9037060271 CPNY 06040			PRINCIPAL LIFE INSURANCE COMPANY 711 HIGH ST DES MOINES 503920001					IA

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0218	066	32	NR NOT RENEWED		073100	030494	S			073100	
	RCPT/APP	4941680018	CPNY	08426	ORDER OF UNITED COMMERCIAL TRAVELERS OF						
					632 N PARK ST						OH
					COLUMBUS						
					432151627						
0218	069	32	NR NOT RENEWED		070196	062894	S			073196	
	RCPT/APP	5040270121	CPNY	05410	PAN-AMERICAN LIFE INSURANCE COMPANY						
					601 POYDRAS ST						LA
					NEW ORLEANS						
					701306029						
0218	072	32	NR NOT RENEWED		070195	091294	S			073195	
	RCPT/APP	5053910001	CPNY	05545	LONDON PACIFIC LIFE AND ANNUITY COMPANY						
					3101 POPLARWOOD CT STE 300						NC
					RALEIGH						
					276041045						
0218	074	32	NR NOT RENEWED		073199	011095	S			073199	
	RCPT/APP	2178940016	CPNY	05770	CLARICA LIFE INSURANCE COMPANY - U.S.						
					PO BOX 2907						ND
					FARGO						
					581082907						
0218	075	32	NR NOT RENEWED		073197	011095	S			073197	
	RCPT/APP	7048630035	CPNY	05153	CONTINENTAL GENERAL INSURANCE COMPANY						
					PO BOX 247007						NE
					OMAHA						
					681247007						
0218	076	32	NR NOT RENEWED		073195	022895	S			073195	
	RCPT/APP	6038710001	CPNY	05552	SECURITY LIFE INSURANCE COMPANY OF AMERI						
					10901 RED CIRCLE DR						MN
					MINNETONKA						
					553439304						
0218	078	32	NR NOT RENEWED		073199	051795	S			073199	
	RCPT/APP	2216370075	CPNY	05046	AMERICAN HERITAGE LIFE INSURANCE COMPANY						
					1776 AMERICAN HERITAGE LIFE DR						FL
					JACKSONVILLE						
					322246687						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T #MO	EXPIRES
0218	079	32	NR NOT RENEWED	073195	060295	S		073195
	RCPT/APP 6647840001 CPNY 05082			U.S. FINANCIAL LIFE INSURANCE COMPANY				
				PO BOX 429560				
				CINCINNATI				OH
				452429560				
0218	080	32	NR NOT RENEWED	070196	070195	S		073196
	RCPT/APP 6805640001 CPNY 05072			AMERICAN PIONEER LIFE INSURANCE COMPANY				
				PO BOX 12746				
				PENSACOLA				FL
				325912746				
0218	082	32	NR NOT RENEWED	070196	080495	S		073196
	RCPT/APP 7257300014 CPNY 05920			CONSECO SENIOR HEALTH INSURANCE COMPANY				
				11815 N PENNSYLVANIA ST				
				CARMEL				IN
				460324555				
0218	084	32	NR NOT RENEWED	073101	071196	S		073101
	RCPT/APP 7915430135 CPNY 05349			CONSECO LIFE INSURANCE COMPANY				
				PO BOX 1970				
				CARMEL				IN
				460821970				
0218	085	32	NR NOT RENEWED	073100	062896	S		073100
	RCPT/APP 4640320011 CPNY 05795			REASSURE AMERICA LIFE INSURANCE COMPANY				
				300 EAST STATE ST/JOHN DEERE CTR				
				JACKSONVILLE				IL
				626502030				
0218	086	32	NR NOT RENEWED	073197	080296	S		073197
	RCPT/APP 9719600008 CPNY 05920			CONSECO SENIOR HEALTH INSURANCE COMPANY				
				11815 N PENNSYLVANIA ST				
				CARMEL				IN
				460324555				
0218	087	32	NR NOT RENEWED	073197	110196	S		073197
	RCPT/APP 0134830001 CPNY 05105			BUSINESS MEN'S ASSURANCE COMPANY OF AMER				
				PO BOX 419458				
				KANSAS CITY				MO
				641416458				

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	089	32	NR NOT RENEWED	070197	121596	S			073197	
	RCPT/APP 0625880001 CPNY 05193			CONSECO MEDICAL INSURANCE COMPANY						
				303 N MAIN ST						IL
				ROCKFORD						
				611011018						
0218	091	32	RN RENEWED	080101	012297	S			073103	
	RCPT/APP 5273820323 CPNY 05596			UNITED HEALTHCARE INSURANCE COMPANY						
				PO BOX 150450						CT
				HARTFORD						
				061150450						
0218	094	32	CN CANCELLED	091500	031397	S			073101	
	RCPT/APP 7477590011 CPNY 05290			KANSAS CITY LIFE INSURANCE COMPANY						
				PO BOX 419139						MO
				KANSAS CITY						
				641416139						
0218	095	32	NR NOT RENEWED	073101	041797	S			073101	
	RCPT/APP 7559670025 CPNY 06045			AMERITAS LIFE INSURANCE CORP.						
				5900 O ST						NE
				LINCOLN						
				685102234						
0218	096	32	CN CANCELLED	020999	042297	S			073199	
	RCPT/APP 2217910018 CPNY 06351			GUARANTEE LIFE INSURANCE COMPANY						
				8801 INDIAN HILLS DR						NE
				OMAHA						
				681144059						
0218	097	32	CN CANCELLED	063097	040997	S			073197	
	RCPT/APP 1479190001 CPNY 05040			AMERICAN FIDELITY ASSURANCE COMPANY						
				PO BOX 25523						OK
				OKLAHOMA CITY						
				731250523						
0218	099	32	RN RENEWED	080102	091797	S			073104	
	RCPT/APP 9563010028 CPNY 05153			CONTINENTAL GENERAL INSURANCE COMPANY						
				PO BOX 247007						NE
				OMAHA						
				681247007						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T #MO	EXPIRES	
0218	102	32	NR NOT RENEWED	073100	101597	S		073100	
	RCPT/APP 2777590001	CPNY 05627		VALLEY FORGE LIFE INSURANCE COMPANY					
				100 CNA DR					TN
				NASHVILLE					
				372143439					
0218	103	32	RN RENEWED	080102	102897	S		073104	
	RCPT/APP 9431210127	CPNY 05010		AETNA LIFE INSURANCE COMPANY					
				1 PRUDENTIAL CIR					TX
				SUGAR LAND					
				774783833					
0218	104	32	NR NOT RENEWED	073102	110497	S		073102	
	RCPT/APP 1491170086	CPNY 05901		HUMANA INSURANCE COMPANY					
				1100 EMPLOYERS BLVD					WI
				GREEN BAY					
				543440001					
0218	112	32	NR NOT RENEWED	073102	012898	S		073102	
	RCPT/APP 1524310019	CPNY 05141		COMBINED INSURANCE COMPANY OF AMERICA					
				5050 NORTH BROADWAY					IL
				CHICAGO					
				606409986					
0218	113	32	NR NOT RENEWED	073100	012898	S		073100	
	RCPT/APP 3552330002	CPNY 05190		UNION FIDELITY LIFE INSURANCE COMPANY					
				500 VIRGINIA DR					PA
				FORT WASHINGTON					
				190342707					
0218	115	32	RN RENEWED	080102	020598	S		073104	
	RCPT/APP 9454460439	CPNY 06190		METROPOLITAN LIFE INSURANCE COMPANY					
				501 US HIGHWAY 22					NJ
				BRIDGEWATER					
				088072441					
0218	116	32	CN CANCELLED	100899	031698	S		073100	
	RCPT/APP 3845160001	CPNY 05350		LINCOLN NATIONAL LIFE INSURANCE COMPANY					
				1300 S CLINTON ST STOP 1-H-39					IN
				FORT WAYNE					
				468023506					

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	117	32	CN CANCELLED	022002	032498	S			073102	
	RCPT/APP 1503010038 CPNY 05516			SAFECO LIFE INSURANCE COMPANY						
				4854 154TH PL NE						WA
				REDMOND						
				980529664						
0218	118	32	RN RENEWED	080102	052098	S			073104	
	RCPT/APP 9610740063 CPNY 05072			AMERICAN PIONEER LIFE INSURANCE COMPANY						
				PO BOX 12746						FL
				PENSACOLA						
				325912746						
0218	119	32	NR NOT RENEWED	073100	072498	S			073100	
	RCPT/APP 4880750001 CPNY 05336			HCC LIFE INSURANCE COMPANY						
				13403 NORTHWEST FWY						TX
				HOUSTON						
				770406006						
0218	122	32	NR NOT RENEWED	073101	110598	S			073101	
	RCPT/APP 5804360001 CPNY 05212			PENN TREATY NETWORK AMERICA INSURANCE CO						
				3440 LEHIGH ST						PA
				ALLENTOWN						
				181037001						
0218	127	32	CN CANCELLED	051901	080999	S			073102	
	RCPT/APP 7931960001 CPNY 05119			AMERUS LIFE INSURANCE COMPANY						
				611 5TH AVE # 15555						IA
				DES MOINES						
				503091633						
0218	130	32	RN RENEWED	080102	101799	S			073104	
	RCPT/APP 9027410018 CPNY 05239			GREAT SOUTHERN LIFE INSURANCE COMPANY						
				PO BOX 139040						TX
				DALLAS						
				753139040						
0218	131	32	CN CANCELLED	032902	113099	S			073102	
	RCPT/APP 8854300001 CPNY 05055			AMERICAN INVESTORS LIFE INS. CO., INC.						
				PO BOX 2039						KS
				TOPEKA						
				666012039						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	132	32	RN RENEWED	080102	051100	S			073104	
	RCPT/APP 9280430019 CPNY 05941			PACIFIC LIFE & ANNUITY COMPANY						
				2300 MAIN ST						CA
				IRVINE						
				926146223						
0218	135	32	OI ORIGINAL ISSUE	061201	061201	S			073103	
	RCPT/APP 4739570002 CPNY 05290			KANSAS CITY LIFE INSURANCE COMPANY						
				PO BOX 419139						MO
				KANSAS CITY						
				641416139						
0218	137	32	OI ORIGINAL ISSUE	090101	090101	S			073104	
	RCPT/APP 5747550001 CPNY 08426			ORDER OF UNITED COMMERCIAL TRAVELERS OF						
				632 N PARK ST						OH
				COLUMBUS						
				432151627						
0218	138	32	OI ORIGINAL ISSUE	100901	100901	S			073104	
	RCPT/APP 6326920001 CPNY 06055			TRUSTMARK INSURANCE COMPANY						
				400 N FIELD DR						IL
				LAKE FOREST						
				600454809						
0218	140	32	OI ORIGINAL ISSUE	032902	032902	S			073104	
	RCPT/APP 8202980005 CPNY 05249			FIDELITY SECURITY LIFE INSURANCE COMPANY						
				PO BOX 418131						MO
				KANSAS CITY						
				641419131						
0218	141	32	OI ORIGINAL ISSUE	090102	090102	S			073105	
	RCPT/APP 0027750001 CPNY 05040			AMERICAN FIDELITY ASSURANCE COMPANY						
				PO BOX 25523						OK
				OKLAHOMA CITY						
				731250523						
0218	142	32	OI ORIGINAL ISSUE	091102	091102	S			073105	
	RCPT/APP 0036780001 CPNY 05735			STANDARD LIFE INSURANCE COMPANY OF INDIA						
				10689 N PENNSYLVANIA ST						IN
				INDIANAPOLIS						
				462801087						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0218	143	32	OI ORIGINAL ISSUE	100202	100202	S			073105	CONSTITUTION LIFE INSURANCE COMPANY, PO BOX 12746, PENSACOLA, 325912746 — FL
	RCPT/APP 0420900001 CPNY 05173									
0218	144	32	OI ORIGINAL ISSUE	111302	111302	S			073105	SHENANDOAH LIFE INSURANCE COMPANY, PO BOX 12847, ROANOKE, 240292847 — VA
	RCPT/APP 0637030003 CPNY 05522									
0240	040	32	CN CANCELLED	063094	041292	S			073196	MUTUAL OF OMAHA INSURANCE COMPANY, MUTUAL OF OMAHA PLAZA, OMAHA, 68175 — NE
	RCPT/APP 4328800024 CPNY 06225									
0240	049	32	CN CANCELLED	091196	032593	S			073197	CONTINENTAL CASUALTY COMPANY, 333 S WABASH AVE, CHICAGO, 606044107 — IL
	RCPT/APP 7068140252 CPNY 09165									
0240	090	32	RN RENEWED	080101	012097	S			073103	MUTUAL OF OMAHA INSURANCE COMPANY, MUTUAL OF OMAHA PLAZA, OMAHA, 68175 — NE
	RCPT/APP 5227460089 CPNY 06225									
0240	101	32	NR NOT RENEWED	073100	102897	S			073100	HEALTH FIRST HEALTH PLANS, INC. DBA HEAL, 6450 US HIGHWAY 1, ROCKLEDGE, 329555747 — FL
	RCPT/APP 2794980001 CPNY 87070									
0240	105	32	NR NOT RENEWED	073102	110497	S			073102	HUMANA MEDICAL PLAN, INC., 1100 EMPLOYERS BLVD, GREEN BAY, 543440001 — WI
	RCPT/APP 1491190194 CPNY 87050									

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0240	106	32	NR NOT RENEWED	073102	110497	S			073102	
	RCPT/APP 1491180142 CPNY 05015			HUMANA HEALTH INSURANCE COMPANY OF FLORI						
				1100 EMPLOYERS BLVD						
				GREEN BAY						WI
				543440001						
0240	107	32	CN CANCELLED	020100	101097	S			073100	
	RCPT/APP 2924910010 CPNY 87081			SUNSTAR HEALTH PLAN, INC.						
				300 INTERNATIONAL PKWY STE 230						
				HEATHROW						FL
				327465000						
0240	108	32	RN RENEWED	080102	103197	S			073104	
	RCPT/APP 9431240093 CPNY 87024			AETNA HEALTH INC.						
				1 PRUDENTIAL CIR						
				SUGAR LAND						TX
				774783833						
0240	109	32	RN RENEWED	080102	112097	S			073104	
	RCPT/APP 9415210163 CPNY 87005			UNITED HEALTHCARE OF FLORIDA, INC.						
				PO BOX 150450						
				HARTFORD						CT
				061150450						
0240	110	32	RN RENEWED	080102	110197	S			073104	
	RCPT/APP 9286480002 CPNY 05023			DELTA DENTAL INSURANCE COMPANY						
				1000 MANSELL EXCHANGE W STE 100						
				ALPHARETTA						GA
				300228296						
0240	111	32	NR NOT RENEWED	073100	110597	S			073100	
	RCPT/APP 3148390001 CPNY 09494			ULICO CASUALTY COMPANY						
				111 MASSACHUSETTS AVE NW						
				WASHINGTON						DC
				200011461						
0240	124	32	NR NOT RENEWED	073101	031899	S			073101	
	RCPT/APP 6644540002 CPNY 66001			AMERICAN DENTAL PLAN, INC. DBA AMERICAN						
				PO BOX 769239						
				ROSWELL						GA
				300768217						

DATE 05/21/2003

AGENT APPOINTMENT DISPLAY

AGENT# A170327 MCCARTHY,PAUL FRANCIS DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0240	125	32	CN CANCELLED	021301	022299	S			073101	
	RCPT/APP 6703280036 CPNY 09500			UNITED PACIFIC INSURANCE COMPANY						
				3 PARKWAY						PA
				PHILADELPHIA						
				191021321						
0240	126	32	RN RENEWED	080101	061499	S			073103	
	RCPT/APP 5237750102 CPNY 09387			LEGION INSURANCE COMPANY						
				1 LOGAN SQ STE 1400						PA
				PHILADELPHIA						
				191036930						
0240	129	32	CN CANCELLED	101901	100499	S			073102	
	RCPT/APP 8122850001 CPNY 01662			RELIANCE INSURANCE COMPANY						
				3 PARKWAY						PA
				PHILADELPHIA						
				191021321						
0240	134	32	OI ORIGINAL ISSUE	110100	110100	S			073103	
	RCPT/APP 2512670001 CPNY 87070			HEALTH FIRST HEALTH PLANS, INC. DBA HEAL						
				6450 US HIGHWAY 1						FL
				ROCKLEDGE						
				329555747						
1202	041	32	NR NOT RENEWED	050194	051492	S			051494	
	RCPT/APP 1425980053 CPNY 66001			AMERICAN DENTAL PLAN, INC. DBA AMERICAN						
				PO BOX 769239						GA
				ROSWELL						
				300768217						

State of Florida

Department of Financial Services
Tallahassee, Florida

May 22, 2003

I, the undersigned, Chief Financial Officer of the State of Florida, do hereby certify that the attached affidavit of Doris Savage and 21 pages of marketing materials are true and correct copies of the official records on file and maintained in the regular course of business at the Department of Financial Services.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

The undersigned Affiant is employed as an Investigator with the Department of Financial Services with the State of Florida. On March 27, 2003, Investigator Bob Keegan and I met with Susan Pine, President of BAFTAL/Quike Quote and Ray Pinto, marketing manager. Both individuals are licensed insurance agents through the state of Florida. The purpose of conducting the interviews was within the scope of my employment with the Department of Financial Services on that date. The interviews were conducted at BAFTAL/Quick Quote Business address of 8181 W. Broward Blvd., Plantation, FL. 33324.

During the interview, I questioned agents Pine and Pinto regarding their involvement with Wings for Christ, Inc. and an insurance plan known as "Direct Blue" and/or as Highmark Blue Cross Blue Shield. As a result of the queries about the referenced subjects, Agent Pine stated she became acquainted with Wings For Christ through agent Paul McCarthy. Susan Pine told us that it was her understanding that they did not have to be licensed or appointed to sell the product and that they were sub-producing through Paul McCarthy. Further, it was her (Pine's) understanding that Agent McCarthy was dealing directly with Sam Best. Agent Pine also indicated that they did not have an agreement with Sam Best yet, however that they were marketing this Highmark Wings for Christ d/b/a Christian Shield and that they had sold less than ten (10) policies to Florida consumers. Pine indicated that they had three (3) agents signed up to market the Plan through their agency. The names of the three agents recruited to market the plan were Manuel Arias, Jose Berrinquer and Ed Pauley. It was Pine's understanding that the selling agents were to be paid directly by Paul McCarthy, however her group was to review the agent's paper work before sending it to Paul McCarthy. Pine and Pinto's group was to be paid a percentage.

Ray Pinto explained that the selling agent was to send the application paperwork to their office and they would then forward the paperwork to Paul McCarthy. Paul McCarthy was to then forward everything to Sam Best with the Wings for Christ organization d/b/a Christian Shield. Mr. Pinto then made copies of the marketing materials and handed them to this investigator. A copy of the twenty-one pages of marketing materials are attached to this affidavit of Exhibit "1".

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE STATEMTENTS MADE BY ME IN THIS AFFIDAVIT AND THE STATEMENTS MADE TO THE AFFIANT BY AGENT McCARTHY, AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMETN INCLUDES FINES AND/OR IMPRISONMENT.

Dated: April 22, 2003

Doris N. Savage
Signature of Affiant
Printed name of Affiant: Doris N. Savage
Business Address: 499 NW 70th Avenue, #301-A
Plantation, FL. 33317
Business Telephone Number: (954) 327-6034

EXHIBIT
tabbies
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Sworn to or affirmed and signed before me on 22ND day of APRIL, 2003 by Doris N. Savage, the Affiant.

Dennis W Adams
Signature of Notary Public

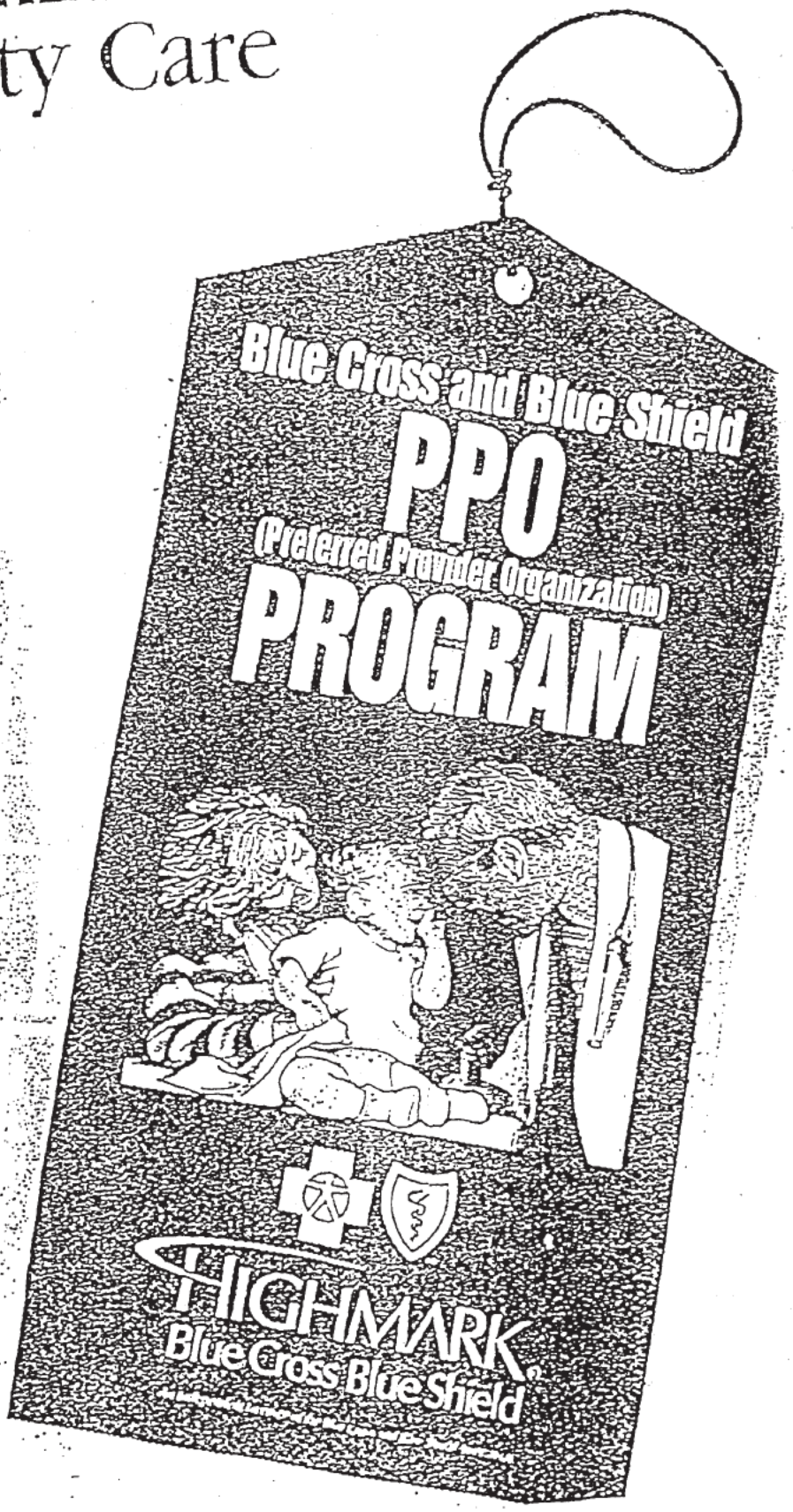
DENNIS W ADAMS
[Print, type, or stamp commissioned name of notary]

Dennis W. Adams
MY COMMISSION # CC129383 EXPIRES
July 16, 2006
BONDED THRU TROY FAIN INSURANCE INC.

✓ Personally Known

___ Produced identification
Type of identification produced: _____

YOUR 'TICKET'
To Quality Care



WHEREVER YOU ARE,
The Blues have you covered!

For more than 60 years,
Highmark Blue Cross Blue Shield
has helped make health care
affordable
for all kinds of people,
from all walks of life.

Now we are working with Blue Cross and Blue Shield plans throughout the country to ensure that this affordable coverage includes all of our groups' employees, in all areas of the country. So members like you, who live or work outside the Highmark Blue Cross Blue Shield area, can feel confident that you will receive affordable, quality care.

Enjoy the advantages of PPO COVERAGE

As a Highmark Blue Cross Blue Shield member living or traveling outside the plan's area, you can now receive convenient, comprehensive covered health care.

Your Blue Cross and Blue Shield PPO gives you a network of providers.

- You can receive care from *the network provider of your choice*. The PPO program does not require that you select a primary care physician to receive covered care. Instead, it gives you access to a large network of physicians, hospitals, and other providers. For a higher level of benefits coverage, you *must* receive care from a network provider.

To locate a network provider near you, or to learn whether your current physician is in the Blue Cross and Blue Shield PPO, call 1-800-810-BLUE (2583).

Your Blue Cross and Blue Shield PPO gives you control over your care.

- The PPO Program puts you in charge and gives you control over your care. *You* decide who provides your care. And *you* determine the level of coverage you receive. That means for most services you can receive care from an out-of-network provider and still be covered at a lower benefit level.

(In the back pocket, you'll find *Your PPO Program Benefits*, a description of your PPO plan benefits. Read this insert for specific benefit details.)

HOW Your PPO Program Works

The Blue Cross and Blue Shield PPO lets you get the medically necessary and appropriate care you want from the provider you select. When you or a covered family member needs medical care, you can choose between two levels of health care services: In-Network or Out-of-Network.

In-Network Care is care you receive from providers in the PPO Program's network ("preferred providers"). This network includes primary care physicians and a range of specialists, as well as hospitals and a variety of treatment facilities. All providers are thoroughly evaluated before they are accepted in the PPO network.

When you receive health care within this Blue Cross and Blue Shield PPO network, you enjoy maximum coverage and maximum convenience. You present your ID card to the provider who submits your claim to the local Blue Cross Blue Shield plan. The local plan works with Highmark Blue Cross Blue Shield to ensure prompt and accurate claims payment.

Out-of-Network Care is care you receive from providers who are not in the PPO Program's network.

Even when you go outside the network, you will still be covered for most eligible services. However, your benefits will be paid at your program's lower level. You may be responsible for an annual deductible and a certain percentage of additional expenses called your "coinsurance." (Refer to *Your PPO Program Benefits* for your program's specific coverage.)

You may also be responsible for paying any difference between the provider's actual charge and the plan's allowed amount.

When you receive care from an out-of-network provider, coverage is paid at the lower level — even if you were directed to the non-network provider by a network provider. That's why it is important, in all cases, to check to see that your provider is in the network before you receive care.

PLEASE NOTE:

All inpatient hospital care and inpatient mental health/substance abuse care must be precertified to assure it is covered. A toll-free precertification phone number is included on members' ID cards to make this precertification convenient.

Some plans require members to precertify other services, so please refer to your specific coverage information.

You get a range of COVERED CARE

Your Blue Cross and Blue Shield PPO provides comprehensive health care coverage. You're covered for everything from routine sick care to inpatient and outpatient hospital care. The following are some of your coverage highlights:

Preventive Care...

The Blue Cross and Blue Shield PPO provides coverage for your in-network preventive care. This vital care can help you stay on top of your medical needs and establish a healthy lifestyle.

That's why we encourage members to take advantage of the PPO's excellent preventive care benefits, including periodic physical examinations, well child visits, and a full scope of diagnostic testing such as cholesterol screenings. Women are covered for routine gynecological exams and PAP tests. Depending upon your coverage, you may be responsible for a small copayment for visits to your doctor's office. Refer to *Your PPO Program Benefits* for the specifics on your coverage.

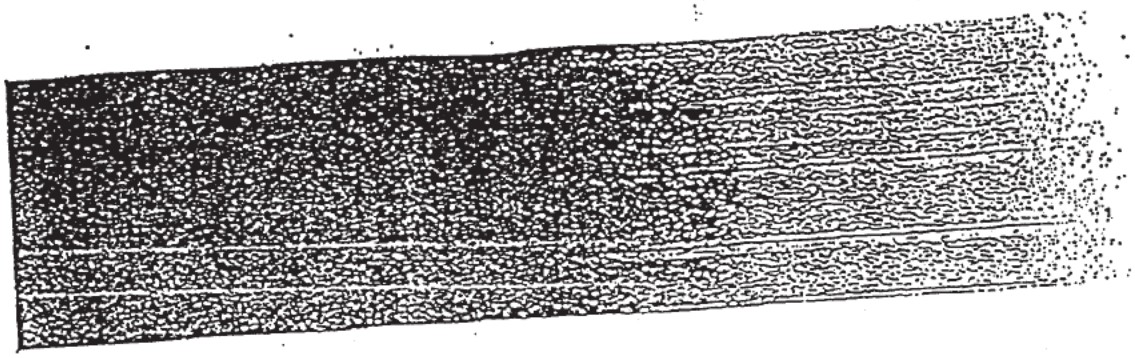
Mental Health/Substance Abuse Care...

Your Blue Cross and Blue Shield PPO also provides coverage for a range of mental health and substance abuse services. To assure members get responsive, appropriate care, the program offers a range of mental health and substance abuse professional providers, so you can get the level and type of care appropriate to your situation. The Blue Cross and Blue Shield PPO covers a variety of counseling and treatment services.

Emergency Care...

More than anything, you want the reassurance of knowing that you're covered when you need care most.

The Blue Cross and Blue Shield PPO covers emergency care received in or *outside* the PPO provider network. This flexibility is critical when you need care *immediately*. So in true emergency situations when you must be



treated immediately, go directly to your nearest hospital emergency room or urgicenter, or call "911" or your area's emergency number.

Please keep in mind, however, if your care is determined not to be emergency in nature you may be responsible for additional out-of-pocket expenses. Therefore, you should use emergency services only when appropriate. In some situations, such as strains or sprains, fevers and sore throats, it may make sense to contact a network doctor.

*See Your PPO Program Benefits in the pocket of this brochure, for copayment and coverage details.

Worldwide Care...

It's reassuring to know that no matter where you travel, you are covered for your critical and urgent care. Your Blue Cross and Blue Shield PPO provides all of the services of the *BlueCard Worldwide Program*. These services include access to a worldwide network of care providers. Medical assistance services are included as well. You access these services by calling 1-800-810-BLUE. Remember, the Cross and Shield symbols on your ID card are recognized around the world — that's *important* protection.

Prescription Drug Coverage

Should your program include prescription drug coverage*, your prescriptions are covered when purchased through our large network of participating Premier pharmacies (see your enclosed Pharmacy Directory). This network includes major pharmacy chains and independent drug stores, so you're sure to find a location convenient for you.

It's easy to purchase your prescription. You only need to make the appropriate copayment. Under most programs, you pay one copayment for generic and a higher copayment for brand name drugs. Your prescription drug benefit includes quality control services to make your use of prescription drugs both safe and effective.

*See Your PPO Program Benefits in the pocket of this brochure for coverage details.

YOU GET SERVICE & SUPPORT

Whenever you need it

Good health care is more than just doctor visits. It's also the service that supports your care.

You Have 24-Hour Health Care Support...

- For answers to health care questions, you can phone Blues On Call℠ — 24-hours-a-day, 7-days-a-week. Blues On Call is a free service provided as part of patient-focused care. This toll-free health decision support service connects you to a specially trained registered nurse. The nurse can help you with any health care question and assist you with your care decisions. You may also receive easy-to-understand information on how to avoid the illness or injury in the future as well as general "stay-healthy" tips. Blues On Call also offers educational materials and video-tapes on certain medical conditions. And you can call the AudioHealth Library for a recorded message on the healthcare topic of your choice. *Your call will be kept strictly confidential.* Your Blues On Call number is 1-888-BLUE428.
- For quick access to a range of health and lifestyle information, log onto Highmark's website, www.highmarkbcbs.com. When you visit Highmark's website, you can set up your own personal web page and connect to information on the topics of your choice. You can also e-mail a Blues On Call nurse about a particular health concern, use a symptom diary to track your health symptoms, or look up a medical topic in the Healthwise Knowledgebase®, a comprehensive health information resource with 28,000 pages of current, medically accurate health information and on-line videos. Finally, for a personalized report that will help you identify your health risks and establish health-enhancing goals, take a few minutes to complete the Personal Wellness Profile. You'll get your report within seconds!

You Have Dedicated Member Service...

For answers to claims or coverage questions, just call the Member Service number on your Identification Card to be connected with a Highmark Member Service representative. Representatives are trained to answer your questions quickly, politely, and accurately.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association. Blues On Call is offered in most coverage plans.
Healthwise Knowledgebase is a registered mark of Healthwise, Incorporated.

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Wings For Christ, Inc. d/b/a Christian Shield
Employee/Associate Agreement

Purpose:

To operate a ministry for transporting of missionaries, mission work groups, supplies, medical equipment and supplies, and personnel to and from the mission field in nations across the world. To spread the "Good News!" and minister to the spirit and body through our world missions, Christian Schools, Churches and Nursing/Personal Care Homes.

To institute plans for the propagation of the Gospel of our Lord by all legitimate means:

a. By general evangelism in all places where doors are opened to us, and the way is providentially made.
b. By conventional revival campaigns and the establishment of prayer circles.
c. By house to house visitation and proclaiming the Gospel.
d. By open air services, meeting in markets, factories, private homes, and in all places permitting such.
e. By personal evangelism.
f. By procuring, printing or causing to be printed and circulated, Bibles, Testaments, books, booklets, newsletters, prayer circulars, tracts, magazines and sound literature of every type which will facilitate the Gospel and the objectives hereby stated.
g. By providing an office or offices, prayer center (with daily prayer rising to God in behalf of individual requests, as well as interests at large for the work of God), Campground or Conference grounds, Tabernacles, halls or other such buildings, training schools, training classes or correspondence classes.
h. The opening of missionary work in the regions beyond, conducting missionary meetings, conferences, the sending forth of missionary personnel connected with Wings For Christ, Inc. and/or assisting other missionary organizations of like faith.
i. By acquiring by purchase, lease, gift, inheritance, annuity or otherwise any real or personal property; and to dispose of such by sale, gift or otherwise, and to appoint any person or persons as trustees to acquire, to hold, or dispose of such interests.
j. To provide Christian Education through established or establishing Christian Schools, programs and research for all who need and desire to grow in life with the Lord.
k. To provide Health, Comfort and Healing, both Spiritual and Physical to those in need or aging through established or establisiting Christian Nursing Homes, Hospitals, and Clinics around the world.
l. To do any and all such things incidental to the attainment of these objectives.

My Signature hereon attests to these principals and purpose and serves as my agreement to abide by these principals and purpose and to participate using my time, talent and resources to the degree possible as to promote this mission.

Signature _____ Date _____

Printed Name _____ Affiliation _____

Wings for Christ, Inc. d/b/a Christian Shield

Associate Name _____

Address _____

Work Phone # _____ Home Phone # _____ E-Mail _____

Has referring representative explained the purpose and mission of Wings for Christ and has the Foundation verified and discussed? _____Yes _____No (if no please refer back to Employee/Associate Agreement and call the Foundation before proceeding).

Referring Party _____

Do you currently have Health Coverage? _____Yes _____No

If Yes with whom_____

Are you or any applying family member:

1. Currently hospitalized, bedridden, confined to a nursing facility, receiving Hospice or Home Health care, or confined to a wheelchair? Yes No

2. Ever had or been treated for:
   a. Congestive Heart Failure, Chronic lung disease (COPD) Alzheimer's disease, or Dementia? Yes No
   b. Acquired Immune Deficiency Syndrome (AIDS)? Yes No

3. Been taking insulin for more than 15 years? Yes No

4. In the past 5 years, been treated for internal cancer, malignant melanoma or leukemia? Yes No

5. In the past 12 months, had:
   a. Heart surgery, heart attack, stroke, aneurysm, angina, or renal dialysis? Yes No
   b. Treatment for alcoholism or drug addiction, or used oxygen to assist in breathing? Yes No

6. Ever had or been treated for or taken medication for:
   a. Emphysema, Parkinson's Disease, ALS, Cystic Fibrosis or Multiple Sclerosis? Yes No
   b. Kidney disease, kidney failure, cirrhosis, or other liver disease? Yes No

7. Currently pregnant? Yes No

HIGHMARK.
Blue Cross Blue Shield

Dear Wings for Christ Employee:

Welcome to your Blue Cross and Blue Shield PPO! As a Highmark Blue Cross Blue Shield member you are now able to enjoy the many advantages of a PPO (Preferred Provider Organization) program.

As a Blue Cross Blue Shield PPO member, you have:

- a choice of network providers;
- control over your care;
- coverage for a range of preventive care;
- toll-free Member Service;
- toll-free, 24-hour-a-day health care assistance.

To learn all about your program, please read the enclosed brochure, *Your 'Ticket' to Quality Care*. Also, for specific benefits information, refer to *Your PPO Program Benefits* in the brochure's back pocket. These materials will explain your program and your benefits in detail.

If you have any questions about your program or completing your enrollment form, call the special hotline established for your use during your enrollment period. Call us toll free at 1-800-215-7865 Monday through Friday, between 9 a.m. and 9 p.m., and a trained representative who is familiar with your program will be glad to answer any questions you have. Please be sure to have your reference number available when you call.

For information on your nearest PPO providers or to see if your current provider is in the PPO network, simply call 1-800-810-BLUE (2583). You can also go online to www.bcbs.com for more information regarding network providers.

Thank you for giving Highmark Blue Cross Blue Shield the opportunity to provide your health care benefits ... we're looking forward to serving you!

Sincerely,

Michael P. Brady
Senior Vice President

P.S. Have questions? Call our special open enrollment hotline toll free at 1-800-215-7865!

Reference Code: P0191202
(Please have this number ready when you call)

[illegible] • 120 Fifth Avenue • Pittsburgh PA 15222-[illegible]
www.highmarkblue.com
[illegible]

HIGHMARK.
Blue Cross Blue Shield

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[illegible] • 120 Fifth Avenue • Pittsburgh PA 15222-[illegible]
www.highmarkblue.com
[illegible]

NOW AVAILABLE TO MEMBERS OF THE BUSINESS ASSOCIATION FOR TRADE AND LABOR

PPO BLUECARD BENEFITS THROUGH THE WINGS FOR CHRIST ORGANIZATION

RATE BELOW IS FOR THE PPO PLAN THROUGH HIGHMARK BCBS, PLUS DENTAL THROUGH CAREINGTON, PLUS CANADIAN PHARMACY ACCESS CARD. RATE ALSO INCLUDES $15 MONTHLY MEMBERSHIP IN THE BUSINESS ASSOCIATION FOR TRADE AND LABOR AND $15 MONTHLY ADMINISTRATION FEE.

SINGLE	$326.00
WITH CHILDREN	$721.00
FAMILY	$923.00

FOR SINGLE AND SPOUSE RATE, USE TWO SINGLE RATES AND TWO APPLICATIONS.

THERE IS ALSO A ONE TIME $50 APPLICATION FEE.

MODE OF PAYMENT: BANKDRAFT (ACH), PLEASE BE SURE TO SIGN AUTHORIZATION AND MAKE CHECK PAYABLE TO BUSINESS ASSOCIATION FOR TRADE AND LABOR. FOR BUSINESSES WITH 5 OR MORE APPLICATIONS, WE WILL LIST BILL TO THE BUSINESS.

OPTIONAL PLANS INCLUDE:

GUARANTEE ISSUE... GE CHOICE... WHICH HELPS PAY THE DEDUCTIBLES AND COPAYS UNDER ABOVE PLAN.

GUARANTEE ISSUE TERM INSURANCE TO $50,000 WITH TERMINAL ILLNESS RIDER THAT ACCELERATES THE DEATH BENEFIT.

GUARANTEE ISSUE DISABILITY, FIRST DAY ACCIDENT, 8TH DAY SICKNESS BENEFIT, UP TO 2,000 PER MONTH, PAYABLE FOR 12 MONTHS PER DISABILITY.

Summary of DirectBlue and PPO BlueCard *Benefits*

PPO Care is considered coordinated (in-network) when it is performed or referred by your PCP. Exceptions apply for emergency room, Ob/Gyn, and mental health and substance abuse services. If you choose to obtain medical care through another provider, in most cases, this care will be considered self-referred care. Following a referral from your PCP, network specialists may continue to provide follow-up care and refer for diagnostic services for a 60-day time period. Below are specific benefit levels.

DirectBlue is an open access product that offers two levels of benefits. If you receive services from a provider who is in the DirectBlue network, you will receive the higher level of benefits for covered services. If you receive services from a provider who is not in the DirectBlue network, you will receive the lower level of benefits for covered services. There is no requirement to select a Primary Care Physician; however, we request that you choose a Primary Care Physician to assure you get consistent, quality care. Below are specific benefit levels.

Benefits	Coordinated Care In-Network	Self-Referred Care In or Out-of-Network
Deductible Individual Family	$2000 $4000	$4000 $8000
Coinsurance	80% after deductible	60% after deductible until out of pocket maximum is met then 100%
Out-of-Pocket Maximums Individual Family	$2000 $4000	$4000 $8000
Lifetime Maximum	Unlimited	$1,000,000
Primary Care Physician (PCP) Office Visits	100% after $30 copayment	60% after deductible
Specialist Office Visits	100% after $30 copayment	60% after deductible
Preventive Care *Adult* Routine physical exams (must be performed by PCP)	100% after $30 copayment	Not Covered
Routine gynecological exams, including a PAP Test①	100% after $30 copayment	Self-referred to in-network provider: 100% after $30 copayment Self-referred to out-of-network provider: 60% (deductible/lifetime maximum does not apply)
Mammograms, as required	80% after deductible	60% after deductible
Pediatric Routine physical exams (must be performed by PCP)	100% after $30 copayment	Not Covered
Pediatric immunizations	80% after deductible	60% (deductible/lifetime maximum does not apply)
Emergency Room Services②	100% after $50 copayment (waived if admitted) Emergency care is paid at the coordinated benefits level	100% after $50 copayment (waived if admitted) Self-referred benefits (60% after the deductible) apply for non-emergency care
Ambulance	80% after deductible	60% after deductible

(over please

HO (03/03)

Benefits	Coordinated Care In-Network	Self-Referred Care In or Out-of-Network
Hospital Expenses		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Maternity①	80% after deductible	Self-referred to in-network provider: 100% Self-referred to out-of-network provider: 60% after deductible
Infertility counseling, testing and treatment②	80% after deductible	60% after deductible
Assisted Fertilization Procedures	Not Covered	Not Covered
Medical/Surgical Expenses	80% after deductible	60% after deductible
Spinal Manipulations	100% $30 copayment/visit	60% after deductible
	25 visit limit - Combined Coordinated and Self-Referred	
Diagnostic Services (Lab, X-Ray and other tests)	80% after deductible	60% after deductible
Outpatient Physical Therapy	100% $30 copayment/visit	60% after deductible 20 visit limit/calendar year
Outpatient Speech & Occupational Therapy	100% $30 copayment/visit	60% after deductible 20 visit limit/calendar year for each separately
Durable Medical Equipment	80% after deductible	60% after deductible
Skilled Nursing Facility Care	80% after deductible	60% after deductible 100 day limit/calendar year
Home Health Care	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Mental Health③		
Inpatient	80% 30 day limit/calendar year	60% after deductible 10 day limit/calendar year
Outpatient	100% $30 copayment/visit	60% after deductible
	Limit: 45 visits/calendar year	Limit: 15 visits/calendar year
Substance Abuse (PA Mandated Benefit)		
Inpatient		
Detoxification	80% after deductible	60% after deductible
	7 days/admission; 4 admissions/lifetime	
Rehabilitation	80% after deductible	60% after deductible
	30 days/year; 90 days/lifetime	
Outpatient	100% $30 copayment/visit	60% after deductible
	60 visits/year; 120 visits lifetime	
Precertification Requirements	Performed by Network Medical Management	Required for inpatient admission to non-network hospital④

This is not intended as a contract of benefits. It is deemed purely

HOW TO COMPLETE YOUR HIGHMARK BLUE CROSS BLUE SHIELD ENROLLMENT APPLICATION

Following are instructions for completing the Highmark Blue Cross Blue Shield Enrollment Application. All information must be completed as indicated.

EMPLOYEE INFORMATION

The first thirteen (13) items ask for information regarding the employee. The information you must complete includes:

1) Employer Name and Reason for Application
2) Employee First Name, skip a space, Last Name. (no middle initial)
3) Employee Street Address
4) City
5) State
6) Zip Code
7) Employee Social Security Number
8) Effective Date of Coverage
9) Employee Status: Please check (✓) the appropriate box indicating whether you are an Active, Retired, Hourly or Salary employee
10) Employee Daytime Phone Number (including area code)
11) Employee Evening Phone Number (including area code)
12) Date of Hire of Employee
13) Check Type of Coverage for which you are enrolling, using the appropriate category (employee, two person or family)

Items 14 through 18 ask for important information about yourself and each eligible member of your family (14 yourself, 15 your spouse/domestic partner, 16-18 your dependents). Please complete all requested information. If relationship is "other", please indicate the dependent's relationship to the employee according to the codes provided on the application.

- First Name/Middle Initial/Last Name—Complete the first and last name for each eligible person listed. Skip a space between names.
- Social Security Number—Please include the Social Security Number of each person.
- Birth Date (month/day/year)
- Sex (female or male)
- Check If: Student over 19 and/or Disabled—If your dependent is over the age of 19 and a full time student or a disabled dependent of any age, please check (✓) the appropriate column by that dependent's name.

19) Needs to be completed if you, your spouse/domestic partner or one of your eligible dependents has other health insurance coverage or is eligible for Medicare. Please complete all information requested.
20) Should be completed by your account administrator.
21) You must sign and date the form where indicated.
22) Do not complete any of the information below the Employee Signature and Date.

Once the form is completed, retain the last copy for your records.

EMPLOYEE INFORMATION

1) Employer Name ☐ Other

2) Employee First Name / Last Name

3) Street Address

4) City

5) State 6) Zip

7) Social Security Number

8) Effective Date of Coverage Mo Day Year

9) Employee Status ☐ Active ☐ Hourly ☐ Retired ☐ Salary

10) Employee Phone #—Day ( )

11) Employee Phone #—Evening ( )

12) Hire Date Mo Day Year

13) Check Type of Coverage

	MEDICAL	DENTAL	VISION	DRUG	PRODUCT NAME
Employee Only	☐	☐	☐	☐	☐
Insured & Spouse/Domestic Partner	☐	☐	☐	☐	☐
Family	☐	☐	☐	☐	☐
Parent & Child	☐	☐	☐	☐	☐
Parent & Children	☐	☐	☐	☐	☐

Complete Items 14 through 19 where applicable. List eligible participants (if you have additional dependents, attach separate sheet)

	Complete Where Applicable	First Name / Middle Initial / Last Name	Social Security Number	Birth Date Mo	Birth Date Dy	Birth Date Yr	Sex F/M	Check If Student Over 19	Check If Disabled
14)	Self								
15)	☐ Spouse ☐ Dom. Part.*								
16)	☐ Child ☐ Other*								
17)	☐ Child ☐ Other*								
18)	☐ Child ☐ Other*								

*If "domestic partner" or "other" applies, complete using one of the following codes: —Grandson, Nephew, Brother (11), —Granddaughter, Niece, Sister (12), —Stepson (13), —Stepdaughter (14) —Male Domestic Partner (17) —Female Domestic Partner (18)

19) Please check one if applicable (if additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (if applicable): _____ Group No: _____

Name of Insurance Carrier: _____ Effective Date: _____

Name of Insured: _____ Is Coverage Still In Effect? ☐ Yes ☐ No

Identification Number: _____

Insurance Carrier Phone #: _____

Please check one if applicable (if additional space is required, attach a separate sheet). If you ☐, your spouse/domestic partner ☐, or dependent(s) ☐, are enrolled in another Program or Medicare, please give the following information:

Name of Employer (if applicable): _____ Group No: _____

Name of Insurance Carrier: _____ Effective Date: _____

Name of Insured: _____ Is Coverage Still In Effect? ☐ Yes ☐ No

Identification Number: _____

Insurance Carrier Phone #: _____

I certify that the information provided on this form is true to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I understand that this form enrolls those eligible persons listed above in the Medical Plan as described in the agreement between the plan and my employer. I authorize any payroll deductions required for the coverage and recognize that I must formally enroll my dependents on this form or they will not be covered.

I also authorize any provider or health care services to provide to Blue Cross and Blue Shield, upon request, any information concerning the health, condition or treatment of any covered person whenever such information is considered necessary with respect to (a) administering benefits; (b) conducting bona fide medical research; and (c) when required or authorized by law.

20) _____ Date

Authorized Employer Signature

21) _____ Date

Employee Signature

To be completed by Account/Administrator only

22) Group Number | Payroll Number | Clock Number

PLAN USE ONLY	Blue Shield Plan	Blue Cross Plan	Major Med. Plan	Dental Basic	Dental A	Dental B	Dental C	Dental D	Dental E	Vision Basic	Vision A	Vision B	Vision C	Vision D	Vision E	Drug Basic	Drug A	Drug B	Drug C	Drug D	Drug E

Blue Shield Plan Area	Blue Cross Plan Area	Major Med. Plan Area	Dental Plan Area	Vision Plan Area	Drug Plan Area

HBCBS COPY

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HIGHMARK PROGRAM

The Highmark Blue Cross Blue Shield Plan is available through the Wings for Christ Affiliation. Application must be submitted with check payable to Wings for Christ and clients will be billed direct for this coverage.

HIGHMARK RATES

SINGLE	$295.00
W/CHILDREN	$688.00
W/FAMILY	$894.00

Florida
Department of Financial Services
Tom Gallagher, Chief Financial Officer

· Home · Consumers · Agents & Agencies · Insurance Regulation · Fraud · Risk Management · Rehab & Liquidation · Fire Marshal · Treasury · Accounting & Auditing · Workers' Comp · Financial Institutions & Securities ·

Company Directory: Search Results

This information is current as of 1/24/2003.
Your search for companies with LIFE AND HEALTH INSURER as the company type returned 589 records.

You are now viewing records 251 through 275.

<< Prev Next >>

Name	Address	Phone Number	FEIN	Florida Comp Code
GULF GUARANTY LIFE INSURANCE COMPANY	4785 I-55 NORTH, SUITE 200, JACKSON, MS 39206	(601) 981-4920	64-0531131	C5350
HANNOVER LIFE REASSURANCE COMPANY OF AMERICA	800 N. MAGNOLIA AVE., SUITE 1400, ORLANDO, FL 32803	(407) 649-5411 x3031	59-2859797	C5307
HARLEYSVILLE LIFE INSURANCE COMPANY	355 MAPLE AVENUE, HARLEYSVILLE, PA 19438-2297	(215) 256-5000	23-1530383	C5988
HART LIFE INSURANCE COMPANY	P.O. BOX 2999, HARTFORD, CT 06104-2999	(860) 843-5357	22-1771521	C5116
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY	P.O. BOX 2999, HARTFORD, CT 06104-2999	(860) 843-5357	06-0838648	C5276
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY	P.O. BOX 2999, HARTFORD, CT 06104-2999	(860) 843-5357	06-1052596	C5277
HARTFORD LIFE INSURANCE COMPANY	P.O. BOX 2999, HARTFORD, CT 06104-2999	(860) 843-5357	06-0974148	C5240
HCC LIFE INSURANCE COMPANY	13403 NORTHWEST FREEWAY, HOUSTON, TX 77040	(713) 996-1200	35-1817064	C5336
HCSC INSURANCE SERVICES COMPANY	300 EAST RANDOLPH STREET, CHICAGO, IL 60601-6399	(312) 653-6361	73-1350270	C5935
HEALTH NET LIFE INSURANCE COMPANY	21281 BURBANK BLVD., BUILDING B3, WOODLAND HILLS, CA 91367-6607	(818) 676-6358	73-0654355	C5555
HERITAGE LIFE INSURANCE COMPANY	500 VIRGINIA DRIVE, FORT WASHINGTON, PA 19034	(804) 683-2517	88-0165716	C5272
HIGHMARK LIFE INSURANCE COMPANY	P.O. BOX 890391, PITTSBURGH, PA 15289-0391	(800) 328-6403	06-1041332	C5578
HOME OWNERS				

21

woven our Code of Business Conduct into our daily business activities.

- Our vision and mission statements guide us in our efforts to provide all our members with quality consumer-friendly health care coverage and innovative services.
- We believe that our strength is in our people. We are actively engaged in creating and maintaining a diverse and inclusive workforce through our diversity and inclusion initiative.

Fiscally sound and responsible

- Our financial statements and annual report show we are financially strong, responsible and a good value for consumers.
- We are committed to fighting health insurance fraud, a crime that costs consumers billions of dollars annually. Help us fight fraud and keep health care costs down.

Procurement

Highmark develops strong business relationships with suppliers who provide goods and services at the best possible value to the corporation. As a leader in the health care industry, Highmark is also committed to supplier diversity by encouraging the growth of small, minority-owned and women-owned businesses through our Small and Disadvantage Business (SADBUS) Program. Visit our Procurement Department pages for contact, supplier certification requirements and SADBUS program information.

HIPAA

The Health Insurance Portability and Accountability Act of 1996—What it means to Highmark, our members and business partners, and what we're doing to meet the act's requirements.

Back to Top

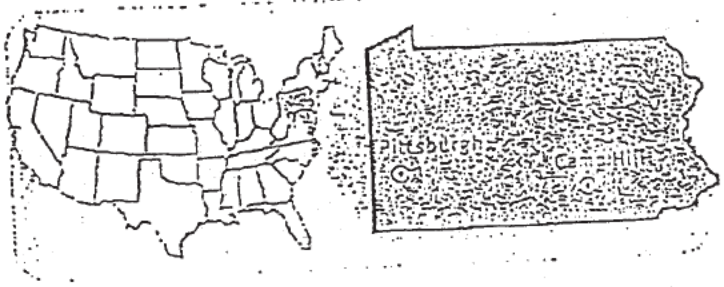
Visit these Highmark Companies
Blue Cross Blue Shield, Health, Dental, Vision, Life and more
CLICK HERE

HIGHMA

Highmark Inc. is a Pennsylvania-based nonprofit corporation that provides a range of insurance products to its approximately 23 million members in the state and across the nation.

We are one of the nation's largest Blue Cross Blue Shield plans.

We operate as Highmark Blue Cross Blue Shield in Western Pennsylvania and as Pennsylvania Blue Shield in the rest of the state, partnering with Blue Cross of Northeastern Pennsylvania and Independence Blue Cross.



Our corporate office addresses are:

- Highmark
  120 Fifth Avenue
  Pittsburgh, Pa. 15222
- Highmark
  1800 Center Street
  Camp Hill, Pa. 17089

Our mission

Our mission—to help people live longer, better—is supported by the subsidiaries and affiliates that make up the roster of Highmark companies. Through these companies, Highmark offers a comprehensive product portfolio that allows us to serve a variety of members:

- We offer health, dental, vision, and life and casualty insurance throughout Pennsylvania and in all 50 states.
- Highmark administers Medicare and other special health insurance programs for state and federal governments.
- Through partnerships with various organizations and businesses, we also provide health insurance directly to low-income consumers.

A history of caring

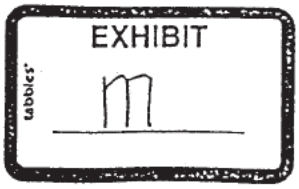
- Throughout our history, we have proudly cared for our members and contributed to our communities.
- We value integrity above all else, and have

State of Florida

Department of Financial Services
Tallahassee, Florida
May 22, 2003

I, the undersigned, Chief Financial Officer of the State of Florida, do hereby certify that the attached affidavit of Christopher G. McGuire is a true and correct copy of the official records on file and maintained in the regular course of business at the Department of Financial Services.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.



Tom Gallagher

Chief Financial Officer

AFFIDAVIT

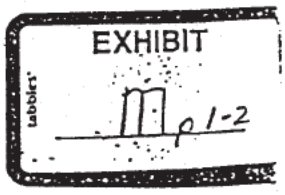
STATE OF FLORIDA
COUNTY OF PALM BEACH

The undersigned Affiant is employed as an Investigator with the Department of Financial Services with the State of Florida. At approximately 10:30 am on April 7, 2003, Investigator Doris Savage and I met with agent Paul Francis McCarthy for the purpose of conducting an agent interview. This interview was conducted within the scope of my employment with the Department of Financial Services. Further, the interview was conducted at agent McCarthy's agency ("Financial Resources Group"), located at 5240 Babcock Street NE., Suite # 218, Palm Bay, Florida 32905.

During the interview, Investigator Savage and I questioned agent McCarthy regarding his involvement with Wings for Christ, Inc. and an insurance plan known as "Direct Blue" and/or as Highmark Blue Cross Blue Shield. As a result of the queries about the referenced subjects, Agent McCarthy stated he became acquainted with Wings For Christ through Mr. Samuel Best. Agent McCarthy stated that he was contacted by Mr. Best some months ago and encouraged to join Wings for Christ, Inc., which is doing business as Christian Shield. According to agent McCarthy, Mr. Best advised that membership in this organization would entitle his agency to market health insurance through Highmark Blue Cross Blue Shield of Pittsburgh, Pennsylvania. Agent McCarthy further explained that he became a Wings For Christ member on February 14, 2003. As proof of his membership he provided this investigator with a signed copy of a Wings For Christ Employee/Associate Agreement dated February 14, 2003. The afore-referenced membership document given to me by agent McCarthy is attached to my affidavit herein and is marked as Exhibit "1".

Agent McCarthy advised that his agreement with Mr. Best requires only that he refer health insurance clients to Wings for Christ in exchange for a referral fee and therefore was not required to complete any applications. Agent McCarthy further explained that "Direct Blue" is the name given to the plan's provider network, which consists of both in-network and out-of-network plans. However, contemporaneously with his conversation about the Highmark Blue Cross Blue Shield Program, agent McCarthy gave this investigator a copy of a blank Highmark Blue Cross Blue Shield application. The afore-referenced insurance application document given to me by agent McCarthy is attached to my affidavit herein and is marked as Exhibit "2".

Agent McCarthy stated that he gave information about "Wings for Christ, Inc." to agents Ray Pinto and Susan Pine. However, according to McCarthy, Sam Best disallowed an application for membership submitted by agents Pine and Pinto. Agent McCarthy provided this investigator with a copy of an e-mail message from Mr. Best to agent Susan Pine, which declined her membership in the Wings for Christ organization. The afore-referenced e-mail document given to me by agent McCarthy, is attached to my affidavit herein and is marked as Exhibit "3".



I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE STATEMTENTS MADE BY ME IN THIS AFFIDAVIT AND THE STATEMENTS MADE TO THE AFFIANT BY AGENT McCARTHY, AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMETN INCLUDES FINES AND/OR IMPRISONMENT.

Dated: April 22, 2003

Christopher G. McGuire

Signature of Affiant
Printed name of Affiant: Christopher G. McGuire
Business Address: 400 N. Congress Ave., #220,
West Palm Beach, F L. 33401
Business Telephone Number: (561) 681-6384

Sworn to or affirmed and signed before me on 22 day of APRIL, 2003 by Christopher G. McGuire, the Affiant.

Susan A Jordan

Signature of Notary Public

Susan A Jordan
MY COMMISSION # DD132733 EXPIRES
February 9, 2007
BONDED THRU TROY FAIN INSURANCE INC.

[Print, type, or stamp commissioned name of notary]

✓ Personally Known

___ Produced identification
Type of identification produced: _____

2

State of Florida

Department of Financial Services
Tallahassee, Florida

May 22, 2003

I, the undersigned, Chief Financial Officer, do hereby certify that,
Joy Sherryl Herro/License Number A117801/D.O.B. is licensed as a Life and Variable Annuity: Life and Health, Legal Expense and Health Agent. Records are maintained in the official records of the Department Financial Services, Bureau of Agent and Agency Licensing.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT

N

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
The Capitol, Tallahassee, Florida 32399-0300

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

DATE 05/21/2003

AGENT PERSONAL DATA INQUIRY

NAME HERRO, JOY SHERRYL

AGENT# A117801 RACE W SEX F
DOB POB ENGLEWOOD NJ

HOME STREET
HOME OPT. STREET
HOME CITY STATE FL ZIP

BUS. STREET LOVRON FINANCIAL GROUP
BUS. OPT. STREET 600 CORPORATE DR STE 101
BUS. CITY STATE FORT LAUDERDALE FL ZIP 333343602
BUS. CNTY. 10

MAIL STREET
MAIL OPT. STREET
MAIL CITY STATE FL ZIP

AGENT LICENSE DISPLAY

AGENT# A117801 HERRO,JOY SHERRYL DOB

TYCL	LIC	STATUS	CURRENT STATUS DATE	ORIGINAL ISSUE LIC DTE (LOI)	QT	YR	RCPT/APP	#ACT	TEMP	LAST LOST ACTIVE APPOINT DATE	RE
0214	Q	LICENSED	071697	071697	D	97	1690930003	000	00	093000	D
0215	1	LOST-Q	010301	071697	I	97	1690930003	000	00	010399	D
0216	Q	LICENSED	071697	071697	I	97	1690930003	002	00		D
0218	Q	LICENSED	071697	071697	I	97	1690930003	007	00		D
0240	Q	LICENSED	071697	071697	D	97	1690930003	001	00		D
0256	Q	LICENSED	071699	071699	D	99	7464940003	000	00	093001	D

AGENT APPOINTMENT DISPLAY

AGENT# A117801 HERRO, JOY SHERRYL DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0214	008	10	NR NOT RENEWED	093000	100797	S			093000	
	RCPT/APP 2824940001 CPNY 05550			SOUTHWESTERN LIFE INSURANCE COMPANY						
				1275 SANDUSKY RD						
				JACKSONVILLE						IL
				626501155						
0215	004	10	CN CANCELLED	052898	100297	S			093000	
	RCPT/APP 2688410001 CPNY 05620			UNITED STATES LIFE INSURANCE COMPANY IN						
				443 N FRANKLIN ST # 220						
				SYRACUSE						NY
				132041415						
0215	014	10	CN CANCELLED	010399	070898	S			093000	
	RCPT/APP 4752870001 CPNY 05069			AMERICAN NATIONAL LIFE INS. CO. OF TEXAS						
				PO BOX 1996						
				GALVESTON						TX
				775531996						
0216	001	10	RN RENEWED	100101	073197	S			093003	
	RCPT/APP 6289560078 CPNY 05380			ALLIANZ LIFE INSURANCE COMPANY OF NORTH						
				PO BOX 59060						
				MINNEAPOLIS						MN
				554590060						
0216	012	10	CN CANCELLED	090802	033098	S			093002	
	RCPT/APP 1969630160 CPNY 05271			JACKSON NATIONAL LIFE INSURANCE COMPANY						
				PO BOX 24068						
				LANSING						MI
				489094068						
0216	020	10	RN RENEWED	100102	100199	S			093004	
	RCPT/APP 9943780082 CPNY 05216			FIDELITY AND GUARANTY LIFE INSURANCE COM						
				1001 FLEET ST						
				BALTIMORE						MD
				212024346						
0216	027	10	CN CANCELLED	041703	091802	S			093004	
	RCPT/APP 0086100001 CPNY 05390			MID-WEST NATIONAL LIFE INSURANCE COMPANY						
				9151 GRAPEVINE HWY						
				NORTH RICHLAND HILLS						TX
				761805605						

AGENT APPOINTMENT DISPLAY

AGENT# A117801 HERRO, JOY SHERRYL

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	DOB
0218	002	10	NR NOT RENEWED	093099	081697	S			093099	
	RCPT/APP 2533640001 CPNY 05615			UNITED AMERICAN INSURANCE COMPANY						
				PO BOX 8080						
				MCKINNEY					TX	
				750708080						
0218	003	10	CN CANCELLED	062000	092597	S			093001	
	RCPT/APP 8250670032 CPNY 06143			ILLINOIS MUTUAL LIFE INSURANCE COMPANY						
				300 SW ADAMS ST						
				PEORIA					IL	
				616340001						
0218	007	10	NR NOT RENEWED	093002	101097	S			093002	
	RCPT/APP 2100000074 CPNY 05901			HUMANA INSURANCE COMPANY						
				1100 EMPLOYERS BLVD						
				GREEN BAY					WI	
				543440001						
0218	009	10	NR NOT RENEWED	093000	121297	S			093000	
	RCPT/APP 3214400001 CPNY 06125			GUARANTEE TRUST LIFE INSURANCE COMPANY						
				1275 MILWAUKEE AVE						
				GLENVIEW					IL	
				600252463						
0218	010	10	CN CANCELLED	080798	121697	S			093000	
	RCPT/APP 3198230001 CPNY 05314			UNITED BENEFIT LIFE INSURANCE COMPANY						
				3909 HULEN ST						
				FORT WORTH					TX	
				761077255						
0218	013	10	CN CANCELLED	120598	061298	S			093000	
	RCPT/APP 4562220010 CPNY 05930			UNITED WISCONSIN LIFE INSURANCE COMPANY						
				PO BOX 19032						
				GREEN BAY					WI	
				543079032						
0218	016	10	CN CANCELLED	060300	012499	S			093001	
	RCPT/APP 6301540001 CPNY 05172			FREEDOM LIFE INSURANCE COMPANY OF AMERIC						
				110 W 7TH ST STE 300						
				FORT WORTH					TX	
				761027032						

AGENT APPOINTMENT DISPLAY

AGENT# A117801 HERRO,JOY SHERRYL DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T #MO	EXPIRES
0218	018	10	RN RENEWED	100101	021899	S		093003
	RCPT/APP 6077140035 CPNY 05070			AMERICAN NATIONAL INSURANCE COMPANY PO BOX 1762 GALVESTON TX 775531762				
0218	021	10	OI ORIGINAL ISSUE	021302	021302	S		093004
	RCPT/APP 7697530001 CPNY 05615			UNITED AMERICAN INSURANCE COMPANY PO BOX 8080 MCKINNEY TX 750708080				
0218	022	10	OI ORIGINAL ISSUE	031802	031802	S		093004
	RCPT/APP 7939230001 CPNY 05853			COLORADO BANKERS LIFE INSURANCE COMPANY 5990 GREENWOOD PLAZA BLVD STE 325 GREENWOOD VILLAGE CO 801114736				
0218	023	10	OI ORIGINAL ISSUE	040302	040302	S		093004
	RCPT/APP 8464760001 CPNY 05046			AMERICAN HERITAGE LIFE INSURANCE COMPANY 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE FL 322246687				
0218	024	10	OI ORIGINAL ISSUE	050202	050202	S		093004
	RCPT/APP 8490640001 CPNY 05153			CONTINENTAL GENERAL INSURANCE COMPANY PO BOX 247007 OMAHA NE 681247007				
0218	025	10	OI ORIGINAL ISSUE	042502	042502	S		093004
	RCPT/APP 8632040007 CPNY 05110			CELTIC INSURANCE COMPANY 200 S WACKER DR STE 900 CHICAGO IL 606065829				
0218	026	10	OI ORIGINAL ISSUE	062402	062402	S		093004
	RCPT/APP 9144800002 CPNY 05371			PEOPLES BENEFIT LIFE INSURANCE COMPANY 20 MOORES RD MALVERN PA 193551114				

AGENT APPOINTMENT DISPLAY

AGENT# A117801 HERRO,JOY SHERRYL DOB

TYCL	REF#	CNTY	STATUS	DATE	OI DATE	S/C	T	#MO	EXPIRES	
0240	005	10	NR NOT RENEWED	093002	101097	S			093002	
	RCPT/APP 2100020131 CPNY 05015			HUMANA HEALTH INSURANCE COMPANY OF FLORI						
				1100 EMPLOYERS BLVD						
				GREEN BAY						WI
				543440001						
0240	006	10	NR NOT RENEWED	093002	101097	S			093002	
	RCPT/APP 2099850149 CPNY 87050			HUMANA MEDICAL PLAN, INC.						
				1100 EMPLOYERS BLVD						
				GREEN BAY						WI
				543440001						
0240	015	10	CN CANCELLED	020100	080498	S			093000	
	RCPT/APP 5022390037 CPNY 87081			SUNSTAR HEALTH PLAN, INC.						
				300 INTERNATIONAL PKWY STE 230						
				HEATHROW						FL
				327465000						
0240	017	10	CN CANCELLED	021301	122998	S			093001	
	RCPT/APP 6407350023 CPNY 09500			UNITED PACIFIC INSURANCE COMPANY						
				3 PARKWAY						
				PHILADELPHIA						PA
				191021321						
0240	028	10	OI ORIGINAL ISSUE	033103	033103	S			093005	
	RCPT/APP 2042680003 CPNY 87008			PREFERRED MEDICAL PLAN, INC. DBA PREFERR						
				4950 SW 8TH ST FL 4						
				CORAL GABLES						FL
				331342400						
0256	019	00	NR NOT RENEWED	093001	072899	S			093001	
	RCPT/APP 7755690001 CPNY 75002			PRE-PAID LEGAL SERVICES, INC. OF FLORIDA						
				PO BOX 1443						
				ADA						OK
				748211443						

State of Florida

Department of Financial Services
Tallahassee, Florida

May 22, 2003

I, the undersigned, Chief Financial Officer of the State of Florida, do hereby certify that the attached affidavit of Investigator Doris Savage is a true and correct copy of the official records on file maintained in the regualr course of business at the Department of Financial Services.

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Chief Financial Officer

EXHIBIT

O

STATE OF FLORIDA AFFIDAVIT COUNTY OF Broward

NAME: Doris N. Savage I AM A: Female DOB: DRIVER'S LICENSE #:

RESIDENCE ADDRESS: _____, _____, FL _____

BUSINESS ADDRESS : 499 N.W. 70th Ave, Suite 301-A, Plantation, FL 33317

EMPLOYER'S NAME : Dept. of Financial Services/Bureau of A&A OCCUPATION : SMAI

RESIDENCE PHONE : 561/881-9848 BUS. PHONE : 954/327-6034

Re: Joy Sherryl Herro

During a telephone conversation on April 4, 2003, with this investigator agent Joy S. Herro stated she learned of Direct Blue from BAFTAL. Agent Joy S. Herro stated Susan Pine is the President of BAFTAL but it was agent Ray Pinto of BAFTAL who told her about the Direct Blue Plan. Ray Pinto presented the Plan as Blue Cross Blue Shield, guaranteed issue and it was Ray Pinto that Joy S. Herro was to contact with any questions. According to Joy S. Herro, she is not actively selling the Direct Blue Plan but Joy S. Herro admitted she had, as a favor, sold the plan to two (2) persons because they were "COBRAing out." Agent Joy H. Herro confirmed selling Direct Blue to Rebecca Barton and a Jo Ellen (last name unknown from memory). According to agent Joy H. Herro she submitted the application along with the check to BAFTAL but "nothing went through, they are not effective till May 2003." Agent Joy S. Herro said she has sold other products through BAFTAL and after checking she found those products to be legitimate so, Joy S. Herro said she had no reason to think Direct Blue was not a legitimate Plan.

People who should always know how to contact me if my address or phone number should change:

_____

I, Doris N. Savage, HAVE READ THE ABOVE STATEMENT CONSISTING OF 1 PAGE (S) AND DECLARE AT THIS TIME THE EVENTS AS STATED ARE CLEAR IN MY MIND AND THAT THE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM (WILLING/NOT WILLING) TO APPEAR AT A HEARING.

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 8th DAY OF April BY Doris N. Savage_____ WHO PRODUCED DRIVER'S LICENSE

FOR IDENTIFICATION PURPOSES AND WHO DID TAKE AN OATH.

Doris N Savage

(AFFIANT'S SIGNATURE)

Subscribed and sworn to before me this 8 day of April 2003

Gladys V Kennedy

Notary Public, State of Florida at Large

My Commission expires:

Certificate #:

Ed: 5-15-02

Gladys V. Kennedy
MY COMMISSION # CC831534 EXPIRES
April 29, 2003
BONDED THRU TROY FAIN INSURANCE, INC

State of Florida

County Of Leon

On this 10th day of April 2003, I, Barry K. Lanier, Senior Management Analyst Supervisor with the Bureau of Investigation, Department of Financial Services, attest that the preceding or attached documents are true exact, complete and unaltered copies, given to me by Doris Savage, Investigator with the Bureau of Investigation, Department of Financial Services.

Notary Public, State of Florida

Barry K. Lanier
MY COMMISSION # DD031715 EXPIRES
June 10, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

U.S. Department of Labor
Employee Benefits
Security Administration
www.dol.gov/ebsa

Information Letter

November 4, 2002

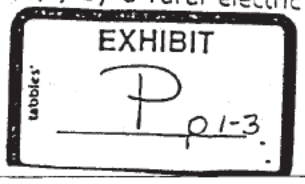
Mr. Sherwin Kaplan
Thelen Reid & Priest LLP
Attorneys At Law
Market Square, Suite 800
701 Pennsylvania Avenue, NW
Washington, DC 20004-2608

Dear Mr. Kaplan:

This is in response to your letter, dated September 17, 2002, to our Los Angeles Regional Office (LARO) regarding the application of Title I of the Employee Retirement Income Security Act of 1974, as amended (ERISA), to the International Union for the Natural Health, Complementary & Alternative Medicine Professions (Natural Health Union) Health and Welfare Fund (Fund). Specifically, you asked the Department of Labor (Department) to make a finding that the Fund is established or maintained under or pursuant to one or more collective bargaining agreements for purposes of section 3(40)(A)(i) of ERISA. Your request is premised, at least in part, on your interest in asserting ERISA preemption as a defense in a proceeding initiated by the Washington State Insurance Commissioner seeking to apply Washington insurance law to the Fund.

Based on the information you submitted to LARO, it appears that the Natural Health Union established the Fund in May of 2000 to provide health, medical and other welfare benefits to its members and their beneficiaries. It also appears that the Natural Health Union purports to be an employee organization within the meaning of section 3(4) of ERISA. The Natural Health Union and various employers (including self-employed individuals), either directly or through certain purported employer associations, apparently entered into agreements that govern contributions to the Fund. Contributions from participating employers and other assets are held in trust by the Fund. The Fund's third-party administrator, Advanced Administration, Inc., makes benefits payments from Fund assets. The Fund provides benefits to the employees of two or more employers. As of the date of your request, benefits were being provided to approximately 3,000 individuals.

Section 514(a) of Title I of ERISA generally preempts state laws purporting to regulate an employee benefit plan covered under that title. There are, however, exceptions to this general preemption provision. The relevant exception for purposes of your inquiry is in section 514(b)(6)(A), which allows state insurance regulation of MEWAs and MEWA trusts without regard to whether they are employee benefit plans covered by Title I of ERISA. Section 3(40)(A) of ERISA defines the term MEWA, in relevant part, to mean: "[A]n employee welfare benefit plan, or any other arrangement (other than an employee welfare benefit plan), which is established or maintained for the purpose of offering or providing any benefit described in [section 3(1) of ERISA] to the employees of two or more employers (including one or more self-employed individuals), or to their beneficiaries, except that such term does not include any such plan or other arrangement which is established or maintained - (i) under or pursuant to one or more agreements which the Secretary [of Labor] finds to be collective bargaining agreements, (ii) by a rural electric cooperative, or (iii) by a rural telephone cooperative association."



As you know, the Department, as a matter of policy, has refrained from making findings under section 3(40)(A)(i) regarding specific collective bargaining agreements. Rather than making case-specific determinations, the Department proposed a regulation with standards and procedures to facilitate determinations as to whether a plan or other arrangement would be treated as established or maintained under or pursuant to one or more collective bargaining agreements for purposes of the exception under ERISA section 3(40)(A)(i). See 65 Fed. Reg. 64482 (Oct. 27, 2000). The preamble of the proposed regulation describes some of the relevant history regarding this issue. The Department currently is in the process of promulgating a final rule. Accordingly, in accordance with longstanding policy, the Department has determined not to make a finding under section 3 (40)(A)(i) of ERISA in this case.

It has been the Department's position that, in the absence of such a finding, a plan or other arrangement that provides welfare benefits to the employees of two or more employers, and not otherwise excepted from the MEWA definition, is a MEWA. Nothing in the material we received suggested that the Fund is established or maintained by a rural electric cooperative or rural telephone cooperative association as defined in section 3(40) of ERISA. Accordingly, based on the information we have reviewed, the Fund would be a MEWA within the meaning of ERISA section 3(40)(A). We do not need to make, and are not making, any determinations in this letter regarding whether the Fund is itself a plan within the meaning of section 3(1) of ERISA because, as explained below, even if the Fund is an ERISA covered plan, it would be subject to the provisions of ERISA governing employee welfare benefit plans, and would also be subject to a broad range of state insurance laws.

Section 514(b)(6)(A)(i) of ERISA provides that, in the case of a MEWA that is itself a plan and is fully insured, states may apply to and enforce against the MEWA any state insurance law requiring the maintenance of specific reserves or contributions designed to ensure that the MEWA will be able to satisfy its benefit obligations in a timely fashion. In the Department's view, section 514(b)(6)(A)(i) enables states to subject such MEWAs to licensing, registration, certification, financial reporting, examination, audit and any other requirement of state insurance law necessary to ensure compliance with state insurance reserve, contribution and funding requirements. Section 514(b)(6)(D) provides that a MEWA is "fully insured" for this purpose, "only if the terms of the arrangement provide for benefits the amount of all of which the Secretary determines are guaranteed under a contract, or policy of insurance, issued by an insurance company, insurance service, or insurance organization, qualified to conduct business in a State."

In the case of a MEWA that is itself a plan but is not fully insured, section 514(b)(6)(A)(ii) of ERISA allows any state insurance laws to be applied to the MEWA subject only to the limitation that the law is "not inconsistent" with Title I of ERISA. The Department has expressed the view that a state insurance law would not be inconsistent with Title I if it requires a MEWA to meet more stringent standards of conduct, or to provide greater protection to plan participants and beneficiaries than required by ERISA. The Department has also expressed the view that a state law regulating insurance would not, in and of itself, be inconsistent with the provisions of Title I if it requires a license or certificate of authority as a condition to transacting business, requires maintenance of specific reserves or contributions designed to ensure that the MEWA will be able to satisfy its benefit obligations in a timely fashion, requires financial reporting, examination or audit, or subjects persons who fail to comply with such requirements to taxation, fines, civil penalties, and injunctive relief.

If a MEWA is not itself an ERISA covered plan, which is often the case, ERISA's preemption provisions do not prohibit States from regulating the MEWA in accordance with applicable state insurance law. In such cases, the Department would view each employer member using the MEWA to provide welfare benefits to its employees as having established a separate welfare benefit plan subject to ERISA. The Department has concurrent jurisdiction with the States to regulate persons who operate such MEWAs to the extent those persons have responsibility for, or control over, the assets of ERISA plans that