



OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:

PECK & PECK, INC.,
GREEN CROSS MANAGED HEALTH SYSTEM and
DEPAWIX HEALTH RESOURCES, INC.

Case No.: 106257-09

IMMEDIATE FINAL ORDER

To: Peck & Peck, Inc.
3577 Chamblee Tucker Road, Ste. A-269
Atlanta, GA 30341

Green Cross Managed Health Systems
3030 Hartley Road Suite 310
Jacksonville, FL 32257

Depawix Health Resources, Inc.
3577 Chamblee Tucker Road, Suite A-121
Atlanta, GA 30341

YOU ARE HEREBY NOTIFIED that, pursuant to the Florida Insurance Code, including Section 624.307, Florida Statutes, the State of Florida, Office of Insurance Regulation (hereinafter referred to as the "OFFICE"), has caused an investigation to be made of the insurance-related activities of PECK & PECK, Inc. (hereinafter referred to as "PECK & PECK"), Green Cross Managed Health Systems (hereinafter referred to as "GREEN CROSS") and Depawix Health Resources, Inc. (hereinafter referred to as "DEPAWIX").

As a result of that investigation, the OFFICE finds that:

1. The OFFICE has jurisdiction over the parties and the subject matter pursuant to Sections 120.569(2)(n) (Decisions which affect substantial interests), Section 624.307 (General Powers and duties), Section 624.317 (Investigation of agents, adjusters, administrators, service companies and others), Section 624.318 (Conduct of examination or investigation; access to records; correction of accounts; appraisals), Section 624.401 (Certificate of Authority), Section 626.901 (Representing or aiding unauthorized insurer prohibited), and Section 626.9541 (Unfair or deceptive acts or practices), Florida Statutes.

2. Section 624.401(1), Florida Statutes, states that no person shall act as an insurer, and no insurer or its agents, attorneys, subscribers, or representatives shall directly or indirectly transact insurance in this state except as authorized by a subsisting Certificate of Authority issued to the insurer by the OFFICE.

3. Section 624.401(4), Florida Statutes, states that any person that acts as an insurer, transacts insurance, or otherwise engages in insurance activities in this state without a certificate of authority in violation of this section commits a felony of up to a first degree, punishable as provided in Sections 775.082, 775.083, or 775.084, Florida Statutes.

4. Section 626.901(5), Florida Statutes, states that the OFFICE may, pursuant to Section 120.569, Florida Statutes, and in its discretion, issue an immediate final order to cease and desist to any person or entity that violates this section. This same section further states that the **“Legislature finds that a violation of this section constitutes an imminent and immediate threat to the health, safety, and welfare of the residents of this state.”** (Emphasis added)

5. Pursuant to Section 626.901(6), Florida Statutes, the OFFICE may investigate the accounts, records, documents, and transactions pertaining to the activities of any unauthorized insurer or person, which is or may be aiding or representing an unauthorized insurer.

6. Section 624.04, Florida Statutes, states that a "Person" includes an individual, insurer, company, association, organization, Lloyds, society, reciprocal insurer, or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, service representative, adjuster, and every legal entity.

7. Section 624.10, Florida Statutes, states that "transacting insurance" includes: solicitation or inducement, preliminary negotiations, effectuation of a contract of insurance, or transaction of matters subsequent to effectuation of a contract of insurance and arising out of it.

8. Section 626.901(1), Florida Statutes, states that no person shall directly or indirectly act as an agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state. Section 626.901(1)(a) through (h), Florida Statutes, specifically identifies what aiding or representing entails as:

- (1) No person shall, from OFFICEs or by personnel or facilities located in this state, or in any other state or country, directly or indirectly act as agent for, or otherwise represent or aid on behalf of another, any insurer not then authorized to transact such insurance in this state in:
 - (a) The solicitation, negotiation, procurement, or effectuation of insurance or annuity contracts, or renewals thereof;
 - (b) The dissemination of information as to coverage or rates;
 - (c) The forwarding of applications;
 - (d) The delivery of policies or contracts;
 - (e) The inspection of risks;
 - (f) The fixing of rates;
 - (g) The investigation or adjustment of claims or losses; or
 - (h) The collection or forwarding of premiums;or in any other manner represent or assist such an insurer in the transaction of insurance with respect to subjects of insurance resident, located, or to be performed in this state.....

9. PECK & PECK and DEPAWIX are Georgia corporations headquartered in the Atlanta metro area, while GREEN CROSS is not a registered corporation in either Georgia or Florida, but has offices in Jacksonville, Florida. GREEN CROSS calls itself a managed health system that purportedly provides health insurance to Florida consumers by placing them in part-time jobs with DEPAWIX as a tester of the GREEN CROSS process of medical care [Composite Exhibit "A"].

10. As a result of an OFFICE investigation it has been determined that PECK & PECK, GREEN CROSS and DEPAWIX are engaged in the unauthorized business of marketing, sale, and distribution of health insurance. These companies market group and individual health insurance plans to small businesses and individuals, both directly and through licensed and unlicensed insurance agents under the guise of selling an employment opportunity with DEPAWIX that provides medical benefits. Groups and Individuals who wish to participate in the GREEN CROSS program are, in addition to any existing employment with a Florida business, required to be "dually employed" by DEPAWIX. [Exhibit B]

11. During its investigation, the OFFICE determined that PECK & PECK, GREEN CROSS and DEPAWIX are marketing its Sirius Program to small and medium sized businesses desiring insurance coverage for its employees. As part of the Sirius Program, the business seeking insurance coverage is required to "sponsor" its employees into the Green Cross Managed Health System and pay an agreed upon monthly contribution on behalf of each employee. Additionally, each insured employee must pay a portion of the monthly premium directly to PECK & PECK for coverage. Each insured employee "sponsored" by the small business is required to enter into a dual employment arrangement whereby the employee continues working

for his or her existing employer, but is required to become a part time employee with DEPAWIX. The employee must accept this part time employment with DEPAWIX as a tester of the GREEN CROSS system of health care and agree to complete the duties as further described in the DEPAWIX job description and employee implementation agreement to qualify for coverage. In return, the small businesses' employees will receive medical coverage for themselves and their covered dependents through his part-time employment with DEPAWIX.

[Composite Exhibit C]

12. GREEN CROSS also provides individual coverage through its Genesis Program in a similar manner that requires part-time employment with DEPAWIX.

13. These health benefit plans include the Green Cross Genesis program for individuals, the Green Cross Sirius program for small to medium-sized business, and a Plan B for employers with employees who have known or predicted medical conditions, including Plan B/Class 1 and Class 3 designations. It appears that the Class 3 participants are those individuals that currently have or are predicted to have more than \$1,500.00 in medical expenses during a given month. The Genesis, Sirius and Plan B/Class 1 plans are self-insured and rely on pooled financial contributions from multiple employers and individuals, whereas the Plan B/Class 3 plan is fully insured by a Georgia based insurer.

14. As a part-time employee of Depawix participating in the Genesis, Sirius or Plan B/Class 1, each insured agrees to work 15 hours a month at a rate of \$7.50 an hour for a total of \$112.50 each month. However, approximately 87% or \$97.50 is retained by DEPAWIX to pay for health insurance coverage. As a Plan B/Class 3 full-time employee of DEPAWIX, the insured must work 30 hours per week and meet the job requirements of a Class 1 employee as well as any additional job requirements of a Class 3 employee, however the Class 3 employee

will not receive any additional compensation for the additional hours worked. The thirty hours per week part-time job with DEPAWIX would be in addition to working full time at the insureds existing employment. [Composite Exhibit D]

15. As a part of the employee implementation agreement that each insured is required to sign, the part-time insured participating in the Genesis, Sirius or Plan B/Class 1 agrees that if they or one of their covered dependents incurs an emergency medical situation the insured “will be offered full time employment retroactive to the beginning of that month.” The insured must accept the job, and understands that their salary will remain the same and they will be required to become a full-time employee working thirty hours a week. Becoming a full time employee entitles the insured to coverage under the fully insured plan at a time when the insured is most likely to incur high dollar claims. Such retroactive employment is in all likelihood a violation of the fully insured group policy issued by the Georgia based insurer and compels the insured to participate in potential fraudulent activity. [See Exhibit C, Employee Implementation Agreement, paragraph 3]

16. The work performed by the part-time employees is minimal at best and amounts to nothing more than studying the interaction between the insured and the patient advocate by requiring the insured to participate in annual health assessments, establishing a health management plan, agreeing to work with a patient advocate when utilizing health care and providing copies of medical bills to the patient advocate when treatment is complete. [Composite Exhibit C]

17. Regardless of the insureds placement as a part-time employee with DEPAWIX and the illusion of dual employment, the main goal of PECK & PECK, GREEN CROSS and DEPAWIX is to market and sell health insurance coverage. The product being promoted by

GREEN CROSS is sold and marketed to Florida citizens as individual or group health insurance. Florida citizens enter into this arrangement as a way to obtain low cost health insurance for their employees, families or themselves. None are specifically looking for a part-time job. The dual employment scheme utilized by PECK & PECK, GREEN CROSS and DEPAWIX is a subterfuge to avoid regulation as a legitimate health insurance company in the State of Florida.

18. Records maintained by the Florida Department of Financial Services, OFFICE of Consumer Services reflect that PECK & PECK, GREEN CROSS, and DEPAWIX Health Resources have been actively recruiting agents and brokers. More importantly, these companies either directly or through insurance agents are engaged in marketing activities to induce Florida consumers to purchase health insurance. GREEN CROSS also maintains a website located at www.greencrossmanagedhealth.com which describes available health insurance coverage through the GREEN CROSS Sirius and Genesis programs. Such activity is current and ongoing. [Composite Exhibit E, agent/broker recruiting materials and June, 2009 GREEN CROSS underwriting guidelines, website home page and frequently asked questions]

19. Pursuant to the information received from the Department of Financial Services, Division of Consumer Services, approximately 290 Florida consumers have purchased insurance through the aforementioned unauthorized entities. Each such transaction constitutes the unauthorized transaction of insurance and is considered the commission of a felony under Florida law. By way of example, the following consumer has been a victim of PECK & PECK, GREEN CROSS and DEPAWIX's illegal activities in the State of Florida: The affidavit of J.L. indicates that on or about May 1, 2009, after making inquiries about replacing his company's existing health insurance coverage through internet sites, J.L. was contacted by a licensed Florida insurance agent. The agent provided multiple quotes from approximately eight different

companies including one by the GREEN CROSS. The agent met with J.L. and multiple co-workers interested in obtaining health insurance coverage for themselves and their families. After discussions about different companies and cost, the company decided to purchase health insurance coverage through the GREEN CROSS as it was less expensive than its existing group health insurance policy, but provided similar coverage. J.L.'s policy went into effect on June 1, 2009. After underwriting by the GREEN CROSS, it was determined that J.L. would pay a monthly premium of \$230.00 as well as a one-time processing fee to PECK & PECK of \$125.00. PECK & PECK and GREEN CROSS required that each monthly payment be through an automatic withdrawal from J.L.'s checking account. Other employees who had pre-existing conditions were quoted a much higher monthly premium. Additionally, J.L.'s employer made a \$200.00 a month premium payment to PECK & PECK for each employee's health care coverage. After signing up for health insurance with the GREEN CROSS, J.L. was required to fill out an employment application and informed that he must become a part-time employee with DEPAWIX in order to qualify for insurance coverage through the GREEN CROSS. J.L. was not seeking and did not want a part-time job. His objective was to provide group health insurance coverage for his company's employees. [Composite Exhibit F, includes affidavit of J.L., DEPAWIX new employee welcome package, credit card statement showing premiums paid and list of all known Florida policyholders]

20. OFFICE records reveal that none of the above referenced entities currently hold or have ever been granted a license or Certificate of Authority by the OFFICE authorizing the entity or individual to transact business as a health insurer, business or insurance business in any capacity, nor are the following entities registered as eligible surplus lines insurance carriers:

PECK & PECK, GREEN CROSS, or DEPAWIX. [Certificates of Non-Authority are attached as Composite Exhibit G].

21. Despite the absence of any Certificate of Authority or any other authorization to transact insurance business in Florida, PECK & PECK, GREEN CROSS and DEPAWIX are currently engaging in the unlicensed, unauthorized, transaction of insurance covering consumers located in Florida, in violation of the Florida Insurance Code including, Sections 624.401 and 626.901, Florida Statutes.

22. A review of PECK & PECK, GREEN CROSS and DEPAWIX's operations in Florida reflect that officers, representatives, employees and agents of those entities including, Christopher Peck (President and CEO of PECK & PECK), Ann Purr (CEO of DEPAWIX), Michael Purr and Grant Thornton (Management team of GREEN CROSS), have violated and continue to violate provisions of the Florida Insurance Code, including Section 626.901, Florida Statutes by assisting in the solicitation, negotiation, procurement and transaction of insurance by an unauthorized entity.

23. None of the entities or individuals listed herein is subject to any exception to the requirement of the Florida Insurance Code, including exceptions outlined in Section 624.402, Florida Statutes, for licensure to transact insurance in Florida, nor are they subject to any exception to the requirements of the Surplus Lines Law, Sections 626.913 – 626.937, Florida Statutes.

24. These illegal transactions and the ongoing sales and marketing activities of these companies place Florida Consumers at great risk of loss. Such activity by PECK & PECK, GREEN CROSS, and DEPAWIX presents financial harm to Florida consumers, the extent of which cannot be discovered immediately. When claims are not paid or an unauthorized entity

becomes insolvent there is no state guaranty fund to step in and pay valid claims on behalf of policy holders. Insureds may not understand or know the extent of the unlicensed plans coverage until after a claim has been made. The purchase of health insurance through an unauthorized entity presents an imminent and immediate danger to the health, safety and welfare of Florida consumers and requires immediate action to stop the sales activities of these entities through this Order.

25. In State v. Knott, 166 So. 835 (Fla. 1936), the Florida Supreme Court found that "the business of insurance so directly affects the public that it is generally considered to be affected with a public interest, and, being so, is subject to regulation and control by the Legislature, which includes the power to license and regulate the agents through whom such business is conducted." Id. at 837. The court further states that "It would be difficult to find a business that more vitally affects the public interest..." Id. In Natelson v. Department of Insurance, 454 So.2d 31 (Fla. 1st DCA 1984), the court stated that the business of insurance is "greatly affected by the public trust." Id. at 31.

26. As a result of the foregoing, the OFFICE finds that the continued transaction of insurance without proper licensure by PECK & PECK, GREEN CROSS and DEPAWIX, and their agents and representatives who solicit and/or enroll employers and employees into unauthorized health insurance plans in violation of the Florida Insurance Code, poses an immediate danger to the public welfare.

WHEREFORE, pursuant to the Florida Insurance Code and other applicable statutes, the OFFICE finds that the continued unauthorized illegal transaction of insurance by PECK & PECK, GREEN CROSS and DEPAWIX, in violation of the Florida Insurance Code, constitutes

an immediate danger to the public welfare so as to require the issuance of this **IMMEDIATE FINAL ORDER**.

Accordingly, **IT IS HEREBY ORDERED:**

A) PECK & PECK, GREEN CROSS, and DEPAWIX whether acting directly or indirectly through named or unnamed persons, successor companies, entities, agents, or otherwise, shall immediately **CEASE AND DESIST** transacting the unauthorized business of insurance in this state, or relative to any subject of insurance resident, located or to be performed in this state until such time as PECK & PECK, GREEN CROSS and DEPAWIX become licensed insurers in this state.

B) PECK & PECK, GREEN CROSS, DEPAWIX and 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 the GREEN CROSS health insurance products in Florida, shall immediately **CEASE and DESIST** from enrolling, transacting or otherwise soliciting new or renewal insurance in the state on behalf of PECK & PECK, GREEN CROSS, and DEPAWIX.

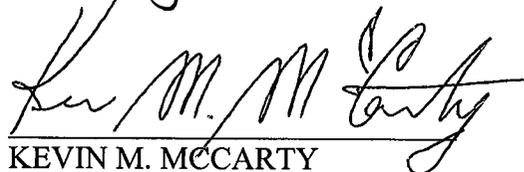
C) Within ten (10) days of the execution of this **IMMEDIATE FINAL ORDER**, the entities and individuals referenced herein shall file with the OFFICE, pursuant to Section 626.301(6), Florida Statutes, a copy of all policies issued to residents of the State of Florida as well as a detailed spreadsheet compiling the information contained in all contracts issued to residents of the State of Florida. Such information shall be submitted in Excel (.xls) in column format and include at a minimum; last name, first name, address, phone number, premium amount, claims information (including all unpaid claims) and the amount and date of the payment(s) required pursuant to paragraph "D" below.

D) The entities and individuals identified in this **IMMEDIATE FINAL ORDER** shall pay and otherwise fully service all valid claims on any and all insurance policies executed in the State of Florida or with any Florida consumer, pursuant to Section 626.901(2), Florida Statutes or in the alternative assist in the moving of Florida insureds to an insurer that is authorized to engage in the business of insurance in the State of Florida.

E) The entry of 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, chose of action or contractual rights of any person or entity involved directly or indirectly in, or that has relied on, the representations and actions of PECK & PECK, GREEN CROSS, and DEPAWIX.

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 entities engaging in the business of insurance in Florida. The transaction of the unauthorized business of insurance, is criminal felony activity as defined by Section 626.902, Florida Statutes, and is per se immediately harmful to the public of Florida. Further, such activity by PECK & PECK, GREEN CROSS, and DEPAWIX presents financial harm to Florida consumers, the extent of which cannot be discovered immediately. All such activity presents an immediate danger to the public health, safety, or welfare of Florida consumers and requires immediate action through this Order.

DONE AND ORDERED this 26th day of AUGUST, 2009.



KEVIN M. MCCARTY
Commissioner
OFFICE of Insurance Regulation

NOTICE OF RIGHTS

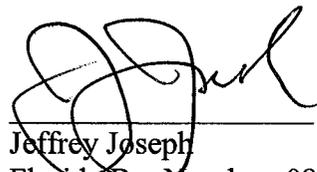
Any party to these proceedings adversely affected by this Order is entitled to seek review of this Order pursuant to Section 120.68, Florida Statutes, and Rule 9.110, Fla. R. App. P. Review proceedings must be instituted by filing a petition or notice of appeal with the General Counsel, for the OFFICE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

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Immediate Final Order has been furnished by Certified Mail to:

Peck & Peck, Inc., 3577 Chamblee Tucker Road, Suite A-269, Atlanta, Georgia 30341; 3030 Hartley Road, Suite 310, Jacksonville, Florida 32257; 5295 Highway 78, Suite D-316, Stone Mountain, Georgia 30342 and Post Office Box 421878, Atlanta Georgia 30432; Green Cross Managed Health Systems, 3577 Chamblee Tucker Road, Suite A-269, Atlanta, Georgia 30341; 3030 Hartley Road, Suite 310, Jacksonville, Florida 32257; 5295 Highway 78, Suite D-316, Stone Mountain, Georgia 30342 and Post Office Box 421878, Atlanta Georgia 30432 and Depawix Health Resources, Inc. 3577 Chamblee Tucker Road, Suite A-121, Atlanta, Georgia 30341

this 26th day of August, 2009.



Jeffrey Joseph
Florida Bar Number: 0898945
Legal Services Office
612 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-4206
(850)413-3110



Karen C Handel
 Secretary of State

STATE OF GEORGIA
 2008 Corporation Annual Registration

OFFICE OF SECRETARY OF STATE
 Annual Registration Filings
 P.O. Box 23038
 Columbus, Georgia 31902-3038

Entity Control No. 0456551

Information on record as of: 4/28/2008

DEPAWIX HEALTH RESOURCES, INC.
 3577 Chamblee Tucker Road
 Suite A-121
 Atlanta GA, 30341

Amount due from this entity is indicated below. Annual fee is \$30. If amount is more than \$30, total reflects amount(s) due from previous year(s). **Renew by April 1, 2008**

Renew at www.georgiacorporations.org or by submitting bottom portion with check payable to "Secretary of State".

Officer, address and agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer and Secretary of the corporation. Please PRINT LEGIBLY.

Note: Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Box may be used for principal office and officers.

Any person authorized by the entity to do so may sign and file registration (including online filing).

Please return ONLY the original form below and fee. Other filings and correspondence should be sent to our Atlanta address: Corporations Division, 315 West Tower, #2 Martin Luther King Jr. Drive, Atlanta, GA 30334.

Visit www.georgiacorporations.org to file online or for more information on annual registration. Or, call 404-656-2817.

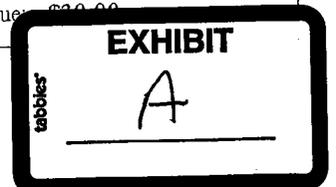
Current information printed below. Review and update as needed. Detach original coupon and return with payment.

| CORPORATION NAME | ADDRESS | CITY | STATE | ZIP |
|--|--|------------------------------|------------------------------|-------|
| DEPAWIX HEALTH RESOURCES, INC. | 3577 Chamblee Tucker Road | Atlanta | GA | 30341 |
| CEO: Ann Marie Purr | 3577 Chamblee Tucker Road, Suite A-121 | Atlanta | GA | 30341 |
| CFO: Ann Marie Purr | 3577 Chamblee Tucker Road, Suite A-121 | Atlanta | GA | 30341 |
| SEC: Ann Marie Purr | 3577 Chamblee Tucker Road, Suite A-121 | Atlanta | GA | 30341 |
| AGT: Purr, Ann Marie | 3577 Chamblee Tucker Road | Atlanta | GA | 30341 |
| IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW: | | | | |
| Corporation Addr: | | | | |
| CEO: Grant Lockhart | 3577 Chamblee Tucker Road, Suite A-121 | Atlanta | GA | 30341 |
| CFO: Grant Lockhart | 3577 Chamblee Tucker Road, Suite A-121 | Atlanta | GA | 30341 |
| SEC: Grant Lockhart | 3577 Chamblee Tucker Road, Suite A-121 | Atlanta | GA | 30341 |
| AGT: | P.O. BOX NOT ACCEPTABLE | | GA | |
| I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT. | | COUNTY OF REGISTERED OFFICE: | COUNTY CHANGE OR CORRECTION: | |
| AUTHORIZED SIGNATURE: Ann Marie Purr | | Dekalb | | |
| TITLE: Filer | | DATE: 4/28/2008 | | |

BR203 2008 Corporation Annual Registration

Amount Due: \$30.00

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Karen C Handel
Secretary of State

STATE OF GEORGIA
2009 Corporation Annual Registration

Control No: K738338
Date Filed: 03/03/2009 02:22 PM
Karen C Handel
Secretary of State

OFFICE OF SECRETARY OF STATE
Annual Registration Filings
P.O. Box 23038
Columbus, Georgia 31902-3038

Chauncey Newsome
Director

Entity Control No. K738338

Information on record as of: 3/3/2009

PECK & PECK, INC.
P.O. BOX 421878
ATLANTA GA, 30342

Amount due from this entity is indicated below. Annual fee is \$30. If amount is more than \$30, total reflects amount(s) due from previous year(s). **Renew by April 1, 2009**

Renew at www.georgiacorporations.org or by submitting bottom portion with check payable to "Secretary of State".

Officer, address and agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer and Secretary of the corporation. Please PRINT LEGIBLY.

Note: Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Box may be used for principal office and officers.

Any person authorized by the entity to do so may sign and file registration (including online filing).

Please return ONLY the original form below and fee. Other filings and correspondence should be sent to our Atlanta address: Corporations Division, 315 West Tower, #2 Martin Luther King Jr. Drive, Atlanta, GA 30334.

Visit www.georgiacorporations.org to file online or for more information on annual registration. Or, call 404-656-2817.

Current information printed below. Review and update as needed. Detach original coupon and return with payment.

| CORPORATION NAME | ADDRESS | CITY | STATE | ZIP |
|--|--------------------|------------------------------|------------------------------|-------|
| PECK & PECK, INC. | P.O. BOX 421878 | ATLANTA | GA | 30342 |
| CEO: CHRISTOPHER F. PECK | P.O. BOX 421878 | ATLANTA | GA | 30342 |
| CFO: CHRISTOPHER F. PECK | P.O. BOX 421878 | ATLANTA | GA | 30342 |
| SEC: CHRISTOPHER F. PECK | P.O. BOX 421878 | ATLANTA | GA | 30342 |
| AGT: RICHARD K. O'DONNELL | 555 LAKEMONT COURT | ROSWELL | GA | 30075 |
| IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW: | | | | |
| Corporation Addr: | | | | |
| CEO: | | | | |
| CFO: | | | | |
| SEC: | | | | |
| AGT: | | | GA | |
| I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT. | | COUNTY OF REGISTERED OFFICE: | COUNTY CHANGE OR CORRECTION: | |
| AUTHORIZED SIGNATURE: CHRISTOPHER F. PECK | | COBB | | |
| DATE: 3/3/2009 2 | | | | |
| TITLE: Filer | | | | |

BR203 2009 Corporation Annual Registration

Amount Due: **\$30.00**

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Green Cross Managed Health

Green Cross Offers a Medical Benefits Solution For:

- Individuals - 18-65 & Dependents
- Individuals with pre-existing conditions
- Displaced Baby Boomers (under 65)
- Small & Medium size Employers
- Small Consulting & Professional Groups
- Recently laid off employees
- Lower cost health benefits
- Better Health Management



Green Cross Benefit Highlights:

Our programs will subsidize up to \$2,000,000 of eligible medical expense over the lifetime of an eligible Participant.

Eligible Medical Expenses Covered:

- **Doctor office visits**
- **Hospitalization** (In patient care)
- **Medical Services** –out patient care (X-Ray and Lab (Outpatient Surgery, Surgeon, Radiation, Chemotherapy, Organ Transplant Drugs, CAT Scan, MRI, PET Scan, Nuclear Medicine. Emergency Room, Ambulance Services, etc.)
- **Preventive Care** - Pap Smear, Mammogram (Prostate Screening, Gynecological Exam, Routine Physical Exam, Hearing Test, Vision Test, and Immunization/Flu Shots etc.
- **Mental Health Benefits**
- **Pharmacy Benefits**

Green Cross Managed Health (GCMH) is a managed health system with an innovative healthcare delivery process. Green Cross is focused on improving care, lowering costs, and offering access to health care to more people. Green Cross includes care coordination and patient advocacy services to assist participants in managing their health and health conditions. Green Cross is not an insurance program, but rather a medical care benefit based on a collaborative effort between Green Cross, Specialty Physicians, Health Benefits Professionals, Care Management Nurses, and dual employment service providers.

We offer a variety of programs, including group programs for small and medium businesses, and programs for individuals who've been declined by Health Insurance companies. We're able to offer our programs through the use of a dual employment process - consisting of client participation in health reporting and management. Through this process, our programs are available to ensure access to affordable, attainable, health coverage – even if an individual has been denied health coverage in the past.

Our Health Benefits Programs include:

Green Cross Genesis: Program for Individuals

This program makes health management more affordable, and more accessible to *more individuals*. If you've been denied insurance or if your plan has excluded coverage on some conditions -- we should be able to help. *Genesis averages a 30% savings on individual plans, as compared to the purchase of medical insurance.*

Green Cross Sirius PPC: Program for Small – Medium Businesses

This program makes health management more affordable to small *businesses*. Smaller businesses can recognize significant savings, while offering access to a much needed benefits for their employees. This program has voluntary participation, with no cost (or low cost) to employers, and significant savings for the employee. Sirius PPC not only provides low cost access to medical benefits but does so based on a tax advantaged basis. *Sirius PPC offers a 50% savings in comparison to the purchase of medical coverage (with after tax dollars). Greater Savings are realized by younger, healthier individuals.*

Contact Your Representative Today

www.GreenCrossManagedHealth.com

Green Cross Sirius PPC



Stop the High Cost of Health Coverage

Finally – Smaller Businesses can provide affordable health coverage for their employees.

Attract and retain better employees --- by offering access to affordable, attainable Health Coverage

- Voluntary Participation
- No Cost to Employers
- Significant Savings for Employees



Depawix Health Resources
3030 Hartley Road, Suite 290
Jacksonville, FL 32257
Phone: 904-379-6222
www.greencrossmhs.com

Our Green Cross Sirius program makes health management more **affordable**, and more **accessible** to *more people*. Smaller businesses can recognize significant savings, while offering access to a much needed benefit for their employees.

Green Cross is a managed health system with an innovative healthcare delivery process -- focused on improving care, lowering costs, and offering access to health care to more people. Green Cross includes care coordination and patient advocacy services to assist participants in managing their health and health conditions.

Through a collaborative effort between Green Cross, Specialty Physicians, Health Benefits Professionals, Care Management Nurses, and dual employment services, we offer access to health benefits which are tailored to individuals' needs.

We offer a variety of programs, including group programs for small and medium businesses, and programs for individuals who've been declined by Health Insurance companies. We are able to offer this program through the use of a dual employment process.

Call Us Today !

More Affordable, More Accessible Healthcare -- for More People



Have you been denied Health Coverage?

**Access to
Affordable,
Attainable
Health
Coverage**



Depawix Health Resources
3030 Hartley Road, Suite 290
Jacksonville, FL 32257
Phone: 904-379-6222
www.greencrossmhs.com

Our Genesis Health Benefit program makes health management more **affordable**, and more **accessible** to *more people*. If you've been denied insurance, or your plan has excluded coverage on some conditions -- we might be able to help.

Green Cross is a managed health system with an innovative healthcare delivery process -- focused on improving care, lowering costs, and offering access to health care to more people. Green Cross includes care coordination and patient advocacy services to assist participants in managing their health and health conditions.

Through a collaborative effort between Green Cross, Specialty Physicians, Health Benefits Professionals, Care Management Nurses, and dual employment services, we offer access to health benefits which are tailored to individuals' needs.

We offer a variety of programs, including group programs for small and medium businesses, and programs for individuals who've been declined by Health Insurance companies. We are able to offer this program through the use of a dual employment process.

Call Us Today !

More Affordable, More Accessible Healthcare -- for More People

Call Us Today 18

Suite #

Genesis & Sirius PPC

Two programs are available to ensure access to affordable, attainable health coverage no matter if you have been denied health coverage:

Our **Genesis Health Benefit** program for **individuals** makes health management more **affordable**, and more **accessible to more individuals**. If you've been denied insurance, or your plan has excluded coverage on some conditions -- we might be able to help.

Our **Green Cross Sirius** program for **small businesses** makes health management more **affordable**, and more **accessible to more businesses**. Smaller businesses can recognize significant savings, while offering access to a much needed benefits for their employees. This program has voluntary participation, no cost to employers, and significant savings for the employee.

Green Cross is a managed health system with an **innovative healthcare delivery process** -- focused on improving care, lowering costs, and offering access to health care to more people. Green Cross includes care coordination and patient advocacy services to assist participants in managing their health and health conditions.

Through a collaborative effort between Green Cross, Specialty Physicians, Health Benefits Professionals, Care Management Nurses, and dual employment services, we offer access to health benefits which are tailored to individuals' needs.

We offer a variety of programs, including group programs for small and medium businesses, and programs for individuals who've been declined by Health Insurance companies. We are able to offer this program through the use of a dual employment process.

Program Details

The Program will subsidize up to \$2,000,000 of eligible medical expense over the lifetime of an eligible participant subject to limitations defined in this plan document. Eligible Medical Expenses will be reduced by 60% and be considered Non-Compliant Expenses if the patient advocate does not approve the medical services prior to the delivery of those services (except in the case of a true emergency - this means at least 24 hours prior to receipt of services.) Maximum annual expenses under Class One Employment considered (based on billed charges) for non true emergency is \$15,000 per participant.

AUTOMATIC GAP PLAN BENEFIT: Participants with access to comprehensive medical coverage will receive only gap benefits under this plan. Gap Eligible Expense is 100% of Deductibles and Coinsurance under the comprehensive plan to a maximum benefit of \$3,000 per comprehensive medical coverage plan.

Other covered?

Benefits Summary (Included with ALL plans, NOT subject to plan deductibles)

Routine Well Adult Care: \$25 Copay—Up to \$500 Annual Benefit (In) 60/40—Up to \$500 Annual Benefit (Out)

Includes: Office Visits, Pap Smear, Mammogram (frequency limits, age 40+ annual), Prostate Screening, Gynecological Exam, Routine Physical Exam, Hearing Test, Vision Test, and Immunization/Flu Shots

Routine Well Child Care: \$25 Copay—Up to \$500 Annual Benefit (In) 60/40—Up to \$500 Annual Benefit (Out)

Includes: Office Visits, Routine Physical Exam, Hearing Test, Vision Test, and Immunization through age 5

Routine Well Baby Care: 100% (In) 60/40 (Out)

Compliant

| | <u>CLASS B2</u> | <u>CLASS F2</u> | <u>CLASS G2</u> | <u>CLASS E2</u> |
|-------------|--------------------|--------------------|---------------------|--------------------|
| Individual: | \$1,500 / \$10,000 | \$5,000 / \$10,000 | \$10,000 / \$20,000 | \$3,500 / \$10,000 |
| Family: | 3x Individual | 3x Individual | 3x Individual | 3x Individual |

Non-Compliant

| | | | | |
|----------------------|----------------------|------------------|------------------|------------------|
| Per Person | 80/20 - \$1,000 (In) | 100/0 - \$0 (In) | 100/0 - \$0 (In) | 100/0 - \$0 (In) |
| Coinsurance Amounts: | 60/40 (Out) | 60/40 (Out) | 60/40 (Out) | 60/40 (Out) |

LIMITS (Compliant/Non-Compliant)

| | | | | |
|--------------------|------------------------|------------------------|------------------------|-----------------------|
| Office Charge Only | \$25 (In) N/A (Out) | \$25 (In) N/A (Out) | \$25 (In) N/A (Out) | N/A (In) N/A (Out) |
|--------------------|------------------------|------------------------|------------------------|-----------------------|

(Subject to plan deductible and coinsurance) (Compliant/Non-Compliant)

- Inpatient Expense Benefits:** Room and Board, Intensive Care Unit (ICU), Cardiac Care Unit (CCU), Operating Room, Recovery Room, Prescription Drugs, Physician Visit, Lab Charges
- Outpatient Expense Benefits:** X-Ray and Lab (performed in a physician office or network facility), Facility/Hospital for Outpatient Surgery, Surgeon, Assistant Surgeon, and Facility Fees, Hemodialysis, Radiation, Chemotherapy, Organ Transplant Drugs, CAT Scan, MRI, PET Scan, Nuclear Medicine, Emergency Room, Ambulance Services, Private Duty Nursing, Durable Medical Equipment, Prosthetics, Orthotics
- Skilled Nursing Facility:** Eligible only if immediately following hospital stay, and only up to 60 days per year
- Home Health Care:** Up to 60 visits per year
- Hospice Care:** Up to 360 visits per lifetime
- Occupational Therapy:** Up to 20 visits per year
- Physical Therapy:** Up to 20 visits per year for each Physical, Pulmonary, and Cardiac rehabilitation therapy
- Speech Therapy:** Up to \$500 per year
- Organ Transplants:** 100% In-Network - 60/40 Out of Network
- Maternity:** 100% In-Network - 60/40 Out of Network (Dependent daughters **NOT** covered)
- Spinal Manipulations:** Up to 24 visits per year, \$25 Office Copay, and 60/40 coinsurance
- Allergy Testing:** 100% In-Network - 60/40 Out of Network
- Allergy Serum/Injections:** 100% In-Network after \$30 Copay - 60/40 Out of Network
- Post Chemotherapy Wig:** \$250 Lifetime Limit 100% In-Network - 60/40 Out of Network

Compliant/Non-Compliant

| | |
|-------------------------|---|
| Inpatient | Up to 20 days per year (80/20 In-Network - 60/40 Out of Network) |
| Partial Hospitalization | 2 Partial days equals 1 Inpatient Day and is subject to the Inpatient Limits and Coverage |
| Outpatient | Up to 20 days per year (60/40 In-Network - 60/40 Out of Network) |

Compliant/Non-Compliant

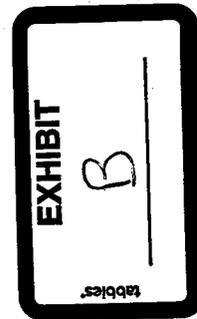
| | |
|------------|--|
| Inpatient | Up to 28 days per year (80/20 In-Network - 60/40 Out of Network) |
| Outpatient | Up to 28 days per year (60/40 In-Network - 60/40 Out of Network) |

NOT available with \$3,500 deductible plan Prescription copays are limited to a maximum 30 day supply

Generic: \$15

Name Brand Formulary: \$30

Name Brand (Other): \$50



About the Employment Placement Opportunity



www.GreenCrossMHS.com

Employee Placement vs. Selling Insurance

- ❑ There is no insurance sale
- ❑ Employment Placement is not a conflict with an insurance non-compete
- ❑ Agents are paid for placement of employment
- ❑ Employment Placement does not create a liability as to the determination of the payment of a benefit

Employee Placement vs. Selling Insurance

- The Placement Agent is responsible to make sure that:
 - A Job exists with medical coverage
 - The employee completes the employment paperwork

- Liability of sufficiency of medical coverage is the individual's determination (and is based on the employer's ability to pay)

- A Liability of sufficiency of claims payment is only created if the agent represents the arrangement as insurance

Green Cross is not an Insurance Program – it's an Employment Opportunity that also provides Medical Benefits



How the Employment Works (for the Participant)

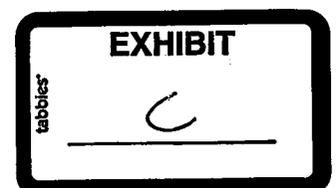
- Each placed employee has a job testing the Green Cross Process of medical care
- Each placed employee obtains access to medical care as a result of employment
 - Each employee is initially placed in a company that offers benefits covering the first \$15,000 of medical expense
 - If employee needs more comprehensive medical coverage, they are transitioned to a more comprehensive program which includes comprehensive medical coverage

(there are no change in fees for the Individual for movement between programs)

Job Description

You are part of a program to test the Green Cross Aggressive Care Management principles. Your job is as follows:

- 1) Once a year, as directed, you will complete a Green Cross health risk assessment.
- 2) Upon completion of the analysis of the health risk assessment you will work with the patient advocate to establish a program of health management.
- 3) Throughout the year you will fulfill the health management processes of the established program.
- 4) Monthly, you will check in with the patient advocate to measure the level of success in fulfilling the established goals. At the same time you will report any changes in medical status.
- 5) You will call the patient advocate and get approval of all medical services you need prior to receiving those services. You need only report at time a maintenance prescription is prescribed.
- 6) You will report all medical service interactions promptly, providing copies of all bills, explanations of benefits and evaluations of providers.
- 7) You will promote the concept of the Green Cross program to the general public. For this purpose Depawix will periodically provide you with communication materials to hand out.
- 8) You will follow the same procedure for each dependent that is part of the part time employee benefit program.





3577 Chamblee Tucker Road
Suite A-121
Atlanta, GA 30341
Phone: 678-608-4415
FAX: 770-220-1995

Employee Implementation Agreement:

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

The following are your employee initialization requirements as a part time tester:

1. You agree your salary is \$7.50 an hour for 15 hours a month.
2. You agree you have read the attached job description and understand you are required to fulfill those job requirements.
3. You agree that if you or one of your covered dependents incurs an emergency medical situation you will be offered full time employment retroactive to the beginning of that month. You agree you accept that job if offered. You understand your salary will remain the same and your new hours will be 30 a week. You accept the available full time medical coverage and authorize the deduction of the required employee contribution. You authorize Depawix to complete the presigned application for the full time medical coverage. You agree to perform the services of a full time employee. Further, you request the prepaid security coverage to meet the requirement of the full time medical plan and authorize Depawix to deduct the contribution for this benefit from your pay. A true emergency is one where immediate medical attention is required because of a life or death situation and any delay is unacceptable.
4. You agree to accept coverage under the part time medical coverage and authorize Depawix to deduct the required employee contribution. You agree that medical coverage will not commence if your application does not reflect your current medical condition and the current medical condition of your dependents to be covered by the plan.
7. You agree that you will report to a designated manager at a predetermined time each month to discuss issues related to your employment. This includes, but is not limited to, an update on any changes in status from the previous health risk assessments performed as part of your job.
8. You agree to submit to your employer or designated administrator, in a timely manner all billing, bills, invoices, EOBs' etc. for each medical expense you or your dependents access.
9. You agree you will maintain an e-mail address and periodically access that e-mail account in order to provide a portal of communication with Depawix management.
10. You agree you are being hired to provide and receive health education and information to assist in developing the mechanics for the patient advocate and wellness management mechanisms under a specific sponsorship arrangement and agree that said employment is temporary in nature and contingent upon the continuation in full of that sponsorship. You agree that such sponsorship is on a month to month basis and that no work will be authorized until the payment of placement fees for a contract month is received from your sponsor. You agree that employment will terminate with the termination of your sponsorship or your failure to perform the required services of employment to a level satisfactory to your employer or your sponsor.

Enrollee Signature: _____

Date: _____

**Green
Cross**
Managed Health System

Look Inside For A Program Designed For You

- Genesis: Health Benefit Program for Individuals
- Sirius PPC: Health Benefit Program for Employers
- Four Plans to Fit Everyone
- Health Savings Account Compatibility



STOP the High Cost of Health Coverage

A Revolution In Healthcare:

Reeling In Today's Out-Of-Control Medical Costs

Through employment with DEPAWIX Health Resources, participants start out as a Class One Employee, which studies the interactions of the participant with the Patient Advocate. This process studies what medical care is needed, where it is received, and when. Participants receive access to a modest level of medical care coverage.

Select Job Requirements are:

- Annual Health Assessment
- Interaction with Patient Advocate
- Establish Health Management Program
- Program Promotion

Participants will work with the patient advocate throughout the year to follow the health management program. Monthly, participants will check in with the patient advocate to measure the level of success of the health management program and to report changes in medical status. Participants call the patient advocate to get approval of all medical services prior to receiving those services.

Participants will report all medical service interactions promptly, providing copies of all bills, explanations of benefits, doctor's notes, evaluations of providers, and prescriptions.

Participants will follow the same procedure for each dependent that is part of the part-time employee benefit program.

Class Three employment is the study of the triage process, including the process of getting the participant into a GCHMS recommended medical system. The GCHMS designated medical systems are involved with the treatment of more significant and costly medical situations. The GCHMS triage process determines if a participant meets the predetermined criteria and then

expedites the access of that medical system by the participant.

Participants who are projected to need more than \$1,500 of medical services in a 4 week period will be eligible for Class Three employment. When eligible for Class Three, participants are offered a job which incorporates some form of additional work effort. If the participant accepts all aspects of the job, they are extended comprehensive medical coverage with that employer. Participants must continue to perform all Class One job requirements plus any additional job requirements of Class Three employment. This includes the participant accessing the medical care system recommended by the patient advocate and reporting the activity of accessing medical care while a Class Three participant. Participants will remain in Class Three as long as they meet the requirements of Class Three.

Participants in Class One are extended access to medical care even if not eligible for Class Three employment. If eligible for Class Three, the participant is eligible for Gap Benefits which cover all deductibles and coinsurance of the Class Three medical coverage after a gap benefit deductible of \$2,500. When not in Class Three, participants will receive a medical benefit that can cover pharmacy with copayments of \$15 Generic, \$30 Name Brand Formulary, \$50 Name Brand Non Formulary; a physician office copayment of \$25; and all other charges paid after selected plan deductible and coinsurance are met. Maximum out of pocket expenses in Class One vary depending on plan selection, and benefits used.

Participants in Class Three receive comprehensive medical coverage from a fully insured carrier. Coverage is at least \$2,000,000 lifetime.

WWW.GREENCROSSMHS.COM

EXHIBIT

D

tabbles

11258

Bank Of America
64-5/610

Depawix Health Resources, Inc.
Payroll Account
3577 Chamblee Tucker Rd., #A-121
Atlanta, GA 30341

7/6/2009

PAY TO THE
ORDER OF

\$ **13.85

Thirteen and 85/100*****

DOLLARS

FOR

Pay Period: 04/01/2009 - 06/30/2009



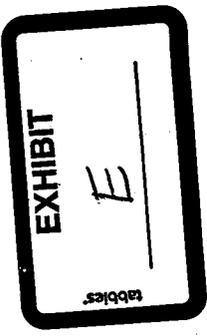
THIS DOCUMENT CONTAINS A COLORED BACKGROUND ON WHITE PAPER. MICROPRINT IS LOCATED BELOW THIS WARNING BAND

Depawix Health Resources, Inc./Payroll Account

11258

| | | | |
|--------------------------------|-------------------------------------|--------------------|----------------------------------|
| Employee | SSN | Status (Fed/State) | Allowances/Extra |
| [REDACTED] | ***-3508 | Don't Withhold | Fed-0/0 |
| | Pay Period: 04/01/2009 - 06/30/2009 | | Pay Date: 07/06/2009 |
| <u>Earnings and Hours</u> | <u>Qty</u> | <u>Rate</u> | <u>Current</u> <u>YTD Amount</u> |
| F2 | 15:00 | 7.50 | 112.50 112.50 |
| <u>Deductions From Gross</u> | | | <u>Current</u> <u>YTD Amount</u> |
| F2 Health Benefit Contribution | | | -97.50 -97.50 |
| <u>Taxes</u> | | | <u>Current</u> <u>YTD Amount</u> |
| Federal Withholding | | | 0.00 |
| Social Security Employee | | | -0.93 -0.93 |
| Medicare Employee | | | -0.22 -0.22 |
| | | | -1.15 -1.15 |
| Net Pay | | | 13.85 13.85 |

128



Green Cross Health Management

An Opportunity for Brokers & Agents

Presented By:

www.GreenCrossMHS.com

What We'll Discuss Today

Green Cross Health Management

- What We Do
- How We Do It
- Who We work With
- About Us
- The Green Cross Health Management System
- Green Cross Solutions
- About the Opportunity for Brokers/Agents
- Summary

What We Do

- We Offer more affordable, and more accessible Medical Coverage
- We Provide more focused Healthcare, at a better price, for our clients
- We Provide Employment Opportunities that also provide Medical Benefits

How We Do it

- We use the Green Cross Managed Health Process
 - An innovative healthcare delivery process that improves care, lowers costs, and offers access to healthcare for more people
 - We offer care coordination and patient advocacy services to assist participants in managing their health
 - We manage the Health Risk, and can reduce costs
 - Making Health Benefits more Affordable for Individuals and Employers

How We Do It

- Green Cross Managed Health provides:
 - Management of the client to the right doctor at the right time
 - High quality, cost effective, predictive healthcare
 - A risk reduction component that manages costs

Resulting in a lower rate of incidence, reduced plan costs, and reduced cost to the employee or individual

Who We Work With

- Insurance Firms
- Brokers
- Agents
- Recruiters
- TPA's
- Individuals (We can accept Ridederred & Declined Individuals)
- Small – Medium Businesses

About Us

- The Green Cross team includes industry professionals, with decades of experience in:
 - Managing clinical programs
 - Managing health risk
 - Plan administration
 - Technology Management
- We've developed & matured the Green Cross Process over the last 15 Years
- Privately Held Company, in Business since 1999
- Based in Jacksonville, Fl, with offices in Texas, and Georgia



About Green Cross Managed Health



www.GreenCrossMHS.com

Green Cross Managed Health

The Green Cross Managed Health System delivers quality care and evidenced based results....

- With a comprehensive medical management service provided by Green Cross and it's affiliation with Centers of Specialization (i.e. Mayo Clinics etc.) nationally
- Focused results-based outcomes and care coordination

Each participant is medically managed so that the best physician and the best facility is used to manage acute and chronic conditions



An Overview of Benefits for the Participant

- Doctor Visits - \$25 Co-Pay
- Routine Labs – Covered up to \$ 500, Annually
- Acute Care Labs & Procedures
 - Green Cross Pays 100% (Deductibles \$3500 and above)
 - Green Cross covers 80% (\$1500 Deductible)

- Hospitalization – Paid 100%
- Pharmacy
 - Generic \$15 per Script
 - Name Formulary \$30 per Script
 - Name Other \$50 per Script
- In-Patient Substance Abuse – 80%
- Mental Health Benefits
 - In-patient (20 Days) – @ 80%
 - Out-Patient (20 Days) - @ 60%

The Green Cross Managed Health System



A Personal Patient Advocate for the Participant



www.GreenCrossMHS.com

Green Cross Solutions

| | |
|----------------|--|
| Sirus | Sirus is a solution for small groups (under 50 Employees) Is based on a dual employment arrangement, employees who are uninsured are placed with an employer on a part time basis as a healthcare tester. |
| Genesis | A Healthcare Benefit for Individuals. Is based on a dual employment arrangement, employees who are uninsured are placed with an employer on a part time basis as a healthcare tester. |
| Plan B | Solution for employers with employees that have known (or predicted) medical condition that are adversely affecting the overall rating structure of the existing benefit program. Therefore, the employer reduces the overall cost of the existing plan while contributing to the cost related to the respective employee |

Genesis

- ❑ Available for Individuals - even those who've been declined coverage
- ❑ Offers access to a large PPO for all day to day needs
- ❑ Individuals with more serious health conditions – Have the use of major medical centers and physicians
- ❑ Cost effective healthcare for Individuals
- ❑ Includes co-payments, co-insurance, deductibles, and excluded health expenses

Sirus

- A solution for small groups
- Voluntary Offering by the Employer
 - Employer chooses how much they contribute
 - Employer provides Sirus as a benefit to the employee

Sirus: How The Program Works

- ❑ Available for Employees, even those who have been declined coverage
- ❑ Access to a large PPO for all day to day needs
- ❑ Individuals with more serious health conditions – Have the use of major medical centers and physicians
- ❑ Cost effective healthcare for Individuals
- ❑ Includes co-payments, co-insurance, deductibles, and excluded health expenses

Sirus: Benefits for the Employer

- ❑ Provides Managed Health benefits for employees
- ❑ At a fraction of the cost of Regular Employee Medical Coverage
- ❑ Attracts new employees, retains existing resources
- ❑ Reduces Employee Turnover
- ❑ Reduces Hiring & Training Costs
- ❑ Additional Tax Benefits

PLAN B

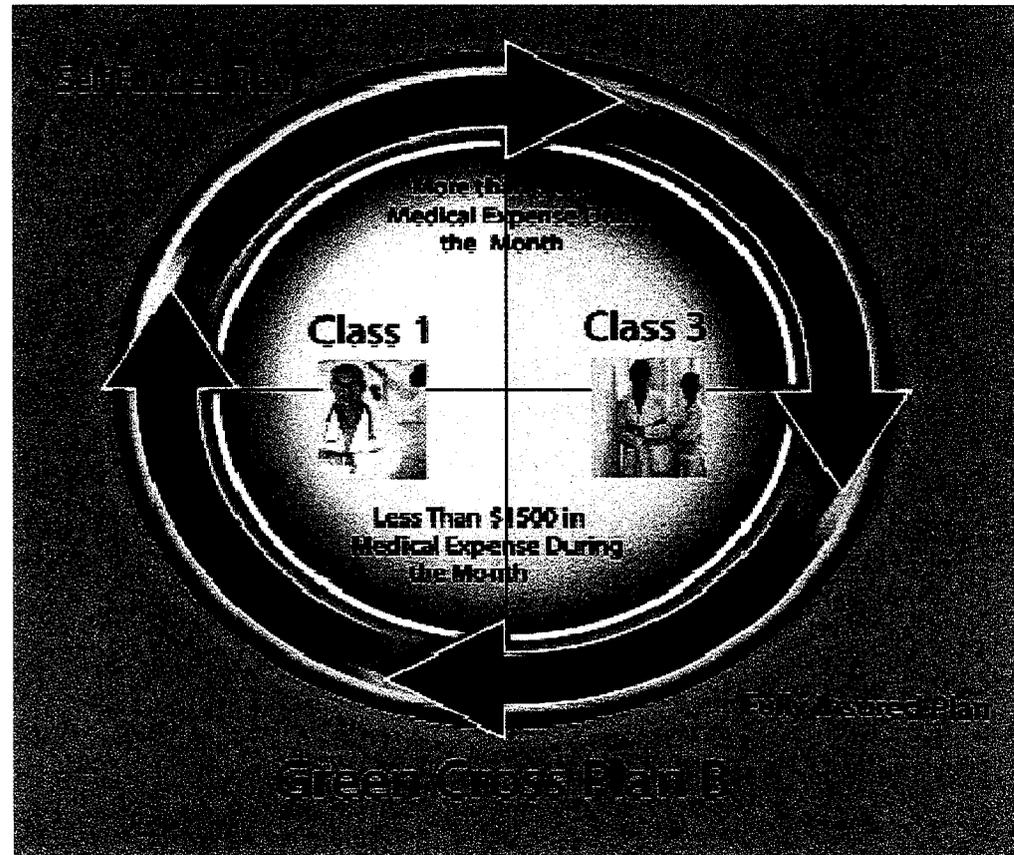


www.GreenCrossMHS.com

Plan B: Overview

- Plan B is for companies / plans that have individuals with higher health risks --- and need managed healthcare & risk reduction alternatives
- This includes individuals who are predicted to need \$1500 or more of medical care in a four week period.

Plan B Overview

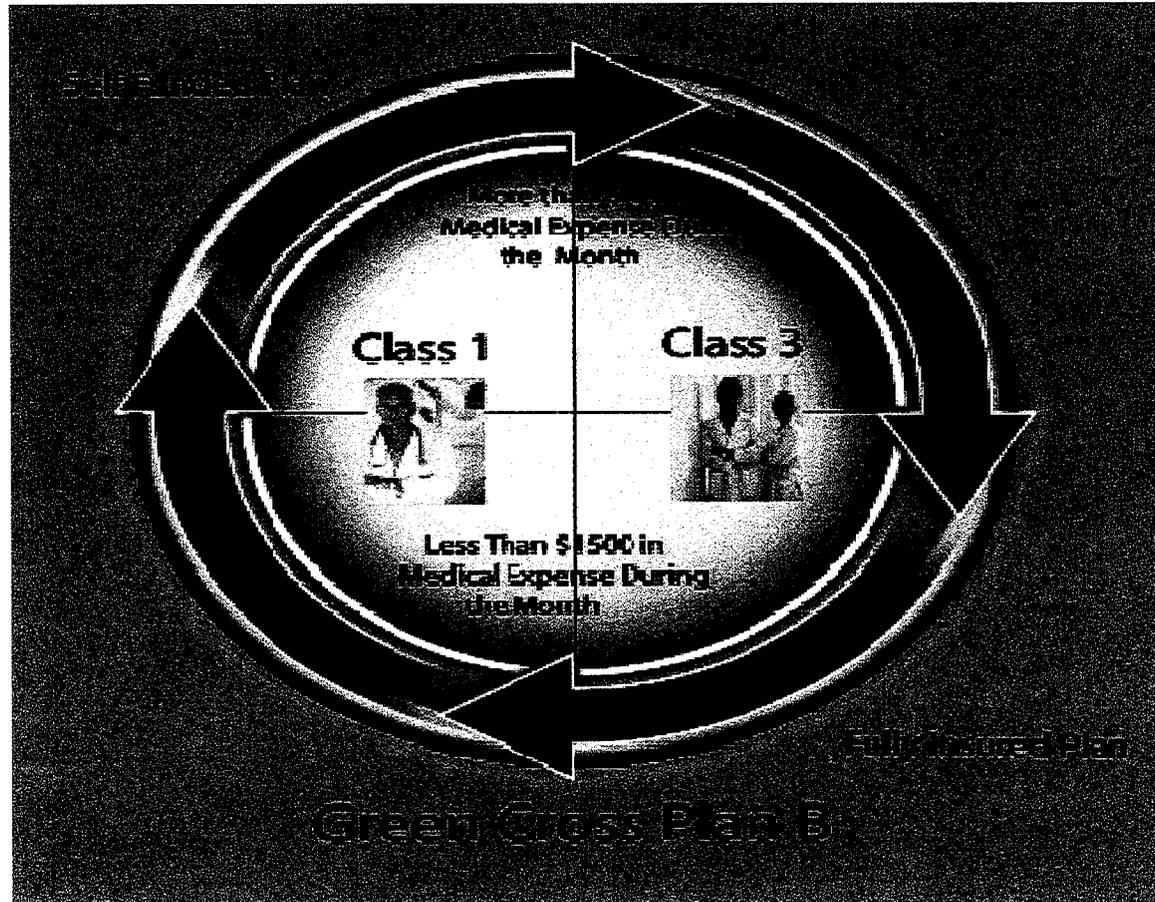


**A Seamless Process – with no change in participation fees
for the Participant**



www.GreenCrossMHS.com

Plan B Overview



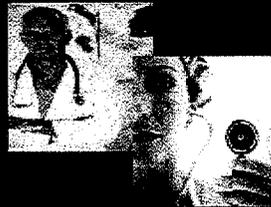
A Participant can move back & forth between Class 1 & 3

The Plan B Engine

SIRUS PPC (Small Group Plan)

GENESIS PROGRAM (Individuals)

Green Cross Plan B

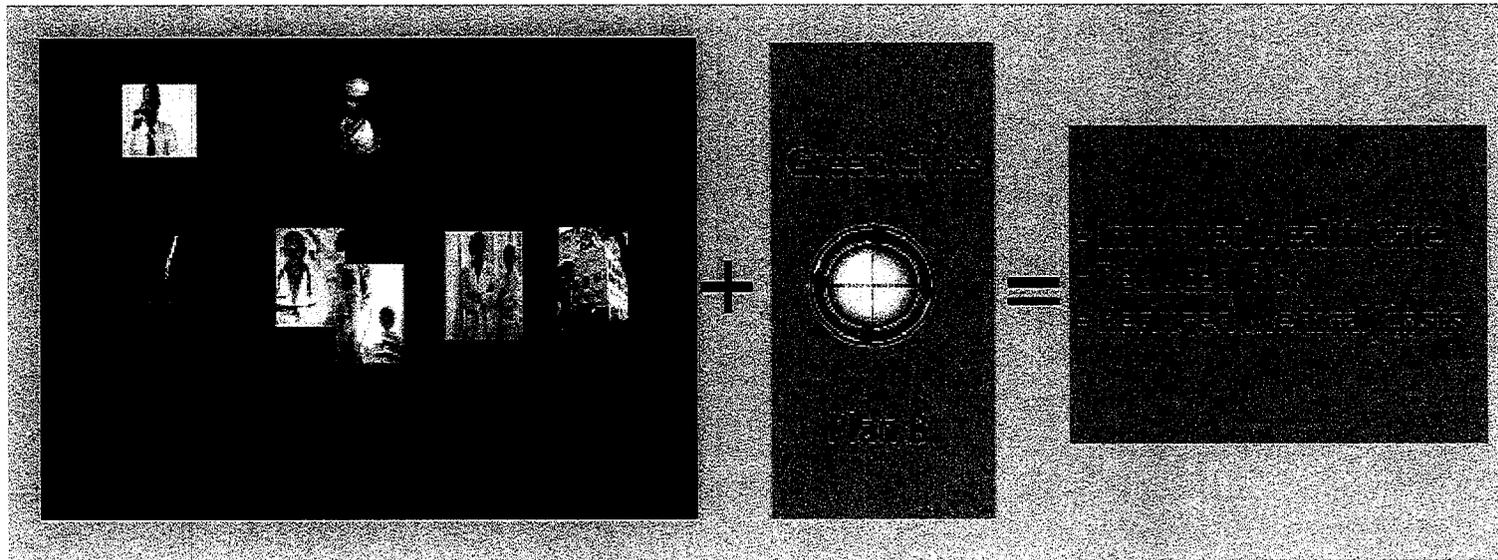


Green Cross Solutions are Built on Plan B

Green
Cross
Managed Health System

www.GreenCrossMHS.com

Plan B – Drives Cost Reduction



Combining Predictive Health Analysis &
Risk Management

About the Employment Placement Opportunity



www.GreenCrossMHS.com

Employee Placement vs. Selling Insurance

- ❑ There is no insurance sale
- ❑ Employment Placement is not a conflict with an insurance non-compete
- ❑ Agents are paid for placement of employment
- ❑ Employment Placement does not create a liability as to the determination of the payment of a benefit

Employee Placement vs. Selling Insurance

- The Placement Agent is responsible to make sure that:
 - A Job exists with medical coverage
 - The employee completes the employment paperwork

- Liability of sufficiency of medical coverage is the individual's determination (and is based on the employer's ability to pay)

- A Liability of sufficiency of claims payment is only created if the agent represents the arrangement as insurance

Green Cross is not an Insurance Program – it's an Employment Opportunity that also provides Medical Benefits



How the Employment Works (for the Participant)

- Each placed employee has a job testing the Green Cross Process of medical care
- Each placed employee obtains access to medical care as a result of employment
 - Each employee is initially placed in a company that offers benefits covering the first \$15,000 of medical expense
 - If employee needs more comprehensive medical coverage, they are transitioned to a more comprehensive program which includes comprehensive medical coverage

(there are no change in fees for the Individual for movement between programs)



Not the Same Risks as Insurance Sales



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Green Cross Employers – Protect the Risk of Claims

- ❑ Employers offering the more modest benefit program are permitted to self fund - provided they maintain sufficient reserves
- ❑ Employers offering comprehensive benefits must purchase fully insured coverage
- ❑ In general, Employers that can incur more than \$20,000 of benefit for any one participant, must reinsure such risk either through stop loss or fully insured coverage

This is seamless for the individual & there is no charge for the movement between Employers, if necessary

Green Cross Employer Medical Plans are not MEWAs

- Each employer has independent ownership
- Each employee works for an employer,
and :
 - Is required to fill out employment paperwork
 - Has a job description
 - Must perform that job or they become terminated as an employee
 - Receives a periodic paycheck
 - Gets a W-2 at the end of the year

Commission Structure



www.GreenCrossMHS.com

Commission Structure

There are Several Levels of Commission Contracts --- to accommodate the Building of an Agency

Summary of Benefits for Brokers

- Health Care availability for a Larger Market
- Better Case Management for Program Participants
- Provides a substantial additional revenue stream
- Offers you the Ability to Differentiate yourself from other players
- Attractive Commission Structure

UNDERWRITING GUIDE

June 2009

| | |
|--|----|
| Introduction | 2 |
| Build Charts | 3 |
| Non-Medical Guidelines | 5 |
| Occupations Not Eligible | 6 |
| Prescription and Associated Disease Reference..... | 7 |
| Medical Guidelines | 10 |



Introduction

This is a guide that if followed will result in the correct recruiter determination of the sponsorship fee. Green Cross does reserve the right to determine the applicable sponsorship fee. The recruiter is responsible for assuring the medical questionnaire is completed. That medical questionnaire is part of the sponsored employee's application for medical coverage under the future employer's medical plan. Incorrect information on the medical questionnaire can prevent the sponsored employee from receiving valuable compensation paid for with the sponsorship agreement.

Note: All affirmative "Yes" answers on the medical questionnaire must be explained in detail on the medical questionnaire along with the name and address of the treating or consulting physician(s). Answers on the medical questionnaire are considered to have been given by the sponsored employee.

The Pricing Guide

Section 1:

Shows the Impairment/Condition involved as well as a brief outline of the pricing adjustment criteria pertaining to the length of treatment and severity of the condition. (A sponsored employee who has not used tobacco in any form for at least one year is considered a "Non-Tobacco User".)

Section 2:

Section 2 indicates the probable pricing action to be taken.

Explanation of the symbols shown in this guide:

STU— Send to Underwriter

ACI— Active Charge Increase: If specified participant has \$10,000 of eligible medical expense in a year with at least \$5,000 due to the specified condition the sponsorship will automatically increase.

Pharmacy: The cost of maintenance prescriptions is an additive item to any other pricing. The price of prescriptions is provided from the PBM or some equivalent discount source based on monthly dosage. Price of each prescription is reduced \$15 generic and \$30 name brand and summed.

Green Cross Managed Health System

Underwriting Guide

Health Insurance Build Charts

1. If there has been weight loss of more than 20 pounds within one year, divide the loss in half and add it to current weight before entering into the table.
2. A reduction in rating due to build will be considered once an insured loses enough to qualify for the lower rating and maintains the reduced weight for at least 6-12 months.
3. Underweight can be more serious than overweight. Keep in mind that in certain people, because of small physical stature, an underweight condition is normal and perfectly healthy.
4. Sudden weight loss without voluntary dieting is an ominous sign.
5. If other Impairments are present sum the debits. Certain conditions require an additional rating because of the enhanced morbidity risk, e.g., hypertension and overweight build.
6. The weight is in pounds.

| Males | | | | | | | |
|--------|------|------------------------------------|-------------------|-----------------|-----------------|--------------------------|------|
| Height | | Premium Adjustment for Weight | | | | | |
| feet | inch | Add 20% for weight less than | Average Weight | 20% increase | 40% increase | 80% increase + ACI | 125% |
| 5 | 0 | 90 | 129 | 167-183 | 184-195 | 196-208 | 203+ |
| 5 | 1 | 93 | 133 | 173-189 | 190-201 | 202-214 | 215+ |
| 5 | 2 | 97 | 138 | 180-196 | 197-209 | 210-223 | 224+ |
| 5 | 3 | 100 | 143 | 186-203 | 204-216 | 217-231 | 232+ |
| 5 | 4 | 103 | 147 | 192-209 | 210-222 | 223-237 | 238+ |
| 5 | 5 | 106 | 151 | 197-215 | 216-229 | 230-244 | 245+ |
| 5 | 6 | 109 | 156 | 204-222 | 223-236 | 237-252 | 253+ |
| 5 | 7 | 112 | 160 | 210-228 | 229-242 | 243-258 | 259+ |
| 5 | 8 | 116 | 165 | 216-235 | 236-250 | 251-266 | 267+ |
| 5 | 9 | 119 | 170 | 223-243 | 244-258 | 259-274 | 275+ |
| 5 | 10 | 122 | 174 | 229-248 | 249-264 | 265-281 | 282+ |
| 5 | 11 | 125 | 179 | 235-256 | 257-272 | 273-289 | 290+ |
| 6 | 0 | 128 | 184 | 242-263 | 264-279 | 280-297 | 298+ |
| 6 | 1 | 131 | 190 | 250-272 | 273-289 | 290-307 | 308+ |
| 6 | 2 | 134 | 195 | 257-279 | 280-296 | 297-315 | 316+ |
| 6 | 3 | 138 | 201 | 265-287 | 288-306 | 307-325 | 326+ |
| 6 | 4 | 142 | 206 | 272-295 | 296-313 | 314-333 | 334+ |
| 6 | 5 | 145 | 211 | 279-302 | 303-321 | 322-341 | 342+ |

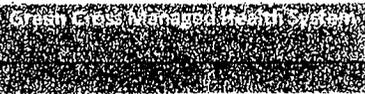
Green Cross Manager Health System

Underwriting Guide

| | | | | | | | |
|---|---|-----|-----|---------|---------|---------|------|
| 6 | 6 | 150 | 217 | 287-311 | 312-330 | 331-351 | 352+ |
| 6 | 7 | 152 | 223 | 295-319 | 320-339 | 340-360 | 361+ |
| 6 | 8 | 158 | 228 | 302-327 | 328-347 | 348-368 | 369+ |

Health Insurance Build Charts (cont'd)

| Females | | | | | | | |
|---------|------|------------------------------------|-------------------|-----------------|-----------------|--------------------------|------|
| Height | | Premium Adjustment for Weight | | | | | |
| feet | inch | Add 25% for weight less than | Average Weight | 20% increase | 40% increase | 80% increase + ACI | 100% |
| 4 | 8 | 75 | 107 | 148-163 | 164-173 | 174-184 | 185+ |
| 4 | 9 | 77 | 110 | 153-168 | 169-178 | 179-189 | 190+ |
| 4 | 10 | 79 | 113 | 157-172 | 173-182 | 183-194 | 195+ |
| 4 | 11 | 81 | 115 | 160-175 | 176-185 | 186-198 | 199+ |
| 5 | 0 | 83 | 118 | 164-180 | 181-191 | 192-203 | 204+ |
| 5 | 1 | 85 | 121 | 169-185 | 186-196 | 197-208 | 209+ |
| 5 | 2 | 87 | 124 | 173-189 | 190-201 | 202-214 | 215+ |
| 5 | 3 | 90 | 128 | 179-196 | 197-207 | 208-220 | 221+ |
| 5 | 4 | 92 | 131 | 183-200 | 201-212 | 213-226 | 227+ |
| 5 | 5 | 94 | 134 | 188-205 | 206-217 | 218-231 | 232+ |
| 5 | 6 | 96 | 137 | 192-210 | 211-222 | 223-236 | 237+ |
| 5 | 7 | 99 | 141 | 198-216 | 217-229 | 230-243 | 244+ |
| 5 | 8 | 103 | 145 | 204-222 | 223-235 | 236-250 | 251+ |
| 5 | 9 | 105 | 150 | 211-230 | 231-244 | 245-259 | 260+ |
| 5 | 10 | 107 | 153 | 215-235 | 236-248 | 249-264 | 265+ |
| 5 | 11 | 111 | 159 | 224-244 | 245-258 | 259-274 | 275+ |
| 6 | 0 | 115 | 164 | 231-252 | 253-267 | 268-283 | 284+ |
| 6 | 1 | 118 | 168 | 237-258 | 259-273 | 274-290 | 291+ |
| 6 | 2 | 120 | 172 | 243-264 | 265-280 | 281-297 | 298+ |
| 6 | 3 | 123 | 176 | 249-271 | 272-286 | 287-303 | 304+ |
| 6 | 4 | 127 | 181 | 256-278 | 279-295 | 296-312 | 313+ |



Underwriting Guide

Non-Medical Guidelines

| Impairment/Condition | Action | Impairment/Condition | Action |
|----------------------|--------|----------------------|--------|
|----------------------|--------|----------------------|--------|

Aviation

- a) Crop-dusters or Stunt Flying40%+ACI
- b) Pilots, including Student Pilots and instructors participating in non-hazardous personal or professional activities.....0%

Driving Record

Driving while under the influence, intoxicated or impaired

- a) Single episode
 - Within 1 year 10%
 - 1-2 years:
 - > age 25 40%
 - < age 2540%+ACI
 - Over 2 years 0%
- b) Two or more episodes
 - Last within 3 years 40%
 - Over 3 years0%+ACI

Drug Use

- Anabolic Steroids (Anabolics)
- Muscle Building "Steroids" 30%

Marijuana

- a) Admitted short-term experimental usage, no evidence of continued use, over 1 year ago, no criticism of habits, good work record, driving record and health history 0%
- b) Others 30%

Prescription Drug Abuse

- Excessive, abusive or habitual use of prescription drugs
 - Within 5 years 30%

- Over 5 years30%+ACI

Use of Other Drugs of Abuse

- Within 3 years 40%
- Over 7 years40%+ACI

Felony Conviction

- a) One conviction within 3 yearsDecline
 - b) still imprisoned, jailed or on paroleDecline
 - c) Not imprisoned, jailed or on paroleDecline
 - d) Multiple convictionsDecline
- Note: Conviction involving, but not limited to, arson, bombing, counterfeiting, extortion, murder, fraud, narcotics, organized crime, and sexual assault will not be considered, regardless of time frame.

Foreign Nationals

- a) Without permanent visa or citizenshipDecline
- b) Permanent visa
 - In US less than 1 yearDecline
 - Over 1 year, insurable in all other aspects ..0%
- c) If no permanent visa, in the US at least 2 years with Social Security card and drivers license0%+ACI

Foreign Travel

- a) Vacation or business travel, no establishment of residency in foreign country up to 5 times per year 0%

Green Cross Managerial System Underwriting Guide

- b) Vacation or business travel greater than 5 times per year0%+ACI
 - c) Residency in foreign country, dependent on country's living conditions and political situation
 - less than 5 monthsDecline
 - Over 5 monthsDecline
- *Hazardous Avocations or hobbies will require Elimination Riders. Such activities include, but

are not limited to, hang-gliding, kayaking, scuba diving (below 100 ft.), sky diving, motorcycle racing, auto racing, hazardous rodeo events, bungee jumping, mountain or rock climbing and competitive snowboarding/skiing.....50%+ACI

Typically, any form of motorized racing will require an Elimination Rider.

Occupational Non-eligible

We do not offer sponsorship to an individual who is unemployable or has a primary job as follows:

- Asbestos/Toxic Chemical Workers
- Athletes — Professional
- Boxers, Prize Fighters
- Circus or Carnival Workers
- Drivers — Participating in racing, speed or endurance tests
- Enameling Factories (Dusters, Mixers, Grinders, Laborers)
- Entertainers
- Explorers
- Explosives Workers or those handling, using or transporting explosives, including contractors
- Fireworks Manufacturers
- Fishermen — Offshore
- Guides — Fishing and Hunting
- Horse Racing Personnel
- Livestock Breakers or Trainers
- Logging /Mill Workers
- Massage Therapist (Not Licensed/Certified)
- Missionaries (Outside U.S.)
- Mining — Underground Workers
- Models
- Musicians
- Oil/Natural Gas, roughnecks, deck hands, including off-shore operations
- Pyrotechnists
- Rodeo Riders
- Singers
- Structural Steel Workers

Green Cross Managed Health System Underwriting Guide

Prescriptions and Associated Disease Reference

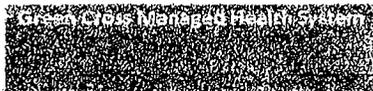
| | | | |
|-----------------------------|----------------------------|-----------------------|--------------------------------|
| Acetaminophen/Codeine | Severe Pain | Bactroban | Infection |
| Aciphex | Ulcer Disease | Beconase AQ | Asthma |
| Actonel | Osteoporosis | Benazepril | High Blood Pressure |
| Actos | Diabetes Mellitus | Betamethason | Steroidal Anti-inflammatory |
| Accupril | High Blood Pressure | Bextra | Nonsteroidal Anti-inflammatory |
| Accutane | Acne | Biaxin | Infection |
| Adderall | Attention Deficit Disorder | Bisoprolol | High Blood Pressure |
| Advair Diskus | Asthma | Bupropion | Depression |
| Allegra | Allergies | Cardizem | Cardiovascular |
| Allopurinol | Gout | Carisoprodol | Pain |
| Alphagan | Glaucoma | Cartia | High Blood Pressure |
| Alprazolam | Anxiety | Catapres | High Blood Pressure |
| Altace | High Blood Pressure | Cefzil | Infection |
| Amaryl | Diabetes Mellitus | Celebrex | Nonsteroidal Anti-inflammatory |
| Ambien | Insomnia | Celexa | Depression |
| Amitriptyline | Depression/Fibromyalgia | Cephalexin | Infection |
| Amoxicillin | Infection | Cipro | Infection |
| Amoxil | Infection | Ciprofloxacin | Infection |
| Amphetamine Salts | Attention Deficit Disorder | Clarinet | Allergies |
| Antabuse | Drug/Alcohol | Clonazepam | Seizures |
| Apri | Contraceptive | Clotrimazole | Asthma |
| Aricept | Dementia/Alzheimers | Cogentin | Parkinson's |
| Artane | Parkinson's | Combivent | Asthma |
| Atacand | High Blood Pressure | Concerta | Attention Deficit Disorder |
| Atenolol | High Blood Pressure | Coreg | Cardiovascular |
| Ativan | Anxiety | Coumadin | Blood Thinner |
| Atrovent | Asthma | Cozaar | High Blood Pressure |
| Augmentin | Infection | Crestor | Cholesterol |
| Avalide | High Blood Pressure | Cyclobenzaprine | Pain |
| Avandia | Diabetes Mellitus | Cytoxan | Cancer |
| Avapro | High Blood Pressure | Darvocet | Severe Pain |
| Avelox | Infection | Depakote | Seizures |
| Aviane | Contraceptive | Detrol LA | Urinary Disorder |
| AZT | HIV/AIDS | Dexedrine | Stimulant/Diet Pill |



Underwriting Guide

Diazepam Anxiety
 Diflucan Fungal Infection
 Digitek Arrhythmia's
 Digoxin Arrhythmia's
 Dilantin Convulsion/Seizures
 Diltiazem High Blood Pressure
 Diovan High Blood Pressure
 Ditropan XL Urinary Disorder
 Doxazosin High Blood Pressure
 Doxycycline Hyclate Infection
 Duragesic Severe Pain
 Effexor Depression
 Elavil Depression
 Elidel Skin Disorders
 Enalapril High Blood Pressure
 Enbrel Rheumatoid Arthritis
 Estradiol Hormonal Supplement
 Evista Osteoporosis
 Fentanyl Severe Pain
 Finasteride Prostate/Urinary Disorder
 Flomax Prostate/Urinary Disorder
 Flonase Allergies
 Flovent Asthma
 Fluconazole Fungal Infection
 Fluoxetine Depression
 Fosamax Osteoporosis
 Fosinopril High Blood Pressure
 Furosemide Diuretic
 Gemfibrozil Cholesterol
 Gleevec Cancer
 Glipizide Diabetes Mellitus
 Glucophage Diabetes Mellitus
 Glucotrol Diabetes Mellitus
 Glucovance Diabetes Mellitus
 Glyburide Diabetes Mellitus
 Glyburide/Metformin Diabetes Mellitus
 Heparin Blood Thinner
 Humalog Diabetes Mellitus
 Humulin Diabetes Mellitus
 Hydrochlorothiazide Diuretic
 Hydrocodone Severe Pain
 Hyzaar High Blood Pressure
 Ibuprofen Nonsteroidal Anti-inflammatory
 Imipramine Depression
 Imitrex Migraine
 Inderal Blood Pressure/Migraines

Indocin Nonsteroidal Anti-inflammatory
 Insulin Diabetes Mellitus
 Ipratropium Asthma
 Kariva Contraceptive
 Klonopin Seizures
 Klor-Con Potassium Deficiency
 Lamictal Seizures/Pain
 Lanoxin Arrhythmia's
 Lantus Diabetes Mellitus
 Lasix Diuretic
 Lescol Cholesterol
 Leukeran Cancer
 Levaquin Infection
 Levothroid Thyroid
 Levothyroxine Thyroid
 Levoxyl Thyroid
 Lexapro Depression
 Lipitor Cholesterol
 Lisinopril High Blood Pressure
 Lithium Psychosis
 Lopid Cholesterol
 Lopress High Blood Pressure
 Lorazepam Anxiety
 Lotensin High Blood Pressure
 Lotrel High Blood Pressure
 Low-Ogestrel Contraceptive
 Macrobid Infection
 Maxzide High Blood Pressure
 Metformin Diabetes Mellitus
 Methadone (ongoing use) Drug Abuse
 Methotrexate Cancer/Rheumatoid Arthritis
 Methylprednisolone (ongoing use) Steroid
 Methylphenidate Attention Deficit Disorder
 Metoprolol High Blood Pressure
 Mevacor Cholesterol
 Miacalcin Osteoporosis
 Microgestin Fe Contraceptive
 Mirtazapine Depression
 Mobic Pain
 Monopril High Blood Pressure
 Morphine (ongoing use) Severe Pain
 Nadolol High Blood Pressure
 Naprosyn Nonsteroidal Anti-inflammatory
 Naproxen Pain and Inflammatory
 Nasacort AQ Allergies
 Nasonex Allergies



Underwriting Guide

NeconContraceptive
 Nexium Esophagitis/GERD
 NiaspanCholesterol
 Nifediac CCHigh Blood Pressure
 NifedipineHigh Blood Pressure
 Nitro-BidChest Pain
 NitroglycerinChest Pain
 NitroquickChest Pain
 Nortriptyline Depression
 NorvascHigh Blood Pressure
 OmeprazoleUlcer Disease
 OmnicefInfection
 Ortho EvraContraceptive
 Ortho Tri-CycloContraceptive
 Ortho-NovumContraceptive
 Oxycodone Severe Pain
 Oxycontin Severe Pain
 Pamelor Depression
 Paroxetine Depression
 Patanol Eye Inflammation
 Paxil Depression
 PenicillinInfection
 Percocet Severe Pain
 Phenobarbital Convulsions/Seizures
 PhenytoinSeizures
 Plaquenil Rheumatoid Arthritis
 Plavix Anti Thrombotic
 PlendilHigh Blood Pressure
 Potassium Chloride Potassium Deficiency
 PravacholCholesterol
 Prednisone (ongoing use)Immune Disorder
 PremarinHormonal Supplement
 PremproHormonal Supplement
 PrevacidUlcer Disease
 PrilosecUlcer Disease
 ProcardiaArrhythmia's
 PromethazineAllergies
 Propoxyphene Severe Pain
 ProscarProstate/Urinary Disorder
 Protonix Esophagitis/GERD
 ProventilAsthma
 Prozac Depression
 PulmicortAsthma
 RanitidineUlcer Disease
 RazadyneAlzheimers
 Remeron Depression

Restoril Insomnia
 Rhinocort AquaAllergies
 Risperdal Psychosis
 Ritalin Attention Deficit Disorder
 Roxicet Severe Pain
 SeroquelPsychosis
 SingulairAsthma
 SkelaxinPain and Inflammation
 Spironolactone Diuretic
 Stratterra Attention Deficit Disorder
 SulfamethoxazoleInfection
 Synthroid Thyroid
 Tamoxifen Cancer
 Tegretol Convulsions
 Temazepam Insomnia
 TerazosinHigh Blood Pressure
 TimololGlaucoma
 TimopticGlaucoma
 TobradexEye Disorder
 Topamax Seizures/Pain
 ToprolHigh Blood Pressure
 Tramadol Severe Pain
 Trazodone Depression
 Triamterene/HCTZHigh Blood Pressure
 TricorCholesterol
 TrimoxInfection
 Trivora-28Contraceptive
 TussionexCough and Cold
 Ultracet Severe Pain
 ValacyclovirViral Infection
 Valium Anxiety
 ValtrexViral Infection
 VentolinAsthma
 VerapamilHigh Blood Pressure
 Viagra Impotence
 Vicodin (ongoing use) Severe Pain
 WarfarinBlood Thinner
 Wellbutrin Anxiety/Depression
 XalatanGlaucoma
 Xanax Anxiety
 Yasmin 28Contraceptive
 Zantac Ulcer Disorder
 ZestrilHigh Blood Pressure
 ZetiaCholesterol
 ZithromaxInfection
 ZocorCholesterol



Underwriting Guide

Zoloft Depression
 Zovirax Skin Infection
 Zyliprim Gout

Zyprexa Depression
 Zyrtec Allergies

Medical Guidelines

Underwriting action by medical condition:

Abdominal Complaints of Unknown Etiology)

- Single episode within 1 year 10%
- Over 1 year, resolved 0%+ACI

Abscess

- a) Brain, liver, lung, pancreas, other vital organs
 - Present, or within 5 years 20%
 - History of, complete recovery,
 - <2 years 10%
 - >2 years 0%+ACI

b) Skin or subcutaneous structures

- Recovered 0%
- Others 20%+ACI

Acne- Inflammation of the oil-secreting glands

- Mild, uncomplicated, no RX medication 0%
- Others, or medically treated 20%+ACI

Adison's Disease 2000%

Adhesions

- a) Present, symptomatic 0%+ACI
- b) Surgically corrected,
 - Within 3 years 0%+ACI
 - Over 3 years 0%
- d) Multiple surgeries 0%+ACI

Adoption (see 'Pregnancy' for handling)

AIDS, or HIV Positive Test Results 2000%

Alcoholism (Including participation in AA)

- a) Total abstinent for 1 year 10%
- b) 5-8 years of sobriety 40%
- c) 8-10 years of sobriety 20%
- d) over 10 years of sobriety 0%

Allergies (without asthma)

- a) Seasonal, no more than six months per year, or asthma component including inhaler use 0%
- b) Daily use of prescription drugs or with asthmatic component 10%
- c) Undergoing desensitization treatment within past two years 10%

Alzheimer's Disease or Syndrome Decline

Amenorrhea — Absence of menstruation (see 'Uterine Disorders')

Amnesia — Loss of memory

..... 20%

Green Cross Member Health System Underwriting Guide

58

Andomen, throat or esophagus 50%

Venereal Warts (see 'Sexually Transmitted Diseases')

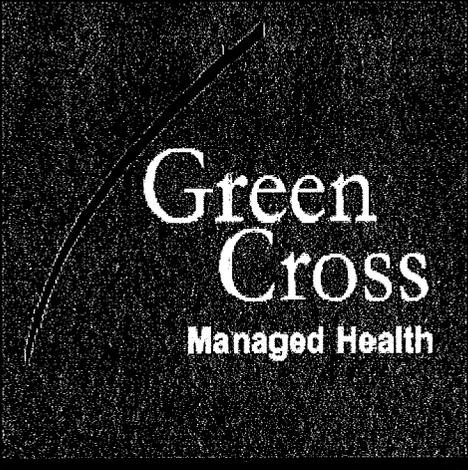
Vertigo -- Sensation of moving in space or objects revolving about oneself, sometimes referred to as dizziness or light headedness

- a) Cause known rate for cause
- b) Cause unknown 40%

Whiplash (see 'Back Strain or Sprain')



Underwriting Guide



**Green
Cross**
Managed Health

**“A Trusted Name
In Managed
Healthcare”**



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- [How the Programs Work](#)
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- [Green Cross Business Plan](#)

Welcome to Green Cross

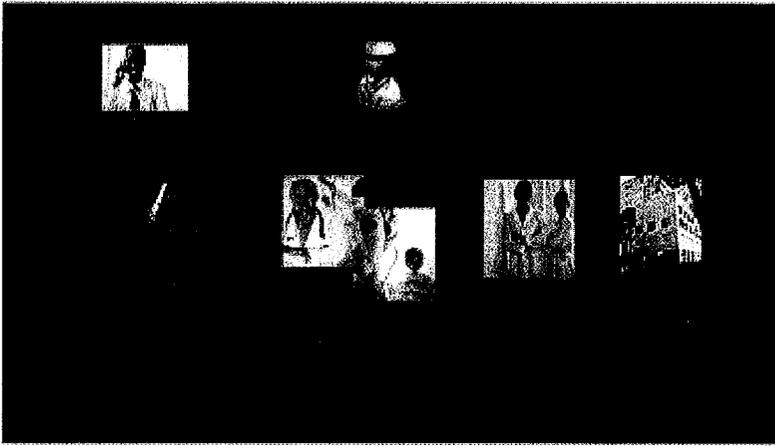
Green Cross Health Management Program

Green Cross is a managed health system with an innovative healthcare delivery process that is focused on improving care, lowering costs, and offering access to healthcare for more people. Green Cross offers care coordination and patient advocacy services to assist participants in managing their health and health conditions.

Our health management program is administered by using evidence-based clinical guidelines. Specially trained registered nurses provide an assessment, health information, education, and referral support to assist participants in adhering to their provider treatment plan and suggested wellness program.

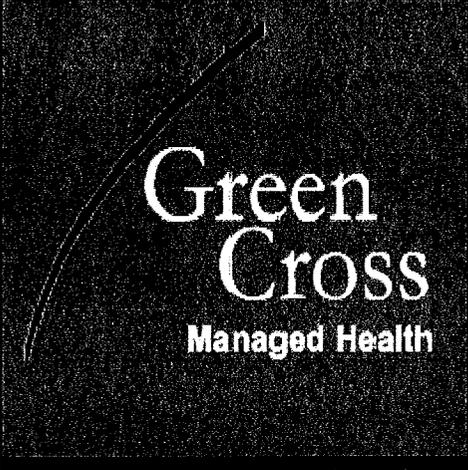
Green Cross is not an insurance program, but rather a collaborative effort between Green Cross, Specialty Physicians, Health Benefits Professionals, Care Management Nurses, and dual employment service providers.

Green Cross Managed Health is an innovative program that offers coverage for pre-existing conditions, has affordable medical benefits programs, programs for the hard to insure, and health benefits for individuals and small groups.



Green Cross offers a variety of programs, including group programs for small and medium businesses, and programs for individuals. We can generally provide benefits for people who've been declined by Health Insurance companies. We're able to offer our programs through the use of a dual employment process - consisting of client participation in health reporting and management.

Through this process, our programs are available to ensure access to affordable, attainable, health coverage - even if you may have been denied health coverage in the past. Smaller businesses can recognize significant savings, while offering a much needed benefit to their employees.



**Green
Cross**
Managed Health

**“A Trusted Name
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Frequently Asked Questions

Is Green Cross an Insurance Program?

No, Green Cross offers managed health programs that provide lower cost access to medical care for both groups and individuals. The program is a collaborative effort between Green Cross, Specialty Physicians, Health Benefits Professionals, Care Management Nurses and Selected Employers, through a dual employment model.

How does the Green Cross Health Management Program work?

“Green Cross” has developed strategic collaborative relationships with a national employment agency and a group of employers who, working together, will place you in a second employment relationship that will offer you and your family medical coverage through your relationship with these employers.

Dual employment with Depawix Health Resources

In order to participate in the program Depawix provides part time employment as a “Dual Employer” for which compensation and benefits are paid, Employed as a “tester” the individual utilizes the benefits provided by Depawix to facilitate study of the principles, processes and procedures of the Green Cross Managed Health System.

Depawix Health Resources is an employer formed to “test” three specific principles of an aggressive health care management system along with the access and delivery of medical care.

Depawix hires part time employees to become directly involved in the process. Depawix employee

compensation is directly affected and contingent upon following the job description, processes and procedures,

The single most important task associated with the "test" is the requirement to call a patient advocate as soon as the tester realizes the need to access healthcare services for themselves and/or covered dependents. This phone call is the basis for all aspects of the testing system.

As part of the system the employee will be involved in defining a new network of providers willing to provide the proper communication with the identified program. As part of this network development, the program will be working to obtain laboratory and diagnostic test agreements with a network of leading edge providers. In almost all cases the cost of services of these providers will be considerably lower than general providers.

Additionally, as part of the program, the tester will be assisting in building an electronic medical record for themselves and/or covered dependents and the tester will commit to a program of wellness and health management based on clinically provided recommendations to provide feedback and impressions of the program.

Will this dual second employer relationship interfere with my current employment?

NO!!! Dual Employment will not interfere with your current employment, no conflict of interests, no reporting for work at a different location. You (and your your dependents, if applicable) will participate as "Health care Testers".

What is the basic Job description of a Health Care Tester?

When you need medical care, as a Tester, you will work with your Patient Advocate Nurse to coordinate the approach to care to achieve the highest state of wellness possible. Your Patient Advocate Nurse will also serve as your representative with hospitals, physicians and any and all other medical services when you and/or your loved ones are in need of care. Your Patient Advocate Nurse is also available to you and/or your loved ones for any medical questions which you may have. And will help determine whether or not you need physician or hospitalization. A part of the employer's compensation to you, for this job, is health benefits. It is that simple!!!

What types of employment opportunities are there?

Several different employers are looking for various services. These employers provide a wide variety of Benefit Plans. If you currently have medical conditions that are under control you may be placed with an employer that provides more modest benefits but if you develop more serious medical conditions, other employers offer more comprehensive coverage as part of their employment.

You may be offered employment with the opportunity to move you and/or your dependents to a different employer with more major medical coverage available. Again, it is that simple!!!

I've never heard of Green Cross. is this a discount medical program?

NO!!! We do "NOT" represent cash discount cards, Or any of the other "look alike" plans that lead you to believe you have traditional Health coverage.

1 STATE OF FLORIDA AFFIDAVIT COUNTY OF BREVARD
2 NAME: [REDACTED] I AM A MALE DOB: [REDACTED]
3 RESIDENCE ADDRESS: [REDACTED]
4 BUSINESS ADDRESS: [REDACTED]
5 EMPLOYER'S NAME: [REDACTED]
6 OCCUPATION: [REDACTED]
7 RESIDENCE PHONE: [REDACTED] BUSINESS PHONE: [REDACTED]
8
9
10

11 PAGE 1 of 5

COPY

12
13 RE: [REDACTED] CS17653/CA28504, CA28507

14 I first had contact with Joshua Levy on or about May 1, 2009. The company that I work for,
15 [REDACTED] was previously insured for our healthcare with I believe, Aetna. Our
16 premiums went up over 30% this year, and it was outrageous. It probably would have put
17 the company under if we had to pay it. The annual premium was going to be \$180,000. I
18 went on to the Internet and found, I believe, einsurance.com. You tell the website what the
19 particulars of what you are looking for. It tells you that an agent will contact you and what
20 to expect. Joshua Levy was actually the second agent that contacted me. Agent Levy put
21 together the best quote listing several companies and options. That was before he knew
22 that it was the whole company, [REDACTED] which I was looking to cover. Agent
23 Levy thought at first that it was just me. The initial email that I got from Agent Levy listed
24 eight different companies and options, including Green Cross. Our company management
25 was trying to come to some conclusion how we could make this all work – getting away
26 from group health insurance and turning to something more personal, and not leave our
27 employees out in the cold. The first time that Agent Levy came out to our offices, was
28 towards the middle of May, on a Friday. (It was the first Friday after May 15). Agent Levy
29 gave me his business card when we met. I have identified Agent Levy on the gallery of
30 photographs that the investigator showed me as #40. The meeting started out with just
31 Agent Levy and I. Then we brought in about six or eight other people that were interested

EXHIBIT

tabbles

F

32 and he had a meeting with them. This was all on the same day. Agent Levy discussed the
33 other plans in comparison with the Green Cross Managed Healthcare plan, but it seemed
34 like Green Cross would be the best plan for everyone to go on. It had the best price with
35 the best options. Agent Levy told us that Green Cross was the closest to a group health
36 plan as what we had before. Agent Levy asked everyone to send him their pertinent
37 information. I did sign up that same day. Agent Levy took my credit card information that
38 same day. Agent Levy needed to know from everyone their age, sex, and any existing
39 health problems of anyone going on the plan, medications, dosages, and any pre-existing
40 conditions. Agent Levy also wanted to know who everyone's doctors were to see if they
41 were in the plan. Agent Levy told me that he did check and my doctor is in the plan. I don't
42 know that for sure yet, as I'm pretty healthy and have not had to use the coverage yet.
43 Everyone emailed their information and then everyone got their separate quotes. One guy
44 that works here has had no medical problems, is on no medication and his quote came in
45 at about \$78 per month. Another guy who has had a heart attack and is on a shopping
46 bag of medication got a quote of about \$470 per month. I first learned about the Green
47 Cross Managed Healthcare plan when Agent Levy emailed me the quote. I enrolled in the
48 Green Cross Managed Healthcare with an effective date of June 1, 2008. I paid an initial
49 premium of \$230 for the first month, plus \$125 processing fee. I is my understanding that
50 the processing fee was a one time set up fee because I was also filling out an employment
51 application. That's the part that really started to get me concerned. I thought that the
52 information I was giving on the employment application would be a great way for someone
53 to steal my identity. I don't really understand what is going on with the employment. Agent
54 Levy told us that we would be receiving a check for \$13 once a month from Depawix, as
55 they would be the place that we would actually be working for, and who we were filling out
56 the applications for. That confused me because in the documents on page 5 of 14 it says

COPY

JL 7/1/08



57 that our salary would be \$7.50 an hour for 15 hours a month. Since we just signed up for
58 this program on June 1, I have not yet received any paycheck from Depawix. I enrolled in
59 this plan because of the price and the coverage. I was looking for a plan that was similar to
60 our group coverage, which had doctor's visits, a prescription plan and reasonable
61 deductibles. I do not really consider myself to be an employee of Depawix as I haven't
62 heard or received anything from them, other than the paperwork, which I have provided to
63 the investigator. Applying for employment with Depawix was a requirement to get coverage
64 with Green Cross. Agent Levy did mention that Green Cross had been around for about 4
65 or 5 years, and that it was a different concept with insurance. Agent Levy told me that
66 Green Cross had been having problems getting their networks set up and hadn't gone out
67 full force with getting their name out. Agent Levy told me that in a couple of months we'd
68 probably see Green Cross all over the Internet. I looked all over the Internet, doing
69 searches, and looking in chat rooms that talk about insurance scams, and couldn't find
70 anything about this company. Green Crosses website just seems so basic. The website is
71 www.greencrosshms.com. I don't recall Agent Levy telling me anything about the
72 Federal ERISA law or if Green Cross was regulated by the Florida Department of Financial
73 Services. It was a lot of new stuff that day. Agent Levy did not refer to Green Cross as
74 insurance. He said it was a health plan. Agent Levy told us to call the Nurse Advocate
75 when we need to see the doctor. Agent Levy told us that if we needed to go to the
76 emergency room to just call and call the Nurse Advocate later. Agent Levy told me that this
77 was a pretty easy process. In Agent Levy's email to me on May 5, 2009, he told me that he
78 and his family were going on the plan as of May 15. I called Agent Levy to ask him who the
79 health care network was through and he told me it was First Health. I know he told
80 someone else here that same information during the group meeting. I was not present at
81 the group meeting that Agent Levy had the first day he came into our place of business.

COPY

7/1/09



82. The only information I have gotten from Depawix or Green Cross is a temporary member ID
83 card. Agent Levy said that we should be getting permanent cards, but I haven't seen
84 anything yet. I haven't talked to anyone else regarding the Green Cross Managed
85 Healthcare plan. No one called to verify any information. Everything was done by email.
86 The application packet was emailed to me and then I faxed it back. The temporary ID card
87 was included in the packet before I filled out any information. We cancelled the Aetna
88 health plan as of June 1, 2009. I became concerned about the Green Cross Managed
89 Healthcare plan when at first Agent Levy was talking about all these different companies –
90 coverage was with Green Cross, you were employed by Depawix and Peck & Peck would
91 be taking the premiums out of our bank accounts. Plus, our former agent, [REDACTED]
92 had told us that we might have problems covering some of our employees due to pre-
93 existing conditions. [REDACTED] is the person who told us that many of our people might
94 be uninsurable. Agent Levy told us that the Green Cross program was perfect for people
95 who were uninsurable and worked on a system of managed health. Agent Levy said that if
96 there was a specialist that could better serve you they would actually pay for your travel
97 expenses to see that specialist. Agent Levy mentioned the Mayo Clinic when talking about
98 traveling to see specialists. I contacted the Department of Financial Services because I
99 wanted to know if there was any other information out there other than what I couldn't find
100 on the internet. It just seemed a little too good to be true. Agent Levy has been here two
101 other times trying to help get them signed up. Each time he would meet with many
102 employees trying to get everyone signed up. We currently have between 30-40
103 employees. At one time we had upwards of 100 employees working for [REDACTED]
104 [REDACTED] Right now I want to know if this is too good to be true or if they are robbing
105 us blind. I am concerned about the multiple layers of companies, the massive amounts of
106 personal information that we had to give, and the fact that the only way of making

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7/1/09

102 [REDACTED]

107 payments is through direct withdrawal from a checking account. As far as I know, none of
108 our employees has expressed any concerns with using the plan, but we have only been
109 enrolled for one month. I do not know how many of our employees have signed up for
110 coverage with Green Cross. Currently [REDACTED] pays up to \$200 of the
111 monthly premium for each employee. My premium of \$230 per month is just for me. I have
112 no dependants covered under this plan. Agent Levy did say that there were tax
113 consequences to being employed by Depawix, but that it would minimal.

114

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

117

118

119

1. [REDACTED]

120

121

122

123

124

**AFFIANT HAS READ THE ABOVE STATEMENT CONSISTING OF 5 PAGES AND
DECLARES AT THIS TIME THE EVENTS AS STATED ARE CLEAR IN HIS MIND AND
THAT THE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS
KNOWLEDGE AND BELIEF. AFFIANT IS WILLING TO APPEAR AT A HEARING.**

125

126

127

128

[REDACTED SIGNATURE]
AFFIANT'S SIGNATURE)

COPY

129

130

131

132

133

134

135

**THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1ST DAY
OF JULY, 2009 BY [REDACTED], WHO PRODUCED FLORIDA DRIVERS
LICENSE NUMBER [REDACTED] FOR IDENTIFICATION PURPOSES AND WHO
DID TAKE AN OATH.**

136

137

138

139

140

**Subscribed and sworn to before me
This 1ST day of July, 2009.**

141

142

**Notary Public, State of Florida at Large
My Commission expires: May 17, 2011**



103



11111-70 San Jose Blvd, Suite 306
 Jacksonville, FL 32223
 Phone: 904-647-9591
 Fax: 866-268-7793
 www.depawix.com

May 2009

Dear Member,

Welcome to Depawix and the Green Cross Health Management Program. In addition to this welcome letter, you will find the following documents attached to your welcome email or welcome package:

| Document Name | Brief Description |
|--|---|
| Temporary Member ID Card | This is a paper copy of your member ID card which entitles you to immediate medical and prescription benefits. Your permanent member ID card will be mailed to your mailing address on record upon receipt and review of your completed employment eligibility verification and other required documents. |
| Depawix Job Description | This is a copy of the job description page that you reviewed and signed when you enrolled in the Green Cross program. Please sign this document and keep a signed copy for your reference. |
| Depawix Employee Implementation Agreement | This agreement outlines your employee initialization requirements as a part-time tester. Please complete and sign this document and keep a signed copy for your reference. |
| Depawix Guidelines for Patient Advocate Notification | These are guidelines for contacting and interacting with the Patient Advocate. Please keep a signed copy for your records. Please note: It is vitally important that you contact your Patient Advocate at 866-884-8873 before each doctor visit and doctor prescribed procedure or test and before each new prescription you receive. |
| Form I-9 | Employment Eligibility Verification form that must be completed as mandated by the government. |
| Form W-4 (2009) | Employee's Withholding Allowance Certificate |
| Green Cross Health Risk Assessment | Health history information form. One health risk assessment needs to be completed by you and separate assessments for your spouse and each of your other dependents, if applicable. |

Next steps

1. You will receive a call from a Depawix associate confirming that your welcome package has been sent out to you via email or US postal service.
2. Upon receipt of your welcome email or welcome package, print and review the attached or documents.
3. The following steps must be completed by you, the Depawix employee, to complete your employment eligibility verification and receive your permanent member ID card. Failure to do so could result in the interruption or delay of your medical and prescription benefits after the initial temporary 30-day enrollment period has passed.



Within 5 business days of receipt of your welcome email or package, please complete, sign, date and mail (or fax) the following documents to the Depawix address or fax number listed below:

| | Check list of documents that need to be completed and returned to Depawix | Additional information on the documents |
|---|---|---|
| 1 | Depawix Job Description | You may have already signed a copy of this document during your enrollment meeting. We need a second copy for our records. |
| 2 | Depawix Employee Implementation Agreement | You may have already signed a copy of this document during your enrollment meeting. We need a second copy for our records. |
| 3 | Depawix Guidelines for Patient Advocate Notification document | |
| 4 | Green Cross Health Risk Assessment | Please provide as much detail as possible. |
| 5 | Form W-4, Employee's Withholding Allowance Certificate | Don't forget to enter the number of allowances in Box 5 of Form W-4. |
| 6 | Form I-9, Employment Eligibility Verification Form. | Please note that you only need to complete the top portion of this form. |
| 7 | Copy of your passport OR Copy of your driver's license AND Copy of your Social Security Card OR Copy of your Birth Certificate | If you select to send a copy of your driver's license, you must ALSO send a copy of your social security card OR birth certificate OR a copy of one of the other identification documents listed in LIST C on the fourth page of the attached Form I-9. |

Please fax your completed documents to 866-268-7793. Or mail them to the following address:

Depawix Health Resources
11111-70 San Jose Blvd, Suite 306
Jacksonville, FL 32223

- Upon receipt and review of the requested employment documents, you will receive a confirmation via email or phone call that your employment eligibility verification process is complete and that your member ID card will be mailed to you.
- Your member ID card will then be mailed to you via US mail to the mailing address we have for you on record. The member ID card entitles you to medical and prescription benefits for the length of your active employment with Depawix.

Please email services@depawix.com or call Depawix Services at 904-647-9591 if you have any questions about your welcome email or package or the required employment verification documents.

Sincerely,
Depawix Services

#111
107

DEPAWIX
Health Resources

11111-70 San Jose Blvd, Suite 306
Jacksonville, FL 32223
Phone: 904-647-9591
Fax: 866-268-7793
www.depawix.com

Dear Member,

Below please find your temporary Depawix health benefit member ID card. Please cut out the card and present it at time of service. Upon receipt and review of your employment eligibility verification and the other required documents, your permanent member ID card will be mailed to your mailing address on record.

DEPAWIX
Health Resources

Member #: [REDACTED]

Member Name: [REDACTED]
Group Name: DEPWX Effective Date: 06/01/2009
PBM: NPS Group: NPSDPWX Bln#: 004758
Rx Copays: \$15/\$30/\$50
Network Physician Office Visit Copay: \$25
Provider Network: First Health

Note: Prior to receiving any medical services you must call the Patient Advocate at 866-884-8873 and report the service.

Employee: Call the Patient Advocate at 866-884-8873 prior to receiving any medical services. Present this card at the time of service. There may be a copay, deductible, and/or coinsurance applied.

Provider Network: First Health

Provider: Please call 866-460-0603 to confirm coverage limits or for questions regarding claims

Send Itemized statements to: Claims Administration
3030 Hartley Road, Suite 310
Jacksonville, FL 32257

or fax statements to: 866-268-7793

PBM—NPS Customer Service: 800-546-5677

Sincerely,
Depawix Services

100

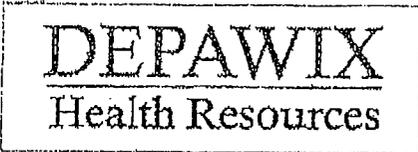
Job Description

You are part of a program to test the Green Cross Aggressive Care Management principles. Your job is as follows:

- 1) Once a year, as directed, you will complete a Green Cross Health Risk Assessment.
- 2) Upon completion of the analysis of the Health Risk Assessment you will work with the Patient Advocate to establish a program of health management.
- 3) Throughout the year you will fulfill the health management processes of the established program.
- 4) Monthly, you will check in with the Patient Advocate to measure the level of success in fulfilling the established goals. At the same time you will report any changes in medical status.
- 5) You will call the Patient Advocate and get approval for all medical services you need prior to receiving those services, including all new prescriptions for medication.
- 6) You will report all medical service interactions promptly, providing copies of all bills, explanations of benefits and evaluations of providers to the Patient Advocate.
- 7) You will promote the concept of the Green Cross program to the general public. For this purpose Depawix will periodically provide you with communication materials to hand out.
- 8) You will follow the same procedure for each dependent that is part of the part-time employee benefit program.

I acknowledge that I have read and understood this job description.

Employee Signature: _____ Date Signed: _____



11111-70 San Jose Blvd., Suite 306
Jacksonville, FL 32223
Phone: 904-647-9591
Fax: 866-268-7793
www.depawix.com

Employee Implementation Agreement

Name: _____ Social Security#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

The following are your employee initialization requirements as a part-time tester:

1. You agree your salary is \$7.50 an hour for 15 hours a month.
2. You agree you have read the attached job description and understand you are required to fulfill those job requirements.
3. You agree that if you or one of your covered dependents incurs an emergency medical situation you will be offered full time employment retroactive to the beginning of that month. You agree you accept that job if offered. You understand your salary will remain the same and your new hours will be 30 a week. You accept the available full time medical coverage and authorize the deduction of the required employee contribution. You authorize Depawix to complete the resigned application for the full time medical coverage. You agree to perform the services of a full time employee. Further, you request the prepaid security coverage to meet the requirement of the full time medical plan and authorize Depawix to deduct the contribution for this benefit from your pay. A true emergency is one where immediate medical attention is required because of a life or death situation and any delay is unacceptable.
4. You agree to accept coverage under the part-time medical coverage and authorize Depawix to deduct the required employee contribution. You agree that medical coverage will not commence if your application does not reflect your current medical condition and the current medical condition of your dependents to be covered by the plan.
5. You agree that you will report to a designated manager at a predetermined time each month to discuss issues related to your employment. This includes, but is not limited to, an update on any changes in status from the previous health risk assessments performed as part of your job.
6. You agree to submit to your employer or designated administrator, in a timely manner all billing, bills, invoices, EOBs etc. for each medical expense you or your dependents access.
7. You agree you will maintain an e-mail address and periodically access that e-mail account in order to provide a portal of communication with Depawix management.
8. You agree you are being hired to provide and receive health education and information to assist in developing the mechanics for the Patient Advocate and wellness management mechanisms under a specific sponsorship arrangement and agree that said employment is temporary in nature and contingent upon the continuation in full of that sponsorship.
9. You agree that such sponsorship is on a month to month basis and that no work will be authorized until the payment of placement fees for a contract month is received from your sponsor. You agree that employment will terminate with the termination of your sponsorship or your failure to perform the required services of employment to a level satisfactory to your employer or your sponsor.

Enrollee Signature: _____ Date: _____

~~5/10~~
1/10



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www.depawix.com

April 2009

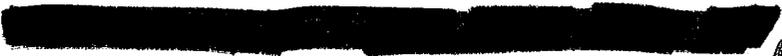
Guidelines for Patient Advocate Notification

Dear Member,

As a Depawix employee you receive health benefits as described during your enrollment process. In order to receive the full advantage of these benefits, you will need to complete your job which is described in the Employee Job Description document included in attached Welcome Package. Your Employee Job Description is also available to you through our website at www.depawix.com.

Your main responsibility as a Depawix employee is to report to your Patient Advocate any medical services and new prescriptions that you receive prior to receiving them. This letter outlines the guidelines for Patient Advocate notification. If you have any doubt, it is always better to make the quick phone call to the Patient Advocate.

- The Patient Advocate is available 24 hours a day, 365 days a year at 866-884-8873.
- If you do not reach the Patient Advocate immediately, leave a message and they will call you back in a few minutes.
- You are required to call the Patient Advocate every month to report any updates on ongoing medical conditions. If the Patient Advocate calls you to check in, it is your JOB to return the phone call in a timely manner.
- Doctor visits
 - o If you need to find a doctor in network visit www.firsthealth.com or call your doctor's office to see if they are in our network. Referral to specialists, hospitalizations, and surgeries must be coordinated through your Patient Advocate. Failure to do so will result in a substantial reduction in your benefits.
 - o If they are not in our network and you have no other option, please contact our clinical department so we can work on contracting with the doctor directly.
 - o Make the Doctor's appointment and then call the Patient Advocate and let them know when, where, and the reason for the doctor's visit.
- Emergency Room
 - o Report to the Patient Advocate any visits to the Emergency room immediately.
 - o If it is a life or death situation a member of your family should report the emergency to the Patient Advocate as soon as the initial emergency takes place.
- Prescriptions
 - o Maintenance Medications - Please report all medications to your Patient Advocate and allow up to 24 hours for your medications to be entered into the system. The Patient Advocate will need to know the name of the medication, the exact dosage, and the number of dosages you will need.
 - o If there is a change in the prescriptions, including a change in the dosage or the number of dosages please report to the Patient Advocate to update the database.
 - o Emergency medications. Please call the Patient Advocate and the medications will be entered as soon as possible. We try to make this happen within an hour and often quicker than that.
 - o If you encounter an issue when filling a prescription please notify us immediately.



- Labs and Testing
 - Consult with the program to see if the facility you are visiting is in-network.
 - Report prescribed labs and tests to the Patient Advocate.

- If you need services beyond routine primary care
 - Should you require more comprehensive care than routine primary care coverage, you will be moved to another program classification (at no cost to you). However, regardless of your program classification, you need to continue to report all medical services and new prescriptions to your Patient Advocate. Failure to do so will result in suspension of comprehensive health benefit coverage.

We appreciate your participation in the program.

The Depawix Team

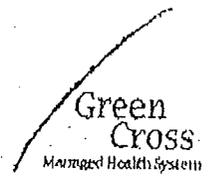
Please print this document and acknowledge your understanding of its contents by signing below.

I acknowledge that I have read and understood the guidelines for interacting with the Patient Advocate. I understand that calling the Patient Advocate to report medical services and new prescriptions and completing the Health Risk Assessment for me and each of my dependents is part of my job as an employee of Depawix. I also understand that failure to follow the Patient Advocate notification guidelines and to comply with the requirements outlined in the Depawix Job Description may result in my termination from Depawix and the interruption and/or reduction or loss of my health benefit coverage.

Employee Signature: _____ Date Signed: _____

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HEALTH RISK ASSESSMENT



Intake Form

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Sex: _____

If child is being documented, Name of Parent/Guardian: _____

Current Height: _____ Feet _____ inches

Current Weight _____ lbs

What is your ethnic background?

- African American Native American Asian Pacific Islander
 Caucasian Hispanic Mixed Ethnic Other _____

What is the primary language spoken and written?

- English Spanish Arabic Russian
 Vietnamese Chinese Other: _____

Highest level of education you have achieved

- Some High School or less High School Graduate Some College
 College Graduate Post Graduate or professional degree

Expected household income this year

- less than \$35,000 \$35,000 - \$49,999 \$50,000 - 74,999
 \$75,000 - \$99,999 \$100,000 or more

In general, how would you rate your health compared to other people your age?

- Excellent Very Good Good
 Fair Poor

How many times did you visit a physician's office last year?

- 0 1-3 4-6 7+

How many different prescription medications are you currently taking?

- 0 1-3 4-6 7+

How many days were you out sick last year?

- 0 1-3 4-6 7+

Are you satisfied with your current weight? If not, how do you feel about working on weight loss?

- I am satisfied with my weight
 I am already working on weight loss
 I intend to start working on weight loss within the next 30 days
 I intend to start working on weight loss within the next 6 months
 I have no plans to work on weight loss



HEALTH RISK ASSESSMENT



Are you satisfied with your eating habits? If not, how do you feel about making changes to your eating habits?

- I am satisfied with my eating habits
- I am already making changes to my eating habits
- I intend to start making changes to my eating habits within the next 30 days
- I intend to start making changes to my eating habits within the next 6 months
- I have no plans to make changes to my eating habits

How often do you eat out during a week?

- 0
- 1-3
- 4-6
- 7+

How often do you eat fruits or leafy vegetables a week?

- 0
- 1-3
- 4-6
- 7+

How often do you eat frozen dinners, pizza, or other "boxed" meals per week?

- 0
- 1-3
- 4-6
- 7+

Are you satisfied with your level of physical activity? If not, how do you feel about increasing your level of physical activity?

- I am satisfied with my level of physical activity
- I am already increasing my level of physical activity
- I intend to start increasing my level of physical activity within the next 30 days
- I intend to start increasing my level of physical activity within the next 6 months
- I have no plans to increase my level of physical activity

On average, how often do you engage in moderate physical activities/exercise for 30 minutes or more? Moderate activity is strenuous enough to make you breathe more heavily and your heart beat faster.

- Never
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

What percent of the time do you usually buckle your safety belt when driving or riding?

- 100% of the time
- 90-99%
- 80-89%
- less than 80% of the time

In the next 12 months how many thousands of miles will you probably drive or ride in each of the following:

- | | |
|---|--|
| A. Car, truck, van or SUV | B. Motorcycle |
| <input type="checkbox"/> 1-1,999 | <input type="checkbox"/> 1-1,999 |
| <input type="checkbox"/> 2,000-4,999 | <input type="checkbox"/> 1,000-1,999 |
| <input type="checkbox"/> 5,000-9,999 | <input type="checkbox"/> 2,000-2,999 |
| <input type="checkbox"/> 10,000-14,999 | <input type="checkbox"/> 3,000-3,999 |
| <input type="checkbox"/> 15,000-19,999 | <input type="checkbox"/> 4,000-4,999 |
| <input type="checkbox"/> 20,000-29,999 | <input type="checkbox"/> 5,000 miles or more |
| <input type="checkbox"/> 30,000 miles or more | <input type="checkbox"/> Do not drive or ride motorcycle |
| <input type="checkbox"/> Do not drive or ride | |

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HEALTH RISK ASSESSMENT



On a typical day how do you usually travel? (mark only one)

- Sub-compact or compact car
- Mid-size or full size car or minivan
- Truck, van, full size van or SUV
- Motorcycle
- Other

How often do you floss your teeth?

- Every day
- Almost every day
- Sometimes
- Rarely or never
- Does not apply

When in the sun, do you protect your skin by using a sunscreen at SPF 15 or above and by wearing adequate clothing?

- All of the time
- Most of the time
- Some of the time
- Rarely or never

How many hours of sleep do you usually get at night?

- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours or more

In general, how satisfied are you with your life (include personal and professional aspects)

- Completely satisfied
- Mostly satisfied
- Partly satisfied
- Not satisfied

In general, how strong are your social ties with your family and/or friends?

- Very strong
- About average
- Weaker than average
- Not sure

Have you suffered a personal loss or misfortune in the past year? (examples: job loss, disability, divorce, separation, jail term, death of someone close to you, war veteran)

- Yes, two or more serious losses
- Yes, one serious loss
- None

How often do you feel tense, anxious or depressed?

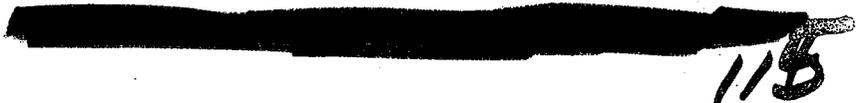
- Often
- Some
- Hardly any
- None

Present Health Concerns

Please briefly list your health concerns in order of priority, including date of onset, progression, severity of symptoms and treatments already tried.

1. _____
2. _____
3. _____
4. _____

What do you believe is causing your most important health concerns? _____



HEALTH RISK ASSESSMENT



Healthcare Practitioners: Please list your current medical practitioners with their contact information.

| | Practitioner's Name | Office Name | City | Phone |
|--------------|---------------------|-------------|------|-------|
| Primary Care | | | | |
| Pediatrician | | | | |
| OB/Gyn | | | | |
| Specialist | | | | |
| Therapist | | | | |
| Therapist | | | | |
| Other | | | | |
| | | | | |
| | | | | |

Pharmacy

Medications: Please fill out medication log provided

| Start Date | Name of Drug | Dose | Taken | Reason for RX | Prescribing Physician |
|------------|--------------|------|-------|---------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Allergies: Please list and describe any severe allergies (medications, stings, foods, etc.): _____

Suspected allergies, sensitivities, or intolerances _____

Social History:

Please circle the most appropriate:

- Single
 Married
 Divorced
 Widowed
 Significant Other

Do you have any children?

- Yes
 No
 Please list their age(s)



HEALTH RISK ASSESSMENT



Occupation(s)/School: _____ Hours per week: _____

Environmental Health History:

Any known exposures to toxic chemicals? Yes No If yes please specify: _____

Any known exposures to toxic health hazards in the past? Yes No

If yes, Please elaborate _____

Are you or your partner currently planning a future pregnancy? Yes No

Personal and Family Medical History:

Please check the box next to each condition that applies to you or one of your biological family members (grandparent, parent, sibling, child). Please indicate "Self" and/or specific relative in RELATIONSHIP column. Indicate in DATE column whether condition resolved in the past (P) or is current (C).

| | <input type="checkbox"/> | RELATIONSHIP | DATE Past/Current | | <input type="checkbox"/> | RELATIONSHIP | DATE Past/Current |
|--------------------------|--------------------------|--------------|----------------------|-------------------------------|--------------------------|--------------|----------------------|
| Alcoholism / Drug Abuse | | | | Glaucoma | | | |
| Allergies | | | | Headaches | | | |
| Alzheimer's Disease | | | | Heart Disease | | | |
| Anemia | | | | Hepatitis or HIV | | | |
| Anxiety / Panic Attacks | | | | High Blood Pressure | | | |
| Arthritis | | | | High Cholesterol | | | |
| Asthma | | | | Inflammatory Bowel Disease | | | |
| Autoimmune Disease | | | | Kidney Disease | | | |
| Bleeding Disorder | | | | Liver or Gall Bladder Disease | | | |
| Cancer: Type: | | | | Mental Illness: Type: | | | |
| Depression | | | | Osteoporosis | | | |
| Diabetes | | | | Parkinson's Disease | | | |
| Eczema | | | | Stroke | | | |
| Epilepsy | | | | Thyroid Disease | | | |
| Gastrointestinal Disease | | | | Vascular Disease | | | |

*Please provide details for boxes checked above or other unlisted diseases: _____

Medical History: Please list date or age and provide description:
Childhood Illness _____

Serious Illnesses and Injuries _____

Surgeries _____

Hospitalizations _____



HEALTH RISK ASSESSMENT



Date of last physical / annual exam _____

Date of last blood tests or images (X-rays... etc.) _____

Please list any recent labs, images, vaccinations you have received:

Females only: Are you currently pregnant? _____ Yes _____ No

Lifestyle and Personal Habits:

Circle substances you use regularly:

Tobacco Coffee/black tea/soda Alcohol Recreational Drugs

Pain relievers Antacids Laxatives Appetite suppressants

If any are circled, please indicate amount and frequency of use

Please describe any particular diet regimens or restrictions:

Do you exercise regularly? Yes No What is your exercise routine?

Do you believe stress has a major impact on your personal well being?

Yes No

What are your greatest stressors in life?

How do you manage stress and take care of yourself?

Have you traveled outside the US in the past year?

Yes No

If yes, Where? _____

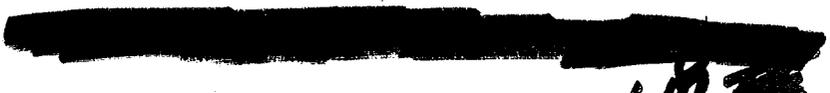
Have you done any camping that required drinking of unprocessed water?

Yes No

If yes, Where? _____

What are your greatest joys in life? _____

How much water do you drink per day? _____



HEALTH RISK ASSESSMENT



When was the last time you had these preventative services or health screenings?

| | Less than 1 year | 1-2 years ago | 2-3 years ago | 3-4 years ago | 5-6 years ago | 7 or more years ago | Never | Don't know |
|----------------------------|------------------|---------------|---------------|---------------|---------------|---------------------|-------|------------|
| Colon Cancer Screen | | | | | | | | |
| Rectal exam | | | | | | | | |
| Flu Shot | | | | | | | | |
| Tetanus Shot | | | | | | | | |
| Blood Pressure | | | | | | | | |
| Cholesterol | | | | | | | | |
| Dental Exam | | | | | | | | |
| FOR WOMEN ONLY | | | | | | | | |
| Pap Test | | | | | | | | |
| Mammogram | | | | | | | | |
| Breast exam by MD or nurse | | | | | | | | |
| FOR MEN ONLY | | | | | | | | |
| Prostate exam | | | | | | | | |

In the next six months are you planning to make any changes to keep yourself healthy or improve your health?

| | Yes | No | Don't Know | Not Needed |
|--|-----|----|------------|------------|
| Increase physical activity | | | | |
| Loose weight | | | | |
| Reduce alcohol use | | | | |
| Quit or cut down on smoking | | | | |
| Reduce fat / cholesterol intake | | | | |
| Lower blood pressure | | | | |
| Lower cholesterol level | | | | |
| Cope better with stress | | | | |
| See Primary Care Physician | | | | |
| See Primary Dentist | | | | |
| Receive flu shot | | | | |
| Receive Mammogram or Breast exam by professional | | | | |
| Receive Colonoscopy | | | | |
| Receive Prostate exam | | | | |

In the next 6 months, would you participate in a program that would help you to enhance your overall health?

- Yes
 No
 I am not sure

Agreement and Authorization

I hereby agree that (1) I represent that all information show above is correct, and having read this form and the above statements and answers and any attachments, I represent that they are true and complete to the best of my knowledge and belief, and agree that this health risk assessment (and any other required parts) shall be the basis for any plan provided;

(2) If I have made any false statements or misrepresentation, or have failed to disclose or have concealed any material fact, coverage provided under this health risk assessment may be considered void and the allowance of benefits will be refused.

I authorize any health care provider to release medical records to GreenCross Managed Health Systems and affiliates when reasonably related to the coverage for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization. I further agree upon request to furnish all information required to administer this coverage.

I agree with above statements:

Signature of Applicant/Parent/Guardian _____ Date _____

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G _____

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply. ▶ H _____

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

| | | |
|--|--|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | DMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div> |
| 1 Type or print your first name and middle initial. Last name | | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ |
| 7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here | | |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. | | 7 |
| Employee's signature (Form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer completes lines 8 and 10 only if sending to the IRS.) Depawix, 11111-70 San Jose Blvd., Suite 306, Jacksonville, FL 32223 | | 9 Office code (optional) 10 Employer identification number (EIN) |
| | | 61 1480448 |

For Privacy Act and Paperwork Reduction Act Notice, see page 2.



Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction.

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,350 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-." 3 \$ _____
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919.) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-." 7 \$ _____
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

| Table 1 | | | | Table 2 | | | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$4,500 | 0 | \$0 - \$6,000 | 0 | \$0 - \$65,000 | \$550 | \$0 - \$35,000 | \$550 |
| 4,501 - 9,000 | 1 | 6,001 - 12,000 | 1 | 65,001 - 120,000 | 910 | 35,001 - 90,000 | 910 |
| 9,001 - 18,000 | 2 | 12,001 - 19,000 | 2 | 120,001 - 185,000 | 1,020 | 90,001 - 185,000 | 1,020 |
| 18,001 - 22,000 | 3 | 19,001 - 26,000 | 3 | 185,001 - 330,000 | 1,200 | 185,001 - 370,000 | 1,200 |
| 22,001 - 26,000 | 4 | 26,001 - 35,000 | 4 | 330,001 and over | 1,280 | 370,001 and over | 1,280 |
| 26,001 - 32,000 | 5 | 35,001 - 50,000 | 5 | | | | |
| 32,001 - 38,000 | 6 | 50,001 - 65,000 | 6 | | | | |
| 38,001 - 46,000 | 7 | 65,001 - 80,000 | 7 | | | | |
| 46,001 - 55,000 | 8 | 80,001 - 90,000 | 8 | | | | |
| 55,001 - 60,000 | 9 | 90,001 - 120,000 | 9 | | | | |
| 60,001 - 65,000 | 10 | 120,001 and over | 10 | | | | |
| 65,001 - 75,000 | 11 | | | | | | |
| 75,001 - 95,000 | 12 | | | | | | |
| 95,001 - 105,000 | 13 | | | | | | |
| 105,001 - 120,000 | 14 | | | | | | |
| 120,001 and over | 15 | | | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | | |
|----------------------------------|-------|----------|-------------------|--------------------------------|
| Print Name: Last | | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | | | |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Print Name

Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

Depawix, 11111-70 San Jose Blvd., Ste 306, Jacksonville, FL 32223

Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____

Document #: _____

Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

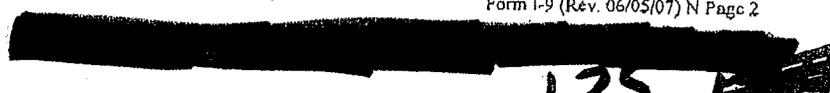
Signature of Employer or Authorized Representative

Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

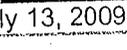
| LIST A Documents that Establish Both Identity and Employment Eligibility | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Eligibility |
|--|----|--|-----|--|
| 1. U.S. Passport (unexpired or expired) | | 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | | 1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment) |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) |
| 3. An unexpired foreign passport with a temporary I-551 stamp | | 3. School ID card with a photograph | | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | | 6. ID Card for use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | |
| | | 8. Native American tribal document | | 7. Unexpired employment authorization document issued by DHS (other than those listed under List A) |
| | | 9. Driver's license issued by a Canadian government authority | | |
| | | For persons under age 18 who are unable to present a document listed above: | | |
| | | 10. School record or report card | | |
| | | 11. Clinic, doctor or hospital record | | |
| | | 12. Day-care or nursery school record | | |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



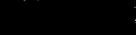
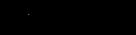
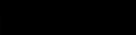
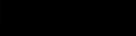
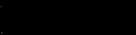
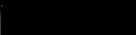
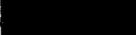
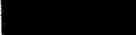
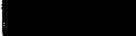
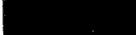
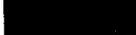


Discover Card Statement Ending June 18, 2009

Minimum Payment Due 
 Statement Balance 
 Payment Due Date July 13, 2009

Please make check payable to Discover Card or pay online @ Discovercard.com.

Account Summary

| | | |
|--------------------------|-------------|---|
| Previous Balance | \$ |  |
| Payments and Credits | -\$ |  |
| Purchases | +\$ |  |
| Cash Advances | +\$ |  |
| Balance Transfers | +\$ |  |
| Finance Charges | +\$ |  |
| Statement Balance | = \$ |  |
| Credit Limit | \$ |  |
| Credit Available | \$ |  |
| Cash Credit Limit | \$ |  |
| Cash Credit Available | \$ |  |

Cashback Bonus Summary

| | | |
|---------------------------------------|-------------|---|
| Opening Balance | \$ |  |
| New Cashback Bonus this Period | +\$ |  |
| 5% Cashback Bonus | +\$ |  |
| ShopDiscover & Promotional | +\$ |  |
| Everywhere Else | +\$ |  |
| Redeemed this Period | -\$ |  |
| Cashback Bonus Balance | = \$ |  |

Transactions

| Trans. Date | Post Date | Description | Amount | Category |
|-----------------------------------|-----------|--|-----------|---------------------|
| <input type="checkbox"/> 05/26/09 | 05/26/09 | PECK AND PECK 678-6084415 GA | \$ 355.04 | Merchandise/ Retail |
| <input type="checkbox"/> 05/ | |  | | |
| <input type="checkbox"/> 05/ | |  | | |
| <input type="checkbox"/> 06/ | |  | | |
| <input type="checkbox"/> 06/ | |  | | |
| <input type="checkbox"/> 06/ | |  | | |
| <input type="checkbox"/> 06/ | |  | | |
| <input type="checkbox"/> 06/ | |  | | |

CONGRATULATIONS! Your Cashback Bonus(R) is waiting for you. Visit Discover.com or call 1-800-DISCOVER (1-800-347-2683) to redeem.

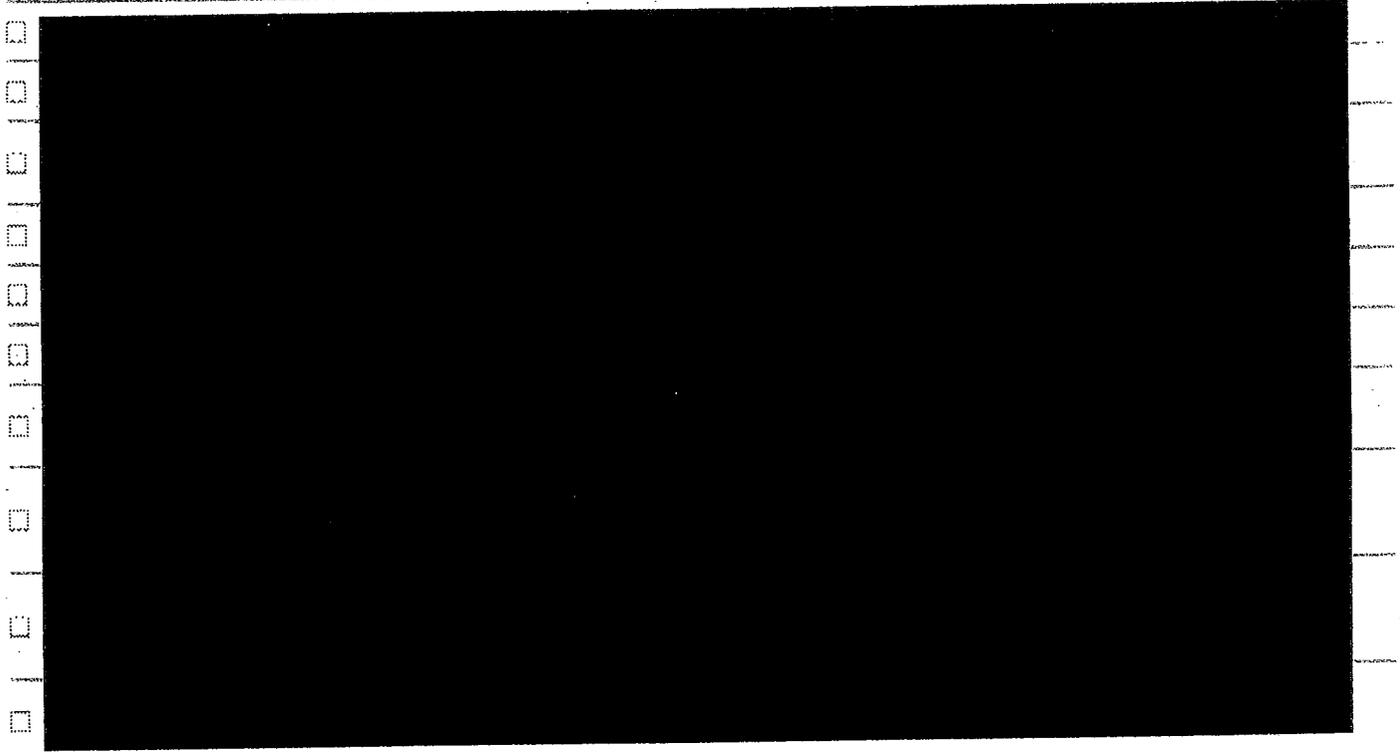
126 ~~125~~



Activity Since June 18, 2009 (Your Last Statement)

Transactions

| Trans. Date | Post Date | Description | Amount | Category |
|-------------|-----------|------------------------------|-----------|---------------------|
| 06/17/09 | 06/19/09 | PECK AND PECK 678-6084415 GA | \$ 230.04 | Merchandise/ Retail |



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Invoice

Smart Services

3577 Chamblee Tucker Rd, A-269
Atlanta, GA 30341

| Date | Invoice # |
|-----------|-----------|
| 7/15/2009 | 00522 |

| Bill To |
|---|
|  |

| Description | Amount |
|--|-----------------------|
| Green Cross placement fee | 230.04 |
| Payments will be withdrawn on the 15th of the month. | Total \$230.04 |

129
~~100~~

| | | | | | | | | |
|----------|-----------|--|----------------|----|------------|---|----------------|--|
| DEP01118 | 4/1/2009 | | Maittano | FL | 7/18/1946 | F | | |
| DEP01103 | 2/1/2009 | | Orlando | FL | 9/25/1960 | F | | |
| DEP01103 | 2/1/2009 | | Orlando | FL | 3/18/1964 | M | | |
| DEP01119 | 4/1/2009 | | Orlando | FL | 7/28/1949 | M | | |
| DEP01119 | 4/1/2009 | | Orlando | FL | 10/23/1957 | F | | |
| DEP01119 | 4/1/2009 | | Orlando | FL | 5/28/1996 | F | | |
| DEP01171 | 6/1/2009 | | Winter Park | FL | 10/29/1964 | M | Carynne Marten | |
| DEP01120 | 4/15/2009 | | Altomonte Sp | FL | 4/30/1954 | M | | |
| DEP01120 | 4/15/2009 | | Altomonte Sp | FL | 11/27/1954 | F | | |
| DEP01120 | 4/15/2009 | | Altomonte Sp | FL | 6/16/1990 | F | | |
| DEP01268 | 7/1/2009 | | Palm Harbor | FL | 5/26/1958 | F | Paul Morton | |
| DEP10402 | 5/1/2009 | | Deltona | FL | 6/3/1965 | F | Josh Levy | |
| DEP01253 | 7/1/2009 | | Winter Park | FL | 10/21/1952 | M | Carynne Marten | |
| DEP01137 | 4/15/2009 | | Lake Mary | FL | 5/27/1953 | F | Josh Levy | |
| DEP01137 | 4/15/2009 | | Lake Mary | FL | 5/6/1992 | M | Josh Levy | |
| DEP01137 | 4/15/2009 | | Lake Mary | FL | 7/15/1993 | F | Josh Levy | |
| DEP01170 | 5/1/2009 | | Orlando | FL | 9/9/1969 | M | Josh Levy | |
| DEP01170 | 5/1/2009 | | Orlando | FL | 1/1/1994 | M | Josh Levy | |
| DEP01163 | 5/1/2009 | | Orlando | FL | 2/16/1960 | M | Carynne Marten | |
| DEP01193 | 5/15/2009 | | Clermont | FL | 9/10/1969 | F | Josh Levy | |
| DEP01193 | 5/15/2009 | | Clermont | FL | 10/16/1989 | M | Josh Levy | |
| DEP01257 | 6/15/2009 | | Clermont | FL | 6/15/1969 | F | Josh Levy | |
| DEP01257 | 6/15/2009 | | Clermont | FL | 2/3/1967 | M | Josh Levy | |
| DEP01257 | 6/15/2009 | | Clermont | FL | 5/18/2000 | M | Josh Levy | |
| DEP01257 | 6/15/2009 | | Clermont | FL | 8/28/2004 | F | Josh Levy | |
| DEP01213 | 6/1/2009 | | Santa Rosa B | FL | 6/22/1979 | F | Peter Hinch | |
| DEP01213 | 6/1/2009 | | Santa Rosa B | FL | 6/2/1975 | M | Peter Hinch | |
| DEP01213 | 6/1/2009 | | Santa Rosa B | FL | 5/12/1995 | F | Peter Hinch | |
| DEP01213 | 6/1/2009 | | Santa Rosa B | FL | 9/29/1999 | F | Peter Hinch | |
| DEP01213 | 6/1/2009 | | Santa Rosa B | FL | 9/20/2003 | F | Peter Hinch | |
| DEP01128 | 4/1/2009 | | Kissimmee | FL | 1/25/1956 | F | Josh Levy | |
| DEP01191 | 5/10/2009 | | Jacksonville | FL | 3/3/1992 | F | House | |
| DEP01273 | 7/1/2009 | | Orlando | FL | 4/29/1974 | F | Carynne Marten | |
| DEP01179 | 5/15/2009 | | Kissimmee | FL | 5/26/1950 | M | Josh Levy | |
| DEP01179 | 5/15/2009 | | Kissimmee | FL | 7/22/1993 | F | Josh Levy | |
| DEP01180 | 5/15/2009 | | Kissimmee | FL | 8/6/1982 | F | Josh Levy | |
| DEP01266 | 7/1/2009 | | Tampa | FL | 5/1/1964 | M | Dave Albero | |
| DEP01038 | 11/1/2007 | | Orlando | FL | 02-08-1957 | M | | |
| DEP01229 | 7/1/2009 | | Tampa | FL | 9/7/1962 | M | Joe Giacalone | |
| DEP01082 | 4/1/2008 | | Ocala | FL | 10/28/1946 | F | | |
| DEP01250 | 6/15/2009 | | Winter Park | FL | 9/26/1985 | M | Matthew Perrin | |
| DEP01214 | 6/1/2009 | | Orlando | FL | 11/28/1980 | F | Carynne Marten | |
| DEP01262 | 7/1/2009 | | Orlando | FL | 9/20/1954 | M | Matthew Perrin | |
| DEP01119 | 4/1/2009 | | Orlando | FL | 8/3/1989 | M | | |
| DEP01157 | 5/1/2009 | | Orlando | FL | 6/4/1966 | M | Josh Levy | |
| DEP01280 | 7/1/2009 | | Orlando | FL | 5/10/1977 | F | Carynne Marten | |
| DEP01152 | 4/15/2009 | | The Villages | FL | 5/7/1948 | F | Matthew Perrin | |
| DEP01152 | 4/15/2009 | | The Villages | FL | 9/25/1949 | F | Matthew Perrin | |
| DEP01138 | 4/1/2009 | | Belleview | FL | 8/22/1977 | F | Steve Ricke | |
| DEP01101 | 2/1/2009 | | Ft. Lauderdale | FL | 2/7/1947 | M | | |
| DEP01101 | 2/1/2009 | | Ft. Lauderdale | FL | 2/25/1957 | F | | |
| DEP01101 | 2/1/2009 | | Ft. Lauderdale | FL | 3/31/1989 | M | | |
| DEP01101 | 2/1/2009 | | Ft. Lauderdale | FL | 9/6/1985 | M | | |
| DEP01242 | 7/1/2009 | | Sanford | FL | 10/18/1969 | F | Carynne Marten | |
| DEP01140 | 4/1/2009 | | The Villages | FL | 8/3/1948 | F | Donna Bradley | |
| DEP01150 | 4/15/2009 | | Destin | FL | 6/17/1988 | F | Peter Hinch | |
| DEP01129 | 4/1/2009 | | Grand Island | FL | 6/15/1951 | F | Josh Levy | |
| DEP01114 | 4/1/2009 | | Windermere | FL | 5/9/1956 | M | Josh Levy | |
| DEP01114 | 4/1/2009 | | Windermere | FL | 8/12/1971 | F | Josh Levy | |

| | | | | | | | |
|----------|-----------|--|---------------|----|------------|---|----------------|
| DEP01183 | 5/15/2009 | | Orlando | FL | 2/12/2006 | F | Josh Levy |
| DEP01005 | 10/1/2007 | | Boca Raton | FL | 3/11/1950 | F | |
| DEP01241 | 6/15/2009 | | Orlando | FL | 7/11/1968 | F | Josh Levy |
| DEP01241 | 6/15/2009 | | Orlando | FL | 6/6/1964 | M | Josh Levy |
| DEP01241 | 6/15/2009 | | Orlando | FL | 3/2/2007 | F | Josh Levy |
| DEP01276 | 7/1/2009 | | Palm Harbor | FL | 8/11/1952 | F | Bill Stevenson |
| DEP01240 | 7/1/2009 | | Ocala | FL | 10/19/1945 | F | Latrella Smith |
| DEP01240 | 7/1/2009 | | Ocala | FL | 10/11/1949 | M | Latrella Smith |
| DEP01188 | 6/1/2009 | | Hollywood | FL | 7/22/1953 | M | John Micalizio |
| DEP01188 | 6/1/2009 | | Hollywood | FL | 3/12/1960 | F | John Micalizio |
| DEP01188 | 6/1/2009 | | Hollywood | FL | 5/19/1999 | M | John Micalizio |
| DEP01188 | 6/1/2009 | | Hollywood | FL | 1/18/2001 | M | John Micalizio |
| DEP01215 | 6/1/2009 | | Palm Coast | FL | 2/26/1959 | M | Larry J Klein |
| DEP01205 | 6/1/2009 | | Orlando | FL | 4/22/1956 | F | Josh Levy |
| DEP01205 | 6/1/2009 | | Orlando | FL | 8/24/1950 | M | Josh Levy |
| DEP01046 | 3/15/2008 | | Hollywood | FL | 07/30/1953 | M | |
| DEP01100 | 1/1/2009 | | Boyton Beach | FL | 4/15/1967 | F | |
| DEP01100 | 1/1/2009 | | Boyton Beach | FL | 3/28/1966 | F | |
| DEP01263 | 7/1/2009 | | S Ponte Vedra | FL | 5/25/1953 | M | Steven Krebs |
| DEP01263 | 7/1/2009 | | S Ponte Vedra | FL | 5/19/1953 | F | Steven Krebs |
| DEP01263 | 7/1/2009 | | S Ponte Vedra | FL | 5/3/1996 | F | Steven Krebs |
| DEP01130 | 4/1/2009 | | Kissimmee | FL | 8/22/1952 | M | Josh Levy |
| DEP01130 | 4/1/2009 | | Kissimmee | FL | 11/15/1950 | F | Josh Levy |
| DEP01131 | 4/1/2009 | | Kissimmee | FL | 5/12/1985 | M | |
| DEP01116 | 4/1/2009 | | Clermont | FL | 10/25/1948 | F | Josh Levy |
| DEP01233 | 6/15/2009 | | Clermont | FL | 10/21/1959 | F | John Micalizio |
| DEP01233 | 6/15/2009 | | Clermont | FL | 11/15/1956 | M | John Micalizio |
| DEP01233 | 6/15/2009 | | Clermont | FL | 3/22/1989 | F | John Micalizio |
| DEP01233 | 6/15/2009 | | Clermont | FL | 10/17/2000 | F | John Micalizio |
| DEP01192 | 6/1/2009 | | Mims | FL | 4/30/1975 | M | Josh Levy |
| DEP01198 | 6/1/2009 | | Edgewater | FL | 2/23/1977 | M | Josh Levy |
| DEP01198 | 6/1/2009 | | Edgewater | FL | 11/18/1975 | F | Josh Levy |
| DEP01198 | 6/1/2009 | | Edgewater | FL | 7/20/2003 | M | Josh Levy |
| DEP01178 | 5/15/2009 | | St Cloud | FL | 9/19/1963 | M | Josh Levy |
| DEP01153 | 4/15/2009 | | Oviedo | FL | 6/14/1968 | F | Josh Levy |
| DEP01153 | 4/15/2009 | | Oviedo | FL | 11/22/1965 | M | Josh Levy |
| DEP01153 | 4/15/2009 | | Oviedo | FL | 1/16/1991 | F | Josh Levy |
| DEP01153 | 4/15/2009 | | Oviedo | FL | 12/7/1993 | M | Josh Levy |
| DEP01160 | 5/1/2009 | | Tallahassee | FL | 9/2/1955 | M | Neil Casey |
| DEP01160 | 5/1/2009 | | Tallahassee | FL | 7/11/1956 | F | Neil Casey |
| DEP01287 | 6/15/2009 | | Sanford | FL | 10/4/1976 | M | Josh Levy |
| DEP01287 | 6/15/2009 | | Sanford | FL | 7/27/1977 | F | Josh Levy |
| DEP01287 | 6/15/2009 | | Sanford | FL | 12/2/2005 | F | Josh Levy |
| DEP01287 | 6/15/2009 | | Sanford | FL | 1/13/2009 | F | Josh Levy |
| DEP01134 | 4/1/2009 | | Apopka | FL | 11/25/1945 | M | Josh Levy |
| DEP01134 | 4/1/2009 | | Apopka | FL | 6/29/1946 | F | Josh Levy |
| DEP01167 | 5/1/2009 | | St. Cloud | FL | 12/20/1955 | F | Josh Levy |
| DEP01279 | 7/1/2009 | | Windermere | FL | 9/17/1956 | F | Marc Manuel |
| DEP01279 | 7/1/2009 | | Windermere | FL | 5/20/1954 | M | Marc Manuel |
| DEP01260 | 7/1/2009 | | New Smyrna | FL | 9/27/1979 | M | Josh Levy |
| DEP01093 | 9/1/2008 | | Alt. Sp. | FL | 11/19/1946 | F | |
| DEP01166 | 5/1/2009 | | Sanford | FL | 3/25/1955 | M | Josh Levy |
| DEP01271 | 7/1/2009 | | Lakeland | FL | 5/9/1969 | M | Dave Albero |
| DEP01271 | 7/1/2009 | | Lakeland | FL | 2/4/1971 | F | Dave Albero |

| | | | | | | | | |
|----------|-----------|-----|---------------|----|------------|---|---------------------|--|
| DEP01271 | 7/1/2009 | | Lakeland | FL | 12/10/1991 | F | Dave Albero | |
| DEP01271 | 7/1/2009 | | Lakeland | FL | 1/4/1998 | F | Dave Albero | |
| DEP01252 | 7/1/2009 | | Orlando | FL | 9/15/1953 | F | Carynne Marten | |
| DEP01113 | 3/15/2009 | | Altamonte Sp | FL | 5/11/1945 | F | Cornerstone America | |
| DEP01138 | 4/1/2009 | | Belleview | FL | 6/9/1990 | M | Steve Ricke | |
| DEP01149 | 4/15/2009 | | Orlando | FL | 11/15/1952 | F | Carynne Marten | |
| DEP01123 | 4/15/2009 | | Sanford | FL | 9/5/1963 | M | | |
| DEP01123 | 4/15/2009 | | Sanford | FL | 10/12/1963 | F | | |
| DEP01216 | 6/1/2009 | | West Palm B | FL | 2/18/1979 | F | John Micalizio | |
| DEP01183 | 5/15/2009 | | Orlando | FL | 6/15/1972 | F | Josh Levy | |
| DEP01146 | 4/15/2009 | | Daytona Beach | FL | 8/23/1947 | F | Carynne Marten | |
| DEP01124 | 4/1/2009 | | The Villages | FL | 11/14/1958 | F | | |
| DEP01195 | 6/1/2009 | | Clermont | FL | 6/24/1967 | F | Josh Levy | |
| DEP01195 | 6/1/2009 | | Clermont | FL | 5/22/1964 | M | Josh Levy | |
| DEP01195 | 6/1/2009 | | Clermont | FL | 8/1/1998 | F | Josh Levy | |
| DEP01206 | 6/1/2009 | | Titusville | FL | 3/2/1975 | M | Josh Levy | |
| DEP01187 | 6/1/2009 | | Oviedo | FL | 7/17/1972 | F | Josh Levy | |
| DEP01144 | 4/15/2009 | | Winter Garden | FL | 5/25/1961 | F | Carynne Marten | |
| DEP01251 | 7/1/2009 | | Brandon | FL | 12/13/1944 | F | Joe Giacalone | |
| DEP01223 | 6/15/2009 | | Kissimmee | FL | 9/18/1961 | M | Josh Levy | |
| DEP01223 | 6/15/2009 | | Kissimmee | FL | 7/4/1947 | F | Josh Levy | |
| DEP01158 | 5/1/2009 | | Orlando | FL | 12/2/1958 | M | Carynne Marten | |
| DEP10403 | 5/1/2009 | | Deltona | FL | 5/26/1955 | F | Josh Levy | |
| DEP01204 | 6/1/2009 | | Edgewater | FL | 8/18/1953 | M | Josh Levy | |
| DEP01242 | 7/1/2009 | | Sanford | FL | 4/28/1997 | M | Carynne Marten | |
| DEP01270 | 7/1/2009 | | Deltona | FL | 10/18/1970 | F | Josh Levy | |
| DEP01270 | 7/1/2009 | | Deltona | FL | 11/6/1970 | M | Josh Levy | |
| DEP01181 | 5/15/2009 | | Royal Palm B | FL | 3/13/1963 | F | Marty Maragni | |
| DEP01181 | 5/15/2009 | | Royal Palm B | FL | 7/22/1992 | M | Marty Maragni | |
| DEP01181 | 5/15/2009 | | Royal Palm B | FL | 2/1/1995 | M | Marty Maragni | |
| DEP01186 | 5/15/2009 | | Royal Palm B | FL | 4/11/1990 | M | Marty Maragni | |
| DEP01261 | 7/1/2009 | | Delray Beach | FL | 1/22/1972 | f | John Micalizio | |
| DEP01261 | 7/1/2009 | | Delray Beach | FL | 9/18/1996 | M | John Micalizio | |
| DEP01115 | 3/15/2009 | | Boyton Beach | FL | 8/28/1963 | M | John Micalizio | |
| DEP01115 | 3/15/2009 | | Boyton Beach | FL | 3/25/1960 | F | | |
| DEP01199 | 6/1/2009 | | Mims | FL | 3/24/1992 | M | Josh Levy | |
| DEP01092 | 9/15/2008 | nte | Orlando | FL | | | | |
| DEP01258 | 7/1/2009 | | Bradenton | FL | 9/30/1946 | F | Joe Giacalone | |
| DEP01185 | 6/1/2009 | | Jacksonville | FL | 9/2/1948 | M | Steve Rickie | |
| DEP01185 | 6/1/2009 | | Jacksonville | FL | 7/2/1960 | F | Steve Rickie | |
| DEP01187 | 6/1/2009 | | Oviedo | FL | 4/11/2009 | M | Josh Levy | |
| DEP01187 | 6/1/2009 | | Oviedo | FL | 4/18/2006 | M | Josh Levy | |
| DEP01235 | 7/1/2009 | | Delray Beach | FL | 5/20/1958 | M | Martin Maragni | |
| DEP01235 | 7/1/2009 | | Delray Beach | FL | 11/24/1954 | F | Martin Maragni | |
| DEP01235 | 7/1/2009 | | Delray Beach | FL | 6/2/1988 | F | Martin Maragni | |
| DEP01235 | 7/1/2009 | | Delray Beach | FL | 6/16/1995 | F | Martin Maragni | |
| DEP01236 | 7/1/2009 | | Nokomis | FL | 10/11/1963 | F | Dave Albero | |
| DEP01236 | 7/1/2009 | | Nokomis | FL | 11/21/1954 | M | Dave Albero | |
| DEP01236 | 7/1/2009 | | Nokomis | FL | 1/11/1991 | F | Dave Albero | |
| DEP01236 | 7/1/2009 | | Nokomis | FL | 3/13/1995 | M | Dave Albero | |
| DEP01236 | 7/1/2009 | | Nokomis | FL | 9/29/1997 | F | Dave Albero | |
| DEP01236 | 7/1/2009 | | Nokomis | FL | 6/6/1999 | F | Dave Albero | |
| DEP01127 | 4/1/2009 | | Orlando | FL | 4/6/1947 | M | Josh Levy | |

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|----------|-----------|--|-----------------|----|------------|---|----------------|---|
| DEP01127 | 4/1/2009 | | Orlando | FL | 8/17/1963 | F | Josh Levy | |
| DEP01282 | 7/1/2009 | | Boca Raton | FL | 4/20/1972 | F | John Micalizio | |
| DEP01202 | 7/1/2009 | | Titusville | FL | 9/12/1964 | M | Josh Levy | |
| DEP01202 | 7/1/2009 | | Titusville | FL | 11/20/2005 | M | Josh Levy | |
| DEP01249 | 7/1/2009 | | Lake Worth | FL | 3/27/1949 | F | John Micalizio | |
| DEP01071 | 10/1/2007 | | Pembroke Pines | FL | 12/04/1945 | M | | |
| DEP01071 | 10/1/2007 | | Pembroke Pines | FL | 2/26/1945 | F | | |
| DEP01221 | 6/1/2009 | | Palm Coast | FL | 9/8/1953 | M | Brett Noucher | |
| DEP01221 | 6/1/2009 | | Palm Coast | FL | 9/11/1952 | F | Brett Noucher | |
| DEP01150 | 4/15/2009 | | Destin | FL | 11/7/1959 | M | Peter Hinch | |
| DEP01150 | 4/15/2009 | | Destin | FL | 10/18/2008 | M | Peter Hinch | |
| DEP01246 | 7/1/2009 | | Kissimmee | FL | 10/17/1950 | F | Josh Levy | |
| DEP01246 | 7/1/2009 | | Kissimmee | FL | 8/25/1948 | M | Josh Levy | |
| DEP01255 | 7/1/2009 | | Clermont | FL | 10/9/1954 | F | Josh Levy | |
| DEP01242 | 7/1/2009 | | Sanford | FL | 8/29/1966 | M | Carynne Marten | |
| DEP01242 | 7/1/2009 | | Sanford | FL | 10/5/2002 | M | Carynne Marten | |
| DEP01218 | 6/1/2009 | | Coral Gables | FL | 4/1/1980 | M | Peter Hinch | |
| DEP01218 | 6/1/2009 | | Coral Gables | FL | 7/15/1972 | F | Peter Hinch | |
| | | | | | | | | n |
| | | | | | | | | n |
| DEP01076 | 12/1/2007 | | Holly Hill | FL | 2/7/1962 | M | | |
| DEP01076 | 12/1/2007 | | Holly Hill | FL | 3/28/1956 | F | | |
| DEP01076 | 12/1/2007 | | Holly Hill | FL | 2/5/1995 | F | | |
| DEP01076 | 12/1/2007 | | Holly Hill | FL | 7/14/1993 | F | | |
| DEP01220 | 6/1/2009 | | Melbourne | FL | 4/16/1973 | M | Josh Levy | |
| DEP01237 | 6/15/2009 | | Orlando | FL | 7/29/1973 | F | Josh Levy | |
| DEP01237 | 6/15/2009 | | Orlando | FL | 10/22/1968 | M | Josh Levy | |
| DEP01237 | 6/15/2009 | | Orlando | FL | 2/21/2007 | M | Josh Levy | |
| DEP01219 | 6/1/2009 | | Ormond Beach | FL | 2/4/1970 | F | Carynne Marten | |
| DEP01219 | 6/1/2009 | | Ormond Beach | FL | 8/15/1970 | M | Carynne Marten | |
| DEP01219 | 6/1/2009 | | Ormond Beach | FL | 2/20/2007 | F | Carynne Marten | |
| DEP01219 | 6/1/2009 | | Ormond Beach | FL | 8/9/2008 | M | Carynne Marten | |
| DEP01226 | 7/1/2009 | | St. Petersburg | FL | 11/23/1947 | M | Todd Meyers | |
| DEP01226 | 7/1/2009 | | St. Petersburg | FL | 12/28/1947 | F | Todd Meyers | |
| DEP01097 | 1/1/2009 | | Pionciana | FL | 9/13/1945 | F | | |
| DEP01162 | 5/15/2009 | | Apopka | FL | 1/16/1966 | F | Carynne Marten | |
| DEP01162 | 5/15/2009 | | Apopka | FL | 8/12/1966 | M | Carynne Marten | |
| DEP01162 | 5/15/2009 | | Apopka | FL | 12/7/1999 | F | Carynne Marten | |
| DEP01231 | 7/1/2009 | | Winter Spring | FL | 4/2/1948 | F | Robert Hawk | |
| DEP01239 | 6/15/2009 | | St. Augustine | FL | 8/5/1955 | F | Steve Krebs | |
| DEP01198 | 6/1/2009 | | Edgewater | FL | 7/6/1996 | M | Josh Levy | |
| DEP01156 | 5/1/2009 | | Longwood | FL | 9/4/1970 | M | Josh Levy | |
| DEP01156 | 5/1/2009 | | Longwood | FL | 10/29/1965 | F | Josh Levy | |
| DEP01156 | 5/1/2009 | | Longwood | FL | 8/22/2004 | M | Josh Levy | |
| DEP01106 | 3/1/2009 | | Winter Spring | FL | 1/30/1977 | F | | |
| DEP01133 | 4/1/2009 | | West Palm Beach | FL | 4/21/1954 | F | John Micalizio | |
| DEP01133 | 4/1/2009 | | West Palm Beach | FL | 4/23/1961 | M | John Micalizio | |
| DEP01133 | 4/1/2009 | | West Palm Beach | FL | 7/19/1990 | M | John Micalizio | |
| DEP01133 | 4/1/2009 | | West Palm Beach | FL | 5/6/1993 | F | John Micalizio | |
| DEP01102 | 1/1/2009 | | Orange Park | FL | 3/8/1968 | M | | |
| DEP01145 | 4/15/2009 | | The Villages | FL | 3/9/1951 | F | Josh Levy | |
| DEP01272 | 7/1/2009 | | Polk City | FL | 2/2/1948 | M | Craig Beske | |
| | | | | | | | | |
| DEP01173 | 5/1/2009 | | Umatilla | FL | 8/27/1957 | M | Josh Levy | |
| DEP01173 | 5/1/2009 | | Umatilla | FL | 1/5/1975 | F | Josh Levy | |

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State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

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

Dated this 21th Day of August, 2009

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:

Green Cross Managed Health Systems

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

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Commissioner, Office of Insurance Regulation



EXHIBIT

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State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

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

Dated this 21th Day of August, 2009

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:

Depawix Health Resources, 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.

A handwritten signature in black ink, appearing to read "K. M. [unclear]".

Commissioner, Office of Insurance Regulation



State of Florida



OFFICE OF INSURANCE REGULATION Tallahassee, Florida

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

Dated this 21th Day of August, 2009

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:

Peck and Peck, 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.

A handwritten signature in black ink, appearing to read "K. M. ...", positioned above the printed name of the Commissioner.

Commissioner, Office of Insurance Regulation

