

**United States Bankruptcy Court  
Middle District of Tennessee**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>A-Z Diabetes Care Club LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>FKA Diabetes Care Club, LLC</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>73-1628560</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>c/o Resurgence Financial Services, LLC 3514 Hobson Pike Hermitage, TN</b> <div style="text-align: right; font-size: small;">ZIP Code <b>37076</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Davidson</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>P.O. Box 2255 Mount Juliet, TN</b> <div style="text-align: right; font-size: small;">ZIP Code <b>37121</b></div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>

Location of Principal Assets of Business Debtor (if different from street address above):

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<p align="center"><b>Nature of Business</b> (Check one box)</p> <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<p align="center"><b>Chapter 15 Debtors</b></p> <p>Country of debtor's center of main interests:</p> <p>Each country in which a foreign proceeding by, regarding, or against debtor is pending:</p>	<p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<p align="center"><b>Nature of Debts</b> (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<p align="center"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center"><b>Chapter 11 Debtors</b></p> <p>Check one box:</p> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p>Check if:</p> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <p>Check all applicable boxes:</p> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
---	---

**Statistical/Administrative Information**      **\*\*\* Paul G. Jennings 14367 \*\*\***

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors									
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input checked="" type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
Estimated Assets									
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
Estimated Liabilities									
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): A-Z Diabetes Care Club LLC
---	--

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
---	--

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

*(This page must be completed and filed in every case)*

Name of Debtor(s):  
A-Z Diabetes Care Club LLC

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Paul G. Jennings  
Signature of Attorney for Debtor(s)

Paul G. Jennings 14367  
Printed Name of Attorney for Debtor(s)

Bass, Berry & Sims PLC  
Firm Name  
150 Third Ave. S.  
Suite 2800  
Nashville, TN 37201

\_\_\_\_\_  
Address

615-742-6200 Fax: 615-742-6293  
Telephone Number

May 15, 2014  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Gary M. Murphey  
Signature of Authorized Individual

Gary M. Murphey  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

May 15, 2014  
Date

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
See Attached				1,508,672.83

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date May 15, 2014

Signature /s/ Gary M. Murphey  
Gary M. Murphey  
President

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
GEMCO 5640 HUDSON INDUSTRIAL PARKWAY HUDSON, OH 44236-5011		378,899.70
TRANSPARENT BPO 7129 AMBASSADOR RD WINDSOR MILL, MD 21244		208,304.57
BIOSENSE MEDICAL DEVICES TAYLOR, ENGLISH DUMA LLP 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA, GA 30339		196,685.39
WELLDYNE RX PETERSON & MYERS PA PO BOX 1079 LAKE WALES, FL 33859		170,000.00
LIVEOPS 555 TWIN DOLPHIN DR SUITE 400 REDWOOD CITY, CA 94065		134,647.24
THE CINCINNATI INSURANCE COMPANY BOND CLA PO BOX 145496 CINCINNATI, OH 45250-5496		112,526.55
SPECIALTY MEDICAL SUPPLIES 3882 NW 124TH AVE CORAL SPRINGS, FL 33065		86,546.28
BIONOSTICS 7 JACKSON RD DEVENS, MA 01434-4026		46,201.02
KOEPEL DIRECT 16200 DALLAS PKWY STE 270 DALLAS, TX 75248		44,237.81
PERFORMANCE MEDIA PARTNERS 1788 SECOND ST SUITE 201 HIGHLAND PARK, IL 60035		42,984.00
ZIRMED 1311 SOLUTIONS CENTER CHICAGO, IL 60677-1311		33,358.56

ROCHE PO BOX 50457 INDIANPOLIS, IN 46250-0457	13,714.92
FA MANAGEMENT 480 JAMES ROBERTSON PKWY NASHVILLE, TN 37219	10,518.16
YP PO BOX 601141 PASADENA, CA 91189-1141	8,240.00
SD BIOSENSOR 12860 DANIELSON CRT SUITE A POWAY, CA 92064	7,590.99
UNIVERSAL SOFTWARE SOLUTIONS INC 1334 S IRISH RD DAVIDSON, MI 48423	6,895.00
SPEECH-SOFT SOLUTIONS PO BOX 5525 EDMOND, OK 73083	2,900.00
CAREPOINT 215 E BAY ST STE 304 CHARLESTON SC 29401	2,732.59
PASSPORT HEALTH COMMUNICATIONS INC PO BOX 635527 CINCINNATI, OH 45263	990.21
MIDCO CALL CENTER 4901 E 26TH STREET SIOUX FALLS, SD 57110	699.84

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	1,149,439.98		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		584,536.90	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1		1,617,783.67	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		10			
Total Assets			1,149,439.98		
Total Liabilities				2,202,320.57	



**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

Sub-Total > 0.00 (Total of this page)  
 Total > 0.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Comerica acct 1918	-	10,132.38
		Comerica acct 1942	-	14,307.60
3. Security deposits with public utilities, telephone companies, landlords, and others.		Arriva Escrow Deposit \$1,000,000 listed on Simplex Healthcare Sch B Value	-	1,000,000.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
Sub-Total >				1,024,439.98
(Total of this page)				

2 continuation sheets attached to the Schedule of Personal Property

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Patient AR Collections (Patient Focus/Franklin Collections Agreement) Estimated value - 25,000	-	25,000.00
		Medicare Collections (Omnisys Agreement) Estimated value - 100,000	-	100,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > 125,000.00  
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Uromatrix Credit Balance (book value 9,580)	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	0.00
(Total of this page)	
Total >	1,149,439.98

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No.	X	-	10/28/08 Loan & Security Agreement No 1391 All Assets collateral						
Lighthouse Capital Ptns VP LP 20 University Rd Suite 320 Cambridge, MA 02138			Value \$	0.00	584,536.90	0.00			
Account No.									
			Value \$						
Account No.									
			Value \$						
Account No.									
			Value \$						
Subtotal (Total of this page)								584,536.90	0.00
Total (Report on Summary of Schedules)								584,536.90	0.00

0 continuation sheets attached

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

#### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

**Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re A-Z Diabetes Care Club LLC  
 Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet)

Taxes and Certain Other Debts  
 Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.  City of Franklin PO Box 306097 Nashville, TN 37230							0.00	0.00
Account No.  Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346							0.00	0.00
Account No.  Williamson Co Trustee 1320 W Main St Ste 135 PO Box 624 Franklin, TN 37065							0.00	0.00
Account No.  								
Account No.  								

Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims	Subtotal (Total of this page)	0.00	0.00
	Total (Report on Summary of Schedules)	0.00	0.00



In re A-Z Diabetes Care Club LLC  
 Debtor

Case No. \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. See Attached		-				1,617,783.67
Account No.						
Account No.						
Account No.						
Subtotal (Total of this page)						1,617,783.67
Total (Report on Summary of Schedules)						1,617,783.67

80 continuation sheets attached

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
ABIGAIL P MARTINDALE 900 20TH AVE S, UNITE 1510 NASHVILLE, TN 37212	NOTICE ONLY	0
ADRIA HEIMBURGER 108 ROSE ST NASHVILLE, TN 37210	NOTICE ONLY	0
ALYSSIA A A SYPHERS 605 COBBLE COURT NASHVILLE, TN 37211	NOTICE ONLY	0
AMELIA J WOODARD 660 BELL ROAD, APT 608 ANTIOCH, TN 37013	NOTICE ONLY	0
ANGELA M M MINKS 284 MEIGS DR, L78 MURFREESBORO, TN 37128	NOTICE ONLY	0
ANGELIQUE D D MORENO 903 N 12TH ST, APT 15 NASHVILLE, TN 37206	NOTICE ONLY	0
ANTONIO M CROSS 1306 ARBOR CREST BLVD ANTIOCH, TN 37013	NOTICE ONLY	0
BIONIME USA 3047 TWISTED OAK DR MURFREESBORO TN 37129	DISPUTED	0
BIONOSTICS 7 JACKSON RD DEVENS, MA 01434-4026		46,201.02
BIOSENSE MEDICAL DEVICES TAYLOR, ENGLISH DUMA LLP 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA, GA 30339		196,685.39
BRANDI L NICHOLLS 1410 SUNRAY DRIVE MURFREESBORO, TN 37127	NOTICE ONLY	0
BRITTNEY D D MCLENDON 511 S 11TH ST NASHVILLE, TN 37206	NOTICE ONLY	0

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
C2C SOLUTIONS INC QIC DME PO BOX 44163 JACKSONVILLE FL 32231-4163	NOTICE ONLY	0
CAITLIN S SARA DUFF 301 DEMONBREUN ST, UNIT 1911 NASHVILLE, TN 37201	NOTICE ONLY	0
CAMERON S JAMES 3469 ALLEN BARRETT ROAD MURFREESBORO, TN 37219	NOTICE ONLY	2,732.59
CAREPOINT 215 E BAY ST STE 304 CHARLESTON SC 29401	NOTICE ONLY	0
CAROL G GWEN ANDERSON 106 S THOMPSON, 110A SHELBYVILLE, TN 37160	DISPUTED	0
CENTERS FOR MEDICARE AND MEDICAID SERVICE NATIONAL GOVERNMENT SERVICES INC PO BOX 6036 INDIANAPOLIS, IN 46206-0636	NOTICE ONLY	0
CHARRIA E TERRY 148 TIMBERLAKE CIRCLE ANTIOCH, TN 37013	NOTICE ONLY	0
COURTNEI D SECREST 7069 OLD ZION ROAD COLUMBIA, TN 38401	NOTICE ONLY	0
COURTNEY E MANCHESTER 416 THORNTON DRIVE FRANKLIN, TN 37064	NOTICE ONLY	0
DANIELLE S SMITH 510 CALLIE AVENUE GALLATIN, TN 37066	NOTICE ONLY	0
DARCEY D STEWART 351 SAM RIDLEY PKWY E, APT J5 SMYRNA, TN 37167	NOTICE ONLY	0
DAVID MATTHEW DICKERSON 702A CLEARVIEW DRIVE NASHVILLE, TN 37212		

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
DENISE S STOKES 257 FREEDOM DRIVE FRANKLIN, TN 37067	NOTICE ONLY	0
DESTINY AKINS 802 WILLOW TRACE CT WHITES CREEK, TN 37115	NOTICE ONLY	0
DEXTER A JOHNSON 1114 CEDAR POINTE PKWY ANTIOCH, TN 37013	NOTICE ONLY	0
ELIZABETH E DROKE 2608 MATCHSTICK PL SPRING HILL, TN 37174	NOTICE ONLY	0
EMILY J COLLINS 1359 DUNRAVEN DRIVE MURFREESBORO, TN 37128	NOTICE ONLY	0
ERIC M M MORENO 1025 CEDAR CREEK VILLAGE RD MT JULIET, TN 37122	NOTICE ONLY	0
ERIN E FINNEY 804 CHESTNUT COURT BRENTWOOD, TN 37027	NOTICE ONLY	0
EVA J JARRETT KINCADE 500 ARBOR DRIVE FRANKLIN, TN 37069	NOTICE ONLY	0
FA MANAGEMENT 480 JAMES ROBERTSON PKWY NASHVILLE, TN 37219		10,518.16
GAVIN M M GRAVES 508 DES MOINES DR HERMITAGE, TN 37076	NOTICE ONLY	0
GEMCO 5640 HUDSON INDUSTRIAL PARKWAY HUDSON, OH 44236-5011		378,899.70
IAN R RICHARD MCCUSKEY 4004 IVY DR NASHVILLE, TN 37216	NOTICE ONLY	0

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
JACKSON J MOSER 1326 MOORES COURT BRENTWOOD, TN 37027	NOTICE ONLY	0
JAMES E RIBEIRO 1408 STAUNTON MILL COURT THOMPSONS STATION, TN 37179	NOTICE ONLY	0
JAMES W WENDEL GROSS 521 ERIE LANDING ANTIOCH, TN 37013	NOTICE ONLY	0
JAMESON WHITSELL 146 WATERFORD WAY HENDERSONVILLE, TN 37075	NOTICE ONLY	0
JAYLYNE M AGUIRRE 2003 SPARROW ST SPRING HILL, TN 37174	NOTICE ONLY	0
JESSICA L JONES 1807 BRENTWOOD TERRACE NASHVILLE, TN 37211	NOTICE ONLY	0
JOHN-DAVID THOMAS, EDQ. ASST UNITED STATES ATTY US DEPARTMENT OF JUSTICE 9TH AVE S SUITE A-961 NASHVILLE TN 37203	NOTICE ONLY	
JOSEPH M FLEISCHMAN 2607 HOLLINGTON OAKS PLACE BRANDON, FL 33511	NOTICE ONLY	0
JULIET HAHN 2609 THAMES CT THOMPSON STATION, TN 37179	NOTICE ONLY	0
KAREN RODRIGUEZ 1509 MOORELAND BLVD BRENTWOOD, TN 37027	NOTICE ONLY	0
KATHRYN COX 2828 OLD HICKORY BLVD, APT 719 NASHVILLE, TN 37221	NOTICE ONLY	0
KEITH W WILLIAM SORRELS 5025 HILLSBORO PIKE, APT 24N NASHVILLE, TN 37215	NOTICE ONLY	0

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
KING & SPALDING PO BOX 116133 ATLANTA, GA 30368-6133		680
KOEPEL DIRECT 16200 DALLAS PKWY STE 270 DALLAS, TX 75248		44,237.81
LAKISHA R WINTON 1809 ROSANDER LANE ANTIOCH, TN 37013	NOTICE ONLY	0
LISANDRA MARRERO-HAGGARD 639 CRESCENT ROAD MURFREESBORO, TN 37128	NOTICE ONLY	0
LISHA A BATES 1021 REHOBATH RD COLLEGE GROVE, TN 37046	NOTICE ONLY	0
LIVEOPS 555 TWIN DOLPHIN DR SUITE 400 REDWOOD CITY, CA 94065		134,647.24
MARCUS COWEN 306 WISTERIA DR FRANKLIN, TN 37064	NOTICE ONLY	0
MARICELA CRUZ 631 E TRINITY LANE NASHVILLE, TN 37207	NOTICE ONLY	0
MARK S BAILEY 5004 COUNTRY CLUB DRIVE BRENTWOOD, TN 37027	NOTICE ONLY	0
MARYLOU DUNN 3048 AULD TATTY DRIVE SPRINGHILL, TN 37174	NOTICE ONLY	0
MEGAN L TAYLOR 114 CHATHAM COURT LAVERGNE, TN 37086	NOTICE ONLY	0
MEREDITH K EVERHART 109 KINGSRIDGE DRIVE LAVERGNE, TN 37086	NOTICE ONLY	0

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
MEREDITH TOOLE, ESQ. US DEPARTMENT OF JUSTICE 601 D STREET NW RM 9215 WASHINGTON DC 20004	NOTICE ONLY	0
MIDCO CALL CENTER 4901 E 26TH STREET SIOUX FALLS, SD 57110		100,981.74
MISTIE K BOHLER 310 TIMBERWAY CIRCLE NASHVILLE, TN 37214	NOTICE ONLY	0
NICHOLAS S O'BYRNE 101 GILLESPIE DR, APT 17306 FRANKLIN, TN 37067	NOTICE ONLY	0
NORIDIAN HEALTHCARE SOLUTIONS LLC ATTN DME OVERPAYMENT REDETERMINATIONS PO BOX 6727 FARGO ND 58108-6728  OMNIS HEALTH 3660 ENTERPRISE WAY MIRAMAR, FL 33025	NOTICE ONLY	699.84
PASSPORT HEALTH COMMUNICATIONS INC PO BOX 635527 CINCINNATI, OH 45263		990.21
PATIENCE R R PRESNELL 5112 ENGLISH VILLAGE DR NASHVILLE, TN 37211	NOTICE ONLY	0
PERFORMANCE MEDIA PARTNERS 1788 SECOND ST SUITE 201 HIGHLAND PARK, IL 60035		42,984.00
PHOENIX PACKAGE LOGISTICS 5181 NW 108TH AVE SUNRISE, FL 33351		112,526.55
PHOTHONG L L ROGERS 213 APPLEWOOD LANE MURFREESBORO, TN 37127	NOTICE ONLY	0

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
PHUONG THUY MALLINI 117 PENNYSTONE CIRCLE FRANKLIN, TN 37067	NOTICE ONLY	0
RANDALL K KEITH WINTON 5201 SHENANDOAH COURT NASHVILLE, TN 37220	NOTICE ONLY	0
REBECCA D DIANE BUGG 201 GILLESPIE DRIVE, APT 3204 FRANKLIN, TN 37067	NOTICE ONLY	0
RENE M BRITT 3316 REDMON HILL NOLENSVILLE, TN 37135	NOTICE ONLY	0
ROCHE PO BOX 50457 INDIANAPOLIS, IN 46250-0457		13,714.92
ROMULUS R WHITT 100 ANTIOCH PK, APT 1203 NASHVILLE, TN 37211	NOTICE ONLY	0
SARAH E E WILLIAMS 2893 PIPKIN HILLS DRIVE SPRING HILL, TN 37174	NOTICE ONLY	0
SD BIOSENSOR 12860 DANIELSON CRT SUITE A POWAY, CA 92064		7,590.99
SEAN W O'LAUGHLIN 15180 OLD HICKORY BLVD, APT 809 NASHVILLE, TN 37211	NOTICE ONLY	0
SENTRA MEDICAL GROUP PO BOX 179 NORFOLK, VA 23501-0179		14.5
SERENA R R PEACHER 2325 NASHVILLE PIKE, APT 1536 GALLATIN, TN 37066	NOTICE ONLY	0
SPECIALTY MEDICAL SUPPLIES 3882 NW 124TH AVE CORAL SPRINGS, FL 33065		86,546.28



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
SPEECH-SOFT SOLUTIONS PO BOX 5525 EDMOND, OK 73083		2,900.00
STEPHANIE A PARKER 202 BONIFAY DRIVE SMYRNA, TN 37167	NOTICE ONLY	0
STORIE A ANN YOUNG 1000 ELMORE RD EAGLEVILLE, TN 37060	NOTICE ONLY	0
TALAYA S S SAVAGE 2418 24TH AVE N NASHVILLE, TN 37208	NOTICE ONLY	0
TAMARA D ESTRILL-LET 18007 ARBOR CREST DRIVE TAMPA, FL 33647	NOTICE ONLY	0
TARA I HIGGINS 2008 WILLOWMET LANE BRENTWOOD, TN 37027	NOTICE ONLY	0
TERRY R BLANKENSHIP 5528 HILLVIEW DRIVE BRENTWOOD, TN 37027	NOTICE ONLY	0
THANH X RAGAN 2308 BARCLAY DRIVE NASHVILLE, TN 37206	NOTICE ONLY	0
THE CINCINNATI INSURANCE COMPANY BOND CLA PO BOX 145496 CINCINNATI, OH 45250-5496		7,434.60
THOMAS H H GRUMLEY 222 ACKLEN PARK DR NASHVILLE, TN 37203	NOTICE ONLY	0
THOMAS P PETER GRIFFIN 942 LAWN VIEW LN FRANKLIN, TN 37064	NOTICE ONLY	0
TRANSPARENT BPO 7129 AMBASSADOR RD WINDSOR MILL, MD 21244		208,304.57

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED NOTICE ONLY	AMOUNT OF CLAIM
TRAVIS A AZAR 835 COOKS COURT BRENTWOOD, TN 37027		0
UNIVERSAL SOFTWARE SOLUTIONS INC 1334 S IRISH RD DAVIDSON, MI 48423		6,895.00
WELLDYNE RX PETERSON & MYERS PA PO BOX 1079 LAKE WALES, FL 33859		170,000.00
YP PO BOX 601141 PASADENA, CA 91189-1141		8,240.00
ZIRMED 1311 SOLUTIONS CENTER CHICAGO, IL 60677-1311		33,358.56
1199SEIU NATIONAL BENEFIT FUNDS PO BOX 1007 NEW YORK NY 10108-0000		0.00
[2012 DMENSIONS BENEFITS CLAIMS] BCBS OF MI [MCARE PLUS BLUE/ADV PO BOX 81700 ROCHESTER MI 48308-1700		0.00
4TH DISTRICT IBEW H&W FUND 3150 US ROUTE 60 ONA WEST VIRGINIA 25545-9507		0.00
AARP PO BOX 740819 ATLANTA GA 30374-0819		0.00
AARP MCR SUPPLEMENT [A UHC HEALTH PLAN] PO BOX 740819 ATLANTA GA 30374-0819		0.00
AARP MEDICARE COMPLETE PO BOX 31362 SALT LAKE CITY UT 84131-0000		0.00
AARP MEDICARE COMPLETE CHOICE PPO PO BOX 31362 SALT LAKE CITY UT 84131		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
AARP MEDICARE COMPLETE PLUS HMOPOS PO BOX 31362 SALT LAKE CITY UT 84131-0000		0.00
AARP MEDICARE COMPLETE PLUS HMOPOS PO BOX 31362 SALT LAKE CITY UT 84131-0000		0.00
AARP MEDICARE SUPPLEMENT PO BOX 740819 ATLANTA GA 30374-0819		0.00
AARP MEDICARE SUPPLEMENT [A UHC HEALTH PLAN] ATTN: CLAIMS DEPT ATLANTA GA 30374-0819		0.00
ACCENT PO BOX 952366 ST LOUIS MO 63195-2366		0.00
ACCENT COST CONTAINMENT SOLUTIONS PO BOX 952366 ST. LOUIS MO 63195-2366		0.00
ACS PO BOX 547 CHEYENNE WY 82003-0547		0.00
ADMINISTRATIVE DISTRICT COUNCIL 1 WELFARE FUND 660 N. INDRUSTRIAL DRIVE ELMHURST IL 60126-0000		0.00
ADMIRAL LIFE INSURANCE COMPANY OF AMERICA PO BOX 10861 CLEARWATER FL 33757-8861		0.00
ADVANTAGE HEALTH SOLUTIONS PO BOX 503486 INDIANAPOLIS IN 46250-8486		0.00
ADVANTAGE PREFERRED PLUS PO BOX 503486 INDIANAPOLIS IN 46250-8486		0.00
ADVANTAGE PREFERRED PLUS [COMMERCIAL] PO BOX 503486 INDIANAPOLIS IN 04625-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
ADVENTIST RISK MANAGEMENT PO BOX 1808 GRAPEVINE TX 76099		0.00
AETNA 151 FARMINGTON AVENUE HARTFORD CT 06156-0000		0.00
AETNA CLAIMS DEPT PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA CHOICE POS PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA FOR - COMBINED INS. CO. OF AMERICA 800 CRESCENT CENTRE DRIVE FRANKLIN TN 37067-0000		0.00
AETNA LIFE INSURANCE P.O. BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA MEDICARE PPO ATTN: CLAIMS DEPT PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA MEDICARE PRO PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA MEDICARE SUPPLEMENT HEALTH PLAN PO BOX 13441 PENSACOLA FL 32591-0000		0.00
AETNA OPEN ACCESS SELECT PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA OPEN CHOICE PPO PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA PHARMACY MANAGEMENT PO BOX 14023 ATTN: MCR CLAIMS PROCESSING LEXINGTON KY 40512-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
AETNA SELECT PO BOX 14079 LEXINGTON KY 40512-4079		0.00
AETNA. 29419 RELIABE PARKWAY CHICAGO IL 60686		0.00
AFLAC [AMERICAN FAMILY LIFE ASSURANCE PLAN] 1932 WYNTTON ROAD COLUMBUS GA 31999-7253		0.00
AGAMATRIX, INC. 7C RAYMOND AVENUE SALEM NH 3079		0.00
ALABAMA MCD PO BOX 244032 MONTGOMERY AL 36124-0323		0.00
ALABAMA MEDICAID EDS MONTGOMERY AL 36124-1684		0.00
ALASKA CARE PO BOX 99004 ANCHORAGE AK 99509-9004		0.00
ALASKA MEDICAID PO BOX 240769 ANCHORAGE AK 09552-4000		0.00
ALLIED BENEFIT SYSTEMS PO BOX 909786 CHICAGO IL 60690-0000		0.00
ALTIUS HEALTH PLANS [A COVENTRY HEALTH CARE PLAN] PO BOX 7147 LONDON KY 40742-0000		0.00
AMERICAN BENEFIT CORP 3150 US ROUTE 60 ONA WV 25545-9507		0.00
AMERICAN BENEFIT CORPORATION 3150 US ROUTE 60 ONA WV 25545-9507		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
AMERICAN CONTINENTAL PO BOX 2368 BRENTWOOD TN 370242368		0.00
AMERICAN CONTINENTAL [AN AETNA COMPANY] PO BOX 1188 BRENTWOOD TN 37024-1188		0.00
AMERICAN FAMILY LIFE ASSURANCE 1932 WYNNNTON RD COLUMBUS GA 319990000		0.00
AMERICAN INCOME LIFE PO BOX 1353 CHICAGO IL 60690-0000		0.00
AMERICAN MEDICAL AND LIFE INSURANCE COMPANY-AMLI PO BOX 1353 CHICAGO IL 60690-0000		0.00
AMERICAN PIONEER [A COMPANY OF UNIVERSAL AMERICAN] PO BOX 130 PENSACOLO FL 32591-0000		0.00
AMERICAN POSTAL WORKERS UNION-APWU PO BOX 1358 GLEN BURNIE MD 21060-1358		0.00
AMERICAN POSTAL WORKERS UNION-APWU [A CIGNA HEALTH PLAN] PO BOX 1358 GLEN BURNIE MD 21060-1358		0.00
AMERICAN PROGRESSIVE [A COMPANY OF UNIVERSAL AMERICAN] PO BOX 130 PENSACOLA FL 32591-0000		0.00
AMERICAN REPUBLIC CORP PO BOX 2780 OMAHA NE 681032780		0.00
AMERICAN REPUBLIC INSURANCE COMPANY [ARIC] ATTN: CLAIMS DEPT EAGAN MN 55121-0670		0.00
AMERICAS 1ST CHOICE HEALTH OF NORTH CAROLINA, INC. PO BOX 210459 COLUMBIA SC 29221-0459		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
AMERICAS 1ST CHOICE HEALTH PLANS OF SOUTH CAROLINA, INC. PO BOX 210769 COLUMBIA SC SC 29221-0459		0.00
AMERICHoice OF NEW JERSEY P.O. BOX 7550 PHOENIX AZ 85011		0.00
AMERICHoice OF NEW JERSEY [UHC COMMUNITY PLAN] ATTN: CLAIMS DEPT KINGSTON NY 12402-5250		0.00
AMERIGROUP PO BOX 933657 ATLANTA GA 311933657		0.00
AMERIGROUP [MD/VA/DC] PO BOX 61010 VIRGINIA BEACH VA 23466-1010		0.00
AMERIGROUP [TX/GA/IL/NM/NJ] PO BOX 61010 VIRGINIA BEACH VA 23466-1010		0.00
AMERIHEALTH ADMINISTRATORS 720 BLAIR MILLS ROAD HORSHAM PA 19044-0000		0.00
ANDOVER SERVICE CENTER PO BOX 9016 ANDOVER MA 018010-091		0.00
ANDOVER SVC CTR PO BOX 9016 ANDOVER MA 01810-0916		0.00
ANTHEM PO BOX 37780 LOUISVILLE KY 40233-7780		0.00
ANTHEM BCBS PO BOX 533 NORTH HAVEN CT 06473-0533		0.00
ANTHEM BCBS HMO 1 CAMERON HILL CHATTANOOGA TN 37401-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
ANTHEM BCBS IN CONNECTICUT PO BOX 533 NORTH HAVEN CT 06473-0000		0.00
ANTHEM BCBS IN CONNECTICUT [MEDIBLUE HMO/MCARE PREFERRED PPO PO BOX 1407 NEW YORK NY 01000-8000		0.00
ANTHEM BCBS MEDICARE ADVANTAGE PPO MISSOURI PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BCBS OF COLORADO PO BOX 5747 DENVER CO 80217-5747		0.00
ANTHEM BCBS OF COLORADO[HMO/PPO/IND/MCARE ADV/BLUECARD PO BOX 5747 DENVER CO 80217-5747		0.00
ANTHEM BCBS OF MISSOURI PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BCBS OF OHIO<ALL PLANS/FEP PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BCBS SHIELD OF VIRGINIA ATTN: CLAIMS DEPT RICHMOND VA 23279-0000		0.00
ANTHEM BLUE CROSS PO BOX 92420 CLEVELAND OH 44193		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD IN CONNECTICUT [FEP] ATTN: CLAIMS DEPT ATLANTA GA 30348-5557		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD IN CONNECTICUT<HMO/PPO/NEHP> ATTN: CLAIMS DEPT NORTH HAVEN CT 06473-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD IN MAINE PO BOX 533 NORTH HAVEN CT 06473-0000		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
ANTHEM BLUE CROSS AND BLUE SHIELD IN NEVADA PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD IN NEW HAMPSHIRE 3000 GOFFS FALLS ROAD MANCHESTER NH 03111-0001		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF CA PO BOX 60007 LOS ANGELES CA 90060-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF CA [WELLPOINT/SR CARE] ATTN: CLAIMS DEPT LOS ANGELES CA 90060-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF COLORADO [FEP] PO BOX 105557 ATLANTA GA 30348-5557		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF INDIANA PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF KENTUCKY ATTN: CLAIMS DEPT ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF MISSOURI PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF NEVADA PO BOX 5747 DENVER CO 80217-5747		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF OHIO PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF OHIO<ALL PLANS/FEP ATTN: CLAIMS DEPT ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS AND BLUE SHIELD OF VIRGINIA ATTN: CLAIMS DEPT RICHMOND VA 23279-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
ANTHEM BLUE CROSS AND BLUE SHIELD OF WISCONSIN PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM BLUE CROSS BLUE SHIELD 801 PINE ST CHATTANOOGA TN 37402		0.00
ANTHEM BLUE CROSS BLUE SHIELD OF CALIFORNIA ATTN: CLAIMS DEPT CHATTANOOGA TN 37401-0000		0.00
ANTHEM BLUE CROSS BLUE SHIELD OF CALIFORNIA [FREEDOM BLUE PPO] 1 CAMERON HILL CHATTANOOGA TN 37401-0000		0.00
ANTHEM BLUE CROSS OF CA PO BOX 4386 WOODLAND HILLS CA 91365		0.00
ANTHEM BLUE CROSS OF CA [WELLPOINT/SR CARE] PO BOX 60007 LOS ANGELES CA 90060-0000		0.00
ANTHEM BLUE CROSS OF CALIFORNIA PO BOX 60007 LOS ANGELES CA 90060-0000		0.00
ANTHEM BLUE CROSS OF CALIFORNIA [FREEDOM BLUE PPO] PO BOX 60007 LOS ANGELES CA 90060-0000		0.00
ANTHEM BLUECROSS AND BLUESHIELD OF GEORGIA [FEP] ATTN: CLAIMS DEPT COLUMBUS GA 31908-0000		0.00
ANTHEM BLUECROSS BLUE SHIELD 4361 IRWIN SIMPSON RD MASON OH 45040-0000		0.00
ANTHEM BLUECROSS BLUESHIELD OF GEORGIA PO BOX 9907 COLUMBUS GA 31908-0000		0.00
ANTHEM HEALTH PLANS OF VA PO BOX 27401 RICHMOND VA 23279		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
ANTHEM INSURANCE 1351 WILLIAM HOWARD TAFT RD CINCINNATI OH 45206		0.00
ANTHEM PREFERRED STANDARD PPO PO BOX 60007 LOS ANGELES CA 90060-0000		0.00
ANTHEM PREFERRED STANDARD PPO [CA POLICY] PO BOX 60007 LOS ANGELES CA 90060-0000		0.00
ANTHEM SENIOR ADVANTAGE INDIANA PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM SENIOR ADVANTAGE KENTUCKY PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM SENIOR ADVANTAGE VIRGINIA PO BOX 27401 RICHMOND VA 23279-0000		0.00
ANTHEM SENIOR ADVANTAGE WISCONSIN PO BOX 105187 ATLANTA GA 30348-0000		0.00
ANTHEM SENIOR SERVICES OHIO PO BOX 105187 ATLANTA GA 30348-0000		0.00
APWU HEALTH PLAN PO BOX 1358 GLEN BURNIE MD 210601358		0.00
AR MCD PO BOX 8034 LITTLE ROCK AR 722030000		0.00
ARIZONA FOUNDATION FOR MEDICAL CARE 326 E. CORONADO ROAD PHOENIX AZ 85004-0000		0.00
ARKANSAS BCBS PO BOX 2181 LITTLE ROCK AR 72203-2181		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
ARKANSAS BLUE CROSS BLUE SHIELD PO BOX 2181 LITTLE ROCK AR 72203-2181		0.00
ARKANSAS BLUE CROSS BLUE SHIELD HMO HEALTH ADVANTAGE ATTN: CLAIMS DEPT LITTLE ROCK AR 72203-8069		0.00
ARKANSAS BLUECROSS BLUESHIELD PO BOX 2181 LITTLE ROCK AR 72203		0.00
ARKANSAS MEDICAID 500 PRESIDENT CLINTON AVE LITTLE ROCK AR 72201-1745		0.00
ASSOCIATED ADMINISTRATORS 911 RIDGEBROOK ROAD SPARKS MD 21152-0000		0.00
AVERA SELECT P.O. BOX 5348 BELLINGHAM WA 98227-5348		0.00
B2 INSIGHTS, LLC P.O. BOX 26493 SCOTTSDALE AZ 85255		0.00
BAKERY AND CONFECTIONERY UNION TRUST FUNDS 10401 CONNETICUT AVE KENSINGTON MD 20895-3960		0.00
BANKERS FIDELITY LIFE PO BOX 105652 ATLANTA GA 30348		0.00
BANKERS LIFE & CASUALTY CO PO BOX 1935 CARMEL IN 46082		0.00
BANKERS LIFE... PO BOX 1935 CARMEL IN 46082		0.00
BAYER CORPORATION PO BOX 650512 DALLAS TX 75265-0512		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BCBS - FL PO BOX 121213 DALLAS TX 75312-1213		0.00
BCBS - IL 25718 NETWORK PLACE CHICAGO IL 60673-1257		0.00
BCBS - TN 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37402		0.00
BCBS MI PO BOX 2227 DETROIT MI 48231		0.00
BCBS OF ALABAMA PO BOX 995 BIRMINGHAM AL 35298-0001		0.00
BCBS OF CALIFORNIA PO BOX 769025 WOODLAND CA 95776-9025		0.00
BCBS OF CONNECTICUT ATTN: JOANN NICOLELLI NORTH HAVEN CT 64735119		0.00
BCBS OF CT MEDIBLUE PREFERRED STANDARD PPO-NEW HQ836 PLN PO BOX 1400 CHURCH ST STATION NEW YORK NY 10081-0000		0.00
BCBS OF DELAWARE MEDICFILL 1-5-01 WILLMINGTON DE 198000001		0.00
BCBS OF FLORIDA P.O. BOX 44010 JACKSONVILLE FL 32231-4010		0.00
BCBS OF FLORIDA COMMERCIAL 1 CAMERON HILL CHATTANOOGA TN 37401-0000		0.00
BCBS OF GEORGIA P.O. BOX 7368 COLUMBUS GA 31908-7368		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BCBS OF HAWAII PO BOX 44500 HONOLULU HI 96804-4500		0.00
BCBS OF ILLINOIS 300 EAST RANDOLPH CHICAGO IL 60601-5099		0.00
BCBS OF IOWA 636 GRAND AVE. DES MOINES IA 503090000		0.00
BCBS OF KANSAS 1133 SW TOPEKA BLVD TOPEKA KS 66629		0.00
BCBS OF LOUISIANA HMO [HMOLA] ATTN: CLAIMS DEPT BATON ROUGE LA 70898-9024		0.00
BCBS OF LOUISIANA PO BOX 98029 BATON ROUGE LA 70898-9029		0.00
BCBS OF LOUISIANA [FEP] PO BOX 98028 BATON ROUGE LA 70898-9028		0.00
BCBS OF LOUISIANA [PC PPO, TRADITIONAL, KEY MANAGED INDEMNITY] PO BOX 98029 BATON ROUGE LA 70898-9029		0.00
BCBS OF LOUISIANA SECONDARY PO BOX 98029 BATON ROUGE LA 70898-9029		0.00
BCBS OF MASSACHUSETTS PO BOX 986015 BOSTON MA 2298		0.00
BCBS OF MI PO BOX 366 DETROIT MI 48231-0366		0.00
BCBS OF MI [MCARE PLUS BLUE/ADV] [DMENSIONS BENEFITS2012 CLAIMS] PO BOX 81700 ROCHESTER MI 48308-1700		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BCBS OF MICHIGAN PO BOX 81700 ROCHESTER MI 48308		0.00
BCBS OF MINNESOTA 3535 BLUE CROSS RD EAGAN MN 55122		0.00
BCBS OF MISSISSIPPI PO BOX 1043 JACKSON MS 39215-1043		0.00
BCBS OF MISSISSIPPI STATE HEALTH PLAN PO BOX 23071 JACKSON MS 39225-3071		0.00
BCBS OF NATL CAPITAL AR 550 12TH ST SW WASHINGTON DC 20065-0001		0.00
BCBS OF NC PO BOX 2291 DURHAM NC 27702		0.00
BCBS OF NEBRASKA P.O. BOX 3248 OMAHA NE 68180-0001		0.00
BCBS OF NEW JERSEY 3 PENN PLAZA NEWARK NJ 82000006		0.00
BCBS OF NEW MEXICO PO BOX 27630 ALBUQUERQUE NM 87125-7630		0.00
BCBS OF NORTH CAROLINA PO BOX 30025 DURHAM NC 27702		0.00
BCBS OF OKLAHOMA PO BOX 3283 TULSA OK 74102-3283		0.00
BCBS OF RHODE ISLAND 500 EXCHANGE STREET PROVIDENCE RI 02903-2699		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BCBS OF SOUTH CAROLIN PO BOX 10030 COLUMBIA SC 29202-0000		0.00
BCBS OF SOUTH CAROLINA I-20 @ ALPINE ROAD COLUMBIA SC 29219		0.00
BCBS OF SOUTH CAROLINA [ST HLTH PLAN] PO BOX 100605 COLUMBIA SC 29260-0000		0.00
BCBS OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37401-0000		0.00
BCBS OF TEXAS PO BOX 660044 DALLAS TX 75266-0044		0.00
BCBS OF TN 801 PINE ST. CHATTANOOGA TN 37402-2555		0.00
BCBS OF WYOMING 4000 HOUSE AVER CHEYENNE WY 82003-2266		0.00
BCBS-AR PO BOX 8069 LITTLE ROCK AR 72203-8069		0.00
BCBS-FL OVERPAYMENT RECOVERY RECEIPTS DALLAS TX 75312-1213		0.00
BCBS-IL 25718 NETWORK PL CHICAGO IL 60673-1257		0.00
BCBSLA PO BOX 98029 BATON ROUGE LA 70898-9029		0.00
BCBS-MN 3535 BLUE CROSS RD EAGAN MN 55122		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BCBSOF MICHIGAN PO BX 68710 GRAND RAPIDS MI 49516-8710		0.00
BCBSOF MICHIGAN [BLUE CARE NETWORK OF MI] PO BOX 68710 GRAND RAPIDS MI 49516-8710		0.00
BCBSTN 1 CAMERON CIRCLE CHATTANOOGA TN 37401		0.00
BCBS-TN 1 CAMERON HILL CIR CHATTANOOGA TN 37402		0.00
BLUE CARE NETWORK OF MICHIGAN 25925 TELEGRAPH ROAD SOUTHFIELD MI 48034-0000		0.00
BLUE CHOICE HEALTH PLAN ADVANTAGE SOUTH CAROLINA PO BOX 6170 COLUMBIA SC 95927-0000		0.00
BLUE CHOICE OF SOUTH CAROLINA PO BOX 617 COLUMBIA SC 29260-6170		0.00
BLUE CROSS AND BLUE SHIELD OF ALABAMA PO BOX 2294 BIRMINGHAM AL 35201-2294		0.00
BLUE CROSS AND BLUE SHIELD OF ALABAMA [ALL PLANS/FEP] ATTN: CLAIMS DEPT BIRMINGHAM AL 35201-2294		0.00
BLUE CROSS AND BLUE SHIELD OF ARIZONA PO BOX 13466 PHOENIX AZ 85002-3466		0.00
BLUE CROSS AND BLUE SHIELD OF FLORIDA ATTN: CLAIMS DEPT JACKSONVILLE FL 32231-0000		0.00
BLUE CROSS AND BLUE SHIELD OF FLORIDA [MCARE SUPPLEMENT] ATTN: CLAIMS DEPT JACKSONVILLE FL 32231-4160		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BLUE CROSS AND BLUE SHIELD OF FLORIDA [STATES PPO PLAN] PO BOX 2896 JACKSONVILLE FL 32232-0079		0.00
BLUE CROSS AND BLUE SHIELD OF ILLINOIS PO BOX 805107 CHICAGO IL 60680-4112		0.00
BLUE CROSS AND BLUE SHIELD OF KANSAS ATTN: CLAIMS TOPEKA KS 66601-0239		0.00
BLUE CROSS AND BLUE SHIELD OF KANSAS CITY [BLUECARE HMO] ATTN: CLAIMS DEPT KANSAS CITY MO 64108-0000		0.00
BLUE CROSS AND BLUE SHIELD OF MINNESOTA ATTN: CLAIMS DEPT ST PAUL MN 55164-0338		0.00
BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI ATTN: CLAIMS DEPT JACKSON MS 39225-3071		0.00
BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI STATE HEALTH PLAN PO BOX 23071 JACKSON MS 39225-3071		0.00
BLUE CROSS AND BLUE SHIELD OF MONTANA PO BOX 7982 HELENA MT 59604-0000		0.00
BLUE CROSS AND BLUE SHIELD OF NEBRASKA PO BOX 3248 OMAHA NE 68180-0000		0.00
BLUE CROSS AND BLUE SHIELD OF NEW MEXICO PO BOX 27630 ALBUQUERQUE NM 87125-7630		0.00
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA PO BOX 17509 WINSTON SALEM NC 27116-0000		0.00
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA [FEP] PO BOX 2291 DURHAM NC 27702-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA [MCARE ADV] PO BOX 17509 WINSTON SALEM NC 27116-0000		0.00
BLUE CROSS AND BLUE SHIELD OF OKLAHOMA PO BOX 3283 TULSA OK 74102-0000		0.00
BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND 500 EXCHANGE ST PROVIDENCE RI 02903-0000		0.00
BLUE CROSS AND BLUE SHIELD OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37402-0000		0.00
BLUE CROSS AND BLUE SHIELD OF TENNESSEE [COMMERCIAL] ATTN: CLAIMS DEPT 1 CAMERON HILL CHATTANOOGA TN 37401-0000		0.00
BLUE CROSS AND BLUE SHIELD OF TENNESSEE [FEP] 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37401-0000		0.00
BLUE CROSS AND BLUE SHIELD OF TEXAS PO BOX 660044 DALLAS TX 75266-0044		0.00
BLUE CROSS AND BLUE SHIELD SOUTH CAROLINA [MCARE ADV] PO BOX 100191 COLUMBIA SC 29202-0000		0.00
BLUE CROSS BLUE SHEILD OF FLORIDA PO BOX 2896 JACKSONVILLE FL 32232-0079		0.00
BLUE CROSS BLUE SHEILD OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37402-0000		0.00
BLUE CROSS BLUE SHEILD TENNESSEE FEP 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37402-0000		0.00
BLUE CROSS BLUE SHIELD OF ALABAMA PO BOX 995 BIRMINGHAM AL 35298-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BLUE CROSS BLUE SHIELD OF ARIZONA PO BOX 2924 PHOENIX AZ 85062-2924		0.00
BLUE CROSS BLUE SHIELD OF FLORIDA ATTN: CLAIMS DEPT JACKSONVILLE FL 32231-4160		0.00
BLUE CROSS BLUE SHIELD OF FLORIDA COMMERCIAL 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37401-0000		0.00
BLUE CROSS BLUE SHIELD OF HAWAII PO BOX 44500 HONOLULU HI 96804-4500		0.00
BLUE CROSS BLUE SHIELD OF HAWAII [HMSA] [COMMERCIAL] PO BOX 44500 HONOLULU HI 96804-4500		0.00
BLUE CROSS BLUE SHIELD OF ILLINOIS 300 EAST RANDOLPH CHICAGO IL 606015099		0.00
BLUE CROSS BLUE SHIELD OF LOUISIANA PO BOX 98029 BATTON ROUGE LA 70809-0000		0.00
BLUE CROSS BLUE SHIELD OF LOUISIANA PO BOX 98029 BATON ROUGE LA 70898-9029		0.00
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PO BOX 986020 BOSTON MA 02298-0000		0.00
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS [ALL PLANS] PO BOX 986020 BOSTON MA 02298-0000		0.00
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS [MEDICARE ADVANTAGE] ATTN: CLAIMS DEPT BOSTON MA 2298		0.00
BLUE CROSS BLUE SHIELD OF MICHIGAN PO BOX 68710 GRAND RAPIDS MI 49516-8710		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BLUE CROSS BLUE SHIELD OF MICHIGAN [BLUE CARE NETWORK ADVANTAGE] PO BOX 68753 GRAND RAPIDS MI 49516-8753		0.00
BLUE CROSS BLUE SHIELD OF MICHIGAN [BLUE CARE NETWORK OF MI] PO BOX 68710 GRAND RAPIDS MI 49516-8710		0.00
BLUE CROSS BLUE SHIELD OF MICHIGAN [BLUE CHOICE] PO BOX 2500 DETROIT MI 48231-5000		0.00
BLUE CROSS BLUE SHIELD OF MICHIGAN [FEP] PO BOX 2599 DETROIT MI 48231-2599		0.00
BLUE CROSS BLUE SHIELD OF MICHIGAN [MCARE PLUS BLUE/ADVANTAGE] PO BOX 32593 DETROIT MI 48232-0593		0.00
BLUE CROSS BLUE SHIELD OF NC PO BOX 35 DURHAM NC 27702-0000		0.00
BLUE CROSS BLUE SHIELD OF NC [INDIVIDUAL/PPO/POS/HMO/FEP] PO BOX 35 DURHAM NC 27702-0000		0.00
BLUE CROSS BLUE SHIELD OF NEBRASKA PO BOX 3248 OMAHA NE 68180-0001		0.00
BLUE CROSS BLUE SHIELD OF NORTH DAKOTA 4510 13TH AVE S.W. FARGO ND 58121-4510		0.00
BLUE CROSS BLUE SHIELD OF TENNESSEE (FEP) ATTN: CLAIMS DEPT CHATTANOOGA TN 37402-0040		0.00
BLUE CROSS BLUE SHIELD OF TENNESSEE [FEP] 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37401-0000		0.00
BLUE CROSS BLUE SHIELD OF TENNESSEE [MCARE ADV] PO BOX 180205 CHATTANOOGA TN 37402-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BLUE CROSS BLUE SHIELD OF TENNESSEE FEP 1 CAMERSON HILL CIRCLE CHATTANOOGA TN 37402-0000		0.00
BLUE CROSS BLUE SHIELD OF TN 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37402-0040		0.00
BLUE CROSS BLUE SHIELD OF WESTERN NEW YORK [ALL PLANS/FEP] PO BOX 80 BUFFALO NY 14240-0080		0.00
BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 35 DURHAM NC 27702-2291		0.00
BLUE CROSS OF CALIFORNIA PO BOX 4194 WOODLAND HILLS CA 91365		0.00
BLUE CROSS OF IDAHO PO BOX 8406 BOISE ID 83707-0000		0.00
BLUE CROSS OF IDAHO [MCARE ADV] PO BOX 8406 BOISE ID 83707-0000		0.00
BLUE CROSS OF NORTHERN/NORTHEASTERN PENNSYLVANIA 19 NORTH EAST MAIN ST WILKES-BARRE PA 18711-0302		0.00
BLUE CROSS TEXAS P.O. BOX 660044 DALLAS TX 75266-0044		0.00
BLUE SHIELD OF CALIFORNIA PO BOX 769025 WOODLAND CA 95776-9025		0.00
BLUE SHIELD OF CALIFORNIA [BLUE CARD] ATTN: CLAIMS DEPT RED BLUFF CA 96080-1505		0.00
BLUE SHIELD OF CALIFORNIA [BLUE CARE OF CA-LIFE/HLTH/OTHER PLNS] ATTN: CLAIMS DEPT CHICO CA 95927-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
BLUE SHIELD OF CALIFORNIA [FEP] PO BOX 2725410 CHICO CA 95927-2510		0.00
BLUECROSS BLUESHIELD OF MICHIGAN 600 LAFAYETTE EAST DETROIT MI 48226-0000		0.00
BLUECROSS BLUESHIELD OF SOUTH CAROLINA PO BOX 100605 COLUMBIA SC 29260-0000		0.00
BLUECROSS BLUESHIELD OF SOUTH CAROLINA [ST HLTH PLAN] PO BOX 100605 COLUMBIA SC 29260-0000		0.00
BLUECROSS BLUESHIELD OF SOUTH CAROLINA[PREFERRED BLUE/BLE CARD] PO BOX 10030 COLUMBIA SC 29202-0000		0.00
BLUECROSS BLUESHIELD OF TENNESSEE 801 PINE STREET CHATTANOOGA TN 37402-455		0.00
BMI-HEALTHPLANS [BARLESVILLE] PO BOX 2187 BARTLESVILLE OK 74005-0000		0.00
BOARD OF PENSIONS OF THE PRESBY CH.>MCARE SUPP-A HIGHMRK BCBS HIGHMARK BCBS GROUP# PPN363 PITTSBURGH PA 01522-2000		0.00
BRIDGESTONE AMERICAS INC PO BOX 5224 JANESVILLE WI 53547-0000		0.00
BS OF CALIFORNIA PO BOX 2725410 CHICO CA 95927-2510		0.00
BSBS OF SOUTH CAROLINA[PREFERRED BLUE/BLE CARD] PO BOX 10030 COLUMBIA SC 29202-0000		0.00
CAINE & WEINER PO BOX 5010 WOODLAND HILLS CA 93165-5010		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
CALIFORNIA'S VALUED TRUST 520 EAST HERNDON FRESNO CA 93720		0.00
CAPITAL BLUE CROSS PO BOX 779503 HARRISBURG PA 171779503		0.00
CAPITAL DISTRICT PHYSICIAN'S HEALTH PLAN [CDPHP] PO BOX 66602 ALBANY NY 12206-6602		0.00
CARDINAL HEALTH 110, INC C/O BANK OF AMERICA PO BOX 402592 ATLANTA GA 30384-2592		0.00
CARE IMPORVEMENT PLUS PO BOX 822663 PHILADELPHIA PA 19182-2663		0.00
CARE IMPROVEMENT PO BOX 488 LINTHICUM MD 210900488		0.00
CARE IMPROVEMENT PLUS OF TEXAS INC PO BOX 822663 PHILADELPHIA PA 19182-2663		0.00
CARE IMPROVEMENT PLUS/XL HEALTH PO BOX 488 LINTHICUM MD 21090-0488		0.00
CARE N CARE PO BOX 961285 FT WORTH TX 76107		0.00
CARECENTRIX 6130 SPRINT PARK WAY SUITE 200 OVERLAND PARK KS 66211		0.00
CAREFIRST BCBS PO BOX 14114 LEXINGTON KY 40512-4114		0.00
CAREFIRST BCBS PO BOX 14114 NATIONAL ADDTS DEDICATED SERVICE LEXINGTON KY 40512-4114		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
CAREFIRST BCBS [BLUE CHOICE/BLUE PREFERRED] PO BOX 14116 LEXINGTON KY 40512-4116		0.00
CAREFIRST BCBS [NATIONAL ACS./BLUE CARD/IND] PO BOX 14115 LEXINGTON KY 40512-4115		0.00
CAREFIRST BCBS [NCA IND/BLUE CARD] PO BOX 14116 LEXINGTON KY 40512-4116		0.00
CAREFIRST BCBS OF MARYLAND PO BOX 1010 OWINGS MILLS MD 21117-0000		0.00
CAREFIRST BLUE CROSS BLUE SHIELD PO BOX 14115 LEXINGTON KY 40512-4115		0.00
CAREFIRST BLUE CROSS BLUE SHIELD [BLUE CHOICE/BLUE PREFERRED] ATTN: CLAIMS DEPT LEXINGTON KY 40412-4116		0.00
CAREFIRST BLUE CROSS BLUE SHIELD [FEP] PO BOX 14113 LEXINGTON KY 40512-4113		0.00
CAREFIRST BLUE CROSS BLUE SHIELD [NATIONAL ACS./BLUE CARD/IND] PO BOX 14115 LEXINGTON KY 40512-4115		0.00
CAREFIRST BLUE CROSS BLUE SHIELD [NCA IND/BLUE CARD] PO BOX 14116 LEXINGTON KY 40512-4116		0.00
CAREMARK INC ATTN: PHARMACY CORRESPONDENCE SCOTTSDALE AZ 83260-0000		0.00
CARESOURCE, INC. 7552 MAIN STREET, SUITE 101 THE COLONY TX 75056		0.00
CARPENTER HEALTH AND WELFARE OF CALIFORNIA <BC OF CA PLAN> PO BOX 60007 LOS ANGELES CA 90060-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
CATAMARAN 1200 LAKESIDE DRIVE BANNOCKBURN IL 60015-0000		0.00
CATERPILLAR RETIREMENT FUND <A UHC HEALTH PLAN> PO BOX 740800 ATLANTA GA 30374-0800		0.00
CELTIC LIFE INSURANCE COMPANY PO BOX 46337 MADISON WI 53744-6337		0.00
CENTRAL REGION-CCOA LOCKBOX PO BOX73651 CLEVELAND OH 44193-1177		0.00
CENTRAL STATES HEALTH & WELFARE PO BOX 94648 CLEVELAND OH 44101-0000		0.00
CENTRAL STATES INDEMNITY CO. OF OMAHA PO BOX 10815 CLEARWATER FL 33757-8815		0.00
CENTRAL STATES LIFE CO. OF OMAHA PO BOX 34350 OMAHA NE 68134-0350		0.00
CGS PO BOX 20010 NASHVILLE TN 372020010		0.00
CGS INC PO BOX 20010 NASHVILLE TN 37202-0010		0.00
CGS, INC PO BOX 20010 NASHVILLE TN 37202		0.00
CHAMP VA PO BOX 469063 DENVER CO 80246-9063		0.00
CHAMPVA P.O. BOX 469062 DENVER CO 80246-9062		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
CHAMPVA/VA-HAC PO BOX 469064 DENVER CO 80246-9064		0.00
CIGNA P O BOX 20010 NASHVILLE TN 37202		0.00
CIGNA PO BOX 5200 SCRANTON PA 18505-5200		0.00
CIGNA [MANAGED CARE, HMO, OPEN ACCESS AND PPO] PO BOX 15050 WILMINGTON WI 19850-0000		0.00
CIGNA [MGD CARE, HMO, OPEN ACCESS AND PPO] ATTN: CLAIMS DEPT WILMINGTON WI 19850-0000		0.00
CIGNA GREAT WEST HEALTH 1000 GREAT WEST DRIVE KENNETT MO 63857-3749		0.00
CIGNA HEALTH CARE PO BOX 182223 CHATTANOOGA TN 374220000		0.00
CIGNA HEALTHCARE PO BOX 3050 EASTON PA 18040-3050		0.00
CIGNA MCR ADVANTAGE PFFS ATTN: CLAIMS DEPT SAN ANTONIO TX 78269-6018		0.00
CIGNA MEDICARE ADVANTAGE PO BOX 696018 SAN ANTONIO TX 78269-6018		0.00
CIGNA MEDICARE ADVANTAGE PRIVATE FEE-FOR-SERVICE PO BOX 696018 SAN ANTONIO TX 78269-6018		0.00
COLONIAL PENN INS CO PO BOX 1935 CARMEL IN 46082-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
COLONIAL PENN LIFE INS COMPANY [BANKERS LIFE] PO BOX 1935 CARMEL IN 46082-1935		0.00
COLONIAL PENN LIFE INSURANCE COMPANY 11825 N. PENNSYLVANIA ST. CARMEL IN 46032		0.00
COLONIAL PENN LIFE INSURANCE COMPANY [BANKERS LIFE] PO BOX 1935 CARMEL IN 46082-1935		0.00
COLORADO MEDICAID P.O. BOX 30 DENVER CO 80201		0.00
COMBINED INSURANCE COMPANY OF AMERICA PO BOX 638 BELLINGHAM WA 982270638		0.00
CONNECTICARE <COMMERCIAL PLANS> ATTN: CLAIMS DEPT FARMINGTON CT 06034-0000		0.00
CONNECTICUT GENERAL PO BOX 55270 PHOENIX AZ 85078-5270		0.00
CONNECTICUT GENERAL INSURANCE COMPANY PO BOX 182223 CHATTANOOGA TN 37422-0000		0.00
CONNECTICUT GENERAL INSURANCE COMPANY [LIFE INS AND DISABILITY] PO BOX 182223 CHATTANOOGA TN 37422-0000		0.00
CONNECTICUT GENERAL LIFE INSURANCE PO BOX 182223 CHATTANOOGA TN 37422-7223		0.00
CONNECTICUT GENERAL LIFE INSURANCE CO. P.O. BOX 182223 CHATTANOOGA TN 37422-7223		0.00
CONNECTICUT MEDICAID PO BOX 2941 HARTFORD CT 6104		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
CONNECTICUT PIPE TRADES HEALTH FUND <A CIGNA HEALTH PLAN> 115 SILAS DEANE HIGHWAY WEATHERFIELD CT 85078-5270		0.00
CONSECO PO BOX 2034 CARMEL IN 46082		0.00
CONSECO LIFE INSURANCE COMPANY PO BOX 2034 CARMEL IN 46082-0000		0.00
CONSTITUTION LIFE P.O. BOX 130 PENSACOLA FL 32591-0130		0.00
CONTINENTAL GENERAL INSURANCE COMPANY PO BOX 30010 AUSTIN TX 78755-3010		0.00
CONTINENTAL LIFE INSURANCE 101 CONTINENTAL PLACE BRENTWOOD TN 37027		0.00
CONTINENTAL LIFE INSURANCE <A GENWORTH/AETNA COMPANY> PO BOX 1188 BRENTWOOD TN 37024-0000		0.00
CORESOURCE [HOP ADMINISTRATION] PO BOX 2920 CLINTON IA 53733-2920		0.00
COUNTRY LIFE PO BOX 2000 BLOOMINGTON IL 61703-2000		0.00
COUNTRY LIFE INSURANCE COMPANY ATTN: HEALTH CLAIM SERVICES BLOOMINGTON IL 61702-2000		0.00
COVENANT ADMINISTRATORS, INC. [ATLANTA GA] 1745 NORTH BROWN RD.,STE 400 LAWRENCEVILLE GA 30043-0000		0.00
COVENTRY ADV HEALTH CARE OF THE CAROLINAS [FORM. WELLPATH SELECT PO BOX 7102 LONDON KY 40742-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
COVENTRY CARES OF KENTUCKY [MCD MCO] PO BOX 7812 LONDON KY 40742-0000		0.00
COVENTRY HEALTH CARE OF DELAWARE, INC PO BOX 7713 LONDON KY 40742-0000		0.00
COVENTRY HEALTH CARE OF ILLINOIS 2110 FOX DR. CHAMPAIGN IL 61820		0.00
COVENTRY HEALTHCARE RURAL CARRIER BENEFIT PLAN CHARLOTTE NC 282668329		0.00
COVENTRY OF FLORIDA [VISTA MCD AND HEALTHY KIDS] PO BOX 7403 LONDON KY 40742-0000		0.00
COVENTRY OF KANSAS [ADVANTRA ADV] PO BOX 7370 LONDON KY 40742-0000		0.00
COVENTRY OF MISSOURI PO BOX 7401 LONDON KY 40742-0000		0.00
COVENTRY OF MISSOURI [COMMERCIAL] PO BOX 7374 LONDON KY 40742-0000		0.00
COVENTRY OF NEBRASKA [COMMERCIAL] PO BOX 7705 LONDON KY 40742-0000		0.00
COVENTRYCARES OF KENTUCKY [A KY MCD MCO] ATTN: CLAIMS DEPT LONDON KY 40742-7812		0.00
CROSSTOWN COURIER INC 410 AIRPARK CENTER DR. NASHVILLE TN 37217		0.00
CT MCD 25 SIGOURNEY ST HARTFORD CT 53570		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
CVS CAREMARK PO BOX 52196 PHOENIX AZ 85072-2196		0.00
DAKOTACARE [A HLTH CARE PLN OF THE SOUTH DAKOTA MEDICAL ASSOC] PO BOX 7406 SIOUX FALLS SD 57117-7406		0.00
DATAMARKETING NETWORK 701 MURFREESBORO ROAD NASHVILLE TN 37210		0.00
DELAWARE MEDICAID PO BOX 909 NEW CASTLE DE 197200900		0.00
DELAWARE PHYSICIANS CARE [A AETNA HLTH PLAN] [DE MCD MCO] PO BOX 61145 PHOENIX AZ 85082-1145		0.00
DELTA HEALTH SYSTEMS PO BOX 80 STOCKTON CA 95201-3080		0.00
DENVER HEALTH MEDICAID CHOICE PLAN PO BOX 262249 PLANO TX 75026-0000		0.00
DEPARTMENT OF VETERANS AFFAIRS HEALTH ADMIN CTR DENVER CO 80246-9062		0.00
DEPT OF HEALTH & HOSPITALS BUREAU OF HEALTH SVC FIN. BATON ROUGE LA 70821-9117		0.00
DESERET MUTUAL PO BOX 45530 SALT LAKE CITY UT 84145-0000		0.00
DMENSION BENEFIT MANAGEMENT PO BOX 81700 ROCHESTER MI 48308-1700		0.00
DMENSION BENEFIT MANAGEMENT-MCR PLUS BLUE PO BOX 82000 ROCHESTER MI 48308-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
DMENSION BENEFIT MGMT PO BOX 81700 ROCHESTER MI 48308		0.00
EBS-RMSCO 115 CONTINUUM DR LIVERPOOL NY 13088		0.00
ELECTRICAL WELFARE TRUST FUND 4601 PRESIDENTS DR LANHAM MD 207060000		0.00
ELMCO 100 N MAIN ST. STE 321 ELMIRA NY 14901-0000		0.00
EMBLEM HEALTH INC. PO BOX 29101 NEW YORK NY 10087-0000		0.00
EMBLEM HEALTH, INC PO BOX 29101 NEW YORK NY 10087-0000		0.00
EMBLEMHEALTH [EPO/PPO CLAIMS] PO BOX 2832 NEW YORK NY 10116-2832		0.00
EMPIRE BCBS PO BOX 986205 BOSTON MA 9922		0.00
EMPIRE BCBS [DIRECT HMO, POS, EPO, PPO, TOTAL BLUE, SR PLN, IND] PO BOX 1407 NEW YORK NY 10008-1407		0.00
EMPIRE BCBS [DIRECT HMO,POS,EPO,PPO,TOTAL BLUE,SR PLN, IND] PO BOX 1407 NEW YORK NY 10008-1407		0.00
EMPIRE BCBS OF NEW YORK PO BOX 3877 NEW YORK NY 10008-3877		0.00
EMPIRE BCBS OF NEW YORK [BLUECARD PPO] PO BOX 3877 NEW YORK NY 10008-3877		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
EMPIRE BLUECROSS BLUESHIELD PO BOX 1407 NEW YORK NY 1008		0.00
EMPIRE PLAN PO BOX 1600 KINGSTON NY 12402-1600		0.00
EMPIRE PLAN [A UHC HEALTH PLAN] PO BOX 1600 KINGSTON NY 12402-1600		0.00
EMPIRE RECOVERY LOCKBOX PO BOX 92221 CLEVELAND OH 44193		0.00
EQUITABLE LIFE AND CASUALTY PO BOX 2460 SALT LAKE CITY UT 84110-0000		0.00
EVERCARE PO BOX 31350 SALT LAKE CITY UT 84131-1350		0.00
EXCELLUS BCBS 165 COURT STREET ROCHESTER NY 14647		0.00
EXCELLUS BCBS OF NEW YORK ROCHESTER PO BOX 22999 ROCHESTER NY 14692-0000		0.00
EXCELLUS BLUE CROSS BLUE SHIELD PO BOX 4809 SYRACUSE NY 13221-4809		0.00
EXCELLUS BLUE CROSS BLUE SHIELD OF NEW YORK ROCHESTER PO BOX 22999 ROCHESTER NY 14692-0000		0.00
EXPRESS SCRIPS PHARMACY REMITTANCE ATTN: JOYCE WALLACE B403-09 8640 EVANS AVE ST. LOUIS MO 63134-0000		0.00
EXPRESS SCRIPS ATTN: MAIL ROOM PMT ENCLOSED FAIRFIELD OH 45014-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
EXPRESS SCRIPTS PO BOX 2849 ATTN: PHARMACY UCF CLAIMS CLINTON IA 52733-0000		0.00
FAMILY LIFE HOUSTON TX 77292-5568		0.00
FAMILY LIFE PO BOX 925688 HOUSTON TX 77292-4408		0.00
FAMILY LIFE [FORMERLY NATIONAL STATES LIFE INS CO] PO BOX 925688 HOUSTON TX 77292-4408		0.00
FCE BENEFIT ADMINISTRATORS, INC 4615 WALZEM RD STE 300 SAN ANTONIO TX 78218-0000		0.00
FIDELIS CARE NEW YORK 95-25 QUEENS BLVD REGO PARK NY 11974		0.00
FIDELIS CARE NEW YORK [MCARE ADV] PO BOX 170 AMHERST NY 14226-0170		0.00
FIRST HEALTH NETWORK [A COVENTRY HEALTH CARE COMPANY] PO BOX 24038 TUSCON AZ 85734-4038		0.00
FIRST UNITED AMERICAN LIFE INSURANCE COMPANY PO BOX 3125 SYRACUSE NY 13220-3125		0.00
FORWARD HEALTH 6406 BRIDGE ROAD MADISON WI 53784		0.00
FORWARD HEALTH <A WI MCD MCO> ATTN: CLAIMS DEPT MADISON WI 53716-0678		0.00
G.M.P.-EMPLOYERS RETIREE TRUST 5245 BIG PINE WAY SE FORT MYERS FL 33907-5998		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
GA MCD PO BOX 5000 MCRAY GA 31055-0000		0.00
GEHA PO BOX 4665 INDEPENDENCE MO 64051-4665		0.00
GEHA-GOVERNMENT EMPLOYEES HEALTH ASSOCIATION 9547 HIGHWAY 42 RICHTON MS 39476-9567		0.00
GENWORTH<MCARE SUPP, ALL GE PLANS<AN AETNA COMPANY> PO BOX 1188 BRENTWOOD TN 37024-0000		0.00
GERBER LIFE INSURANCE P.O. BOX 2271 OMAHA NE 68103-2271		0.00
GERBER LIFE INSURANCE <A MUTUAL OF OMAHA PLAN> PO BOX 2271 OMAHA NE 68103-2271		0.00
GHI PO BOX 2832 NEW YORK NY 10116-2832		0.00
GHI P.O. BOX 1701 NEW YORK NY 10023		0.00
GHI [A EMBLEMHEALTH PLAN] PO BOX 2845 NEW YORK NY 10016-0000		0.00
GHI HMO [EMBLEM HEALTH PLAN] PO BOX 2845 NEW YORK NY 10016-0000		0.00
GHMSI/CAREFIRST COMMERCIAL PROVIDER SERVICE LEXINGTON KY 40512-4114		0.00
GREAT AMERICAN LIFE INSURANCE COMPANY PO BOX 30010 AUSTIN TX 78755-3010		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
GREAT AMERICAN SR BENEFITS 2000 INS CONCEPTS AGENCY INC. FORTWORTH TX 76107-0000		0.00
GUARANTEE TRUST & LIFE ATTN: CLAIMS DEPT GLENVIEW IL 60025-0000		0.00
GUARDIAN HEALTHCARE INC. <SC> PO BOX 4197 SCRANTON PA 18505-0000		0.00
GUILD-TIMES BENEFITS FUND 1501 BROADWAY NEW YORK NY 10036		0.00
HARRINGTON BENEFIT SERVICES PO BOX 1818 DAYTON OH 454011818		0.00
HARTFORD GROUP RETIREE HEALTH PLAN PO BOX 826 ONALASKA WI 54650-0000		0.00
HARTFORD LIFE INSURANCE COMPANY 55 FARMINGTON AVE, SUITE 100 HARTFORD CT 6105		0.00
HARTFORD RETIREE MEDICAL INSURANCE PO BOX 10432 DES MOINES IA 50306-0432		0.00
HARTLAND NATIONAL PO BOX 10813 CLEARWATER FL 33757-8813		0.00
HARVARD PILGRIM HEALTH CARE [A UHC PLAN] PO BOX 699183 QUNICY MA 02269-9183		0.00
HAWAII MEDICAID ATTN: CLAIMS DEPT. HONOLULU HI 96807-1220		0.00
HEALTH ALLIANCE 301 SOUTH VINE STREET URBANA IL 67801		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HEALTH ALLIANCE MEDICAL PLANS OF ILLINOIS ATTN: CLAIMS DEPT URBANA IL 61803-6003		0.00
HEALTH CARE SERVICE CORP. REFUND DEPT/CASH DISBURSEMENTS CHICAGO IL 60673-1257		0.00
HEALTH CARE SERVICE CORPORATION REFUND DEPT. CHICAGO IL 60673-1257		0.00
HEALTH CHOICE PO BOX 24870 OKLAHOMA CITY OK 73124		0.00
HEALTH CHOICE [SELF-FUNDED PPO STATE EMPLOYEE PLAN] PO BOX 24870 OKLAHOMA CITY OK 73124-0870		0.00
HEALTH DESIGN PLUS 1755 GEORGETOWN ROAD HUDSON OH 44236		0.00
HEALTH FIRST HEALTH PLANS PO BOX 69355 HARRISBURG PA 17106-9355		0.00
HEALTH NET [CALIFORNIA-MEDICARE PLAN] PO BOX 14703 LEXINGTON KY 40512-0000		0.00
HEALTH NET [COMM/REG. MCARE AND PRIORITY NETWORK AZAP MCARE] PO BOX 14225 LEXINGTON KY 40512-4225		0.00
HEALTH NET [OREGON AND WASHINGTON- COMM/MCARE ADV] PO BOX 14130 LEXINGTON KY 40512-4130		0.00
HEALTH NET OF THE NORTHEAST INC [CLAIMS PRIOR TO 06/30/2011] HNNE CLAIM LEXINGTON KY 40512-0000		0.00
HEALTH NET PPO PO BOX 14130 LEXINGTON KY 40512-4130		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HEALTH OPTIONS PROGRAM <PA PUBLIC SCHOOL EMP'S RETIREMENT SYST> HOP ADMINISTRATION UNIT CLINTON IA 52733-2921		0.00
HEALTH PLUS OF LOUISIANA, INC PO BOX 69316 HARRISBURG PA 17106-9316		0.00
HEALTHAMERICA/HEALTHASSURANCE PO BOX 7088 LONDON KY 40742-0000		0.00
HEALTHAMERICA/HEALTHASSURANCE [A COVENTRY HEALTH CARE PLAN] PO BOX 7088 LONDON KY 40742-0000		0.00
HEALTHAMERICA/HEALTHASSURANCE <A COVENTRY HEALTH CARE PLAN PO BOX 7088 LONDON KY 40742-0000		0.00
HEALTHCARE SERVICE CORP 25718 NETWORK PLACE CHICAGO IL 60673-1257		0.00
HEALTHCARE SVC CORP PO BOX 731431 DALLAS TX 75373-1431		0.00
HEALTHFIRST HEALTHPLAN OF NJ 100 CHURCH ST FLOOR 18 NEW YORK NY 10007-2601		0.00
HEALTHFIRST OF NJ PO BOX 958436 LAKE MARY FL 32795-8436		0.00
HEALTHFIRST OF NJ [MCARE/MCD] PO BOX 958436 LAKE MARY FL 32795-8436		0.00
HEALTHLINK <A WELLPOINT COMPANY> STATE OF IL PO BOX 411580 ST. LOUIS MO 63141-0000		0.00
HEALTHNET FILE # 56527 LOS ANGELES CA 90074-6527		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HEALTHNET INC PO BOX 9103 VAN NUYS CA 91409-9103		0.00
HEALTHNET LIFE INSURANCE COMPANY PO BOX 14130 LEXINGTON KY 40512-0000		0.00
HEALTHNOW NEW YORK INC. PO BOX 80 BUFFALO NY 14240-0080		0.00
HEALTHPARTNERS PO BOX 1289 MINNEAPOLIS MN 55440-1289		0.00
HEALTHSCOPE BENEFITS INC PO BOX 619057 DALLAS TX 75261-9057		0.00
HEALTHY ALLIANCE LIFE INS CO DBA ANTHEM BLUECROSS BLUESHIELD CINCINNATI OH 45206-1775		0.00
HEARTLAND HEALTH CARE 3001 METRO DRIVE, STE 500 BLOOMINGTON MN 55425-0000		0.00
HEARTLAND NATIONAL LIFE INS. CO. PO BOX 2878 SALT LAKE CITY UT 84110-2878		0.00
HIGHMARK P.O. BOX 890382 CAMP HILL PA 17089-0382		0.00
HIGHMARK BCBS P O BOX 2085 PITTSBURG PA 15230		0.00
HIGHMARK BCBS OF DELAWARE PO BOX 1991 WILMINGTON DE 19899-1991		0.00
HIGHMARK BCBS OF PA PO BOX 890150 CAMP HILL PA 17001-9774		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HIGHMARK BCBS OF PA PPO 6840 CAROTHERS PARKWAY FRANKLIN TN 37067		0.00
HIGHMARK BCBS OF PA<FREEDOM BLUE PFFS<W/CENTRAL/E/NE REGION ATTN: CLAIMS DEPT CAMP HILL PA 17089-0062		0.00
HIGHMARK BCBS OF PA<PPO/EPO/DIRECT BLUE/CLASSICBLUE/PPOPLUS PO BOX 890173 CAMP HILL PA 17089-0173		0.00
HIGHMARK BCBS OF PA<PPO/PREFERREDBLUE/EPO/DIR BLUE/BLUECARD/FEP PO BOX 890062 CAMP HILL PA 17089-0062		0.00
HIGHMARK BCBS OF WEST VIRGINIA PO BOX 7026 WHEELING WV 26003-0000		0.00
HIGHMARK BCBS OF WEST VIRGINIA [FREEDOM BLUE PPO/POS/IND/FEP] PO BOX 7026 WHEELING WV 26003-0000		0.00
HIGHMARK BLUE CROSS BLUE SHEILD ATTN: CASHIER CAMP HILL IL 17001-9774		0.00
HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE PO BOX 1991 WILMINGTON DE 19899-1991		0.00
HIGHMARK BLUE SHIELD PO BOX 898845 CAMP HILL PA 17089		0.00
HIGHMARK BLUECROSS BLUESHIELD 120 FIFTH AVENUE PITTSBURGH PA 15222-3099		0.00
HIP [A EMBLEMHEALTH PLAN] PO BOX 2845 NEW YORK NY 10116-2845		0.00
HOOSIER ALLIANCE HEALTH PLAN [MDWISE] PO BOX 830120 BIRMINGHAM AL 35283-0120		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HOP ADMINISTRATION PO BOX 1764 LANCASTER PA 17608-1764		0.00
HORIZON BCBS OF NEW JERSEY PO BOX 1219 NEWARK NJ 07101-1219		0.00
HORIZON BCBS OF NEW JERSEY [BLUECARD] PO BOX 1301 NEPTUNE NJ 07754-1301		0.00
HORIZON BCBS OF NEW JERSEY [FEP] PO BOX 656 NEWARK NJ 07101-0656		0.00
HORIZON BCBS OF NEW JERSEY [HMO/POS/MCARE ADV/ST HLTH PLAN PO BOX 820 NEWARK NJ 07101-3129		0.00
HORIZON BCBS OF NEW JERSEY [IND/PPO/DIRECT ACCESS] PO BOX 1609 NEWARK NJ 07101-1609		0.00
HORIZON BCBS OF NEW JERSEY [YHR/YHW MEDIGAP] PO BOX 1184 NEWARK NJ 07101-1184		0.00
HORIZON BCBS OF NEW JERSEY INC 3 PENN PLAZA EAST NEWARK NJ 07105-0000		0.00
HORIZON BCBS OF NJ PO BOX 247 NEWARK NJ 71010247		0.00
HORIZON NEW JERSEY HEALTH PO BOX 7117 LONDON KY 40742-0000		0.00
HORIZON NEW JERSEY HEALTH [MERCY HEALTH] [A MCD MCO HLTH PLAN PO BOX 7117 LONDON KY 40742-0000		0.00
HORIZON NJ HEALTH 200 STEVENS DRIVE PHILADELPHIA PA 19113		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HORIZON NJ HEALTH PLAN PROVIDER CLAIM SERVICES PHILADELPHIA PA 19113		0.00
HUMANA PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA PO BOX 931655 ATLANTA GA 31193-1655		0.00
HUMANA PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA [ERS] PO BOX 14678 LEXINGTON KY 40512-0000		0.00
HUMANA [HMO] PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA [PFFS] PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA [POS] PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA [PPO] PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA HEALTH CARE PLAN P.O. BOX 931655 ATLANTA GA 31193-1655		0.00
HUMANA HEALTH PLANS PO BOX 931655 ATLANTA GA 31193-1655		0.00
HUMANA HEALTHCARE PLANS P.O. BOX 931655 ATLANTA GA 31193-1655		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
HUMANA INC PO BOX 14601 LEXINGTON KY 40512-4601		0.00
HUMANA SECONDARY PO BOX 14601 LEXINGTON KY 40512-4601		0.00
IA MCD PO BOX 150001 DES MOINES IA 50315		0.00
IBEW LOCAL 357 ELECTRICAL WORKERS UNION PO BOX 26359 LAS VEGAS NV 89126-0000		0.00
IL MCD PO BOX 19126 SPRINGFIELD IL 62794		0.00
ILLINOIS MEDICAID 201 S GRAND AVE EAST SPRINGFIELD IL 62763		0.00
ILONA FAHMY 11 COLBY CT NORTH ANDOVER MA 01845-4242		0.00
ILWU CLAIMS 814 MISSION STREET, STE 300 SAN FRANCISCO CA 94103-0000		0.00
IN MCD 950 N MERIDIAN ST INDIANAPOLIS IN 46204		0.00
INDECS CORPORATION PO BOX 668 LYNDHURST NJ 07071-0000		0.00
INDEPENDENCE BLUECROSS [KEYSTONE HLTH PLAN EAST: HMO/POS] PO BOX 69353 HARRISBURG PA 17106-9353		0.00
INDIANA MEDICAID EDS REFUNDS INDIANAPOLIS IN 46206-2303		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
INSURANCE ADMINISTRATIVE SOLUTIONS [MCARE SUP PLANS] ATTN: CLAIMS DEPT CLEARWATER FL 33757-0000		0.00
INTERCOUNTY HEALTH PLAN 720 BLAIR MILL ROAD HORSHAM PA 19044-0000		0.00
IOWA MEDICAID PO BOX 150001 DES MOINES IA 50315		0.00
IRON WORKERS DISTRICT COUNCIL OF ST. LOUIS 212 KINGSHIGHWAY BLVD SAINT LOUIS MO 63108-0000		0.00
JS HOPKINS 1269 E PRINCETON AVE FLINT MI 48505-1754		0.00
KANSAS MEDICAID PO BOX 3571 TOPEKA KS 66601-3571		0.00
KENTUCKY HEALTH CHOICE PO BOX 2101 FRANKFORT KY 40602-2101		0.00
KENTUCKY MEDICAID PO BOX 2101 FRANKFORT KY 40602		0.00
KENTUCKY SPIRIT HEALTH PLAN (A MCD MCO PLN) (A CENTENE HLTH PLN) PO BOX 4001 FARMINGTON MO 63640-4401		0.00
KEYSTONE FIRST [FORMALLY KEYSTONE MERCY HEALTH PLAN] PO BOX 69353 HARRISBURG PA 17106-0000		0.00
KPS HEALTH PLANS PO BOX 339 BREMERTON WA 983370039		0.00
KSKJ LIFE PO BOX 10866 CLEARWATER FL 33757-8866		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
KY MCD 275 E. MAIN ST. 6W-C FRANKFORT KY 40621-0000		0.00
LA MCD LOUISIANA MEDICAL ASSISTANCE PROGRAM BATON ROUGE LA 70821		0.00
LAST SECOND MEDIA 220 TURTLE CREEK DRIVE ARLINGTON TX 76010		0.00
LI NET PROGRAM PO BOX 14310 LEXINGTON KY 40512-0000		0.00
LIBERTY MUTUAL INSURANCE COMPANY PO BOX 7203 LONDON KY 40742-7203		0.00
LINCOLN HERITAGE LIFE INSURANCE PO BOX 10843 CLEARWATER FL 33757-8843		0.00
LOUISIANA MEDICAID UNISYS BATON ROUGE LA 70821		0.00
LOYAL AMERICAN LIFE INSURANCE COMPANY PO BOX 30010 AUSTIN TX 78755-3010		0.00
MAGNACARE 1600 STEWART AVE WESTBURY NY 11590-000		0.00
MAIL HANDLERS BENEFIT PLAN PO BOX 8402 LONDON KY 40742-0000		0.00
MAILFINANCE 25881 NETWORK PLACE CHICAGO IL 60673-1258		0.00
MARKETING DIRECT, LLC 530 MARYVILLE CENTRE DR SUITE 300 ST. LOUIS MO 63141		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MARSH PO BOX 10439 DES MOINES IA 50306-0439		0.00
MARSH AFFINITY GROUP SERVICES PO BOX 14426 DES MOINES IA 503063426		0.00
MARTINS POINT GENERATION ADVANTAGE PO BOX 11410 PORTLAND ME 04104-7410		0.00
MD MCD PO BOX 1935 BALTIMORE MD 21203		0.00
MED EX PO BOX 9130 NORTH QUINCY MA 02171-0000		0.00
MEDCO HEALTH SOLUTIONS 100 PARSONS POND DRIVE ATTN: DANIELLE FRANKLIN LAKES NJ 07417-0000		0.00
MEDICA PO BOX 30990 SALT LAKE CITY UT 84130		0.00
MEDICA [A UHC HEALTH PLAN] PO BOX 30990 SALT LAKE CITY UT 84130-0000		0.00
MEDICAID ALABAMA P O BOX 244033 MONTGOMERY AL 36124-4033		0.00
MEDICAID ALASKA PO BOX 240808 ANCHORAGE AK 99524-0808		0.00
MEDICAID ARIZONA 801 E. JEFFERSON PHOENIX AZ 85034		0.00
MEDICAID ARKANSAS C/O EDS PO BOX 8034 LITTLE ROCK AR 72203-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MEDICAID CALIFORNIA PO BOX 15700 SACRAMENTO CA 95852-0000		0.00
MEDICAID COLORADO PO BOX 30 DENVER CO 80201-0030		0.00
MEDICAID CONNECTICUT 25 SIGOURNEY GT HARTFORD CT 53570		0.00
MEDICAID DELAWARE PO BOX 909 NEW CASTLE DE 19720-0000		0.00
MEDICAID FLORIDA HP ENTERPRISE TALLAHASSEE FL 32314-7072		0.00
MEDICAID GEORGIA ATTN: CLAIMS DEPT PO BOX 105203 TUCKET GA 30085-5203		0.00
MEDICAID HAWAII PO BOX 1206 HONOLULU HI 96807-1206		0.00
MEDICAID IDAHO PO BOX 70084 BOISE ID 83707-0000		0.00
MEDICAID IDAHO-PRIMARY PO BOX 70084 BOISE ID 83707-0000		0.00
MEDICAID IDAHO-SECONDARY EDS BOISE ID 83707-0000		0.00
MEDICAID ILLINOIS PO BOX 19153 SPRINGHILL IL 627995		0.00
MEDICAID ILLINOIS - PRIMARY ATTN: CLAIMS DEPT PO BOX 19126 SPRINGFIELD IL 62794-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MEDICAID ILLINOIS - SECONDARY ATTN: CLAIMS DEPT SPRINGFIELD IL 62794-0000		0.00
MEDICAID ILLINOIS-PRIMARY ATTN: CLAIMS DEPT SPRINGFIELD IL 62794-0000		0.00
MEDICAID ILLINOIS-SECONDARY ATTN: CLAIMS DEPT SPRINGFIELD IL 62794-0000		0.00
MEDICAID INDIANA PO BOX 7269 INDIANAPOLIS IN 46207-7269		0.00
MEDICAID IOWA PO BOX 36450 DES MOINES IA 50315		0.00
MEDICAID KANSAS PO BOX 3571 TOPEKA KS 66601-3571		0.00
MEDICAID KENTUCKY 275 E , MAIN ST 6W-C FRANKFORT KY 40621-0001		0.00
MEDICAID LOUISIANA PO BOX 3396 BATON ROUGE LA 70821		0.00
MEDICAID MAINE MAINECARE CLAIMS PROCESSING AUGUSTA ME 00433-2000		0.00
MEDICAID MARYLAND PO BOX 1935 BALTIMORE MD 21203		0.00
MEDICAID MASSACHUSETTS MASS HEALTH CUST. SV. HINGHAM MA 02043-0000		0.00
MEDICAID MICHIGAN PO BOX 1935 BALTIMORE MD 20103		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MEDICAID MINNESOTA 444 LAFAYETTE RD SAINT PAUL MN 55155		0.00
MEDICAID MISSISSIPPI 301 NE MULBERRY LEE'S SUMMIT MO 64086-5862		0.00
MEDICAID MISSOURI PO BOX 6500 JEFFERSON CITY MO 65102-6500		0.00
MEDICAID MONTANA PO BOX 8000 HELENA MT 59604		0.00
MEDICAID NEBRASKA P O BOX 95026 LINCOLN NE 685095026		0.00
MEDICAID NEW JERSEY 3705 QUAKERBRIDGE ROAD, SUIT E 101 TRENTON NJ 08619-1288		0.00
MEDICAID NEW MEXICO PO BOX 27460 ALBUQUERQUE NEW MEXICO 87125		0.00
MEDICAID NEW YORK COMPUTER SERVICES CORP RENSELAER NY 12144-4601		0.00
MEDICAID NORTH DAKOTA 600 E BOULEVARD AVENUE, DEPT 325 BISMARCK NY 58505-0250		0.00
MEDICAID NORTH DAKOTA-SECONDARY 600 E BOULEVARD AVENUE BISMARCK ND 58505-0250		0.00
MEDICAID OHIO 30 E BROAD ST, 31ST FLOOR COLUMBUS OH 43215-3414		0.00
MEDICAID OKLAHOMA PO BOX 18506 OKLAHOMA CITY OK 73154-0506		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MEDICAID PENNSYLVANIA PO BOX 8194 HARRISBURG PA 17105-0000		0.00
MEDICAID PENNSYLVANIA-PRIMARY ATTN: CLAIMS DEPARTMENT HARRISBURG PA 17105-0000		0.00
MEDICAID PENNSYLVANIA-SECONDARY ATTN: CLAIMS DEPARTMENT HARRISBURG PA 17105-0000		0.00
MEDICAID RHODE ISLAND PO BOX 2110 WARWICK RI 02887-0000		0.00
MEDICAID SOUTH CAROLINA PO BOX 1412 COLUMBIA SC 29202-1412		0.00
MEDICAID SOUTH DAKOTA 700 GOVERNORS DR. PIERRE SOUTH DAKOTA 57501-2291		0.00
MEDICAID TENNESSEE PO BOX 460 NASHVILLE TN 37202-0460		0.00
MEDICAID TEXAS PO BOX 200555 AUSTIN TX 78720-0555		0.00
MEDICAID TEXAS-PRIMARY TX MCD & HEALTHCARE PARTNERSHIP AUSTIN TX 78720-0555		0.00
MEDICAID TEXAS-SECONDARY PO BOX 200855 AUSTIN TX 78720-0555		0.00
MEDICAID TEXAS-SECONDARY, DM2 TX MCD & HEALTHCARE PARTNERSHIP AUSTIN TX 78720-0555		0.00
MEDICAID UTAH PO BOX 143106 SALT LAKE CITY UT 84114-3106		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MEDICAID VERMONT 312 HURRICANE LANE, STE 201 WILLISTON VT 05495-0000		0.00
MEDICAID VIRGINIA P O BOX 26228 GLEN ALLEN VA 23260-6228		0.00
MEDICAID VIRGINIA-PRIMARY CMS 1500 CLAIM FORMS RICHMOND VA 23261-0000		0.00
MEDICAID VIRGINIA-SECONDARY CMS 1500 CLAIM FORMS RICHMOND VA 23261-7441		0.00
MEDICAID WASHINGTON MEDICAL ASSISTANCE ATTN: CLAIMS OLYMPIA WA 98507-9248		0.00
MEDICAID WEST VIRGINIA MOLINA ATTN: CLAIMS DEPT CHARLESTON WV 25322-0000		0.00
MEDICAID WISCONSIN 6406 BRIDGE ROAD MADISON WI 53784		0.00
MEDICAID WISCONSIN-PRIMARY FORWARD HEALTH, CLAIMS & ADJ'S MADISON WI 53784-0000		0.00
MEDICAID WISCONSIN-SECONDARY FORWARD HEALTH, CLAIMS & ADJ'S MADISON WI 53784-0000		0.00
MEDICAID WYOMING PO BOX 547 CHEYENNE WY 82003-0547		0.00
MEDICAL MUTUAL OF OH [INTER.UNION OF ENG. LOCAL 15 A-C-D] P O BOX 94776 CLEVELAND OH 44101-4776		0.00
MEDICAL MUTUAL OF OHIO 2060 EAST NINTH STREET CLEVELAND OH 44115		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MEDICAL MUTUAL OF OHIO [MMO] PO BOX 94648 CLEVELAND OH 44101-1018		0.00
MEDICARE CLAIMS PROCESSING AETNA PHARMACY MANAGEMENT LEXINGTON KY 40512-0000		0.00
MEDICARE DME REGION B - NGS PO BOX 7027 INDIANAPOLIS IN 46207-7027		0.00
MEDICARE DME REGION C - CGS PO BOX 20010 NASHVILLE TN 372020000		0.00
MEDICARE DME REGION D - NORIDIAN PO BOX 6727 FARGO ND 58108-6727		0.00
MEDICIAD GEORGIA PO BOX 277941 ATLANTA GA 30384-7941		0.00
MEDICO 1515 SOUTH 75TH ST. OMAHA NE 68124		0.00
MELLON PO BOX 121213 DALLAS TX 75312-1213		0.00
MENNONITE MUTUAL AID PO BOX 483, 1110 N MAIN ST GOSHEN IN 46526-2638		0.00
METROPOLITAN DETROITHEALTH PLAN 6525 CENTURION DRIVE LANSING MI 48917-0000		0.00
MINNESOTA MEDICAID PO BOX 64987 SAINT PAUL MN 55155		0.00
MISSOURI MEDICAID PO BOX 6500 JEFFERSON CITY MO 651026500		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
MN MCD PROVIDER RELATIONS SAINT PAUL MN 55155-0000		0.00
MO MCD PO BOX 6500 JEFFERSON CITY MO 65102-6500		0.00
MONTANA MEDICAID ACS HELENA MT 59604		0.00
MONUMENTAL GENERAL INSURANCE COMPANY PO BOX 97 SCRANTON PA 18504-0000		0.00
MONUMENTAL LIFE 12421 MEREDITH DRIVE SUITE 600 FRANKLIN TN 37067-6392		0.00
MONUMENTAL LIFE INSURANCE COMPANY PO BOX 3350 CEDAR RAPIDS IA 52406-3350		0.00
MOTION PICTURE HEALTH PLAN PO BOX 1999 STUDIO CITY CA 91614		0.00
MUTUAL OF OMAHA 3316 FARNAM ST OMAHA NE 68175		0.00
MUTUAL OF OMAHA INSURANCE CO. MUTUAL OF OMAHA PLAZA OMAHA NE 68175		0.00
MVP HEALTH CARE [ALL PLANS- IBM/PREFERRED CARE] PO BOX 2207 SCHENECTADY NY 12301-0000		0.00
NALC 20547 WAVERLY CT ASHBURN VA 20149		0.00
NATIONAL ACCOUNTS DEDICATED SERVICE PO BOX 14114 LEXINGTON KY 40512-4114		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
NATIONAL ACCTS PO BOX 14114 LEXINGTON KY 40512-4114		0.00
NATIONAL ASSOC OF LETTER CARRIERS 20547 WAVERLY COURT ASHBURN VA 20149-0000		0.00
NATIONAL ASSOC OF LETTER CARRIERS- PRIMARY CLAIMS [A CIGNA PLAN] PO BOX 188004 CHATTANOOGA TN 37422-0000		0.00
NATIONAL ASSOC OF LETTER CARRIERS- SECONDARY CLAIMS 20547 WAVERLY COURT ASHBURN VA 20149-0000		0.00
NATIONAL ASSOC OF LETTER CARRIERS- SECONDARY CLAIMS [A CIGNA PLAN] 20547 WAVERLY COURT ASHBURN VA 20149-0000		0.00
NATIONAL ASSOCIATION OF LETTER CARRIERS HEALTH BENEFIT PLAN 20547 WAVERLY COURT ASHBURN VA 20149-001		0.00
NATIONAL EDUCATORS ASSOCIATION [NEA] PO BOX 10424 DES MOINES IA 50306-0000		0.00
ND MCD 600 E BOULEVARD AVE BISMARCK ND 585050250		0.00
NEIGHBORHOOD HEALTH PLAN (BOSTON, MA) PO BOX 10 NUTTING LAKE MA 01865-0010		0.00
NEOFUNDS BY NEOPOST PO BOX 30193 TAMPA FL 33630-3193		0.00
NEUROMETRIX, INC. 62 FOURTH AVENUE WALTHAM MA 2451		0.00
NEW ERA LIFE PO BOX4884 HOUSTON TX37027-7554		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
NEW MEXICO MEDICAID 1720A RANDOLPH RD SE ALBUQUERQUE NM 87106		0.00
NEW YORK LIFE INSURANCE CO 3316 FARNAM STREET OMAHA NE 68175-0000		0.00
NGS INC PO BOX 7027 INDIANAPOLIS IN 46207-7027		0.00
NGS, INC PO BOX 7027 INDIANAPOLIS IN 46207-7027		0.00
NHIC 1 PO BOX 809252 CHICAGO IL 60680-9252		0.00
NHIC INC PO BOX 809252 CHICAGO IL 60680		0.00
NHIC, INC PO BOX 809252 CHICAGO IL 60680		0.00
NIPRO DIAGNOSTICS, INC. 7888 P.O. BOX 7247 PHILADELPHIA PA 19170-7888		0.00
NM MCD 1720 A RANDOLPH RD SE ALBUQUERQUE NM 87106		0.00
NORIDIAN PO BOX 6727 FARGO ND 58108-6727		0.00
NORIDIAN INC PO BOX 6727 FARGO ND 58108-6727		0.00
NORTH AMERICA INSURANCE COMPANY PO BOX 44160 MADISON WI 53744-4160		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
NORTH AMERICAN INSURANCE COMPANY [WI] PO BOX 44160 MADISON WI 53744-4160		0.00
NORTH DAKOTA MEDICAID 600 E BOULEVARD AVE DEPT 325 BISMARCK ND 585050250		0.00
NYC CARPERNTERS BENEFITS [C & R CONSULTING] 1501 BROADWAY, STE 1724 NEW YORK NY 10036-0000		0.00
ODS HEALTH PLAN PO BOX 40384 PORTLAND OR 00009-7204		0.00
OHANA HEALTH PLAN P.O. BOX 31370 TAMPA FL 33631		0.00
OK MCD PO BOX 18506 OKLAHOMA CITY OK 73154-0506		0.00
OKLAHOMA MEDICAID PO BOX 54740 OKLAHOMA CITY OK 73154		0.00
OLD SURETY LIFE INSURANCE COMPANY PO BOX 54407 OKLAHOMA CITY OK 73154-1407		0.00
OPERATING ENGINEERS HEALTH & WELFARE FUND PO BOX 7067 PASADENA CA 91109-0000		0.00
OPTIMUM CHOICE, INC <A UHC HEALTH PLAN> PO BOX 740825 ATLANTA GA 30374-0825		0.00
OVERPAYMENT RECOVERY PO BOX 92420 CLEVELAND OH 44193		0.00
OVERPAYMENT RECOVERY RECEIPTS PO BOX 121213 DALLAS TX 75312-1213		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
OVERPAYMENT RECOVERY SEVICES DEPT 1213 DALLAS TX 75312-1213		0.00
OXFORD HEALTH PLANS ATTN: RECOVERY SVCS ATLANTA GA 30374-0804		0.00
OXFORD HEALTH PLANS [COMMERCIAL] PO BOX 29130 HOT SPRINGS AR 71903		0.00
OXFORD LIFE INSURANCE COMPANY PO BOX 46518 MADISON WI 53744-6518		0.00
PA MCD PO BOX 8194 HARRISBURG PA 17105-0000		0.00
PACIFICSOURCE [MEDICARE] PO BOX 7068 SPRINGFIELD OR 97475-0068		0.00
PAI-PLANNED ADMINISTRATORS, INC PO BOX 6927 COLUMBIA SC 29260-0000		0.00
PASSPORT HEALTH PLAN 200 STEVENS DRIVE PHILADELPHIA PA 19113		0.00
PAYMENT RESOLUTON SERVICES PO BOX 292437 NASHVILLE TN 37229-2437		0.00
PEBTF [MAJOR MEDICAL CLAIMS THROUGH PEBTF] ATTN: CLAIMS DEPT HARRISBURG PA 17111-0000		0.00
PEHP HEALTHY UTAH 560 EAST 200 SOUTH SALT LAKE CITY UT 84102-2099		0.00
PEHP HEALTHY UTAH [PUBLIC EMPLOYEE HEALTH PLAN] 560 EAST 200 SOUTH SALT LAKE CITY UT 84102-2099		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
PENNSYLVANIA BLUE SHIELD PO BOX 890089 CAMP HILL PA 17089-0089		0.00
PENNSYLVANIA LIFE INSURANCE P.O. BOX 12922 PENSACOLA FL 32591-2922		0.00
PENNSYLVANIA MEDICAID PO BOX 8194 HARRISBURG PA 17105		0.00
PERS [SELECT-CHOICE-CARE] [AN ANTHEM BC PLAN] PO BOX 60007 LOS ANGELES CA 90060-0007		0.00
PERS [SELECT-CHOICE-CARE] [AN ANTHEM BCBS PLAN] PO BOX 60007 LOS ANGELES CA 90060-0007		0.00
PHARMA SUPPLY, INC. 3381 FAIRLANE FARMS ROAD WELLINGTON FL 33414		0.00
PHARMACY@EXPRESS-SCRIPS PO BOX 14713 LEXINGTON KY 40512-0000		0.00
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY PO BOX 4884 HOUSTON TX 77210-0000		0.00
PHYSICIANS MUTUAL INSURANCE COMPANY 2600 DODGE STREET OMAHA NE 68103		0.00
PIPE FITTERS LOCAL UNION 597 HEALTH & BENEFITS FUND 45 NORTH OGDEN AVENUE CHICAGO IL 60607-0000		0.00
PIPE FITTERS WELFARE FUNDS LOCAL 597 45 NORTH OGDEN AVE CHICAGO IL 60607-0000		0.00
PLUMBERS & PIPE FITTERS UNION LOCAL 562 12385 LARIMORE ROAD ST. LOUIS MO 31383-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
POMCO 2425 JAMES ST SYRACUSE NY 13206		0.00
PRC PO BOX 292437 NASHVILLE TN 37229-2437		0.00
PREFERRED HEALTH [PHP KANSAS CITY] PO BOX 25938 SHAWNEE MISSION KS 66225-5938		0.00
PREFERRED HEALTH SYSTEMS PO BOX 49288 WICHITA KS 67201-9288		0.00
PREMERA BLUE CROSS OF WASHINGTON PO BOX 91059 SEATTLE WA 98111-9159		0.00
PRINCIPAL FINANCIAL LIFE INSURANCE CO. [USE IF BEFORE 2011] PO BOX 39710 COLORADO SPRINGS CO 80949-3910		0.00
PRIORITY HEALTH PO BOX 232 GRAND RAPIDS MI 49501		0.00
PRS PO BOX 292437 NASHVILLE TN 372292437		0.00
PRUDENCE LAWRENCE 7390 208TH ST FOREST LAKE MN 55025		0.00
PUGET SOUND ELECTRICAL WORKERS PO BOX 34203 SEATTLE WA 98124-0000		0.00
QUALCARE INC PO BOX 820 PISCATAWAY NJ 08855-0000		0.00
REGENCE BCBS OF OREGON P.O. BOX 1271 PORTLAND OR 97207-1271		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
REGENCE BLUE SHIELD PO BOX 21267 SEATTLE WA 981113267		0.00
REGENCE BLUE SHIELD OF OREGON PO BOX 30805 SALT LAKE CITY UT 84130-0000		0.00
REGENCE BLUE SHIELD OF UTAH PO BOX 30272 SALT LAKE CITY UT 84130-0272		0.00
REGENCE BLUE SHIELD OF WASHINGTON PO BOX 30271 SALT LAKE CITY UT 84130-0271		0.00
RESERVE NATIONAL INSURANCE PO BOX 26620 OKLAHOMA CITY OK 73126-0000		0.00
RHODE ISLAND MCD 171 SERVICE AVE WARWICK RI 02886-0000		0.00
RHODE ISLAND MEDICAID PO BOX 2110 WARWICK RI 02887-0000		0.00
ROCKY MOUNTAIN HEALTH PLANS P.O. BOX 3559 ENGLEWOOD CO 80155-3559		0.00
RODY HEALTH PARTNERS/ UHC PO BOX 31361 SALT LAKE CITY UT 84131-0000		0.00
ROYAL NEIGHBORS OF AMERICA PO BOX 10850 CLEARWATER FL 337578850		0.00
RURAL CARRIER BENEFIT PLAN<A COVENTRY HEALTH PLAN> PO BOX 7404 LONDON KY 40742-0000		0.00
SC MCD PO BOX 1412 COLUMBIA SC 29202-1412		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
SD MCD 700 GOVERNORS DR PIERRE SD 57501-2291		0.00
SECURE HORIZON PO BOX 31353 SALT LAKE CITY UT 84131		0.00
SECURE HORIZON / PACIFICARE P O BOX 12466 PENSACOLA FL 32591-0000		0.00
SECURE HORIZONS MEDICARE DIRECT PFFS PO BOX 31353 SALT LAKE CITY UT 841310000		0.00
SELECT HEALTH PO BOX 30192 SALT LAKE CITY UT 84130		0.00
SENTINEL SECURITY LIFE INSURANCE COMPANY PO BOX 16960 CLEARWATER FL 33766-6960		0.00
SIEMENS ENTERPRISE COMMUNICATIONS, INC. P.O. BOX 99076 CHICAGO IL 60693-9076		0.00
SIERRA HEALTH AND LIFE <A UHC HEALTH PLAN> PO BOX 15645 LAS VEGAS NV 89114-4396		0.00
SIGNATURE HOSPITAL CORP. PO BOX 690450 SAN ANTONIO TX 782690000		0.00
SILGAN [A BCBS OF CA HEALTH PLAN] ATTN: CLAIMS DEPT VAN NUYS CA 91470-1000		0.00
SOUTH CAROLINA MEDICAID P.O. BOX 1412 COLUMBIA SC 29202-1412		0.00
SOUTHERN CA PIPE TRADES HEALTH & WELFARE 501 SHATTO PLACE, 5TH FLOOR LOS ANGELES CA 90020-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
SOUTHWEST ADMINISTRATORS INC. - MISC ACTIVE MEMBERS PO BOX 1121 ALHAMBRA CA 91802-1121		0.00
SOUTHWEST SERVICE/ADMINISTRATORS 2400 WEST DUNLAP AVE PHEONIX AZ 85021-0000		0.00
STANDARD LIFE & ACCIDENT LIFE INSURANCE PO BOX 696800 SAN ANTONIO TX 78269-6800		0.00
STATE FARM INSURANCE COMPANY PO BOX 3070 NEWARK OH 43058-3070		0.00
STAYWELL HEALTH PLAN [WELLCARE OF FL] [A FL MCD MCO] PO BOX 31372 TAMPA FL 33631-3372		0.00
STERLING INVESTORS LIFE INSURANCE COMPANY PO BOX 10844 CLEARWATER FL 33757-8844		0.00
STERLING LIFE INS P O BOX 1917 BELLINGHAM WA 98227		0.00
STERLING LIFE INS CO PO BOX 5348 BELLINGHAM WA 98227-5348		0.00
STERLING LIFE INSURANCE PO BOX 1917 BELLINGHAM WA 98227-1917		0.00
STERLING LIFE INSURANCE [PREMIER AND SELECT SUPP PLANS] PO BOX 5348 BELLINGHAM WA 98227-0000		0.00
STIRLING BENEFITS [STIRLING & STIRLING INC] 20 ARMORY LANE MILFORD CT 06460-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
SUNFLOWER STATE HEALTH PLAN 8325 LENEXA DR LENEXA KS 66214-0000		0.00
SUNFLOWER STATE HELATH PLAN KANSAS CLAIMS ACCOUNT ST LOUIS MO 63105-0000		0.00
SUPERIOR HEALTH PLAN TEXAS [HMO MCD MCO] PO BOX 30003 FARMINGTON MO 63640-3803		0.00
TEAMSTERS 175 AND 505 3150 US ROUTE 60 EAST ONA WV 25545-0000		0.00
TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND PO BOX 1121 ALHAMBRA CA 91802-1121		0.00
TELCARE MEDICAL SUPPLY, INC. 150 BAKER AVE EXT SUITE 300 CONCORD MA 1742		0.00
TENNESSEE MEDICAID PO BOX 460 NASHVILLE TN 37202		0.00
TEXAS MEDICAID PO BOX 200855 AUSTIN TX 78720-0555		0.00
THE DAO 201 S MAPLE AVE OAK PARK IL 603023070		0.00
THE HEALTH PLAN 52160 NATIONAL ROAD EAST ST. CLAIRSVILLE OH 43950-0000		0.00
THE LOOMIS COMPANY PO BOX 7011 WYOMISSING PA 19610-6011		0.00
THE MAIL HANDLERS BENEFIT PLAN PO BOX 8402 LONDON KY 40742-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
THE MAIL HANDLERS BENEFIT PLAN [A COVENTRY PLAN] PO BOX 8402 LONDON KY 40742-0000		0.00
TN MCD 310 GREAT CIRCLE ROAD NASHVILLE TN 37243		0.00
TODAYS OPTION PO BOX 742568 HOUSTON TX 77274		0.00
TODAYS OPTION [PPO/PFFS] PO BOX 744920 HOUSTON TX 77274-0000		0.00
TODAYS OPTIONS PO BOX 742648 HOUSTON TX 77274-1107		0.00
TODAY'S OPTIONS ATTN: REFUND DEPT PENSACOLA FL 32591-9958		0.00
TOLEDO ELECTRICAL WELFARE FUND ATTN: CLAIMS DEPT ROSSFORD OH 43460-0000		0.00
TRANSAMERICA P.O. BOX 97 SCRANTON PA 18504-0097		0.00
TRANSAMERICA LIFE INSURANCE COMPANY P.O. BOX 97 SCRANTON PA 18504-0097		0.00
TRANSAMERICAN FINANCIAL PO BOX 3350 CEDAR RAPIDS IA 52405-3350		0.00
TRICARE EXPRESS SCRIPTS INC. PO BOX 66505 ST. LOUIS MO 63166-6505		0.00
TRICARE FOR LIFE REGION 5 MADISON WI 53707		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
TRICARE FOR LIFE [CLAIMS ONLY] PO BOX 7890 MADISON WI 53707-0000		0.00
TRICARE NORTH REGION PO BOX 870140 SURFSIDE BEACH CA 29587-0000		0.00
TRICARE SOUTH REGION P.O. BOX 7032 CAMDEN SC 29020-7032		0.00
TRICARE WEST REGION PO BOX 77028 MADISON WI 53707-0000		0.00
TRICARE WEST REGION [TRIWEST HEALTHCARE ALLIANCE] PO BOX 77028 MADISON WI 53707-0000		0.00
TRICARE WEST REGION CLAIMS [UHC MILITARY AND VETERANS] PO BOX 7064 CAMDEN SC 29020-7064		0.00
TRISTATE BENEFITS CORPORATION 619 OAK STREEET CINCINNATI OH 45206		0.00
TUFTS HEALTH PLAN 705 MOUNT AUBURN ST WATERTOWN MA 02472-1508		0.00
TX MCD TEXAS MEDICAID & HEALTHCARE PARTNERSHIP AUSTIN TX 78727-6422		0.00
UCARE PO BOX 52 MINNEAPLOIS MN 554400052		0.00
UHC PO BOX 740819 ATTN: CHECK CONTROL ATLANTA GA 30374-0819		0.00
UHC PO BOX 31362 SALT LAKE CITY UT 84130		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
UHC COMMUNITY PLAN PO BOX 8207 KINGSTON NY 12402-0000		0.00
UHC COMMUNITY PLAN [FORM. EVERCARE, RHODY HTLH PRTNRS, AMERICHOICE PO BOX 8207 KINGSTON NY 12402-0000		0.00
UHC MCR SOL'N PO BOX 740804 ATLANTA GA 30374-0804		0.00
UHC MCR SOLUTIONS PO BOX 740807 ATLANTA GA 30374-0804		0.00
UHC MEDICARE SOLUTIONS PO BOX 740804 ATLANTA GA 30374-0804		0.00
UHC OF THE MIDWEST INC PO BOX 7550 PHOENIX AZ 85011		0.00
UMR PO BOX 30541 SALT LAKE CITY UT 84130		0.00
UMR - CINCINNATI [FORMERLY KNOWN AS UNITED MEDICAL RESOURCES] PO BOX 145804 CINCINNATI OH 45250-0000		0.00
UMR INDEMNITY PLAN [A UHC HEALTH PLAN] PO BOX 30541 SALT LAKE CITY UT 84130-0000		0.00
UMR PPO PLAN [A UHC HEALTH PLAN] PO BOX 30781 SALT LAKE CITY UT 84130-0000		0.00
UMR-ARCELOR MITTAL GROUP PO BOX 30781 SALT LAKE CITY UT 84130-0781		0.00
UNICARE PO BOX 9016 ANDOVER MA 01810-0916		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
UNICARE [COMMERCIAL PLANS] PO BOX 4458 CHICAGO IL 60680-4458		0.00
UNICARE [SECURITY CHOICE PFFS CLASSIC & PLUS SENIOR SERVICES] ATTN: CLAIMS DEPT SAN ANTONIO KY 78279-0000		0.00
UNIFORM MEDICAL PLAN PO BOX 34578 SEATTLE WA 98124-1578		0.00
UNIFORM MEDICAL PLAN [ADMINISTERED BY REGENCE BCBSWA] PO BOX 34850 SEATTLE WA 98124-1850		0.00
UNITED AMERICAN PO BOX 8080 MCKINNEY TX 75070-8080		0.00
UNITED AMERICAN INS CO PO BOX 8080 MCKINNEY TX 75070		0.00
UNITED AMERICAN INSURANCE CO PO BOX 8080 MCKINNEY TX 750708080		0.00
UNITED AMERICAN INSURANCE COMPANY PO BOX 8080 MCKINNEY TX 750708080		0.00
UNITED COMMERCIAL TRAVELERS OF AMERICA 1801 WATERMARK DR SUITE 100 COLUMBUS OH 43215-8619		0.00
UNITED HEALTHCARE ATTN: RECOVERY SVCS ATLANTA GA 30374-0804		0.00
UNITED HEALTHCARE INSURANCE COMPANY ATTN: CHECK CONTROL ATLANTA GA 30374-0819		0.00
UNITED HEALTH CARE PO BOX 740819 ATLANTA GA 30374-0819		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
UNITED HEALTH CARE [COMMERCIAL PLANS] PO BOX 31362 SALT LAKE CITY UT 84130-0000		0.00
UNITED HEALTH CARE [LPPO MEDICARE ADVANTAGE PPO] ATTN: CLAIMS DEPT SALT LAKE CITY UT 84130		0.00
UNITED HEALTH CARE [MCARE ADV PLANS- FORM. SECURE HORIZONS & AARP PO BOX 31362 SALT LAKE CITY UT 84130-0000		0.00
UNITED HEALTH CARE [PFFS PLANS] PO BOX 31353 SALT LAKE CITY UT 84130-0000		0.00
UNITED HEALTH CARE INSURANCE COMPANY CHECK CONTROL ATLANTA GA 30374-0819		0.00
UNITED HEALTHCARE PO BOX 361594 COLUMBUS OH 43236-1594		0.00
UNITED HEALTHCARE (MCR ADV FROM SECURE HORIZONS) PO BOX 31362 SALT LAKE CITY UT 84130-0000		0.00
UNITED HEALTHCARE CHOICE PLUS COMMERCIAL POS PO BOX 30555 SALT LAKE CITY UT 84130		0.00
UNITED HEALTHCARE COMMUNITY PLAN PO BOX 740804 ATLANTA GA 30374-0804		0.00
UNITED HEALTHCARE DUAL COMPLETE PPO PO BOX 30555 SALT LAKE CITY UT 84130-0555		0.00
UNITED HEALTHCARE HMOPOS MEDICARE COMPLETE PO BOX 30555 SALT LAKE CITY UT 841300000		0.00
UNITED HEALTHCARE INSURANCE COMPANY CHECK CONTROL P.O. BOX 740819 ATLANTA GA 30374-0819		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
UNITED HEALTHCARE MEDICARE ADVANTAGE LPPO PO BOX 30555 SALT LAKE CITY UT 84130		0.00
UNITED HEALTHCARE MEDICARE SOLUTIONS ATTN: RECOVERY SERVICES ATLANTA GA 30374/0804		0.00
UNITED HEALTHCARE MEEDICARE SOLUTIONS ATTN: RECOVERY SVCS ATLANTA GA 30374-0804		0.00
UNITED HEALTHCARE OF THE MIDWEST 10895 GRANDVIEW DRIVE OVERLAND PARK KS 66210-0000		0.00
UNITED HEALTHCARE SERVICES, INC SAN ANTONIO SVD CTR ATLANTA GA 30374-0809		0.00
UNITED HEALTHCARE-NJ-MCD PO BOX 5250 KINGSTON NY 12402-5240		0.00
UNITED MAERICAN INSURANCE COMPANY PO BOX 8080 MCKINNEY TX 75070-8080		0.00
UNITED OF OMAHA MUTUAL OF OMAHA PLAZA OMAHA NE 68175		0.00
UNITED OF OMAHA-AFFILITATE MUTUAL OF OMAHA MUTUAL OF OMAHA PLAZA OMAHA NE 06817-5000		0.00
UNITED TEACHER ASSOCIATES INSURANCE COMPANY PO BOX 30010 AUSTIN TX 78755-3010		0.00
UNITED WORLD LIFE INSURANCE 3316 FARNAM ST OMAHA NE 681750001		0.00
UNITED WORLD LIFE INSURANCE - AFFILITATE MUTUAL OF OMAHA 3316 FARNAM STREET OMAHA NE 68175-0000		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
UNITEDHEALTHCARE WEST PO BOX 30967 SALT LAKE CITY UT 84130-0967		0.00
UNITEDHEALTHCARE WEST [FORMERLY PACIFICARE] PO BOX 30967 SALT LAKE CITY UT 84130-0967		0.00
UNITEDHEALTHONE [GOLDEN RULE] [UHC HEALTH PLAN] 712 ELEVENTH STREET LAWRENCEVILLE IL 62439-0000		0.00
UNIVERA HEALTHCARE PLAN PO BOX 23000 ROCHESTER NY 14692-0000		0.00
UNIVERSAL HEALTHCARE PO BOX 3211 ST PETERSBURG FL 337310294		0.00
UNIVERSAL HEALTHCARE [COMM/MCARE PLANS] PO BOX 294 ST. PETERSBURG FL 33731-0294		0.00
UNIVERSITY HEALTH ALLIANCE 700 BISHOP STREET, STE 300 HONOLULU HI 96813-4100		0.00
UPS LOCKBOX 577 CAROL STREAM IL 60132-0577		0.00
US FAMILY HEALTH PLAN PO BOX 924708 HOUSTON TX 77292-4708		0.00
USAA LIFE INSURANCE COMPANY 9800 FREDERICKSBURG ROAD SAN ANTONIO TX 78288		0.00
USPS MOUNT JULIET TN 37121		0.00
UT MCD PO BOX 143106 SALT LAKE CITY UT 84114-3106		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
UTAH MEDICAID P.O. BOX 143106 SALT LAKE CITY UT 84114-3106		0.00
UTLIDE FEQUIERE 140 HENDRICKSON AVE FL2 ELMONT NY 110031221		0.00
VERMONT MEDICAID PO BOX 777 WILLINSTON VT 5495		0.00
VYTRA [A EMBLEMHEALTH PLAN] PO BOX 9091 MELVILLE NY 11747-0000		0.00
WABASH MEMORIAL HOSPITAL ASSOCIATION PO BOX 1340 DECATUR IL 62525-1340		0.00
WASHINGTON MEDICAID PO BOX 45130 OLYMPIA WA 985045130		0.00
WASHINGTON NATIONAL 11825 N PENNSYLVANIA ST CARMEL IN 46032		0.00
WASHINTON NATIONAL INSURANCE COMPANY PO BOX 2034 CARMEL IN 46082		0.00
WEBB A TPA PO BOX 1928 GRAPEVINE TX 76099-1920		0.00
WELLCARE PO BOX 4438 SCRANTON PA 18505		0.00
WELLCARE OF FLORIDA PO BOX 31372 TAMPA FL 33631-3372		0.00
WELLCARE OF FLORIDA [MCARE/MCD MCO] ATTN: CLAIMS DEPT TAMPA FL 336313372		0.00

CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
WELLCARE OF GEORGIA PO BOX 31224 TAMPA FL 33631-3224		0.00
WELLCARE OF GEORGIA [MCARE] PO BOX 31224 TAMPA FL 33631-3224		0.00
WELLCARE OF GEORGIA [MCD MCO] PO BOX 31224 TAMPA FL 33631-3224		0.00
WELLCARE OF KENTUCKY PO BOX 31367 TAMPA FL 33631-3367		0.00
WELLCARE OF KENTUCKY [MCD MCO] ATTN: CLAIMS DEPT TAMPA FL 33631-3367		0.00
WELLCARE OF TEXAS [MEDICARE ADVANTAGE] PO BOX 31372 TAMPA FL 33631-3372		0.00
WELLMARK BCBS OF SOUTH DAKOTA 1601 WEST MADISON STREET SIOUX FALLS SD 57104		0.00
WELLMARK BLUE CROSS BLUE SHIELD OF IOWA ATTN: CLAIMS DEPT DES MOINES IA 50306-9291		0.00
WELLMARK BLUE CROSS BLUE SHIELD OF SOUTH DAKOTA PO BOX 5023 SIOUX FALLS SD 57117-5023		0.00
WINDSOR STERLING 7100 COMMERCE WAY STE 285 BRENTWOOD TN 37027		0.00
WINDSOR STERLING [CLAIMS PFFS] ATTN: CLAIMS DEPT PLANO TX 75026-9003		0.00
WISCONSIN MEDICAID PO BOX 6678 MADISON WI 53716-0678		0.00



CREDITOR'S NAME AND ADDRESS	CONTINGENT/UNLIQUIDATED/ DISPUTED	AMOUNT OF CLAIM
WOODMEN OF THE WORLD PO BOX 16857 CLEARWATER FL 33766-6857		0.00
WPS HEALTH INSURANCE P.O. BOX 8190 MADISON WI 53708-8190		0.00
WPS HEALTH INSURANCE [WISCONSIN PHYSICIANS SERVICE] [PRIVATE] PO BOX 8190 MADISON WI 53701-8109		0.00
WPS TRICARE ADMINISTRATION PO BOX 7928 MADISON WI 53707-7928		0.00
WPS TRICARE FOR LIFE PO BOX 7928 MADISON WI 53707-7928		0.00

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Franklin Collection Services Inc PO Box 3910 Tupelo, MS 38803	Collection of accounts receivable
HRLP Riverwood, LLC c/o Highwoods Properties Inc 3322 West End Ave Suite 600 Nashville, TN 37203	Original office lease entered into 7/2009 Agreement to surrendering possession and limiting maximum obligation to \$706,762.95
Omnisys LLC PO Box 8785 Greenville, TX 75404-8785	Coordinate Pre and Post payment Audit/Denial coordination from initial audit through Administrative Law Judge Hearing with office of Medicare Hearings and Appeals
Patient Focus 814 Church Street Suite 300 Nashville, TN 37203	Collection of accounts receivable
Richards & Richards Office Records Mgmt PO Box 17070 Nashville, TN 37217	Records Storage

In re A-Z Diabetes Care Club LLC

Case No. \_\_\_\_\_

Debtor

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Simplex Healthcare Inc PO Box 2255 Mount Juliet, TN 37121	Lighthouse Capital Ptns VP LP 20 University Rd Suite 320 Cambridge, MA 02138

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 92 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date May 15, 2014

Signature /s/ Gary M. Murphey  
Gary M. Murphey  
President

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$23,448,674.00	2013
\$54,864,178.00	2012

**2. Income other than from employment or operation of business**

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

**3. Payments to creditors**

None  **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Biosense Medical Devises LLC vs. A-Z Diabetes Care Club LLC f/k/a Diabetes Care Club LLC; Case No. 13-1775-III	judgment	Twelfth District Court of Davidson County	
Welldyne RX Inc vs. A-Z Diabetes Care Club, LLC, f/k/a Diabetes Care Club LLC; Case No. 2014cc-000313-0000-000		Polk County, FL - Circuit Court of Tenth Judicial District	

None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**5. Repossessions, foreclosures and returns**

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	--	-----------------------------------

**6. Assignments and receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

**7. Gifts**

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---------------------------	---	--

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Comerica	Checking (refunds) 1934	4/2014
Comerica	Checking 8610	1/2014

**12. Safe deposit boxes**

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

**13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
Medicare and other providers may have	potential set off to existing receivable amounts	

**14. Property held for another person**

None  List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------



**15. Prior address of debtor**

None  If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
6840 Carothers Parkway, Franklin, TN 37067		7/31/2009 to 1/17/2014

**16. Spouses and Former Spouses**

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

**18 . Nature, location and name of business**

None  a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	----------------------------

None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Jeremy Landa 1832 Moonlight Trail Brentwood, TN 37027	1/1/12 to 12/31/13
Tammy Fuqua 175 Clarendon Circle Franklin, TN 37069	1/1/12 to 12/31/13
Karen Musacchio 8041 Poplarwood Rd Nashville, TN 37221	1/1/12 to 12/31/13
Resurgence Financial Services 3330 Cumberland Blvd, Suite 500 Atlanta, GA 30339	1/1/14 to current

None  b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
BDO USA, LLP	414 Union St, Suite 1800 Nashville, TN 37219	2012

None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
Resurgence Financial Services LLC (General ledger)	3330 Cumberland Blvd, Suite 500 Atlanta, GA 30339
Patient Credit d/b/a Patient Focus (accounts receivable)	814 Church Street, Suite 300 Nashville, TN 37203
Franklin Collections (accounts receivable)	PO Box 3910 Tupelo, MS 38803
Omnisys LLC (accounts receivable)	PO Box 8785 Greenville, TX 75404-8785

-  
Accounts receivable records were sent to Franklin Collections, Patient Credit, and Omnisys LLC prior to 12/31/2013 for collection on a contingent basis.

None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

**20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	--

**21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Simplex Healthcare Inc	parent corporation	100%

**22 . Former partners, officers, directors and shareholders**

- None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

- None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

**23 . Withdrawals from a partnership or distributions by a corporation**

- None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Terry R. Blankenship 5528 Hillview Dr Brentwood, TN 37027	2013 W2 wages	85,165.81
Tamara Estrill-Lett 18007 Arbor Crest Dr Tampa, FL 33647	2013 W2 wages	127,036.72
Serena Peacher 394 Buckingham Blvd Franklin, TN 37067	2013 W2 wages	71,845.68
Alyssia Syphers 605 Cobble Court Nashville, TN 37211	2013 W2 wages	68,365.50

**24. Tax Consolidation Group.**

- None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
Simplex Healthcare Inc	20-8845325

**25. Pension Funds.**

- None  If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
Simplex Healthcare Inc 401(k) Plan	

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date May 15, 2014

Signature /s/ Gary M. Murphey  
Gary M. Murphey  
President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>0.00</u>
Prior to the filing of this statement I have received .....	\$	<u>0.00</u>
Balance Due .....	\$	<u>0.00</u> *

2. The source of the compensation paid to me was:

Debtor     Other (specify):

\*as of petition date; compensation for post-petition fees and expenses to be paid per fee applications by court approval.

3. The source of compensation to be paid to me is:

Debtor     Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, or other litigation in bankruptcy or any other court.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: May 15, 2014

/s/ Paul G. Jennings

Paul G. Jennings  
Bass, Berry & Sims PLC  
150 Third Ave. S.  
Suite 2800  
Nashville, TN 37201  
615-742-6200 Fax: 615-742-6293

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Simplex Healthcare, Inc. c/o Resurgence Financial Services, LLC 3514 Hobson Pike Hermitage, TN 37076		100%	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date May 15, 2014

Signature /s/ Gary M. Murphey  
Gary M. Murphey  
President

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 15, 2014

/s/ Gary M. Murphey

Gary M. Murphey/President

Signer/Title



A-Z DIABETES CARE CLUB LLC  
PO BOX 2255  
MOUNT JULIET TN 37121

PAUL G JENNINGS  
BASS BERRY & SIMS PLC  
150 THIRD AVE S STE 2800  
NASHVILLE TN 37201

1199SEIU NATIONAL BENEFIT FUNDS  
PO BOX 1007  
NEW YORK NY 10108-0000

[2012 DMENSIONS BENEFITS CLAIMS] BCBS OF MI  
[MCARE PLUS BLUE/ADV  
PO BOX 81700  
ROCHESTER MI 48308-1700

4TH DISTRICT IBEW H&W FUND  
3150 US ROUTE 60  
ONA WEST VIRGINIA 25545-9507

AARP  
PO BOX 740819  
ATLANTA GA 30374-0819

AARP MCR SUPPLEMENT [A UHC HEALTH PLAN]  
PO BOX 740819  
ATLANTA GA 30374-0819

AARP MEDICARE COMPLETE  
PO BOX 31362  
SALT LAKE CITY UT 84131-0000

AARP MEDICARE COMPLETE CHOICE PPO  
PO BOX 31362  
SALT LAKE CITY UT 84131

AARP MEDICARE COMPLETE PLUS HMOPOS  
PO BOX 31362  
SALT LAKE CITY UT 84131-0000

AARP MEDICARE COMPLETE PLUS HMOPOS  
PO BOX 31362  
SALT LAKE CITY UT 84131-0000

AARP MEDICARE SUPPLEMENT  
PO BOX 740819  
ATLANTA GA 30374-0819

AARP MEDICARE SUPPLEMENT [A UHC HEALTH  
PLAN]  
ATTN: CLAIMS DEPT  
ATLANTA GA 30374-0819

ABIGAIL P MARTINDALE  
900 20TH AVE S, UNITE 1510  
NASHVILLE, TN 37212

ACCENT  
PO BOX 952366  
ST LOUIS MO 63195-2366

ACCENT COST CONTAINMENT SOLUTIONS  
PO BOX 952366  
ST. LOUIS MO 63195-2366

ACS  
PO BOX 547  
CHEYENNE WY 82003-0547

ADMINISTRATIVE DISTRICT COUNCIL 1 WELFARE  
FUND  
660 N. INDRUSTRIAL DRIVE  
ELMHURST IL 60126-0000

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA  
PO BOX 10861  
CLEARWATER FL 33757-8861

ADRIA HEIMBURGER  
108 ROSE ST  
NASHVILLE, TN 37210

ADVANTAGE HEALTH SOLUTIONS  
PO BOX 503486  
INDIANAPOLIS IN 46250-8486

ADVANTAGE PREFERRED PLUS  
PO BOX 503486  
INDIANAPOLIS IN 46250-8486

ADVANTAGE PREFERRED PLUS [COMMERCIAL]  
PO BOX 503486  
INDIANAPOLIS IN 04625-0000

ADVENTIST RISK MANAGEMENT  
PO BOX 1808  
GRAPEVINE TX 76099

AETNA  
151 FARMINGTON AVENUE  
HARTFORD CT 06156-0000

AETNA  
CLAIMS DEPT  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA CHOICE POS  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA FOR - COMBINED INS. CO. OF AMERICA  
800 CRESCENT CENTRE DRIVE  
FRANKLIN TN 37067-0000

AETNA LIFE INSURANCE  
P.O. BOX 14079  
LEXINGTON KY 40512-4079

AETNA MEDICARE PPO  
ATTN: CLAIMS DEPT  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA MEDICARE PRO  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA MEDICARE SUPPLEMENT HEALTH PLAN  
PO BOX 13441  
PENSACOLA FL 32591-0000

AETNA OPEN ACCESS SELECT  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA OPEN CHOICE PPO  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA PHARMACY MANAGEMENT  
PO BOX 14023  
ATTN: MCR CLAIMS PROCESSING  
LEXINGTON KY 40512-0000

AETNA SELECT  
PO BOX 14079  
LEXINGTON KY 40512-4079

AETNA.  
29419 RELIABE PARKWAY  
CHICAGO IL 60686

AFLAC [AMERICAN FAMILY LIFE ASSURANCE PLAN]  
1932 WYNTTON ROAD  
COLUMBUS GA 31999-7253

AGAMATRIX, INC.  
7C RAYMOND AVENUE  
SALEM NH 3079

ALABAMA MCD  
PO BOX 244032  
MONTGOMERY AL 36124-0323

ALABAMA MEDICAID  
EDS  
MONTGOMERY AL 36124-1684

ALASKA CARE  
PO BOX 99004  
ANCHORAGE AK 99509-9004

ALASKA MEDICAID  
PO BOX 240769  
ANCHORAGE AK 09552-4000

ALLIED BENEFIT SYSTEMS  
PO BOX 909786  
CHICAGO IL 60690-0000

ALTIUS HEALTH PLANS [A COVENTRY HEALTH CARE  
PLAN]  
PO BOX 7147  
LONDON KY 40742-0000

ALYSSIA A A SYPHERS  
605 COBBLE COURT  
NASHVILLE, TN 37211

AMELIA J WOODARD  
660 BELL ROAD, APT 608  
ANTIOCH, TN 37013

AMERICAN BENEFIT CORP  
3150 US ROUTE 60  
ONA WV 25545-9507

AMERICAN BENEFIT CORPORATION  
3150 US ROUTE 60  
ONA WV 25545-9507

AMERICAN CONTINENTAL  
PO BOX 2368  
BRENTWOOD TN 370242368

AMERICAN CONTINENTAL [AN AETNA COMPANY]  
PO BOX 1188  
BRENTWOOD TN 37024-1188

AMERICAN FAMILY LIFE ASSURANCE  
1932 WYNNNTON RD  
COLUMBUS GA 319990000

AMERICAN INCOME LIFE  
PO BOX 1353  
CHICAGO IL 60690-0000

AMERICAN MEDICAL AND LIFE INSURANCE  
COMPANY-AMLI  
PO BOX 1353  
CHICAGO IL 60690-0000

AMERICAN PIONEER [A COMPANY OF UNIVERSAL  
AMERICAN]  
PO BOX 130  
PENSACOLO FL 32591-0000

AMERICAN POSTAL WORKERS UNION-APWU  
PO BOX 1358  
GLEN BURNIE MD 21060-1358

AMERICAN POSTAL WORKERS UNION-APWU [A  
CIGNA HEALTH PLAN]  
PO BOX 1358  
GLEN BURNIE MD 21060-1358

AMERICAN PROGRESSIVE [A COMPANY OF  
UNIVERSAL AMERICAN]  
PO BOX 130  
PENSACOLA FL 32591-0000

AMERICAN REPUBLIC CORP  
PO BOX 2780  
OMAHA NE 681032780

AMERICAN REPUBLIC INSURANCE COMPANY [ARIC]  
ATTN: CLAIMS DEPT  
EAGAN MN 55121-0670

AMERICAS 1ST CHOICE HEALTH OF NORTH  
CAROLINA, INC.  
PO BOX 210459  
COLUMBIA SC 29221-0459

AMERICAS 1ST CHOICE HEALTH PLANS OF SOUTH  
CAROLINA, INC.  
PO BOX 210769  
COLUMBIA SC SC 29221-0459

AMERICHoice OF NEW JERSEY  
P.O. BOX 7550  
PHOENIX AZ 85011

AMERICHoice OF NEW JERSEY [UHC COMMUNITY  
PLAN]  
ATTN: CLAIMS DEPT  
KINGSTON NY 12402-5250

AMERIGROUP  
PO BOX 933657  
ATLANTA GA 311933657

AMERIGROUP [MD/VA/DC]  
PO BOX 61010  
VIRGINIA BEACH VA 23466-1010

AMERIGROUP [TX/GA/IL/NM/NJ]  
PO BOX 61010  
VIRGINIA BEACH VA 23466-1010

AMERIHEALTH ADMINISTRATORS  
720 BLAIR MILLS ROAD  
HORSHAM PA 19044-0000

ANDOVER SERVICE CENTER  
PO BOX 9016  
ANDOVER MA 018010-091

ANDOVER SVC CTR  
PO BOX 9016  
ANDOVER MA 01810-0916

ANGELA M M MINKS  
284 MEIGS DR, L78  
MURFREESBORO, TN 37128

ANGELIQUE D D MORENO  
903 N 12TH ST, APT 15  
NASHVILLE, TN 37206

ANTHEM  
PO BOX 37780  
LOUISVILLE KY 40233-7780

ANTHEM BCBS  
PO BOX 533  
NORTH HAVEN CT 06473-0533

ANTHEM BCBS HMO  
1 CAMERON HILL  
CHATTANOOGA TN 37401-0000

ANTHEM BCBS IN CONNECTICUT  
PO BOX 533  
NORTH HAVEN CT 06473-0000

ANTHEM BCBS IN CONNECTICUT [MEDIBLUE  
HMO/MCARE PREFERRED PPO  
PO BOX 1407  
NEW YORK NY 01000-8000

ANTHEM BCBS MEDICARE ADVANTAGE PPO  
MISSOURI  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BCBS OF COLORADO  
PO BOX 5747  
DENVER CO 80217-5747

ANTHEM BCBS OF COLORADO[HMO/PPO/IND/MCARE  
ADV/BLUECARD  
PO BOX 5747  
DENVER CO 80217-5747

ANTHEM BCBS OF MISSOURI  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BCBS OF OHIO<ALL PLANS/FEP  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BCBS SHIELD OF VIRGINIA  
ATTN: CLAIMS DEPT  
RICHMOND VA 23279-0000

ANTHEM BLUE CROSS  
PO BOX 92420  
CLEVELAND OH 44193

ANTHEM BLUE CROSS AND BLUE SHIELD IN  
CONNECTICUT [FEP]  
ATTN: CLAIMS DEPT  
ATLANTA GA 30348-5557

ANTHEM BLUE CROSS AND BLUE SHIELD IN  
CONNECTICUT<HMO/PPO/NEHP>  
ATTN: CLAIMS DEPT  
NORTH HAVEN CT 06473-0000

ANTHEM BLUE CROSS AND BLUE SHIELD IN MAINE  
PO BOX 533  
NORTH HAVEN CT 06473-0000

ANTHEM BLUE CROSS AND BLUE SHIELD IN NEVADA  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS AND BLUE SHIELD IN NEW  
HAMPSHIRE  
3000 GOFFS FALLS ROAD  
MANCHESTER NH 03111-0001

ANTHEM BLUE CROSS AND BLUE SHIELD OF CA  
PO BOX 60007  
LOS ANGELES CA 90060-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF CA  
[WELLPOINT/SR CARE]  
ATTN: CLAIMS DEPT  
LOS ANGELES CA 90060-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF  
COLORADO [FEP]  
PO BOX 105557  
ATLANTA GA 30348-5557

ANTHEM BLUE CROSS AND BLUE SHIELD OF INDIANA  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF  
KENTUCKY  
ATTN: CLAIMS DEPT  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF  
MISSOURI  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF NEVADA  
PO BOX 5747  
DENVER CO 80217-5747



ANTHEM BLUE CROSS AND BLUE SHIELD OF OHIO  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF  
OHIO<ALL PLANS/FEP  
ATTN: CLAIMS DEPT  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF  
VIRGINIA  
ATTN: CLAIMS DEPT  
RICHMOND VA 23279-0000

ANTHEM BLUE CROSS AND BLUE SHIELD OF  
WISCONSIN  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM BLUE CROSS BLUE SHIELD  
801 PINE ST  
CHATTANOOGA TN 37402

ANTHEM BLUE CROSS BLUE SHIELD OF CALIFORNIA  
ATTN: CLAIMS DEPT  
CHATTANOOGA TN 37401-0000

ANTHEM BLUE CROSS BLUE SHIELD OF CALIFORNIA  
[FREEDOM BLUE PPO]  
1 CAMERON HILL  
CHATTANOOGA TN 37401-0000

ANTHEM BLUE CROSS OF CA  
PO BOX 4386  
WOODLAND HILLS CA 91365

ANTHEM BLUE CROSS OF CA [WELLPOINT/SR CARE]  
PO BOX 60007  
LOS ANGELES CA 90060-0000

ANTHEM BLUE CROSS OF CALIFORNIA  
PO BOX 60007  
LOS ANGELES CA 90060-0000

ANTHEM BLUE CROSS OF CALIFORNIA [FREEDOM  
BLUE PPO]  
PO BOX 60007  
LOS ANGELES CA 90060-0000

ANTHEM BLUECROSS AND BLUESHIELD OF GEORGIA  
[FEP]  
ATTN: CLAIMS DEPT  
COLUMBUS GA 31908-0000

ANTHEM BLUECROSS BLUE SHIELD  
4361 IRWIN SIMPSON RD  
MASON OH 45040-0000

ANTHEM BLUECROSS BLUESHIELD OF GEORGIA  
PO BOX 9907  
COLUMBUS GA 31908-0000

ANTHEM HEALTH PLANS OF VA  
PO BOX 27401  
RICHMOND VA 23279

ANTHEM INSURANCE  
1351 WILLIAM HOWARD TAFT RD  
CINCINNATI OH 45206

ANTHEM PREFERRED STANDARD PPO  
PO BOX 60007  
LOS ANGELES CA 90060-0000

ANTHEM PREFERRED STANDARD PPO [CA POLICY]  
PO BOX 60007  
LOS ANGELES CA 90060-0000

ANTHEM SENIOR ADVANTAGE INDIANA  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM SENIOR ADVANTAGE KENTUCKY  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM SENIOR ADVANTAGE VIRGINIA  
PO BOX 27401  
RICHMOND VA 23279-0000

ANTHEM SENIOR ADVANTAGE WISCONSIN  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTHEM SENIOR SERVICES OHIO  
PO BOX 105187  
ATLANTA GA 30348-0000

ANTONIO M CROSS  
1306 ARBOR CREST BLVD  
ANTIOCH, TN 37013

APWU HEALTH PLAN  
PO BOX 1358  
GLEN BURNIE MD 210601358

AR MCD  
PO BOX 8034  
LITTLE ROCK AR 722030000

ARIZONA FOUNDATION FOR MEDICAL CARE  
326 E. CORONADO ROAD  
PHOENIX AZ 85004-0000

ARKANSAS BCBS  
PO BOX 2181  
LITTLE ROCK AR 72203-2181

ARKANSAS BLUE CROSS BLUE SHIELD  
PO BOX 2181  
LITTLE ROCK AR 72203-2181

ARKANSAS BLUE CROSS BLUE SHIELD HMO HEALTH  
ADVANTAGE  
ATTN: CLAIMS DEPT  
LITTLE ROCK AR 72203-8069

ARKANSAS BLUECROSS BLUESHIELD  
PO BOX 2181  
LITTLE ROCK AR 72203

ARKANSAS MEDICAID  
500 PRESIDENT CLINTON AVE  
LITTLE ROCK AR 72201-1745

ASSOCIATED ADMINISTRATORS  
911 RIDGEBROOK ROAD  
SPARKS MD 21152-0000

AVERA SELECT  
P.O. BOX 5348  
BELLINGHAM WA 98227-5348

B2 INSIGHTS, LLC  
P.O. BOX 26493  
SCOTTSDALE AZ 85255

BAKERY AND CONFECTIONERY UNION TRUST  
FUNDS  
10401 CONNETICUT AVE  
KENSINGTON MD 20895-3960

BANKERS FIDELITY LIFE  
PO BOX 105652  
ATLANTA GA 30348

BANKERS LIFE & CASUALTY CO  
PO BOX 1935  
CARMEL IN 46082

BANKERS LIFE...  
PO BOX 1935  
CARMEL IN 46082

BAYER CORPORATION  
PO BOX 650512  
DALLAS TX 75265-0512

BCBS - FL  
PO BOX 121213  
DALLAS TX 75312-1213

BCBS - IL  
25718 NETWORK PLACE  
CHICAGO IL 60673-1257

BCBS - TN  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37402

BCBS MI  
PO BOX 2227  
DETROIT MI 48231

BCBS OF ALABAMA  
PO BOX 995  
BIRMINGHAM AL 35298-0001

BCBS OF CALIFORNIA  
PO BOX 769025  
WOODLAND CA 95776-9025

BCBS OF CONNECTICUT  
ATTN: JOANN NICOLELLI  
NORTH HAVEN CT 64735119

BCBS OF CT MEDIBLUE PREFERRED STANDARD  
PPO-NEW HQ836 PLN  
PO BOX 1400 CHURCH ST STATION  
NEW YORK NY 10081-0000

BCBS OF DELAWARE  
MEDICFILL 1-5-01  
WILLMINGTON DE 19800001

BCBS OF FLORIDA  
P.O. BOX 44010  
JACKSONVILLE FL 32231-4010

BCBS OF FLORIDA COMMERCIAL  
1 CAMERON HILL  
CHATTANOOGA TN 37401-0000

BCBS OF GEORGIA  
P.O. BOX 7368  
COLUMBUS GA 31908-7368

BCBS OF HAWAII  
PO BOX 44500  
HONOLULU HI 96804-4500

BCBS OF ILLINOIS  
300 EAST RANDOLPH  
CHICAGO IL 60601-5099

BCBS OF IOWA  
636 GRAND AVE.  
DES MOINES IA 503090000

BCBS OF KANSAS  
1133 SW TOPEKA BLVD  
TOPEKA KS 66629

BCBS OF LOUISIANA HMO [HMOLA]  
ATTN: CLAIMS DEPT  
BATON ROUGE LA 70898-9024

BCBS OF LOUISIANA  
PO BOX 98029  
BATON ROUGE LA 70898-9029

BCBS OF LOUISIANA [FEP]  
PO BOX 98028  
BATON ROUGE LA 70898-9028

BCBS OF LOUISIANA [PC PPO, TRADITIONAL, KEY  
MANAGED INDEMNITY]  
PO BOX 98029  
BATON ROUGE LA 70898-9029

BCBS OF LOUISIANA SECONDARY  
PO BOX 98029  
BATON ROUGE LA 70898-9029

BCBS OF MASSACHUSETTS  
PO BOX 986015  
BOSTON MA 2298

BCBS OF MI  
PO BOX 366  
DETROIT MI 48231-0366

BCBS OF MI [MCARE PLUS BLUE/ADV] [DMENSIONS  
BENEFITS2012 CLAIMS]  
PO BOX 81700  
ROCHESTER MI 48308-1700

BCBS OF MICHIGAN  
PO BOX 81700  
ROCHESTER MI 48308

BCBS OF MINNESOTA  
3535 BLUE CROSS RD  
EAGAN MN 55122

BCBS OF MISSISSIPPI  
PO BOX 1043  
JACKSON MS 39215-1043

BCBS OF MISSISSIPPI STATE HEALTH PLAN  
PO BOX 23071  
JACKSON MS 39225-3071

BCBS OF NATL CAPITAL AR  
550 12TH ST SW  
WASHINGTON DC 20065-0001

BCBS OF NC  
PO BOX 2291  
DURHAM NC 27702

BCBS OF NEBRASKA  
P.O. BOX 3248  
OMAHA NE 68180-0001

BCBS OF NEW JERSEY  
3 PENN PLAZA  
NEWARK NJ 82000006

BCBS OF NEW MEXICO  
PO BOX 27630  
ALBUQUERQUE NM 87125-7630

BCBS OF NORTH CAROLINA  
PO BOX 30025  
DURHAM NC 27702

BCBS OF OKLAHOMA  
PO BOX 3283  
TULSA OK 74102-3283

BCBS OF RHODE ISLAND  
500 EXCHANGE STREET  
PROVIDENCE RI 02903-2699

BCBS OF SOUTH CAROLIN  
PO BOX 10030  
COLUMBIA SC 29202-0000

BCBS OF SOUTH CAROLINA  
I-20 @ ALPINE ROAD  
COLUMBIA SC 29219

BCBS OF SOUTH CAROLINA [ST HLTH PLAN]  
PO BOX 100605  
COLUMBIA SC 29260-0000

BCBS OF TENNESSEE  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37401-0000

BCBS OF TEXAS  
PO BOX 660044  
DALLAS TX 75266-0044

BCBS OF TN  
801 PINE ST.  
CHATTANOOGA TN 37402-2555

BCBS OF WYOMING  
4000 HOUSE AVER  
CHEYENNE WY 82003-2266

BCBS-AR  
PO BOX 8069  
LITTLE ROCK AR 72203-8069

BCBS-FL  
OVERPAYMENT RECOVERY RECEIPTS  
DALLAS TX 75312-1213

BCBS-IL  
25718 NETWORK PL  
CHICAGO IL 60673-1257

BCBSLA  
PO BOX 98029  
BATON ROUGE LA 70898-9029

BCBS-MN  
3535 BLUE CROSS RD  
EAGAN MN 55122

BCBSOF MICHIGAN  
PO BX 68710  
GRAND RAPIDS MI 49516-8710

BCBSOF MICHIGAN [BLUE CARE NETWORK OF MI]  
PO BOX 68710  
GRAND RAPIDS MI 49516-8710

BCBSTN  
1 CAMERON CIRCLE  
CHATTANOOGA TN 37401

BCBS-TN  
1 CAMERON HILL CIR  
CHATTANOOGA TN 37402

BIONIME USA  
3047 TWISTED OAK DR  
MURFREESBORO TN 37129

BIONOSTICS  
7 JACKSON RD  
DEVENS, MA 01434-4026

BIOSENSE MEDICAL DEVICES  
TAYLOR, ENGLISH DUMA LLP  
1600 PARKWOOD CIRCLE SUITE 400  
ATLANTA, GA 30339

BLUE CARE NETWORK OF MICHIGAN  
25925 TELEGRAPH ROAD  
SOUTHFIELD MI 48034-0000



BLUE CHOICE HEALTH PLAN ADVANTAGE SOUTH  
CAROLINA  
PO BOX 6170  
COLUMBIA SC 95927-0000

BLUE CHOICE OF SOUTH CAROLINA  
PO BOX 617  
COLUMBIA SC 29260-6170

BLUE CROSS AND BLUE SHIELD OF ALABAMA  
PO BOX 2294  
BIRMINGHAM AL 35201-2294

BLUE CROSS AND BLUE SHIELD OF ALABAMA [ALL  
PLANS/FEP]  
ATTN: CLAIMS DEPT  
BIRMINGHAM AL 35201-2294

BLUE CROSS AND BLUE SHIELD OF ARIZONA  
PO BOX 13466  
PHOENIX AZ 85002-3466

BLUE CROSS AND BLUE SHIELD OF FLORIDA  
ATTN: CLAIMS DEPT  
JACKSONVILLE FL 32231-0000

BLUE CROSS AND BLUE SHIELD OF FLORIDA [MCARE  
SUPPLEMENT]  
ATTN: CLAIMS DEPT  
JACKSONVILLE FL 32231-4160

BLUE CROSS AND BLUE SHIELD OF FLORIDA  
[STATES PPO PLAN]  
PO BOX 2896  
JACKSONVILLE FL 32232-0079

BLUE CROSS AND BLUE SHIELD OF ILLINOIS  
PO BOX 805107  
CHICAGO IL 60680-4112

BLUE CROSS AND BLUE SHIELD OF KANSAS  
ATTN: CLAIMS  
TOPEKA KS 66601-0239

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY  
[BLUECARE HMO]  
ATTN: CLAIMS DEPT  
KANSAS CITY MO 64108-0000

BLUE CROSS AND BLUE SHIELD OF MINNESOTA  
ATTN: CLAIMS DEPT  
ST PAUL MN 55164-0338

BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI  
ATTN: CLAIMS DEPT  
JACKSON MS 39225-3071

BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI  
STATE HEALTH PLAN  
PO BOX 23071  
JACKSON MS 39225-3071

BLUE CROSS AND BLUE SHIELD OF MONTANA  
PO BOX 7982  
HELENA MT 59604-0000

BLUE CROSS AND BLUE SHIELD OF NEBRASKA  
PO BOX 3248  
OMAHA NE 68180-0000

BLUE CROSS AND BLUE SHIELD OF NEW MEXICO  
PO BOX 27630  
ALBUQUERQUE NM 87125-7630

BLUE CROSS AND BLUE SHIELD OF NORTH  
CAROLINA  
PO BOX 17509  
WINSTON SALEM NC 27116-0000

BLUE CROSS AND BLUE SHIELD OF NORTH  
CAROLINA [FEP]  
PO BOX 2291  
DURHAM NC 27702-0000

BLUE CROSS AND BLUE SHIELD OF NORTH  
CAROLINA [MCARE ADV]  
PO BOX 17509  
WINSTON SALEM NC 27116-0000

BLUE CROSS AND BLUE SHIELD OF OKLAHOMA  
PO BOX 3283  
TULSA OK 74102-0000

BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND  
500 EXCHANGE ST  
PROVIDENCE RI 02903-0000

BLUE CROSS AND BLUE SHIELD OF TENNESSEE  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37402-0000

BLUE CROSS AND BLUE SHIELD OF TENNESSEE  
[COMMERCIAL]  
ATTN: CLAIMS DEPT  
1 CAMERON HILL  
CHATTANOOGA TN 37401-0000

BLUE CROSS AND BLUE SHIELD OF TENNESSEE  
[FEP]  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37401-0000

BLUE CROSS AND BLUE SHIELD OF TEXAS  
PO BOX 660044  
DALLAS TX 75266-0044

BLUE CROSS AND BLUE SHIELD SOUTH CAROLINA  
[MCARE ADV]  
PO BOX 100191  
COLUMBIA SC 29202-0000

BLUE CROSS BLUE SHEILD OF FLORIDA  
PO BOX 2896  
JACKSONVILLE FL 32232-0079

BLUE CROSS BLUE SHEILD OF TENNESSEE  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37402-0000

BLUE CROSS BLUE SHEILD TENNESSEE FEP  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37402-0000

BLUE CROSS BLUE SHIELD OF ALABAMA  
PO BOX 995  
BIRMINGHAM AL 35298-0000

BLUE CROSS BLUE SHIELD OF ARIZONA  
PO BOX 2924  
PHOENIX AZ 85062-2924

BLUE CROSS BLUE SHIELD OF FLORIDA  
ATTN: CLAIMS DEPT  
JACKSONVILLE FL 32231-4160

BLUE CROSS BLUE SHIELD OF FLORIDA  
COMMERCIAL  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37401-0000

BLUE CROSS BLUE SHIELD OF HAWAII  
PO BOX 44500  
HONOLULU HI 96804-4500

BLUE CROSS BLUE SHIELD OF HAWAII [HMSA]  
[COMMERCIAL]  
PO BOX 44500  
HONOLULU HI 96804-4500

BLUE CROSS BLUE SHIELD OF ILLINOIS  
300 EAST RANDOLPH  
CHICAGO IL 606015099

BLUE CROSS BLUE SHIELD OF LOUISIANA  
PO BOX 98029  
BATTON ROUGE LA 70809-0000

BLUE CROSS BLUE SHIELD OF LOUISIANA  
PO BOX 98029  
BATON ROUGE LA 70898-9029

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
PO BOX 986020  
BOSTON MA 02298-0000

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
[ALL PLANS]  
PO BOX 986020  
BOSTON MA 02298-0000

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
[MEDICARE ADVANTAGE]  
ATTN: CLAIMS DEPT  
BOSTON MA 2298

BLUE CROSS BLUE SHIELD OF MICHIGAN  
PO BOX 68710  
GRAND RAPIDS MI 49516-8710

BLUE CROSS BLUE SHIELD OF MICHIGAN [BLUE  
CARE NETWORK ADVANTAGE]  
PO BOX 68753  
GRAND RAPIDS MI 49516-8753

BLUE CROSS BLUE SHIELD OF MICHIGAN [BLUE  
CARE NETWORK OF MI]  
PO BOX 68710  
GRAND RAPIDS MI 49516-8710

BLUE CROSS BLUE SHIELD OF MICHIGAN [BLUE  
CHOICE]  
PO BOX 2500  
DETROIT MI 48231-5000

BLUE CROSS BLUE SHIELD OF MICHIGAN [FEP]  
PO BOX 2599  
DETROIT MI 48231-2599

BLUE CROSS BLUE SHIELD OF MICHIGAN [MCARE  
PLUS BLUE/ADVANTAGE]  
PO BOX 32593  
DETROIT MI 48232-0593

BLUE CROSS BLUE SHIELD OF NC  
PO BOX 35  
DURHAM NC 27702-0000

BLUE CROSS BLUE SHIELD OF NC  
[INDIVIDUAL/PPO/POS/HMO/FEP]  
PO BOX 35  
DURHAM NC 27702-0000

BLUE CROSS BLUE SHIELD OF NEBRASKA  
PO BOX 3248  
OMAHA NE 68180-0001

BLUE CROSS BLUE SHIELD OF NORTH DAKOTA  
4510 13TH AVE S.W.  
FARGO ND 58121-4510

BLUE CROSS BLUE SHIELD OF TENNESSEE (FEP)  
ATTN: CLAIMS DEPT  
CHATTANOOGA TN 37402-0040

BLUE CROSS BLUE SHIELD OF TENNESSEE [FEP]  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37401-0000

BLUE CROSS BLUE SHIELD OF TENNESSEE [MCARE  
ADV]  
PO BOX 180205  
CHATTANOOGA TN 37402-0000

BLUE CROSS BLUE SHIELD OF TENNESSEE FEP  
1 CAMERSON HILL CIRCLE  
CHATTANOOGA TN 37402-0000

BLUE CROSS BLUE SHIELD OF TN  
1 CAMERON HILL CIRCLE  
CHATTANOOGA TN 37402-0040

BLUE CROSS BLUE SHIELD OF WESTERN NEW YORK  
[ALL PLANS/FEP]  
PO BOX 80  
BUFFALO NY 14240-0080

BLUE CROSS BLUE SHIELD OF NORTH CAROLINA  
PO BOX 35  
DURHAM NC 27702-2291

BLUE CROSS OF CALIFORNIA  
PO BOX 4194  
WOODLAND HILLS CA 91365

BLUE CROSS OF IDAHO  
PO BOX 8406  
BOISE ID 83707-0000

BLUE CROSS OF IDAHO [MCARE ADV]  
PO BOX 8406  
BOISE ID 83707-0000

BLUE CROSS OF NORTHERN/NORTHEASTERN  
PENNSYLVANIA  
19 NORTH EAST MAIN ST  
WILKES-BARRE PA 18711-0302

BLUE CROSS TEXAS  
P.O. BOX 660044  
DALLAS TX 75266-0044

BLUE SHIELD OF CALIFORNIA  
PO BOX 769025  
WOODLAND CA 95776-9025

BLUE SHIELD OF CALIFORNIA [BLUE CARD]  
ATTN: CLAIMS DEPT  
RED BLUFF CA 96080-1505

BLUE SHIELD OF CALIFORNIA [BLUE CARE OF CA-  
LIFE/HLTH/OTHER PLNS]  
ATTN: CLAIMS DEPT  
CHICO CA 95927-0000

BLUE SHIELD OF CALIFORNIA [FEP]  
PO BOX 2725410  
CHICO CA 95927-2510

BLUECROSS BLUESHIELD OF MICHIGAN  
600 LAFAYETTE EAST  
DETROIT MI 48226-0000

BLUECROSS BLUESHIELD OF SOUTH CAROLINA  
PO BOX 100605  
COLUMBIA SC 29260-0000

BLUECROSS BLUESHIELD OF SOUTH CAROLINA [ST  
HLTH PLAN]  
PO BOX 100605  
COLUMBIA SC 29260-0000

BLUECROSS BLUESHIELD OF SOUTH  
CAROLINA[PREFERRED BLUE/BLE CARD]  
PO BOX 10030  
COLUMBIA SC 29202-0000

BLUECROSS BLUESHIELD OF TENNESSEE  
801 PINE STREET  
CHATTANOOGA TN 37402-455

BMI-HEALTHPLANS [BARLESVILLE]  
PO BOX 2187  
BARTLESVILLE OK 74005-0000

BOARD OF PENSIONS OF THE PRESBY CH.>MCARE  
SUPP-A HIGHMRK BCBS  
HIGHMARK BCBS GROUP# PPN363  
PITTSBURGH PA 01522-2000

BRANDI L NICHOLLS  
1410 SUNRAY DRIVE  
MURFREESBORO, TN 37127

BRIDGESTONE AMERICAS INC  
PO BOX 5224  
JANESVILLE WI 53547-0000

BRITTNEY D D MCLENDON  
511 S 11TH ST  
NASHVILLE, TN 37206

BS OF CALIFORNIA  
PO BOX 2725410  
CHICO CA 95927-2510

BSBS OF SOUTH CAROLINA[PREFERRED BLUE/B  
BLUE CARD]  
PO BOX 10030  
COLUMBIA SC 29202-0000

C2C SOLUTIONS INC  
QIC DME  
PO BOX 44163  
JACKSONVILLE FL 32231-4163

CAINE & WEINER  
PO BOX 5010  
WOODLAND HILLS CA 93165-5010

CAITLIN S SARA DUFF  
301 DEMONBREUN ST, UNIT 1911  
NASHVILLE, TN 37201

CALIFORNIA'S VALUED TRUST  
520 EAST HERNDON  
FRESNO CA 93720

CAMERON S JAMES  
3469 ALLEN BARRETT ROAD  
MURFREESBORO, TN 37219

CAPITAL BLUE CROSS  
PO BOX 779503  
HARRISBURG PA 171779503

CAPITAL DISTRICT PHYSICIAN'S HEALTH PLAN  
[CDPHP]  
PO BOX 66602  
ALBANY NY 12206-6602

CARDINAL HEALTH 110, INC  
C/O BANK OF AMERICA  
PO BOX 402592  
ATLANTA GA 30384-2592

CARE IMPORVEMENT PLUS  
PO BOX 822663  
PHILADELPHIA PA 19182-2663

CARE IMPROVEMENT  
PO BOX 488  
LINTHICUM MD 210900488

CARE IMPROVEMENT PLUS OF TEXAS INC  
PO BOX 822663  
PHILADELPHIA PA 19182-2663

CARE IMPROVEMENT PLUS/XL HEALTH  
PO BOX 488  
LINTHICUM MD 21090-0488

CARE N CARE  
PO BOX 961285  
FT WORTH TX 76107

CARECENTRIX  
6130 SPRINT PARK WAY SUITE 200  
OVERLAND PARK KS 66211

CAREFIRST BCBS  
PO BOX 14114  
LEXINGTON KY 40512-4114

CAREFIRST BCBS  
PO BOX 14114  
NATIONAL ADDTS DEDICATED SERVICE  
LEXINGTON KY 40512-4114



CAREFIRST BCBS [BLUE CHOICE/BLUE PREFERRED]  
PO BOX 14116  
LEXINGTON KY 40512-4116

CAREFIRST BCBS [NATIONAL ACS./BLUE CARD/IND]  
PO BOX 14115  
LEXINGTON KY 40512-4115

CAREFIRST BCBS [NCA IND/BLUE CARD]  
PO BOX 14116  
LEXINGTON KY 40512-4116

CAREFIRST BCBS OF MARYLAND  
PO BOX 1010  
OWINGS MILLS MD 21117-0000

CAREFIRST BLUE CROSS BLUE SHIELD  
PO BOX 14115  
LEXINGTON KY 40512-4115

CAREFIRST BLUE CROSS BLUE SHIELD [BLUE  
CHOICE/BLUE PREFERRED]  
ATTN: CLAIMS DEPT  
LEXINGTON KY 40412-4116

CAREFIRST BLUE CROSS BLUE SHIELD [FEP]  
PO BOX 14113  
LEXINGTON KY 40512-4113

CAREFIRST BLUE CROSS BLUE SHIELD [NATIONAL  
ACS./BLUE CARD/IND]  
PO BOX 14115  
LEXINGTON KY 40512-4115

CAREFIRST BLUE CROSS BLUE SHIELD [NCA  
IND/BLUE CARD]  
PO BOX 14116  
LEXINGTON KY 40512-4116

CAREMARK INC  
ATTN: PHARMACY CORRESPONDENCE  
SCOTTSDALE AZ 83260-0000

CAREPOINT  
215 E BAY ST STE 304  
CHARLESTON SC 29401

CARESOURCE, INC.  
7552 MAIN STREET, SUITE 101  
THE COLONY TX 75056

CAROL G GWEN ANDERSON  
106 S THOMPSON, 110A  
SHELBYVILLE, TN 37160

CARPENTER HEALTH AND WELFARE OF CALIFORNIA  
<BC OF CA PLAN>  
PO BOX 60007  
LOS ANGELES CA 90060-0000

CATAMARAN  
1200 LAKESIDE DRIVE  
BANNOCKBURN IL 60015-0000

CATERPILLAR RETIREMENT FUND <A UHC HEALTH  
PLAN>  
PO BOX 740800  
ATLANTA GA 30374-0800

CELTIC LIFE INSURANCE COMPANY  
PO BOX 46337  
MADISON WI 53744-6337

CENTERS FOR MEDICARE AND MEDICAID SERVICE  
NATIONAL GOVERNMENT SERVICES INC  
PO BOX 6036  
INDIANAPOLIS, IN 46206-0636

CENTRAL REGION-CCOA LOCKBOX  
PO BOX73651  
CLEVELAND OH 44193-1177

CENTRAL STATES HEALTH & WELFARE  
PO BOX 94648  
CLEVELAND OH 44101-0000

CENTRAL STATES INDEMNITY CO. OF OMAHA  
PO BOX 10815  
CLEARWATER FL 33757-8815

CENTRAL STATES LIFE CO. OF OMAHA  
PO BOX 34350  
OMAHA NE 68134-0350

CGS  
PO BOX 20010  
NASHVILLE TN 372020010

CGS INC  
PO BOX 20010  
NASHVILLE TN 37202-0010

CGS, INC  
PO BOX 20010  
NASHVILLE TN 37202

CHAMP VA  
PO BOX 469063  
DENVER CO 80246-9063

CHAMPVA  
P.O. BOX 469062  
DENVER CO 80246-9062

CHAMPVA/VA-HAC  
PO BOX 469064  
DENVER CO 80246-9064

CHARRIA E TERRY  
148 TIMBERLAKE CIRCLE  
ANTIOCH, TN 37013

CIGNA  
P O BOX 20010  
NASHVILLE TN 37202

CIGNA  
PO BOX 5200  
SCRANTON PA 18505-5200

CIGNA [MANAGED CARE, HMO, OPEN ACCESS AND  
PPO]  
PO BOX 15050  
WILMINGTON WI 19850-0000

CIGNA [MGD CARE, HMO, OPEN ACCESS AND PPO]  
ATTN: CLAIMS DEPT  
WILMINGTON WI 19850-0000

CIGNA GREAT WEST HEALTH  
1000 GREAT WEST DRIVE  
KENNETT MO 63857-3749

CIGNA HEALTH CARE  
PO BOX 182223  
CHATTANOOGA TN 374220000

CIGNA HEALTHCARE  
PO BOX 3050  
EASTON PA 18040-3050

CIGNA MCR ADVANTAGE PFFS  
ATTN: CLAIMS DEPT  
SAN ANTONIO TX 78269-6018

CIGNA MEDICARE ADVANTAGE  
PO BOX 696018  
SAN ANTONIO TX 78269-6018

CIGNA MEDICARE ADVANTAGE PRIVATE FEE-FOR-SERVICE  
PO BOX 696018  
SAN ANTONIO TX 78269-6018

CITY OF FRANKLIN  
PO BOX 306097  
NASHVILLE, TN 37230

COLONIAL PENN INS CO  
PO BOX 1935  
CARMEL IN 46082-0000

COLONIAL PENN LIFE INS COMPANY [BANKERS LIFE]  
PO BOX 1935  
CARMEL IN 46082-1935

COLONIAL PENN LIFE INSURANCE COMPANY  
11825 N. PENNSYLVANIA ST.  
CARMEL IN 46032

COLONIAL PENN LIFE INSURANCE COMPANY  
[BANKERS LIFE]  
PO BOX 1935  
CARMEL IN 46082-1935

COLORADO MEDICAID  
P.O. BOX 30  
DENVER CO 80201

COMBINED INSURANCE COMPANY OF AMERICA  
PO BOX 638  
BELLINGHAM WA 982270638

CONNECTICARE <COMMERCIAL PLANS>  
ATTN: CLAIMS DEPT  
FARMINGTON CT 06034-0000

CONNECTICUT GENERAL  
PO BOX 55270  
PHOENIX AZ 85078-5270

CONNECTICUT GENERAL INSURANCE COMPANY  
PO BOX 182223  
CHATTANOOGA TN 37422-0000

CONNECTICUT GENERAL INSURANCE COMPANY  
[LIFE INS AND DISABILITY]  
PO BOX 182223  
CHATTANOOGA TN 37422-0000

CONNECTICUT GENERAL LIFE INSURANCE  
PO BOX 182223  
CHATTANOOGA TN 37422-7223

CONNECTICUT GENERAL LIFE INSURANCE CO.  
P.O. BOX 182223  
CHATTANOOGA TN 37422-7223

CONNECTICUT MEDICAID  
PO BOX 2941  
HARTFORD CT 6104

CONNECTICUT PIPE TRADES HEALTH FUND <A  
CIGNA HEALTH PLAN>  
115 SILAS DEANE HIGHWAY  
WEATHERFIELD CT 85078-5270

CONSECO  
PO BOX 2034  
CARMEL IN 46082

CONSECO LIFE INSURANCE COMPANY  
PO BOX 2034  
CARMEL IN 46082-0000

CONSTITUTION LIFE  
P.O. BOX 130  
PENSACOLA FL 32591-0130

CONTINENTAL GENERAL INSURANCE COMPANY  
PO BOX 30010  
AUSTIN TX 78755-3010

CONTINENTAL LIFE INSURANCE  
101 CONTINENTAL PLACE  
BRENTWOOD TN 37027

CONTINENTAL LIFE INSURANCE <A  
GENWORTH/AETNA COMPANY>  
PO BOX 1188  
BRENTWOOD TN 37024-0000

CORESOURCE [HOP ADMINISTRATION]  
PO BOX 2920  
CLINTON IA 53733-2920

COUNTRY LIFE  
PO BOX 2000  
BLOOMINGTON IL 61703-2000

COUNTRY LIFE INSURANCE COMPANY  
ATTN: HEALTH CLAIM SERVICES  
BLOOMINGTON IL 61702-2000

COURTNEI D SECREST  
7069 OLD ZION ROAD  
COLUMBIA, TN 38401

COURTNEY E MANCHESTER  
416 THORNTON DRIVE  
FRANKLIN, TN 37064

COVENANT ADMINISTRATORS, INC. [ATLANTA GA]  
1745 NORTH BROWN RD.,STE 400  
LAWRENCEVILLE GA 30043-0000

COVENTRY ADV HEALTH CARE OF THE CAROLINAS  
[FORM. WELLPATH SELECT  
PO BOX 7102  
LONDON KY 40742-0000

COVENTRY CARES OF KENTUCKY [MCD MCO]  
PO BOX 7812  
LONDON KY 40742-0000

COVENTRY HEALTH CARE OF DELAWARE, INC  
PO BOX 7713  
LONDON KY 40742-0000

COVENTRY HEALTH CARE OF ILLINOIS  
2110 FOX DR.  
CHAMPAIGN IL 61820

COVENTRY HEALTHCARE  
RURAL CARRIER BENEFIT PLAN  
CHARLOTTE NC 282668329

COVENTRY OF FLORIDA [VISTA MCD AND HEALTHY  
KIDS]  
PO BOX 7403  
LONDON KY 40742-0000

COVENTRY OF KANSAS [ADVANTRA ADV]  
PO BOX 7370  
LONDON KY 40742-0000

COVENTRY OF MISSOURI  
PO BOX 7401  
LONDON KY 40742-0000

COVENTRY OF MISSOURI [COMMERCIAL]  
PO BOX 7374  
LONDON KY 40742-0000

COVENTRY OF NEBRASKA [COMMERCIAL]  
PO BOX 7705  
LONDON KY 40742-0000

COVENTRYCARES OF KENTUCKY [A KY MCD MCO]  
ATTN: CLAIMS DEPT  
LONDON KY 40742-7812

CROSSTOWN COURIER INC  
410 AIRPARK CENTER DR.  
NASHVILLE TN 37217

CT MCD  
25 SIGOURNEY ST  
HARTFORD CT 53570

CVS CAREMARK  
PO BOX 52196  
PHOENIX AZ 85072-2196

DAKOTACARE [A HLTH CARE PLN OF THE SOUTH  
DAKOTA MEDICAL ASSOC]  
PO BOX 7406  
SIOUX FALLS SD 57117-7406

DANIELLE S SMITH  
510 CALLIE AVENUE  
GALLATIN, TN 37066

DARCEY D STEWART  
351 SAM RIDLEY PKWY E, APT J5  
SMYRNA, TN 37167

DATAMARKETING NETWORK  
701 MURFREESBORO ROAD  
NASHVILLE TN 37210

DAVID MATTHEW DICKERSON  
702A CLEARVIEW DRIVE  
NASHVILLE, TN 37212

DELAWARE MEDICAID  
PO BOX 909  
NEW CASTLE DE 197200900

DELAWARE PHYSICIANS CARE [A AETNA HLTH PLAN]  
[DE MCD MCO]  
PO BOX 61145  
PHOENIX AZ 85082-1145

DELTA HEALTH SYSTEMS  
PO BOX 80  
STOCKTON CA 95201-3080

DENISE S STOKES  
257 FREEDOM DRIVE  
FRANKLIN, TN 37067

DENVER HEALTH MEDICAID CHOICE PLAN  
PO BOX 262249  
PLANO TX 75026-0000

DEPARTMENT OF VETERANS AFFAIRS  
HEALTH ADMIN CTR  
DENVER CO 80246-9062

DEPT OF HEALTH & HOSPITALS  
BUREAU OF HEALTH SVC FIN.  
BATON ROUGE LA 70821-9117

DESERET MUTUAL  
PO BOX 45530  
SALT LAKE CITY UT 84145-0000

DESTINY AKINS  
802 WILLOW TRACE CT  
WHITES CREEK, TN 37115

DEXTER A JOHNSON  
1114 CEDAR POINTE PKWY  
ANTIOCH, TN 37013

DMENSION BENEFIT MANAGEMENT  
PO BOX 81700  
ROCHESTER MI 48308-1700



DMENSION BENEFIT MANAGEMENT-MCR PLUS BLUE  
PO BOX 82000  
ROCHESTER MI 48308-0000

DMENSION BENEFIT MGMT  
PO BOX 81700  
ROCHESTER MI 48308

EBS-RMSCO  
115 CONTINUUM DR  
LIVERPOOL NY 13088

ELECTRICAL WELFARE TRUST FUND  
4601 PRESIDENTS DR  
LANHAM MD 207060000

ELIZABETH E DROKE  
2608 MATCHSTICK PL  
SPRING HILL, TN 37174

ELMCO  
100 N MAIN ST. STE 321  
ELMIRA NY 14901-0000

EMBLEM HEALTH INC.  
PO BOX 29101  
NEW YORK NY 10087-0000

EMBLEM HEALTH, INC  
PO BOX 29101  
NEW YORK NY 10087-0000

EMBLEMHEALTH [EPO/PPO CLAIMS]  
PO BOX 2832  
NEW YORK NY 10116-2832

EMILY J COLLINS  
1359 DUNRAVEN DRIVE  
MURFREESBORO, TN 37128

EMPIRE BCBS  
PO BOX 986205  
BOSTON MA 9922

EMPIRE BCBS [DIRECT HMO, POS, EPO, PPO, TOTAL  
BLUE, SR PLN, IND]  
PO BOX 1407  
NEW YORK NY 10008-1407

EMPIRE BCBS [DIRECT HMO,POS,EPO,PPO,TOTAL  
BLUE,SR PLN, IND]  
PO BOX 1407  
NEW YORK NY 10008-1407

EMPIRE BCBS OF NEW YORK  
PO BOX 3877  
NEW YORK NY 10008-3877

EMPIRE BCBS OF NEW YORK [BLUECARD PPO]  
PO BOX 3877  
NEW YORK NY 10008-3877

EMPIRE BLUECROSS BLUESHIELD  
PO BOX 1407  
NEW YORK NY 1008

EMPIRE PLAN  
PO BOX 1600  
KINGSTON NY 12402-1600

EMPIRE PLAN [A UHC HEALTH PLAN]  
PO BOX 1600  
KINGSTON NY 12402-1600

EMPIRE RECOVERY LOCKBOX  
PO BOX 92221  
CLEVELAND OH 44193

EQUITABLE LIFE AND CASUALTY  
PO BOX 2460  
SALT LAKE CITY UT 84110-0000

ERIC M M MORENO  
1025 CEDAR CREEK VILLAGE RD  
MT JULIET, TN 37122

ERIN E FINNEY  
804 CHESTNUT COURT  
BRENTWOOD, TN 37027

EVA J JARRETT KINCADE  
500 ARBOR DRIVE  
FRANKLIN, TN 37069

EVERCARE  
PO BOX 31350  
SALT LAKE CITY UT 84131-1350

EXCELLUS BCBS  
165 COURT STREET  
ROCHESTER NY 14647

EXCELLUS BCBS OF NEW YORK ROCHESTER  
PO BOX 22999  
ROCHESTER NY 14692-0000

EXCELLUS BLUE CROSS BLUE SHIELD  
PO BOX 4809  
SYRACUSE NY 13221-4809

EXCELLUS BLUE CROSS BLUE SHIELD OF NEW YORK  
ROCHESTER  
PO BOX 22999  
ROCHESTER NY 14692-0000

EXPRESS SCRIPS  
PHARMACY REMITTANCE  
ATTN: JOYCE WALLACE B403-09  
8640 EVANS AVE  
ST. LOUIS MO 63134-0000

EXPRESS SCRIPS  
ATTN: MAIL ROOM PMT ENCLOSED  
FAIRFIELD OH 45014-0000

EXPRESS SCRIPTS  
PO BOX 2849  
ATTN: PHARMACY UCF CLAIMS  
CLINTON IA 52733-0000

FA MANAGEMENT  
480 JAMES ROBERTSON PKWY  
NASHVILLE, TN 37219

FAMILY  
LIFE  
HOUSTON TX 77292-5568

FAMILY LIFE  
PO BOX 925688  
HOUSTON TX 77292-4408

FAMILY LIFE [FORMERLY NATIONAL STATES LIFE INS  
CO]  
PO BOX 925688  
HOUSTON TX 77292-4408

FCE BENEFIT ADMINISTRATORS, INC  
4615 WALZEM RD STE 300  
SAN ANTONIO TX 78218-0000

FIDELIS CARE NEW YORK  
95-25 QUEENS BLVD  
REGO PARK NY 11974

FIDELIS CARE NEW YORK [MCARE ADV]  
PO BOX 170  
AMHERST NY 14226-0170

FIRST HEALTH NETWORK [A COVENTRY HEALTH  
CARE COMPANY]  
PO BOX 24038  
TUSCON AZ 85734-4038

FIRST UNITED AMERICAN LIFE INSURANCE  
COMPANY  
PO BOX 3125  
SYRACUSE NY 13220-3125

FORWARD HEALTH  
6406 BRIDGE ROAD  
MADISON WI 53784

FORWARD HEALTH <A WI MCD MCO>  
ATTN: CLAIMS DEPT  
MADISON WI 53716-0678

FRANKLIN COLLECTION SERVICES INC  
PO BOX 3910  
TUPELO, MS 38803

G.M.P.-EMPLOYERS RETIREE TRUST  
5245 BIG PINE WAY SE  
FORT MYERS FL 33907-5998

GA MCD  
PO BOX 5000  
MCRAY GA 31055-0000

GAVIN M M GRAVES  
508 DES MOINES DR  
HERMITAGE, TN 37076

GEHA  
PO BOX 4665  
INDEPENDENCE MO 64051-4665

GEHA-GOVERNMENT EMPLOYEES HEALTH  
ASSOCIATION  
9547 HIGHWAY 42  
RICHTON MS 39476-9567

GEMCO  
5640 HUDSON INDUSTRIAL PARKWAY  
HUDSON, OH 44236-5011

GENWORTH<MCARE SUPP, ALL GE PLANS<AN  
AETNA COMPANY>  
PO BOX 1188  
BRENTWOOD TN 37024-0000

GERBER LIFE INSURANCE  
P.O. BOX 2271  
OMAHA NE 68103-2271

GERBER LIFE INSURANCE <A MUTUAL OF OMAHA  
PLAN>  
PO BOX 2271  
OMAHA NE 68103-2271

GHI  
PO BOX 2832  
NEW YORK NY 10116-2832

GHI  
P.O. BOX 1701  
NEW YORK NY 10023

GHI [A EMBLEMHEALTH PLAN]  
PO BOX 2845  
NEW YORK NY 10016-0000

GHI HMO [EMBLEM HEALTH PLAN]  
PO BOX 2845  
NEW YORK NY 10016-0000

GHMSI/CAREFIRST  
COMMERCIAL PROVIDER SERVICE  
LEXINGTON KY 40512-4114

GREAT AMERICAN LIFE INSURANCE COMPANY  
PO BOX 30010  
AUSTIN TX 78755-3010

GREAT AMERICAN SR BENEFITS  
2000 INS CONCEPTS AGENCY INC.  
FORTWORTH TX 76107-0000

GUARANTEE TRUST & LIFE  
ATTN: CLAIMS DEPT  
GLENVIEW IL 60025-0000

GUARDIAN HEALTHCARE INC. <SC>  
PO BOX 4197  
SCRANTON PA 18505-0000

GUILD-TIMES BENEFITS FUND  
1501 BROADWAY  
NEW YORK NY 10036

HARRINGTON BENEFIT SERVICES  
PO BOX 1818  
DAYTON OH 454011818

HARTFORD GROUP RETIREE HEALTH PLAN  
PO BOX 826  
ONALASKA WI 54650-0000

HARTFORD LIFE INSURANCE COMPANY  
55 FARMINGTON AVE, SUITE 100  
HARTFORD CT 6105

HARTFORD RETIREE MEDICAL INSURANCE  
PO BOX 10432  
DES MOINES IA 50306-0432

HARTLAND NATIONAL  
PO BOX 10813  
CLEARWATER FL 33757-8813

HARVARD PILGRIM HEALTH CARE [A UHC PLAN]  
PO BOX 699183  
QUNICY MA 02269-9183

HAWAII MEDICAID  
ATTN: CLAIMS DEPT.  
HONOLULU HI 96807-1220

HEALTH ALLIANCE  
301 SOUTH VINE STREET  
URBANA IL 67801

HEALTH ALLIANCE MEDICAL PLANS OF ILLINOIS  
ATTN: CLAIMS DEPT  
URBANA IL 61803-6003

HEALTH CARE SERVICE CORP.  
REFUND DEPT/CASH DISBURSEMENTS  
CHICAGO IL 60673-1257

HEALTH CARE SERVICE CORPORATION  
REFUND DEPT.  
CHICAGO IL 60673-1257

HEALTH CHOICE  
PO BOX 24870  
OKLAHOMA CITY OK 73124

HEALTH CHOICE [SELF-FUNDED PPO STATE  
EMPLOYEE PLAN]  
PO BOX 24870  
OKLAHOMA CITY OK 73124-0870

HEALTH DESIGN PLUS  
1755 GEORGETOWN ROAD  
HUDSON OH 44236

HEALTH FIRST HEALTH PLANS  
PO BOX 69355  
HARRISBURG PA 17106-9355

HEALTH NET [CALIFORNIA-MEDICARE PLAN]  
PO BOX 14703  
LEXINGTON KY 40512-0000

HEALTH NET [COMM/REG. MCARE AND PRIORITY  
NETWORK AZAP MCARE]  
PO BOX 14225  
LEXINGTON KY 40512-4225

HEALTH NET [OREGON AND WASHINGTON-  
COMM/MCARE ADV]  
PO BOX 14130  
LEXINGTON KY 40512-4130

HEALTH NET OF THE NORTHEAST INC [CLAIMS  
PRIOR TO 06/30/2011]  
HNNE CLAIM  
LEXINGTON KY 40512-0000

HEALTH NET PPO  
PO BOX 14130  
LEXINGTON KY 40512-4130

HEALTH OPTIONS PROGRAM <PA PUBLIC SCHOOL  
EMP'S RETIREMENT SYST>  
HOP ADMINISTRATION UNIT  
CLINTON IA 52733-2921

HEALTH PLUS OF LOUISIANA, INC  
PO BOX 69316  
HARRISBURG PA 17106-9316

HEALTHAMERICA/HEALTHASSURANCE  
PO BOX 7088  
LONDON KY 40742-0000

HEALTHAMERICA/HEALTHASSURANCE [A COVENTRY  
HEALTH CARE PLAN]  
PO BOX 7088  
LONDON KY 40742-0000

HEALTHAMERICA/HEALTHASSURANCE <A  
COVENTRY HEALTH CARE PLAN  
PO BOX 7088  
LONDON KY 40742-0000

HEALTHCARE SERVICE CORP  
25718 NETWORK PLACE  
CHICAGO IL 60673-1257

HEALTHCARE SVC CORP  
PO BOX 731431  
DALLAS TX 75373-1431

HEALTHFIRST HEALTHPLAN OF NJ  
100 CHURCH ST FLOOR 18  
NEW YORK NY 10007-2601

HEALTHFIRST OF NJ  
PO BOX 958436  
LAKE MARY FL 32795-8436

HEALTHFIRST OF NJ [MCARE/MCD]  
PO BOX 958436  
LAKE MARY FL 32795-8436

HEALTHLINK <A WELLPOINT COMPANY> STATE OF IL  
PO BOX 411580  
ST. LOUIS MO 63141-0000

HEALTHNET  
FILE # 56527  
LOS ANGELES CA 90074-6527

HEALTHNET INC  
PO BOX 9103  
VAN NUYS CA 91409-9103

HEALTHNET LIFE INSURANCE COMPANY  
PO BOX 14130  
LEXINGTON KY 40512-0000



HEALTHNOW NEW YORK INC.  
PO BOX 80  
BUFFALO NY 14240-0080

HEALTHPARTNERS  
PO BOX 1289  
MINNEAPOLIS MN 55440-1289

HEALTHSCOPE BENEFITS INC  
PO BOX 619057  
DALLAS TX 75261-9057

HEALTHY ALLIANCE LIFE INS CO  
DBA ANTHEM BLUECROSS BLUESHIELD  
CINCINNATI OH 45206-1775

HEARTLAND HEALTH CARE  
3001 METRO DRIVE, STE 500  
BLOOMINGTON MN 55425-0000

HEARTLAND NATIONAL LIFE INS. CO.  
PO BOX 2878  
SALT LAKE CITY UT 84110-2878

HIGHMARK  
P.O. BOX 890382  
CAMP HILL PA 17089-0382

HIGHMARK BCBS  
P O BOX 2085  
PITTSBURG PA 15230

HIGHMARK BCBS OF DELAWARE  
PO BOX 1991  
WILMINGTON DE 19899-1991

HIGHMARK BCBS OF PA  
PO BOX 890150  
CAMP HILL PA 17001-9774

HIGHMARK BCBS OF PA PPO  
6840 CAROTHERS PARKWAY  
FRANKLIN TN 37067

HIGHMARK BCBS OF PA<FREEDOM BLUE  
PFFS<W/CENTRAL/E/NE REGION  
ATTN: CLAIMS DEPT  
CAMP HILL PA 17089-0062

HIGHMARK BCBS OF PA<PPO/EPO/DIRECT  
BLUE/CLASSICBLUE/PPOPLUS  
PO BOX 890173  
CAMP HILL PA 17089-0173

HIGHMARK BCBS OF  
PA<PPO/PREFERREDBLUE/EPO/DIR  
BLUE/BLUECARD/FEP  
PO BOX 890062  
CAMP HILL PA 17089-0062

HIGHMARK BCBS OF WEST VIRGINIA  
PO BOX 7026  
WHEELING WV 26003-0000

HIGHMARK BCBS OF WEST VIRGINIA [FREEDOM  
BLUE PPO/POS/IND/FEP]  
PO BOX 7026  
WHEELING WV 26003-0000

HIGHMARK BLUE CROSS BLUE SHEILD  
ATTN: CASHIER  
CAMP HILL IL 17001-9774

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE  
PO BOX 1991  
WILMINGTON DE 19899-1991

HIGHMARK BLUE SHIELD  
PO BOX 898845  
CAMP HILL PA 17089

HIGHMARK BLUECROSS BLUESHIELD  
120 FIFTH AVENUE  
PITTSBURGH PA 15222-3099

HIP [A EMBLEMHEALTH PLAN]  
PO BOX 2845  
NEW YORK NY 10116-2845

HOOSIER ALLIANCE HEALTH PLAN [MDWISE]  
PO BOX 830120  
BIRMINGHAM AL 35283-0120

HOP ADMINISTRATION  
PO BOX 1764  
LANCASTER PA 17608-1764

HORIZON BCBS OF NEW JERSEY  
PO BOX 1219  
NEWARK NJ 07101-1219

HORIZON BCBS OF NEW JERSEY [BLUECARD]  
PO BOX 1301  
NEPTUNE NJ 07754-1301

HORIZON BCBS OF NEW JERSEY [FEP]  
PO BOX 656  
NEWARK NJ 07101-0656

HORIZON BCBS OF NEW JERSEY [HMO/POS/MCARE  
ADV/ST HLTH PLAN  
PO BOX 820  
NEWARK NJ 07101-3129

HORIZON BCBS OF NEW JERSEY [IND/PPO/DIRECT  
ACCESS]  
PO BOX 1609  
NEWARK NJ 07101-1609

HORIZON BCBS OF NEW JERSEY [YHR/YHW  
MEDIGAP]  
PO BOX 1184  
NEWARK NJ 07101-1184

HORIZON BCBS OF NEW JERSEY INC  
3 PENN PLAZA EAST  
NEWARK NJ 07105-0000

HORIZON BCBS OF NJ  
PO BOX 247  
NEWARK NJ 71010247

HORIZON NEW JERSEY HEALTH  
PO BOX 7117  
LONDON KY 40742-0000

HORIZON NEW JERSEY HEALTH [MERCY HEALTH] [A  
MCD MCO HLTH PLAN  
PO BOX 7117  
LONDON KY 40742-0000

HORIZON NJ HEALTH  
200 STEVENS DRIVE  
PHILADELPHIA PA 19113

HORIZON NJ HEALTH PLAN  
PROVIDER CLAIM SERVICES  
PHILADELPHIA PA 19113

HRLP RIVERWOOD LLC  
C/O HIGHWOODS PROPERTIES INC  
3322 WEST END AVE SUITE 600  
NASHVILLE TN 37203

HUMANA  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA  
PO BOX 931655  
ATLANTA GA 31193-1655

HUMANA  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA [ERS]  
PO BOX 14678  
LEXINGTON KY 40512-0000

HUMANA [HMO]  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA [PFFS]  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA [POS]  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA [PPO]  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA HEALTH CARE PLAN  
P.O. BOX 931655  
ATLANTA GA 31193-1655

HUMANA HEALTH PLANS  
PO BOX 931655  
ATLANTA GA 31193-1655

HUMANA HEALTHCARE PLANS  
P.O. BOX 931655  
ATLANTA GA 31193-1655

HUMANA INC  
PO BOX 14601  
LEXINGTON KY 40512-4601

HUMANA SECONDARY  
PO BOX 14601  
LEXINGTON KY 40512-4601

IA MCD  
PO BOX 150001  
DES MOINES IA 50315

IAN R RICHARD MCCUSKEY  
4004 IVY DR  
NASHVILLE, TN 37216

IBEW LOCAL 357 ELECTRICAL WORKERS UNION  
PO BOX 26359  
LAS VEGAS NV 89126-0000

IL MCD  
PO BOX 19126  
SPRINGFIELD IL 62794

ILLINOIS MEDICAID  
201 S GRAND AVE EAST  
SPRINGFIELD IL 62763

ILONA FAHMY  
11 COLBY CT  
NORTH ANDOVER MA 01845-4242

ILWU CLAIMS  
814 MISSION STREET, STE 300  
SAN FRANCISCO CA 94103-0000

IN MCD  
950 N MERIDIAN ST  
INDIANAPOLIS IN 46204

INDECS CORPORATION  
PO BOX 668  
LYNDHURST NJ 07071-0000

INDEPENDENCE BLUECROSS [KEYSTONE HLTH PLAN  
EAST: HMO/POS]  
PO BOX 69353  
HARRISBURG PA 17106-9353

INDIANA MEDICAID  
EDS REFUNDS  
INDIANAPOLIS IN 46206-2303

INSURANCE ADMINISTRATIVE SOLUTIONS [MCARE  
SUP PLANS]  
ATTN: CLAIMS DEPT  
CLEARWATER FL 33757-0000

INTERCOUNTY HEALTH PLAN  
720 BLAIR MILL ROAD  
HORSHAM PA 19044-0000

INTERNAL REVENUE SERVICE  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

IOWA MEDICAID  
PO BOX 150001  
DES MOINES IA 50315

IRON WORKERS DISTRICT COUNCIL OF ST. LOUIS  
212 KINGSHIGHWAY BLVD  
SAINT LOUIS MO 63108-0000

JACKSON J MOSER  
1326 MOORES COURT  
BRENTWOOD, TN 37027

JAMES E RIBEIRO  
1408 STAUNTON MILL COURT  
THOMPSONS STATION, TN 37179

JAMES W WENDEL GROSS  
521 ERIE LANDING  
ANTIOCH, TN 37013

JAMESON WHITSELL  
146 WATERFORD WAY  
HENDERSONVILLE, TN 37075

JAYLYNE M AGUIRRE  
2003 SPARROW ST  
SPRING HILL, TN 37174

JESSICA L JONES  
1807 BRENTWOOD TERRACE  
NASHVILLE, TN 37211

JOHN-DAVID THOMAS, EDQ.  
ASST UNITED STATES ATTY  
US DEPARTMENT OF JUSTICE  
9TH AVE S SUITE A-961  
NASHVILLE TN 37203

JOSEPH M FLEISCHMAN  
2607 HOLLINGTON OAKS PLACE  
BRANDON, FL 33511

JS HOPKINS  
1269 E PRINCETON AVE  
FLINT MI 48505-1754

JULIET HAHN  
2609 THAMES CT  
THOMPSON STATION, TN 37179

KANSAS MEDICAID  
PO BOX 3571  
TOPEKA KS 66601-3571

KAREN RODRIGUEZ  
1509 MOORELAND BLVD  
BRENTWOOD, TN 37027

KATHRYN COX  
2828 OLD HICKORY BLVD, APT 719  
NASHVILLE, TN 37221

KEITH W WILLIAM SORRELS  
5025 HILLSBORO PIKE, APT 24N  
NASHVILLE, TN 37215

KENTUCKY HEALTH CHOICE  
PO BOX 2101  
FRANKFORT KY 40602-2101

KENTUCKY MEDICAID  
PO BOX 2101  
FRANKFORT KY 40602

KENTUCKY SPIRIT HEALTH PLAN (A MCD MCO PLN)  
(A CENTENE HLTH PLN)  
PO BOX 4001  
FARMINGTON MO 63640-4401

KEYSTONE FIRST [FORMALLY KEYSTONE MERCY  
HEALTH PLAN]  
PO BOX 69353  
HARRISBURG PA 17106-0000

KING & SPALDING  
PO BOX 116133  
ATLANTA, GA 30368-6133

KOEPEL DIRECT  
16200 DALLAS PKWY STE 270  
DALLAS, TX 75248

KPS HEALTH PLANS  
PO BOX 339  
BREMERTON WA 983370039

KSKJ LIFE  
PO BOX 10866  
CLEARWATER FL 33757-8866

KY MCD  
275 E. MAIN ST. 6W-C  
FRANKFORT KY 40621-0000

LA MCD  
LOUISIANA MEDICAL ASSISTANCE PROGRAM  
BATON ROUGE LA 70821

LAKISHA R WINTON  
1809 ROSANDER LANE  
ANTIOCH, TN 37013

LAST SECOND MEDIA  
220 TURTLE CREEK DRIVE  
ARLINGTON TX 76010

LI NET PROGRAM  
PO BOX 14310  
LEXINGTON KY 40512-0000

LIBERTY MUTUAL INSURANCE COMPANY  
PO BOX 7203  
LONDON KY 40742-7203

LIGHTHOUSE CAPITAL PTNS VP LP  
20 UNIVERSITY RD SUITE 320  
CAMBRIDGE, MA 02138

LINCOLN HERITAGE LIFE INSURANCE  
PO BOX 10843  
CLEARWATER FL 33757-8843

LISANDRA MARRERO-HAGGARD  
639 CRESCENT ROAD  
MURFREESBORO, TN 37128



LISHA A BATES  
1021 REHOBATH RD  
COLLEGE GROVE, TN 37046

LIVEOPS  
555 TWIN DOLPHIN DR SUITE 400  
REDWOOD CITY, CA 94065

LOUISIANA MEDICAID  
UNISYS  
BATON ROUGE LA 70821

LOYAL AMERICAN LIFE INSURANCE COMPANY  
PO BOX 30010  
AUSTIN TX 78755-3010

MAGNACARE  
1600 STEWART AVE  
WESTBURY NY 11590-000

MAIL HANDLERS BENEFIT PLAN  
PO BOX 8402  
LONDON KY 40742-0000

MAILFINANCE  
25881 NETWORK PLACE  
CHICAGO IL 60673-1258

MARCUS COWEN  
306 WISTERIA DR  
FRANKLIN, TN 37064

MARICELA CRUZ  
631 E TRINITY LANE  
NASHVILLE, TN 37207

MARK S BAILEY  
5004 COUNTRY CLUB DRIVE  
BRENTWOOD, TN 37027

MARKETING DIRECT, LLC  
530 MARYVILLE CENTRE DR  
SUITE 300  
ST. LOUIS MO 63141

MARSH  
PO BOX 10439  
DES MOINES IA 50306-0439

MARSH AFFINITY GROUP SERVICES  
PO BOX 14426  
DES MOINES IA 503063426

MARTINS POINT GENERATION ADVANTAGE  
PO BOX 11410  
PORTLAND ME 04104-7410

MARYLOU DUNN  
3048 AULD TATTY DRIVE  
SPRINGHILL, TN 37174

MD MCD  
PO BOX 1935  
BALTIMORE MD 21203

MED EX  
PO BOX 9130  
NORTH QUINCY MA 02171-0000

MEDCO HEALTH SOLUTIONS  
100 PARSONS POND DRIVE  
ATTN: DANIELLE  
FRANKLIN LAKES NJ 07417-0000

MEDICA  
PO BOX 30990  
SALT LAKE CITY UT 84130

MEDICA [A UHC HEALTH PLAN]  
PO BOX 30990  
SALT LAKE CITY UT 84130-0000

MEDICAID ALABAMA  
P O BOX 244033  
MONTGOMERY AL 36124-4033

MEDICAID ALASKA  
PO BOX 240808  
ANCHORAGE AK 99524-0808

MEDICAID ARIZONA  
801 E. JEFFERSON  
PHOENIX AZ 85034

MEDICAID ARKANSAS  
C/O EDS  
PO BOX 8034  
LITTLE ROCK AR 72203-0000

MEDICAID CALIFORNIA  
PO BOX 15700  
SACRAMENTO CA 95852-0000

MEDICAID COLORADO  
PO BOX 30  
DENVER CO 80201-0030

MEDICAID CONNECTICUT  
25 SIGOURNEY GT  
HARTFORD CT 53570

MEDICAID DELAWARE  
PO BOX 909  
NEW CASTLE DE 19720-0000

MEDICAID FLORIDA  
HP ENTERPRISE  
TALLAHASSEE FL 32314-7072

MEDICAID GEORGIA  
ATTN: CLAIMS DEPT  
PO BOX 105203  
TUCKET GA 30085-5203

MEDICAID HAWAII  
PO BOX 1206  
HONOLULU HI 96807-1206

MEDICAID IDAHO  
PO BOX 70084  
BOISE ID 83707-0000

MEDICAID IDAHO-PRIMARY  
PO BOX 70084  
BOISE ID 83707-0000

MEDICAID IDAHO-SECONDARY  
EDS  
BOISE ID 83707-0000

MEDICAID ILLINOIS  
PO BOX 19153  
SPRINGHILL IL 627995

MEDICAID ILLINOIS - PRIMARY  
ATTN: CLAIMS DEPT  
PO BOX 19126  
SPRINGFIELD IL 62794-0000

MEDICAID ILLINOIS - SECONDARY  
ATTN: CLAIMS DEPT  
SPRINGFIELD IL 62794-0000

MEDICAID ILLINOIS-PRIMARY  
ATTN: CLAIMS DEPT  
SPRINGFIELD IL 62794-0000

MEDICAID ILLINOIS-SECONDARY  
ATTN: CLAIMS DEPT  
SPRINGFIELD IL 62794-0000

MEDICAID INDIANA  
PO BOX 7269  
INDIANAPOLIS IN 46207-7269

MEDICAID IOWA  
PO BOX 36450  
DES MOINES IA 50315

MEDICAID KANSAS  
PO BOX 3571  
TOPEKA KS 66601-3571

MEDICAID KENTUCKY  
275 E , MAIN ST 6W-C  
FRANKFORT KY 40621-0001

MEDICAID LOUISIANA  
PO BOX 3396  
BATON ROUGE LA 70821

MEDICAID MAINE  
MAINECARE CLAIMS PROCESSING  
AUGUSTA ME 00433-2000

MEDICAID MARYLAND  
PO BOX 1935  
BALTIMORE MD 21203

MEDICAID MASSACHUSETTS  
MASS HEALTH CUST. SV.  
HINGHAM MA 02043-0000

MEDICAID MICHIGAN  
PO BOX 1935  
BALTIMORE MD 20103

MEDICAID MINNESOTA  
444 LAFAYETTE RD  
SAINT PAUL MN 55155

MEDICAID MISSISSIPPI  
301 NE MULBERRY  
LEE'S SUMMIT MO 64086-5862

MEDICAID MISSOURI  
PO BOX 6500  
JEFFERSON CITY MO 65102-6500

MEDICAID MONTANA  
PO BOX 8000  
HELENA MT 59604

MEDICAID NEBRASKA  
P O BOX 95026  
LINCOLN NE 685095026

MEDICAID NEW JERSEY  
3705 QUAKERBRIDGE ROAD, SUIT E 101  
TRENTON NJ 08619-1288

MEDICAID NEW MEXICO  
PO BOX 27460  
ALBUQUERQUE NEW MEXICO 87125

MEDICAID NEW YORK  
COMPUTER SERVICES CORP  
RENSELAER NY 12144-4601

MEDICAID NORTH DAKOTA  
600 E BOULEVARD AVENUE, DEPT 325  
BISMARCK NY 58505-0250

MEDICAID NORTH DAKOTA-SECONDARY  
600 E BOULEVARD AVENUE  
BISMARCK ND 58505-0250

MEDICAID OHIO  
30 E BROAD ST, 31ST FLOOR  
COLUMBUS OH 43215-3414

MEDICAID OKLAHOMA  
PO BOX 18506  
OKLAHOMA CITY OK 73154-0506

MEDICAID PENNSYLVANIA  
PO BOX 8194  
HARRISBURG PA 17105-0000

MEDICAID PENNSYLVANIA-PRIMARY  
ATTN: CLAIMS DEPARTMENT  
HARRISBURG PA 17105-0000

MEDICAID PENNSYLVANIA-SECONDARY  
ATTN: CLAIMS DEPARTMENT  
HARRISBURG PA 17105-0000

MEDICAID RHODE ISLAND  
PO BOX 2110  
WARWICK RI 02887-0000

MEDICAID SOUTH CAROLINA  
PO BOX 1412  
COLUMBIA SC 29202-1412

MEDICAID SOUTH DAKOTA  
700 GOVERNORS DR.  
PIERRE SOUTH DAKOTA 57501-2291

MEDICAID TENNESSEE  
PO BOX 460  
NASHVILLE TN 37202-0460

MEDICAID TEXAS  
PO BOX 200555  
AUSTIN TX 78720-0555

MEDICAID TEXAS-PRIMARY  
TX MCD & HEALTHCARE PARTNERSHIP  
AUSTIN TX 78720-0555

MEDICAID TEXAS-SECONDARY  
PO BOX 200855  
AUSTIN TX 78720-0555

MEDICAID TEXAS-SECONDARY, DM2  
TX MCD & HEALTHCARE PARTNERSHIP  
AUSTIN TX 78720-0555

MEDICAID UTAH  
PO BOX 143106  
SALT LAKE CITY UT 84114-3106

MEDICAID VERMONT  
312 HURRICANE LANE, STE 201  
WILLISTON VT 05495-0000

MEDICAID VIRGINIA  
P O BOX 26228  
GLEN ALLEN VA 23260-6228

MEDICAID VIRGINIA-PRIMARY  
CMS 1500 CLAIM FORMS  
RICHMOND VA 23261-0000

MEDICAID VIRGINIA-SECONDARY  
CMS 1500 CLAIM FORMS  
RICHMOND VA 23261-7441

MEDICAID WASHINGTON  
MEDICAL ASSISTANCE ATTN: CLAIMS  
OLYMPIA WA 98507-9248

MEDICAID WEST VIRGINIA  
MOLINA ATTN: CLAIMS DEPT  
CHARLESTON WV 25322-0000

MEDICAID WISCONSIN  
6406 BRIDGE ROAD  
MADISON WI 53784

MEDICAID WISCONSIN-PRIMARY  
FORWARD HEALTH, CLAIMS & ADJ'S  
MADISON WI 53784-0000

MEDICAID WISCONSIN-SECONDARY  
FORWARD HEALTH, CLAIMS & ADJ'S  
MADISON WI 53784-0000

MEDICAID WYOMING  
PO BOX 547  
CHEYENNE WY 82003-0547

MEDICAL MUTUAL OF OH [INTER.UNION OF ENG.  
LOCAL 15 A-C-D]  
P O BOX 94776  
CLEVELAND OH 44101-4776

MEDICAL MUTUAL OF OHIO  
2060 EAST NINTH STREET  
CLEVELAND OH 44115

MEDICAL MUTUAL OF OHIO [MMO]  
PO BOX 94648  
CLEVELAND OH 44101-1018

MEDICARE CLAIMS PROCESSING  
AETNA PHARMACY MANAGEMENT  
LEXINGTON KY 40512-0000

MEDICARE DME REGION B - NGS  
PO BOX 7027  
INDIANAPOLIS IN 46207-7027

MEDICARE DME REGION C - CGS  
PO BOX 20010  
NASHVILLE TN 372020000

MEDICARE DME REGION D - NORIDIAN  
PO BOX 6727  
FARGO ND 58108-6727

MEDICIAD GEORGIA  
PO BOX 277941  
ATLANTA GA 30384-7941

MEDICO  
1515 SOUTH 75TH ST.  
OMAHA NE 68124

MEGAN L TAYLOR  
114 CHATHAM COURT  
LAVERGNE, TN 37086

MELLON  
PO BOX 121213  
DALLAS TX 75312-1213

MENNONITE MUTUAL AID  
PO BOX 483, 1110 N MAIN ST  
GOSHEN IN 46526-2638

MEREDITH K EVERHART  
109 KINGSRIDGE DRIVE  
LAVERGNE, TN 37086

MEREDITH TOOLE, ESQ.  
US DEPARTMENT OF JUSTICE  
601 D STREET NW RM 9215  
WASHINGTON DC 20004



METROPOLITAN DETROITHEALTH PLAN  
6525 CENTURION DRIVE  
LANSING MI 48917-0000

MICHAEL R MORELLI  
612 DAVIDSON RD  
NASHVILLE, TN 37205

MIDCO CALL CENTER  
4901 E 26TH STREET  
SIOUX FALLS, SD 57110

MINNESOTA MEDICAID  
PO BOX 64987  
SAINT PAUL MN 55155

MISSOURI MEDICAID  
PO BOX 6500  
JEFFERSON CITY MO 651026500

MISTIE K BOHLER  
310 TIMBERWAY CIRCLE  
NASHVILLE, TN 37214

MN MCD  
PROVIDER RELATIONS  
SAINT PAUL MN 55155-0000

MO MCD  
PO BOX 6500  
JEFFERSON CITY MO 65102-6500

MONTANA MEDICAID  
ACS  
HELENA MT 59604

MONUMENTAL GENERAL INSURANCE COMPANY  
PO BOX 97  
SCRANTON PA 18504-0000

MONUMENTAL LIFE  
12421 MEREDITH DRIVE SUITE 600  
FRANKLIN TN 37067-6392

MONUMENTAL LIFE INSURANCE COMPANY  
PO BOX 3350  
CEDAR RAPIDS IA 52406-3350

MOTION PICTURE HEALTH PLAN  
PO BOX 1999  
STUDIO CITY CA 91614

MUTUAL OF OMAHA  
3316 FARNAM ST  
OMAHA NE 68175

MUTUAL OF OMAHA INSURANCE CO.  
MUTUAL OF OMAHA PLAZA  
OMAHA NE 68175

MVP HEALTH CARE [ALL PLANS-IBM/PREFERRED  
CARE]  
PO BOX 2207  
SCHENECTADY NY 12301-0000

NALC  
20547 WAVERLY CT  
ASHBURN VA 20149

NATIONAL ACCOUNTS DEDICATED SERVICE  
PO BOX 14114  
LEXINGTON KY 40512-4114

NATIONAL ACCTS  
PO BOS 14114  
LEXINGTON KY 40512-4114

NATIONAL ASSOC OF LETTER CARRIERS  
20547 WAVERLY COURT  
ASHBURN VA 20149-0000

NATIONAL ASSOC OF LETTER CARRIERS-PRIMARY  
CLAIMS [A CIGNA PLAN]  
PO BOX 188004  
CHATTANOOGA TN 37422-0000

NATIONAL ASSOC OF LETTER CARRIERS-  
SECONDARY CLAIMS  
20547 WAVERLY COURT  
ASHBURN VA 20149-0000

NATIONAL ASSOC OF LETTER CARRIERS-  
SECONDARY CLAIMS [A CIGNA PLAN]  
20547 WAVERLY COURT  
ASHBURN VA 20149-0000

NATIONAL ASSOCIATION OF LETTER CARRIERS  
HEALTH BENEFIT PLAN  
20547 WAVERLY COURT  
ASHBURN VA 20149-001

NATIONAL EDUCATORS ASSOCIATION [NEA]  
PO BOX 10424  
DES MOINES IA 50306-0000

ND MCD  
600 E BOULEVARD AVE  
BISMARCK ND 585050250

NEIGHBORHOOD HEALTH PLAN (BOSTON, MA)  
PO BOX 10  
NUTTING LAKE MA 01865-0010

NEOFUNDS BY NEOPOST  
PO BOX 30193  
TAMPA FL 33630-3193

NEUROMETRIX, INC.  
62 FOURTH AVENUE  
WALTHAM MA 2451

NEW ERA LIFE  
PO BOX4884  
HOUSTON TX37027-7554

NEW MEXICO MEDICAID  
1720A RANDOLPH RD SE  
ALBUQUERQUE NM 87106

NEW YORK LIFE INSURANCE CO  
3316 FARNAM STREET  
OMAHA NE 68175-0000

NGS INC  
PO BOX 7027  
INDIANAPOLIS IN 46207-7027

NGS, INC  
PO BOX 7027  
INDIANAPOLIS IN 46207-7027

NHIC 1  
PO BOX 809252  
CHICAGO IL 60680-9252

NHIC INC  
PO BOX 809252  
CHICAGO IL 60680

NHIC, INC  
PO BOX 809252  
CHICAGO IL 60680

NICHOLAS S O'BYRNE  
101 GILLESPIE DR, APT 17306  
FRANKLIN, TN 37067

NIPRO DIAGNOSTICS, INC.  
7888  
P.O. BOX 7247  
PHILADELPHIA PA 19170-7888

NM MCD  
1720 A RANDOLPH RD SE  
ALBUQUERQUE NM 87106

NORIDIAN  
PO BOX 6727  
FARGO ND 58108-6727

NORIDIAN HEALTHCARE SOLUTIONS LLC  
ATTN DME OVERPAYMENT REDETERMINATIONS  
PO BOX 6727  
FARGO ND 58108-6728

NORIDIAN INC  
PO BOX 6727  
FARGO ND 58108-6727

NORTH AMERICA INSURANCE COMPANY  
PO BOX 44160  
MADISON WI 53744-4160

NORTH AMERICAN INSURANCE COMPANY [WI]  
PO BOX 44160  
MADISON WI 53744-4160

NORTH DAKOTA MEDICAID  
600 E BOULEVARD AVE DEPT 325  
BISMARCK ND 585050250

NYC CARPERNTERS BENEFITS [C & R CONSULTING]  
1501 BROADWAY, STE 1724  
NEW YORK NY 10036-0000

ODS HEALTH PLAN  
PO BOX 40384  
PORTLAND OR 00009-7204

OHANA HEALTH PLAN  
P.O. BOX 31370  
TAMPA FL 33631

OK MCD  
PO BOX 18506  
OKLAHOMA CITY OK 73154-0506

OKLAHOMA MEDICAID  
PO BOX 54740  
OKLAHOMA CITY OK 73154

OLD SURETY LIFE INSURANCE COMPANY  
PO BOX 54407  
OKLAHOMA CITY OK 73154-1407

OMNIS HEALTH  
3660 ENTERPRISE WAY  
MIRAMAR, FL 33025

OPERATING ENGINEERS HEALTH & WELFARE FUND  
PO BOX 7067  
PASADENA CA 91109-0000

OPTIMUM CHOICE, INC <A UHC HEALTH PLAN>  
PO BOX 740825  
ATLANTA GA 30374-0825

OVERPAYMENT RECOVERY  
PO BOX 92420  
CLEVELAND OH 44193

OVERPAYMENT RECOVERY RECEIPTS  
PO BOX 121213  
DALLAS TX 75312-1213

OVERPAYMENT RECOVERY SEVICES  
DEPT 1213  
DALLAS TX 75312-1213

OXFORD HEALTH PLANS  
ATTN: RECOVERY SVCS  
ATLANTA GA 30374-0804

OXFORD HEALTH PLANS [COMMERCIAL]  
PO BOX 29130  
HOT SPRINGS AR 71903

OXFORD LIFE INSURANCE COMPANY  
PO BOX 46518  
MADISON WI 53744-6518

PA MCD  
PO BOX 8194  
HARRISBURG PA 17105-0000

PACIFICSOURCE [MEDICARE]  
PO BOX 7068  
SPRINGFIELD OR 97475-0068

PAI-PLANNED ADMINISTRATORS, INC  
PO BOX 6927  
COLUMBIA SC 29260-0000

PASSPORT HEALTH COMMUNICATIONS INC  
PO BOX 635527  
CINCINNATI, OH 45263

PASSPORT HEALTH PLAN  
200 STEVENS DRIVE  
PHILADELPHIA PA 19113

PATIENCE R R PRESNELL  
5112 ENGLISH VILLAGE DR  
NASHVILLE, TN 37211

PATIENT FOCUS  
814 CHURCH STREET SUITE 300  
NASHVILLE TN 37203

PAYMENT RESOLUTION SERVICES  
PO BOX 292437  
NASHVILLE TN 37229-2437

PEBTF [MAJOR MEDICAL CLAIMS THROUGH PEBTF]  
ATTN: CLAIMS DEPT  
HARRISBURG PA 17111-0000

PEHP HEALTHY UTAH  
560 EAST 200 SOUTH  
SALT LAKE CITY UT 84102-2099

PEHP HEALTHY UTAH [PUBLIC EMPLOYEE HEALTH  
PLAN]  
560 EAST 200 SOUTH  
SALT LAKE CITY UT 84102-2099

PENNSYLVANIA BLUE SHIELD  
PO BOX 890089  
CAMP HILL PA 17089-0089

PENNSYLVANIA LIFE INSURANCE  
P.O. BOX 12922  
PENSACOLA FL 32591-2922

PENNSYLVANIA MEDICAID  
PO BOX 8194  
HARRISBURG PA 17105

PERFORMANCE MEDIA PARTNERS  
1788 SECOND ST SUITE 201  
HIGHLAND PARK, IL 60035

PERS [SELECT-CHOICE-CARE] [AN ANTHEM BC PLAN]  
PO BOX 60007  
LOS ANGELES CA 90060-0007

PERS [SELECT-CHOICE-CARE] [AN ANTHEM BCBS  
PLAN]  
PO BOX 60007  
LOS ANGELES CA 90060-0007

PHARMA SUPPLY, INC.  
3381 FAIRLANE FARMS ROAD  
WELLINGTON FL 33414

PHARMACY@EXPRESS-SCRIPS  
PO BOX 14713  
LEXINGTON KY 40512-0000

PHILADELPHIA AMERICAN LIFE INSURANCE  
COMPANY  
PO BOX 4884  
HOUSTON TX 77210-0000

PHOENIX PACKAGE LOGISTICS  
5181 NW 108TH AVE  
SUNRISE, FL 33351

PHOTHONG L L ROGERS  
213 APPLEWOOD LANE  
MURFREESBORO, TN 37127

PHUONG THUY MALLINI  
117 PENNYSTONE CIRCLE  
FRANKLIN, TN 37067

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA NE 68103

PIPE FITTERS LOCAL UNION 597 HEALTH & BENEFITS  
FUND  
45 NORTH OGDEN AVENUE  
CHICAGO IL 60607-0000

PIPE FITTERS WELFARE FUNDS LOCAL 597  
45 NORTH OGDEN AVE  
CHICAGO IL 60607-0000

PLUMBERS & PIPE FITTERS UNION LOCAL 562  
12385 LARIMORE ROAD  
ST. LOUIS MO 31383-0000

POMCO  
2425 JAMES ST  
SYRACUSE NY 13206

PRC  
PO BOX 292437  
NASHVILLE TN 37229-2437

PREFERRED HEALTH [PHP KANSAS CITY]  
PO BOX 25938  
SHAWNEE MISSION KS 66225-5938

PREFERRED HEALTH SYSTEMS  
PO BOX 49288  
WICHITA KS 67201-9288

PREMERA BLUE CROSS OF WASHINGTON  
PO BOX 91059  
SEATTLE WA 98111-9159

PRINCIPAL FINANCIAL LIFE INSURANCE CO. [USE IF  
BEFORE 2011]  
PO BOX 39710  
COLORADO SPRINGS CO 80949-3910

PRIORITY HEALTH  
PO BOX 232  
GRAND RAPIDS MI 49501

PRS  
PO BOX 292437  
NASHVILLE TN 372292437



PRUDENCE LAWRENCE  
7390 208TH ST  
FOREST LAKE MN 55025

PUGET SOUND ELECTRICAL WORKERS  
PO BOX 34203  
SEATTLE WA 98124-0000

QUALCARE INC  
PO BOX 820  
PISCATAWAY NJ 08855-0000

RANDALL K KEITH WINTON  
5201 SHENANDOAH COURT  
NASHVILLE, TN 37220

REBECCA D DIANE BUGG  
201 GILLESPIE DRIVE, APT 3204  
FRANKLIN, TN 37067

REGENCE BCBS OF OREGON  
P.O. BOX 1271  
PORTLAND OR 97207-1271

REGENCE BLUE SHIELD  
PO BOX 21267  
SEATTLE WA 981113267

REGENCE BLUE SHIELD OF OREGON  
PO BOX 30805  
SALT LAKE CITY UT 84130-0000

REGENCE BLUE SHIELD OF UTAH  
PO BOX 30272  
SALT LAKE CITY UT 84130-0272

REGENCE BLUE SHIELD OF WASHINGTON  
PO BOX 30271  
SALT LAKE CITY UT 84130-0271

RENE M BRITT  
3316 REDMON HILL  
NOLENSVILLE, TN 37135

RESERVE NATIONAL INSURANCE  
PO BOX 26620  
OKLAHOMA CITY OK 73126-0000

RHODE ISLAND MCD  
171 SERVICE AVE  
WARWICK RI 02886-0000

RHODE ISLAND MEDICAID  
PO BOX 2110  
WARWICK RI 02887-0000

RICHARD & RICHARDS OFFICE RECORDS MGMT  
PO BOX 17070  
NASHVILLE TN 37217

ROCHE  
PO BOX 50457  
INDIANAPOLIS, IN 46250-0457

ROCKY MOUNTAIN HEALTH PLANS  
P.O. BOX 3559  
ENGLEWOOD CO 80155-3559

RODY HEALTH PARTNERS/ UHC  
PO BOX 31361  
SALT LAKE CITY UT 84131-0000

ROMULUS R WHITT  
100 ANTIOCH PK, APT 1203  
NASHVILLE, TN 37211

ROYAL NEIGHBORS OF AMERICA  
PO BOX 10850  
CLEARWATER FL 337578850

RURAL CARRIER BENEFIT PLAN<A COVENTRY  
HEALTH PLAN>  
PO BOX 7404  
LONDON KY 40742-0000

SARAH E E WILLIAMS  
2893 PIPKIN HILLS DRIVE  
SPRING HILL, TN 37174

SC MCD  
PO BOX 1412  
COLUMBIA SC 29202-1412

SD BIOSENSOR  
12860 DANIELSON CRT SUITE A  
POWAY, CA 92064

SD MCD  
700 GOVERNORS DR  
PIERRE SD 57501-2291

SEAN W O'LAUGHLIN  
15180 OLD HICKORY BLVD, APT 809  
NASHVILLE, TN 37211

SECURE HORIZON  
PO BOX 31353  
SALT LAKE CITY UT 84131

SECURE HORIZON / PACIFICARE  
P O BOX 12466  
PENSACOLA FL 32591-0000

SECURE HORIZONS MEDICARE DIRECT PFFS  
PO BOX 31353  
SALT LAKE CITY UT 841310000

SELECT HEALTH  
PO BOX 30192  
SALT LAKE CITY UT 84130

SENTINEL SECURITY LIFE INSURANCE COMPANY  
PO BOX 16960  
CLEARWATER FL 33766-6960

SENTRA MEDICAL GROUP  
PO BOX 179  
NORFOLK, VA 23501-0179

SERENA R R PEACHER  
2325 NASHVILLE PIKE, APT 1536  
GALLATIN, TN 37066

SIEMENS ENTERPRISE COMMUNICATIONS, INC.  
P.O. BOX 99076  
CHICAGO IL 60693-9076

SIERRA HEALTH AND LIFE <A UHC HEALTH PLAN>  
PO BOX 15645  
LAS VEGAS NV 89114-4396

SIGNATURE HOSPITAL CORP.  
PO BOX 690450  
SAN ANTONIO TX 782690000

SILGAN [A BCBS OF CA HEALTH PLAN]  
ATTN: CLAIMS DEPT  
VAN NUYS CA 91470-1000

SIMPLEX HEALTHCARE INC  
PO BOX 2255  
MOUNT JULIET TN 37121

SOUTH CAROLINA MEDICAID  
P.O. BOX 1412  
COLUMBIA SC 29202-1412

SOUTHERN CA PIPE TRADES HEALTH & WELFARE  
501 SHATTO PLACE, 5TH FLOOR  
LOS ANGELES CA 90020-0000

SOUTHWEST ADMINISTRATORS INC. - MISC ACTIVE  
MEMBERS  
PO BOX 1121  
ALHAMBRA CA 91802-1121

SOUTHWEST SERVICE/ADMINISTRATORS  
2400 WEST DUNLAP AVE  
PHEONIX AZ 85021-0000

SPECIALTY MEDICAL SUPPLIES  
GERBER FINANCE INC.  
488 MADISON AVENUE, SUITE 800  
NEW YORK NEW YORK 10022

SPECIALTY MEDICAL SUPPLIES  
3882 NW 124TH AVE  
CORAL SPRINGS, FL 33065

SPEECH-SOFT SOLUTIONS  
PO BOX 5525  
EDMOND, OK 73083

STANDARD LIFE & ACCIDENT LIFE INSURANCE  
PO BOX 696800  
SAN ANTONIO TX 78269-6800

STATE FARM INSURANCE COMPANY  
PO BOX 3070  
NEWARK OH 43058-3070

STAYWELL HEALTH PLAN [WELLCARE OF FL] [A FL  
MCD MCO]  
PO BOX 31372  
TAMPA FL 33631-3372

STEPHANIE A PARKER  
202 BONIFAY DRIVE  
SMYRNA, TN 37167

STERLING INVESTORS LIFE INSURANCE COMPANY  
PO BOX 10844  
CLEARWATER FL 33757-8844

STERLING LIFE INS  
P O BOX 1917  
BELLINGRAM WA 98227

STERLING LIFE INS CO  
PO BOX 5348  
BELLINGHAM WA 98227-5348

STERLING LIFE INSURANCE  
PO BOX 1917  
BELLINGHAM WA 98227-1917

STERLING LIFE INSURANCE [PREMIER AND SELECT  
SUPP PLANS]  
PO BOX 5348  
BELLINGHAM WA 98227-0000

STIRLING BENEFITS [STIRLING & STIRLING INC]  
20 ARMORY LANE  
MILFORD CT 06460-0000

STORIE A ANN YOUNG  
1000 ELMORE RD  
EAGLEVILLE, TN 37060

SUNFLOWER STATE HEALTH PLAN  
8325 LENEXA DR  
LENEXA KS 66214-0000

SUNFLOWER STATE HELATH PLAN  
KANSAS CLAIMS ACCOUNT  
ST LOUIS MO 63105-0000

SUPERIOR HEALTH PLAN TEXAS [HMO MCD MCO]  
PO BOX 30003  
FARMINGTON MO 63640-3803

TALAYA S S SAVAGE  
2418 24TH AVE N  
NASHVILLE, TN 37208

TAMARA D ESTRILL-LET  
18007 ARBOR CREST DRIVE  
TAMPA, FL 33647

TARA I HIGGINS  
2008 WILLOWMET LANE  
BRENTWOOD, TN 37027

TEAMSTERS 175 AND 505  
3150 US ROUTE 60 EAST  
ONA WV 25545-0000

TEAMSTERS AND FOOD EMPLOYERS SECURITY  
TRUST FUND  
PO BOX 1121  
ALHAMBRA CA 91802-1121

TELCARE MEDICAL SUPPLY, INC.  
150 BAKER AVE EXT SUITE 300  
CONCORD MA 1742

TENNESSEE MEDICAID  
PO BOX 460  
NASHVILLE TN 37202

TERRY R BLANKENSHIP  
5528 HILLVIEW DRIVE  
BRENTWOOD, TN 37027

TEXAS MEDICAID  
PO BOX 200855  
AUSTIN TX 78720-0555

THANH X RAGAN  
2308 BARCLAY DRIVE  
NASHVILLE, TN 37206

THE CINCINNATI INSURANCE COMPANY BOND CLA  
PO BOX 145496  
CINCINNATI, OH 45250-5496

THE DAO  
201 S MAPLE AVE  
OAK PARK IL 603023070

THE HEALTH PLAN  
52160 NATIONAL ROAD EAST  
ST. CLAIRSVILLE OH 43950-0000

THE LOOMIS COMPANY  
PO BOX 7011  
WYOMISSING PA 19610-6011

THE MAIL HANDLERS BENEFIT PLAN  
PO BOX 8402  
LONDON KY 40742-0000

THE MAIL HANDLERS BENEFIT PLAN [A COVENTRY  
PLAN]  
PO BOX 8402  
LONDON KY 40742-0000

THOMAS H H GRUMLEY  
222 ACKLEN PARK DR  
NASHVILLE, TN 37203

THOMAS P PETER GRIFFIN  
942 LAWN VIEW LN  
FRANKLIN, TN 37064

TN MCD  
310 GREAT CIRCLE ROAD  
NASHVILLE TN 37243

TODAYS OPTION  
PO BOX 742568  
HOUSTON TX 77274

TODAYS OPTION [PPO/PFFS]  
PO BOX 744920  
HOUSTON TX 77274-0000

TODAYS OPTIONS  
PO BOX 742648  
HOUSTON TX 77274-1107

TODAY'S OPTIONS  
ATTN: REFUND DEPT  
PENSACOLA FL 32591-9958

TOLEDO ELECTRICAL WELFARE FUND  
ATTN: CLAIMS DEPT  
ROSSFORD OH 43460-0000

TRANSAMERICA  
P.O. BOX 97  
SCRANTON PA 18504-0097

TRANSAMERICA LIFE INSURANCE COMPANY  
P.O. BOX 97  
SCRANTON PA 18504-0097

TRANSAMERICAN FINANCIAL  
PO BOX 3350  
CEDAR RAPIDS IA 52405-3350

TRANSPARENT BPO  
7129 AMBASSADOR RD  
WINDSOR MILL, MD 21244

TRAVIS A AZAR  
835 COOKS COURT  
BRENTWOOD, TN 37027

TRICARE EXPRESS SCRIPTS INC.  
PO BOX 66505  
ST. LOUIS MO 63166-6505

TRICARE FOR LIFE  
REGION 5  
MADISON WI 53707

TRICARE FOR LIFE [CLAIMS ONLY]  
PO BOX 7890  
MADISON WI 53707-0000

TRICARE NORTH REGION  
PO BOX 870140  
SURFSIDE BEACH CA 29587-0000

TRICARE SOUTH REGION  
P.O. BOX 7032  
CAMDEN SC 29020-7032

TRICARE WEST REGION  
PO BOX 77028  
MADISON WI 53707-0000

TRICARE WEST REGION [TRIWEST HEALTHCARE  
ALLIANCE]  
PO BOX 77028  
MADISON WI 53707-0000

TRICARE WEST REGION CLAIMS [UHC MILITARY AND  
VETERANS]  
PO BOX 7064  
CAMDEN SC 29020-7064



TRISTATE BENEFITS CORPORATION  
619 OAK STREET  
CINCINNATI OH 45206

TUFTS HEALTH PLAN  
705 MOUNT AUBURN ST  
WATERTOWN MA 02472-1508

TX MCD  
TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
AUSTIN TX 78727-6422

UCARE  
PO BOX 52  
MINNEAPLOIS MN 554400052

UHC  
PO BOX 740819  
ATTN: CHECK CONTROL  
ATLANTA GA 30374-0819

UHC  
PO BOX 31362  
SALT LAKE CITY UT 84130

UHC COMMUNITY PLAN  
PO BOX 8207  
KINGSTON NY 12402-0000

UHC COMMUNITY PLAN [FORM. EVERCARE,RHODY  
HTLH PRTNRS,AMERICHoice  
PO BOX 8207  
KINGSTON NY 12402-0000

UHC MCR SOL'N  
PO BOX 740804  
ATLANTA GA 30374-0804

UHC MCR SOLUTIONS  
PO BOX 740807  
ATLANTA GA 30374-0804

UHC MEDICARE SOLUTIONS  
PO BOX 740804  
ATLANTA GA 30374-0804

UHC OF THE MIDWEST INC  
PO BOX 7550  
PHOENIX AZ 85011

UMR  
PO BOX 30541  
SALT LAKE CITY UT 84130

UMR - CINCINNATI [FORMERLY KNOWN AS UNITED  
MEDICAL RESOURCES]  
PO BOX 145804  
CINCINNATI OH 45250-0000

UMR INDEMITY PLAN [A UHC HEALTH PLAN]  
PO BOX 30541  
SALT LAKE CITY UT 84130-0000

UMR PPO PLAN [A UHC HEALTH PLAN]  
PO BOX 30781  
SALT LAKE CITY UT 84130-0000

UMR-ARCELOR MITTAL GROUP  
PO BOX 30781  
SALT LAKE CITY UT 84130-0781

UNICARE  
PO BOX 9016  
ANDOVER MA 01810-0916

UNICARE [COMMERCIAL PLANS]  
PO BOX 4458  
CHICAGO IL 60680-4458

UNICARE [SECURITY CHOICE PFFS CLASSIC & PLUS  
SENIOR SERVICES]  
ATTN: CLAIMS DEPT  
SAN ANTONIO KY 78279-0000

UNIFORM MEDICAL PLAN  
PO BOX 34578  
SEATTLE WA 98124-1578

UNIFORM MEDICAL PLAN [ADMINISTERED BY  
REGENCE BCBSWA]  
PO BOX 34850  
SEATTLE WA 98124-1850

UNITED AMERICAN  
PO BOX 8080  
MCKINNEY TX 75070-8080

UNITED AMERICAN INS CO  
PO BOX 8080  
MCKINNEY TX 75070

UNITED AMERICAN INSURANCE CO  
PO BOX 8080  
MCKINNEY TX 750708080

UNITED AMERICAN INSURANCE COMPANY  
PO BOX 8080  
MCKINNEY TX 750708080

UNITED COMMERCIAL TRAVELERS OF AMERICA  
1801 WATERMARK DR SUITE 100  
COLUMBUS OH 43215-8619

UNITED HEALTCARE  
ATTN: RECOVERY SVCS  
ATLANTA GA 30374-0804

UNITED HEALTCARE INSURANCE COMPANY  
ATTN: CHECK CONTROL  
ATLANTA GA 30374-0819

UNITED HEALTH CARE  
PO BOX 740819  
ATLANTA GA 30374-0819

UNITED HEALTH CARE [COMMERCIAL PLANS]  
PO BOX 31362  
SALT LAKE CITY UT 84130-0000

UNITED HEALTH CARE [LPPO MEDICARE  
ADVANTAGE PPO]  
ATTN: CLAIMS DEPT  
SALT LAKE CITY UT 84130

UNITED HEALTH CARE [MCARE ADV PLANS-FORM.  
SECURE HORIZONS & AARP  
PO BOX 31362  
SALT LAKE CITY UT 84130-0000

UNITED HEALTH CARE [PFFS PLANS]  
PO BOX 31353  
SALT LAKE CITY UT 84130-0000

UNITED HEALTH CARE INSURANCE COMPANY  
CHECK CONTROL  
ATLANTA GA 30374-0819

UNITED HEALTHCARE  
PO BOX 361594  
COLUMBUS OH 43236-1594

UNITED HEALTHCARE (MCR ADV FROM SECURE  
HORIZONS)  
PO BOX 31362  
SALT LAKE CITY UT 84130-0000

UNITED HEALTHCARE CHOICE PLUS COMMERCIAL  
POS  
PO BOX 30555  
SALT LAKE CITY UT 84130

UNITED HEALTHCARE COMMUNITY PLAN  
PO BOX 740804  
ATLANTA GA 30374-0804

UNITED HEALTHCARE DUAL COMPLETE PPO  
PO BOX 30555  
SALT LAKE CITY UT 84130-0555

UNITED HEALTHCARE HMOPOS MEDICARE  
COMPLETE  
PO BOX 30555  
SALT LAKE CITY UT 841300000

UNITED HEALTHCARE INSURANCE COMPANY  
CHECK CONTROL  
P.O. BOX 740819  
ATLANTA GA 30374-0819

UNITED HEALTHCARE MEDICARE ADVANTAGE LPPO  
PO BOX 30555  
SALT LAKE CITY UT 84130

UNITED HEALTHCARE MEDICARE SOLUTIONS  
ATTN: RECOVERY SERVICES  
ATLANTA GA 30374/0804

UNITED HEALTHCARE MEEDICARE SOLUTIONS  
ATTN: RECOVERY SVCS  
ATLANTA GA 30374-0804

UNITED HEALTHCARE OF THE MIDWEST  
10895 GRANDVIEW DRIVE  
OVERLAND PARK KS 66210-0000

UNITED HEALTHCARE SERVICES, INC  
SAN ANTONIO SVD CTR  
ATLANTA GA 30374-0809

UNITED HEALTHCARE-NJ-MCD  
PO BOX 5250  
KINGSTON NY 12402-5240

UNITED MAERICAN INSURANCE COMPANY  
PO BOX 8080  
MCKINNEY TX 75070-8080

UNITED OF OMAHA  
MUTUAL OF OMAHA PLAZA  
OMAHA NE 68175

UNITED OF OMAHA-AFFILITATE MUTUAL OF OMAHA  
MUTUAL OF OMAHA PLAZA  
OMAHA NE 06817-5000

UNITED TEACHER ASSOCIATES INSURANCE  
COMPANY  
PO BOX 30010  
AUSTIN TX 78755-3010

UNITED WORLD LIFE INSURANCE  
3316 FARNAM ST  
OMAHA NE 681750001

UNITED WORLD LIFE INSURANCE -AFFILITATE  
MUTUAL OF OMAHA  
3316 FARNAM STREET  
OMAHA NE 68175-0000

UNITEDHEALTHCARE WEST  
PO BOX 30967  
SALT LAKE CITY UT 84130-0967

UNITEDHEALTHCARE WEST [FORMERLY  
PACIFICARE]  
PO BOX 30967  
SALT LAKE CITY UT 84130-0967

UNITEDHEALTHONE [GOLDEN RULE] [UHC HEALTH  
PLAN]  
712 ELEVENTH STREET  
LAWRENCEVILLE IL 62439-0000

UNIVERA HEALTHCARE PLAN  
PO BOX 23000  
ROCHESTER NY 14692-0000

UNIVERSAL HEALTHCARE  
PO BOX 3211  
ST PETERSBURG FL 337310294

UNIVERSAL HEALTHCARE [COMM/MCARE PLANS]  
PO BOX 294  
ST. PETERSBURG FL 33731-0294

UNIVERSAL SOFTWARE SOLUTIONS INC  
1334 S IRISH RD  
DAVIDSON, MI 48423

UNIVERSITY HEALTH ALLIANCE  
700 BISHOP STREET, STE 300  
HONOLULU HI 96813-4100

UPS  
LOCKBOX 577  
CAROL STREAM IL 60132-0577

US FAMILY HEALTH PLAN  
PO BOX 924708  
HOUSTON TX 77292-4708

USAA LIFE INSURANCE COMPANY  
9800 FREDERICKSBURG ROAD  
SAN ANTONIO TX 78288

USPS  
MOUNT JULIET TN 37121

UT MCD  
PO BOX 143106  
SALT LAKE CITY UT 84114-3106

UTAH MEDICAID  
P.O. BOX 143106  
SALT LAKE CITY UT 84114-3106

UTLIDE FEQUIERE  
140 HENDRICKSON AVE FL2  
ELMONT NY 110031221

VERMONT MEDICAID  
PO BOX 777  
WILLINSTON VT 5495

VYTRA [A EMBLEMHEALTH PLAN]  
PO BOX 9091  
MELVILLE NY 11747-0000

WABASH MEMORIAL HOSPITAL ASSOCIATION  
PO BOX 1340  
DECATUR IL 62525-1340

WASHINGTON MEDICAID  
PO BOX 45130  
OLYMPIA WA 985045130

WASHINGTON NATIONAL  
11825 N PENNSYLVANIA ST  
CARMEL IN 46032

WASHINGTON NATIONAL INSURANCE COMPANY  
PO BOX 2034  
CARMEL IN 46082

WEBB A TPA  
PO BOX 1928  
GRAPEVINE TX 76099-1920

WELLCARE  
PO BOX 4438  
SCRANTON PA 18505

WELLCARE OF FLORIDA  
PO BOX 31372  
TAMPA FL 33631-3372

WELLCARE OF FLORIDA [MCARE/MCD MCO]  
ATTN: CLAIMS DEPT  
TAMPA FL 336313372

WELLCARE OF GEORGIA  
PO BOX 31224  
TAMPA FL 33631-3224

WELLCARE OF GEORGIA [MCARE]  
PO BOX 31224  
TAMPA FL 33631-3224

WELLCARE OF GEORGIA [MCD MCO]  
PO BOX 31224  
TAMPA FL 33631-3224

WELLCARE OF KENTUCKY  
PO BOX 31367  
TAMPA FL 33631-3367

WELLCARE OF KENTUCKY [MCD MCO]  
ATTN: CLAIMS DEPT  
TAMPA FL 33631-3367

WELLCARE OF TEXAS [MEDICARE ADVANTAGE]  
PO BOX 31372  
TAMPA FL 33631-3372

WELLDYNE RX  
PETERSON & MYERS PA  
PO BOX 1079  
LAKE WALES, FL 33859

WELLMARK BCBS OF SOUTH DAKOTA  
1601 WEST MADISON STREET  
SIOUX FALLS SD 57104

WELLMARK BLUE CROSS BLUE SHIELD OF IOWA  
ATTN: CLAIMS DEPT  
DES MOINES IA 50306-9291

WELLMARK BLUE CROSS BLUE SHIELD OF SOUTH  
DAKOTA  
PO BOX 5023  
SIOUX FALLS SD 57117-5023

WILLIAMSON CO TRUSTEE  
1320 W MAIN ST STE 135  
PO BOX 624  
FRANKLIN, TN 37065

WINDSOR STERLING  
7100 COMMERCE WAY STE 285  
BRENTWOOD TN 37027

WINDSOR STERLING [CLAIMS PFFS]  
ATTN: CLAIMS DEPT  
PLANO TX 75026-9003

WISCONSIN MEDICAID  
PO BOX 6678  
MADISON WI 53716-0678

WOODMEN OF THE WORLD  
PO BOX 16857  
CLEARWATER FL 33766-6857

WPS HEALTH INSURANCE  
P.O. BOX 8190  
MADISON WI 53708-8190

WPS HEALTH INSURANCE [WISCONSIN PHYSICIANS  
SERVICE] [PRIVATE]  
PO BOX 8190  
MADISON WI 53701-8109



WPS TRICARE ADMINISTRATION  
PO BOX 7928  
MADISON WI 53707-7928

WPS TRICARE FOR LIFE  
PO BOX 7928  
MADISON WI 53707-7928

YP  
PO BOX 601141  
PASADENA, CA 91189-1141

ZIRMED  
1311 SOLUTIONS CENTER  
CHICAGO, IL 60677-1311

**United States Bankruptcy Court  
Middle District of Tennessee**

In re A-Z Diabetes Care Club LLC

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for A-Z Diabetes Care Club LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

May 15, 2014

Date

/s/ Paul G. Jennings

Paul G. Jennings

Signature of Attorney or Litigant

Counsel for A-Z Diabetes Care Club LLC

Bass, Berry & Sims PLC

150 Third Ave. S.

Suite 2800

Nashville, TN 37201

615-742-6200 Fax:615-742-6293