

STATE OF INDIANA)
) SS: BEFORE THE INDIANA
COUNTY OF MARION) COMMISSIONER OF INSURANCE

IN THE MATTER OF:)
)
Advantage Health Solutions, Inc.)
9045 River Road, Suite 200)
Indianapolis, Indiana 46240)

Examination of Advantage Health Solutions, Inc.

NOTICE OF ENTRY OF ORDER

Enclosed is the Final Order entered by Stephen W. Robertson, Commissioner of the Indiana Department of Insurance, after fully considering and reviewing the Verified Report of Examination of Advantage Health Solutions, Inc., any relevant examination work papers, and any written submissions or rebuttals. The Verified Report of Examination, as sent to you on December 22, 2010, has been adopted by the Commissioner.

Pursuant to Ind. Code § 27-1-3.1-12(b), within thirty (30) days of receipt of the Final Order, each director of Advantage Health Solutions, Inc. shall file an affidavit with the Indiana Department of Insurance stating that he/she has received a copy of the Verified Report of Examination and the Final Order.

The Final Order is a final administrative decision that may be appealed pursuant to Ind. Code § 4-21.5-5.

January 19, 2011
Date

Cynthia D. Donovan
Cynthia D. Donovan
Chief Financial Examiner

CERTIFIED MAIL NUMBER: 7005 3110 0002 4443 7724

STATE OF INDIANA) BEFORE THE INDIANA
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COUNTY OF MARION) COMMISSIONER OF INSURANCE

IN THE MATTER OF:)
)
Advantage Health Solutions, Inc.)
9045 River Road, Suite 200)
Indianapolis, Indiana 46240)

Examination of Advantage Health Solutions, Inc.

FINDINGS AND FINAL ORDER

The Indiana Department of Insurance conducted an examination into the affairs of the Advantage Health Solutions, Inc. (hereinafter "Company") for the time period January 1, 2005 through December 31, 2009.

The Verified Report of Examination was filed with the Commissioner of the Department of Insurance (hereinafter "Commissioner") by the Examiner on October 29, 2010.

A copy of the Verified Report of Examination, along with a Notice of Opportunity to Make Written Submission or Rebuttal, was mailed to the Company via Certified Mail on December 22, 2010 and was received by the Company on December 27, 2010.

The Company did not file any objections.

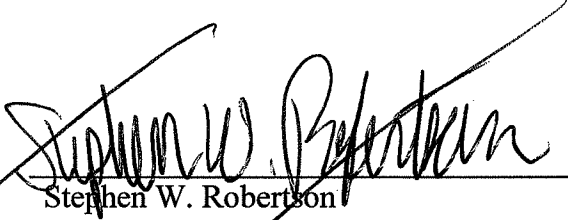
NOW THEREFORE, based on the Verified Report of Examination, I hereby make the following **FINDINGS**:

1. That the Verified Report of Examination is a true and accurate report of the financial condition and affairs of the Advantage Health Solutions, Inc. as of December 31, 2009.
2. That the Examiners' Recommendations are reasonable and necessary in order for the Advantage Health Solutions, Inc. to comply with the laws of the State of Indiana.

Based on the FINDINGS, the Commissioner does hereby ORDER:

1. Pursuant to Ind. Code § 27-1-3.1-11(a)(1), the Verified Report of Examination is adopted and shall be filed. Hereafter the Verified Report of Examination, may constitute prima facie evidence of the facts contained therein in any action or proceeding taken by the Indiana Department of Insurance against the Company, its officers, directors, or agents.
2. The Company shall comply with the Examiner's Recommendations enumerated in summary form and throughout the text of the Verified Report of Examination. A written response to these recommendations should be provided to the Department within 30 days of receipt of this order.
3. Compliance with the Examiner's recommendations shall be completed on or before the filing of the subsequent annual statement. In the event it is not feasible to comply with a recommendation before the filing of the subsequent annual statement, the Company shall submit a written explanation as to why it was not feasible with the filing of the annual statement.

Signed and Sealed this 19th day of January, 2011.



Stephen W. Robertson
Insurance Commissioner
Indiana Department of Insurance

STATE OF INDIANA

Department of Insurance

REPORT OF EXAMINATION

OF

ADVANTAGE HEALTH SOLUTIONS, INC.

NAIC Co. CODE 52568

As of

December 31, 2009

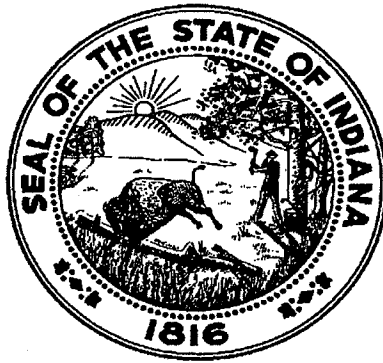


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STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

IDOI

INDIANA DEPARTMENT OF INSURANCE
311 W. WASHINGTON STREET, SUITE 300
INDIANAPOLIS, INDIANA 46204-2787
TELEPHONE: (317) 232-2385
FAX: (317) 232-5251

Stephen W. Robertson, Commissioner

November 1, 2010

Honorable Alfred W. Gross
Chair, NAIC Financial Condition (E) Committee, NAIC
Commissioner, Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, Virginia 23219

Honorable Stephen W. Robertson
Commissioner, Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Dear Commissioners:

Pursuant to the authority vested in Appointment Number 3621, an examination has been made of the affairs and financial condition of:

ADVANTAGE Health Solutions, Inc.
9045 River Road Suite, 200
Indianapolis, Indiana 46240

an Indiana limited service health maintenance organization hereinafter referred to as the "Company". The examination was conducted at the office of Noble Consulting Services, Inc. in Indianapolis, Indiana.

The Report of Examination, reflecting the status of the Company as of December 31, 2009, is hereby respectfully submitted.

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES
(317) 232-2413

COMPANY COMPLIANCE
(317) 233-0697

CONSUMER SERVICES
(317) 232-2395
In-State 1-800-622-4461

EXAMINATIONS / FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-2402

SECURITIES / COMPANY RECORDS
(317) 232-1991

SCOPE OF EXAMINATION

The Company was last examined by Noble Consulting Services, Inc. (Noble) as representatives of the Indiana Department of Insurance (IDOI) as of the period ending December 31, 2006. The present examination was conducted by Noble and covered the period from January 1, 2007 through December 31, 2009 and included any material transactions and/or events occurring subsequent to the examination date and noted during the course of this examination.

Merlinos & Associates, Inc. was appointed by the IDOI and conducted a review of the Company's statutory reserves as of December 31, 2009. There were no actuarial adjustments or recommendations resulting from the review performed by Merlinos & Associates, Inc.

We conducted our examination pursuant to and in accordance with the 2010 NAIC *Financial Condition Examiners Handbook* (Handbook). The Handbook requires that we plan and perform the examination to evaluate the financial condition and identify prospective risks of the Company by obtaining information about the Company including corporate governance, identifying and assessing inherent risks within the Company and evaluating system controls and procedures used to mitigate those risks. An examination also includes assessing the principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation, management's compliance with Statutory Accounting Principles and annual statement instructions when applicable to domestic state regulations.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. The working papers prepared by Leemhuis Group, the Company's auditors, in their audit of the Company's accounts for the year ended December 31, 2009 were reviewed. A portion of the auditor's working papers have been incorporated into the working papers of the examiners and have been utilized for the purposes of this examination in accordance with the provisions contained in the Handbook.

Additionally, Noble conducted a review of information systems controls. Although no material findings were noted, a detailed report of specific recommendations was provided to management.

HISTORY

The Company is licensed by the IDOI to offer prepaid health care benefits throughout the State of Indiana. The Company is a health maintenance organization (HMO) founded by four catholic health care systems to both serve and capitalize upon the growing number of employers and the public sector in Indiana that seek to control health care costs and manage employee health benefit plans through the offering of managed care products.

In January 1995, Sagamore Health Network (SHN) was granted a Certificate of Authority to offer a prepaid health plan in Indiana along with its preferred provider network. During 1999, the four shareholders of SHN determined that the HMO would be best served as a separate entity with distinct management, operating boards, and business plan. Subsequently, on January 17, 2000 Sagamore Advantage HMO, Inc. was incorporated in the State of Indiana with the authority to issue 20,000 shares of no par common stock. A corporate name change was filed with the Office of the Secretary of State on December 11, 2000. Effective January 1, 2001, the corporate name was changed to Advantage Health Plan, Inc. The Company was granted a Certificate of Authority to operate as a HMO on April 27, 2000. A second name change occurred in September of 2002, changing the Company's name to ADVANTAGE Health Solutions, Inc.

CAPITAL AND SURPLUS

As of December 31, 2009, the Company had 20,000 shares of common stock authorized with no par value, of which 10,642.5 shares were issued and outstanding. Ascension Health and Sisters of St. Francis Health Services, Inc. each own 3,671.25 shares (34.5%) and Ancilla Systems, Inc. and St. Joseph's Medical Center, Inc. each own 1,650 shares (15.5%) throughout the examination period. No shareholder dividends were paid during the examination period.

TERRITORY AND PLAN OF OPERATION

The Company is licensed in Indiana and was granted its Certificate of Authority to operate as a health maintenance organization in April of 2000. The Company has had two name changes to improve market place recognition and show broadened emphasis on comprehensive health solutions.

As a for-profit HMO that primarily writes group commercial business, Medicare, and Medicare Advantage, the primary target markets are central and north central Indiana. Group health products include traditional HMO, HMO Point-of-Service plans, and Health Savings Accounts. The Company also offers an M+C PPO product to the Medicare eligible population. Prepaid comprehensive health services are offered to enrollees through contracted networks based on an age/sex adjusted basis for medical expenses.

GROWTH OF THE COMPANY

The following exhibit summarizes the financial results of the Company as reported during the examination period:

Year	Admitted Assets	Liabilities	Capital & Surplus	Total Revenues	Net Income
2009	\$43,782,535	\$23,203,385	\$20,579,151	\$373,454,260	\$3,221,372
2008	40,587,708	24,146,195	16,441,514	363,326,073	1,341,929
2007	35,839,097	19,583,605	16,225,490	242,616,294	2,860,452

The Company experienced significant growth in the net premium income during the examination period. This was primarily attributed to the growth in members during 2008. Between 2007 and 2008 the Company's membership grew from 62,500 to 86,400 members. The growth was primarily due to one of Company's competitors exiting the industry.

Net income increased during 2009 as a result of a 3.5% premium increase and a decrease in medical loss ratio from 93.8% to 92.4%. The increase in capital and surplus during 2009 was driven by the net income.

The increase in admitted assets and liabilities can be attributed to the growth in membership during 2008 and the net income in 2009.

MANAGEMENT AND CONTROL

Directors

The Company is managed and controlled by a Board of Directors. The Company's Bylaws state that the Board of Directors shall consist of seven (7) members. The shareholders, at their annual meeting, or at a special meeting called for the purpose of electing a Director to fill a vacancy, elect the members of the Board of Directors. Each Director shall hold office until their successors are elected and qualified, until there is a decrease in the total number of Directors, or until their earlier resignation, death, or removal. The following is a listing of persons serving as Directors as of December 31, 2009:

Name and Residence	Principal Occupation
Vincent Caponi Indianapolis, Indiana	Chief Executive Officer St. Vincent Health
Robert Brody Beech Grove, Indiana	President & Chief Executive Officer St. Francis Hospital and Health Centers
Vicki F. Perry Indianapolis, Indiana	President & Chief Executive Officer Advantage Health Solutions, Inc.
Marvin White Indianapolis, Indiana	Chief Financial Officer St. Vincent Health, Inc.
Jay Brehm Beech Grove, Indiana	Chief Financial Officer Sisters of St. Francis Health Services, Inc.
Fred Arand Hobart, Indiana	President & Chief Executive Officer Ancilla Systems, Inc.
Terry L. Heck Mishawaka, Indiana	Chief Financial Officer Saint Joseph Regional Medical Center, Inc.

Officers

The Company's Bylaws state the officers of the Company, who shall be chosen by the Board of Directors, shall consist of a Chairman of the Board, President, Secretary, and Treasurer, and may also consist of a Vice Chairman, one or more Vice Presidents, Assistant Secretaries, and/or Assistant Treasurers. The Chairman and any Vice Chairman must be elected from among the members of the Board of Directors, and the President shall also serve as a member of the Board of Directors. A person may hold more than one office except that the offices of President and Secretary shall not be held by the same person. The following is a list of key officers and their respective titles as of December 31, 2009:

<u>Name</u>	<u>Office</u>
Vincent Caponi	Chairman of the Board
Robert Brody	Vice Chair
Vicki Fouch Perry	President
Jennifer Anne Ponski	Treasurer
Janice Elaine Teal	Secretary
David Meguschar	Vice President of Business Strategy
Amy Boyle	Vice President of Government Operations

CONFLICT OF INTEREST

The Company requires all employees to review and sign Conflict of Interest statements on an annual basis. All signed statements by key management and Directors were provided by the Company. All Directors and officers listed in the management and control section of this report have reviewed and signed their statements.

CORPORATE RECORDS

Articles of Incorporation and Bylaws

There were no amendments made to the Articles of Incorporation or Bylaws during the examination period.

Minutes

The Board of Directors and Shareholder meeting minutes were reviewed for the period under examination through the fieldwork date and significant actions taken during each meeting were noted. It was noted that the annual meetings and other regular Board meetings were held in accordance with the Company's Bylaws.

AFFILIATED COMPANIES

Physician Network Agreement – St. Francis Health Network

Effective January 1, 2003, the Company and St. Francis Health Network, a physician hospital organization, entered into a Physician Network Agreement in which St. Francis Health Network provides covered services to the Company's members, on a capitated payment basis, who have selected or been

otherwise assigned by the Company to St. Francis Health Network. In 2009, capitation payments associated with this agreement were \$43,558,354.

Physician Network Agreement – Select Health Network

Effective October 1, 2004, the Company and Select Health Network, a physician hospital organization, entered into a Physician Network Agreement in which Select Health Network provides covered services to the Company's members, on a capitated payment basis, who have selected or been otherwise assigned by the Company to Select Health Network. In 2009, capitation payments associated with this agreement were \$24,278,091.

Physician Network Agreement – Suburban Health Organization, Inc.

Effective January 1, 2006, the Company and Suburban Health Organization, Inc., a network of physician hospital organizations, entered into a Physician Network Agreement in which Suburban Health Organization, Inc. provides covered services to the Company's members, on a capitated payment basis, who have selected or been otherwise assigned by the Company to Suburban Health Organization, Inc. In 2009, capitation payments associated with this agreement were \$77,396,586.

FIDELITY BOND AND OTHER INSURANCE

The Company protects itself against loss from fraudulent or dishonest acts by any employees through a fidelity bond with Cincinnati Insurance Company. The bond is in the amount of \$1,250,000. This amount meets the prescribed minimum coverage specified by the NAIC.

The Company had additional types of coverage in-force at December 31, 2009 including, but not limited to, pension and welfare benefit plan, commercial general liability, property, and flood insurance.

STATUTORY AND SPECIAL DEPOSITS

The Company reported a statutory deposit held for the benefit of all policyholders comprised of a certificate of deposit pursuant to IDOI requirements in the amount of \$500,000.

REINSURANCE

The Company maintains excess HMO reinsurance with Westport Insurance Corporation. Coverage is provided through a series of three contracts covering (a) health and hospital members, (b) commercial members, and (c) Medicare members.

Each contract stipulates a deductible amount for such reinsurance coverage, ranging from \$150,000 to \$175,000 per member per year, with the reinsurer then being liable for 90% of scheduled eligible services in excess of the retention limits subject to a maximum reinsurance coverage payable for eligible charges as to any one member of \$2,000,000 per agreement year.

RESERVES

Jeremy D. Palmer, FSA, MAAA, of Milliman, Inc. was retained as the consulting actuary for the

Company to review the loss reserves, actuarial liabilities, and related items included in the Annual Statement of the Company for the year ended December 31, 2009.

The scope of the opinion was to examine the actuarial assumptions and methods used in determining loss reserves, actuarial liabilities, and related items, as shown in the Annual Statement of the Company as prepared for filing with state regulatory officials as of December 31, 2009. In forming the opinion, listings and summaries of policies and contracts and other liabilities in force prepared by the Company was relied upon. This information was evaluated for reasonableness and consistency. In other respects, the examination included such review of the actuarial assumptions and methods used and such tests of the calculations as considered necessary.

The 2009 opinion stated that the balances of claims unpaid and unpaid claims adjustment expense 1) are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles; 2) are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared; 3) meet the requirements of the laws of the State of Indiana and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed; 4) made a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements; 5) are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and 6) include appropriate provision for all actuarial items that ought to be established.

ACCOUNTS AND RECORDS

The Company's accounting procedures, practices, account records, and supporting data were reviewed and tested to the extent deemed necessary. The trial balances prepared from the Company's general ledger for the years ended December 31, 2009 and 2008 were agreed to the respective Annual Statements. The Annual Statements for the years ended December 31, 2007, through December 31, 2009, were agreed to each year's independent audit report with no material exceptions noted. The Examiners determined the Company's accounting procedures, practices, and account records were satisfactory.

ADVANTAGE HEALTH SOLUTIONS, INC.

FINANCIAL STATEMENTS

Assets

	<u>As of December 31, 2009</u>			<u>December 31,</u>
	<u>Per Annual</u>	<u>Examination</u>	<u>Per Examination</u>	<u>Prior Year</u>
	<u>Statement</u>	<u>Adjustments</u>	<u>Per Examination</u>	<u>Prior Year</u>
Assets:				
Cash, cash equivalents and short-term investments	\$ 39,373,913	\$ -	\$ 39,373,913	\$ 29,515,812
Aggregate write-in for invested assets	-	-	-	-
Subtotals, cash and invested assets	39,373,913	-	39,373,913	29,515,812
Uncollected premiums, agents' balances in the course of collection	2,615,936	-	2,615,936	9,061,244
Current federal and foreign income tax recoverable and interest thereon	-	-	-	1,511,978
Net deferred tax asset	554,727	-	554,727	421,679
Electronic data processing equipment and software	99,988	-	99,988	76,995
Receivables from parent, subsidiaries and affiliates	35,649	-	35,649	-
Health care and other amounts receivable	1,102,322	-	1,102,322	-
Total assets	\$ 43,782,535	\$ -	\$ 43,782,535	\$ 40,587,708

ADVANTAGE HEALTH SOLUTIONS, INC.

FINANCIAL STATEMENTS

Liabilities, Surplus and Other Funds

	As of December 31, 2009			
	Per Annual Statement	Examination Adjustments	Per Examination	December 31, Prior Year
Liabilities:				
Claims unpaid (less reinsurance ceded)	\$ 16,945,532	\$ -	\$ 16,945,532	\$ 20,379,495
Unpaid claims adjustment expenses	358,000	-	358,000	450,000
Premiums received in advance	637,017	-	637,017	489,175
General expenses due or accrued	2,320,822	-	2,320,822	1,513,982
Current federal and foreign income tax payable and interest thereon	371,626	-	371,626	-
Amounts withheld or retained for the account of others	1,860,242	-	1,860,242	741,654
Amounts due to parent, subsidiaries and affiliates	-	-	-	40,295
Liability for amounts held under uninsured plans	710,146	-	710,146	531,594
Total liabilities	23,203,385	-	23,203,385	24,146,195
Common capital stock	5,975,231	-	5,975,231	5,975,231
Unassigned funds (surplus)	14,603,920	-	14,603,920	10,466,283
Total capital and surplus	20,579,151	-	20,579,151	16,441,514
Total liabilities, capital and surplus	\$ 43,782,536	\$ -	\$ 43,782,536	\$ 40,587,709

ADVANTAGE HEALTH SOLUTIONS, INC.

FINANCIAL STATEMENTS

Statement of Revenue and Expenses

	As of December 31, 2009			December 31, Prior Year
	Per Annual Statement	Examination Adjustments	Per Examination	
Member Months	1,007,438	-	1,007,438	1,041,086
Net premium income	\$ 370,983,316	\$ -	\$ 370,983,316	\$ 361,475,729
Aggregate write-ins for other health care related revenues	2,470,944	-	2,470,944	1,850,344
Total revenues	373,454,260	-	373,454,260	363,326,073
Hospitals and Medical:				
Hospital/medical benefits	264,603,654	-	264,603,654	264,104,540
Other professional services	927,517	-	927,517	1,111,930
Outside referrals	29,898,718	-	29,898,718	26,707,201
Emergency room and out-of-area	4,484,808	-	4,484,808	5,934,933
Prescription drugs	44,503,212	-	44,503,212	41,467,857
Total hospital and medical	344,417,909	-	344,417,909	339,326,461
Less				
Net reinsurance recoveries	1,579,564	-	1,579,564	333,252
Total hospital and medical	342,838,345	-	342,838,345	338,993,209
Claims adjustment expenses, including \$1,757,634 cost containment expenses	3,472,327	-	3,472,327	2,584,200
General administrative expenses	21,574,720	-	21,574,720	20,309,755
Total underwriting deductions	367,885,392	-	367,885,392	361,887,164
Net underwriting gain (loss)	5,568,868	-	5,568,868	1,438,909
Net investment income earned	53,378	-	53,378	920,026
Net investment gains (losses)	53,378	-	53,378	920,026
Aggregate write-ins for other income or expenses	(471,221)	-	(471,221)	61
Net income or (loss) after capital gains tax and before all other federal income taxes	5,151,025	-	5,151,025	2,358,996
Federal and foreign income taxes incurred	1,929,653	-	1,929,653	1,017,067
Net income (loss)	\$ 3,221,372	\$ -	\$ 3,221,372	\$ 1,341,929
Capital and Surplus Account:				
Capital and surplus prior-reporting year	16,441,513	-	16,441,513	16,255,490
Net income or (loss)	3,221,372	-	3,221,372	1,341,929
Change in net deferred income tax	107,991	-	107,991	276,298
Change in nonadmitted assets	808,272	-	808,272	(1,323,885)
Aggregate write-ins for gains or (losses) in surplus	-	-	-	(108,319)
Net change in capital and surplus	4,137,635	-	4,137,635	186,023
Capital and surplus end of reporting year	\$ 20,579,148	\$ -	\$ 20,579,148	\$ 16,441,513

COMMENTS ON THE FINANCIAL STATEMENTS

There were no recommended adjustments to surplus as of December 31, 2009, based on the results of this examination.

SUBSEQUENT EVENTS

There were no significant subsequent events noted after year end December 31, 2009, that would impact the financial statements.

MANAGEMENT REPRESENTATION

In support of contingencies and accuracy of information provided during the course of the examination, the Examiners obtained a completed management representation letter in the standard NAIC format. This letter was executed by key financial personnel of the Company and provided to the IDOI.

AFFIDAVIT

This is to certify that the undersigned is a duly qualified Examiner-In-Charge appointed by the Indiana Department of Insurance and that she, in coordination with staff assistance from Noble Consulting Services, Inc. and actuarial assistance from Merlinos & Associates, Inc., hereinafter collectively referred to as the "Examiners", performed an examination of **ADVANTAGE Health Solutions, Inc.**, as of **December 31, 2009**.

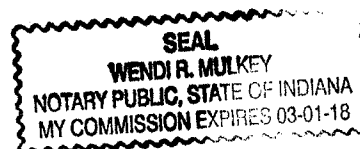
The Indiana Department of Insurance is accredited under the National Association of Insurance Commissioners Financial Regulation Accreditation Standards.

This examination was performed in accordance with those procedures required by the 2010 NAIC Financial Condition Examiner's Handbook and other procedures tailored for this examination. Such procedures performed on this examination do not constitute an audit made in accordance with generally accepted auditing standards and no audit opinion is expressed on the financial statements contained in this report.

The attached report of examination is a true and complete report of condition of **ADVANTAGE Health Solutions, Inc.**, as of **December 31, 2009**, as determined by the undersigned.



Lisa Warrum, CFE
Noble Consulting Services, Inc.



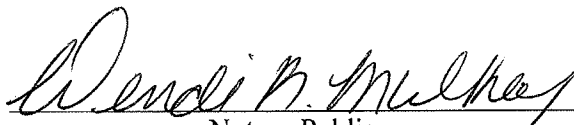
State of:
County of:

On this 7 day of December, 2010, before me personally appeared, Lisa A. Warrum, to sign this document.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires:

3-1-18



Notary Public