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C&I TENNCARE

Humana Inc.
Statutory Accounting
500 W. Main Street
P.O. Box 740036
Louisville, KY 40201-7436
502 580 1000 Tel
www.humana.com

August 26, 2010

HUMANA.
Guidance when you need it most

Gregory Hawkins, CPA
TennCare Examinations Manager
Department of Commerce
TennCare Division
500 James Robertson Parkway, Suite 750
Nashville, TN 37243-1169

Re: Preferred Health Partnership of Tennessee, Inc. - June 30, 2010 Filing

Dear Mr. Hawkins,

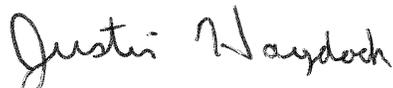
This letter is in response to your letter dated August 25, 2010 to Mr. James Bloem, Chief Financial Officer. As requested, enclosed you will find the following documents which were not included with the original filing:

Exhibit 2 – Accident and Health Premiums Due and Unpaid
Exhibit 3 – Health Care Receivables
Exhibit 5 – Amounts Due From Parent, Subsidiaries, and Affiliates

In addition, we have also enclosed a signed jurat page for this amended filing

Should you have any questions or I can be of further assistance, please advise.

Sincerely,



Justin Haydock
Statutory Reporting Consultant
502-580-1870 or jhaydock@humana.com



QUARTERLY STATEMENT

AS OF JUNE 30, 2010
OF THE CONDITION AND AFFAIRS OF THE

Preferred Health Partnership of Tennessee, Inc.

NAIC Group Code 0119 (Current Period), 0119 (Prior Period) NAIC Company Code 95749 Employer's ID Number 62-1546662

Organized under the Laws of Tennessee, State of Domicile or Port of Entry Tennessee

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 09/02/1993 Commenced Business 01/01/1994

Statutory Home Office 1420 Centerpoint Blvd. (Street and Number), Knoxville, TN 37932 (City or Town, State and Zip Code)

Main Administrative Office 1420 Centerpoint Blvd. (Street and Number), Knoxville, TN 37932 (City or Town, State and Zip Code) 865-670-7282 (Area Code) (Telephone Number)

Mail Address P.O. Box 740036 (Street and Number of P.O. Box), Louisville, KY 40201-7436 (City or Town, State and Zip Code)

Primary Location of Books and Records 1420 Centerpoint Blvd. (Street and Number), Knoxville, TN 37932 (City or Town, State and Zip Code) 865-670-7282 (Area Code) (Telephone Number)

Internet Web Site Address www.humana.com

Statutory Statement Contact Justin Haydock (Name), 502-580-1870 (Area Code) (Telephone Number) (Extension)
502-580-2099 (FAX Number)
jhaydock@humana.com (E-mail Address)

OFFICERS

Name	Title	Name	Title
Michael Benedict McCallister	President & CEO	Joan Olliges Lenahan	VP & Corporate Secretary
James Harry Bloem	Sr. VP, CFO & Treasurer	Frank Murray Amrine	Appointed Actuary

OTHER OFFICERS

George Andreas Andrews M.D.	VP - CMO/Tennessee	George Grant Bauernfeind	Vice President
John Gregory Catron	Vice President	Roy Goldman Ph.D #	VP & Chief Actuary
Douglas Edward Haaland	Mkt. Pres. - Sr. Prod./Tennessee	Charles Frederic Lambert III #	Vice President
Thomas Joseph Liston	Sr. Vice President - Sr. Prod.	Clarence Evans Looney	Market President - Tennessee
George Renaudin	VP & Div. Leader - Southern Div.	Larry Dale Savage	Regional CEO
William Joseph Tait	Vice President	Gary Dean Thompson	Vice President
Ralph Martin Wilson	Vice President	Joseph Christopher Ventura #	Assistant Secretary

DIRECTORS OR TRUSTEES

James Harry Bloem	Michael Benedict McCallister	James Elmer Murray
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State of Kentucky ss
 County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Benedict McCallister President & CEO
Joan Olliges Lenahan VP & Corporate Secretary
James Harry Bloem Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this
25th day of August, 2010
Myra Carpenter
 Myra Carpenter, Notary Public
 August 9, 2013

a. Is this an original filing? Yes [] No [X]

b. If no:

1. State the amendment number 1

2. Date filed 08/25/2010

3. Number of pages attached 3

