

# Amended Statement Cover

The annual statement has been amended to include actuarial opinion.



# ANNUAL STATEMENT

## For the Year Ending December 31, 2009

### OF THE CONDITION AND AFFAIRS OF THE

# Windsor Health Plan, Inc.

NAIC Group Code 1268 , 1268 NAIC Company Code 95792 Employer's ID Number 62-1531881  
(Current Period) (Prior Period)

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

Country of Domicile United States of America

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[ ] No[X] N/A[ ]

Incorporated/Organized 05/14/1993 Commenced Business 01/01/1994

Statutory Home Office 7100 Commerce Way, Suite 285 , Brentwood, TN 37027  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 7100 Commerce Way, Suite 285  
(Street and Number)  
Brentwood, TN 37027 (615)782-7800  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 7100 Commerce Way, Suite 285 , Brentwood, TN 37027  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 7100 Commerce Way, Suite 285  
(Street and Number)  
Brentwood, TN 37027 (615)782-7914  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.windsorhealthgroup.com

Statutory Statement Contact Jennifer Giannotti (615)782-7914  
(Name) (Area Code)(Telephone Number)(Extension)  
jgiannotti@windsorhealthgroup.com (615)782-7826  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
Michael Bailey	President
Willis Jones	Secretary Treasurer

### OTHERS

### DIRECTORS OR TRUSTEES

Phillip Hertik  
Michael Bailey

Willis Jones

State of Tennessee  
 County of Williamson ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

_____ (Signature) <b>Michael Bailey</b> _____ (Printed Name) 1. <b>President</b> _____ (Title)	_____ (Signature) <b>Willis Jones</b> _____ (Printed Name) 2. <b>Secretary</b> _____ (Title)	_____ (Signature) _____ (Printed Name) 3. <b>Treasurer</b> _____ (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010

- a. Is this an original filing? Yes[ ] No[X]  
 b. If no, 1. State the amendment number 1  
 2. Date filed 03/09/2010  
 3. Number of pages attached 5

\_\_\_\_\_  
 (Notary Public Signature)