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HEALTH ANNUAL STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

021 HEALTHCARE Premier Behavioral Systems of Tennessee, LLC

NAIC Group Code 0000 (Current Period) NAIC Company Code 00000 Employer's ID Number 62-1641638

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 [] Dental Service Corporation []
 Vision Service Corporation [] Other [] Health Maintenance Organization []
 Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized 05/15/1996 Commenced Business 07/01/1996

Statutory Home Office 222 Second Ave. N. Suite 220 Nashville, TN 37201
 (Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 222 Second Ave. N. Suite 220
Nashville, TN 37201 615-313-4463
 (City or Town, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Mail Address 222 Second Ave. N. Suite 220 Nashville, TN 37201
 (Street and Number or P O Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 222 Second Ave. N. Suite 220
Nashville, TN 37201 410-953-1643
 (City or Town, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Michael Fotinos 410-953-1643
 (Name) (Area Code) (Telephone Number) (Extension)
mdfotinos@magellanhealth.com 410-953-5205
 (E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Jonathan Rubin #</u>	<u>Vice President and Treasurer</u>	<u>William R. Grimm</u>	<u>Director</u>

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Jonathan Rubin #</u>	<u>William R. Grimm</u>	<u>Rene Lerer</u>
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State of Connecticut ss Avon
 County of Hartford

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.

Jonathan Rubin William R. Grimm
 Vice President and Treasurer Director

Subscribed and sworn to before me this
13th day of February 2009
Raymonde A. Pelletier

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

