

**BEFORE THE DEPARTMENT OF COMMERCE AND INSURANCE
FOR THE STATE OF TENNESSEE**

IN THE MATTER OF:

**COMMUNITY HEALTH ALLIANCE MUTUAL
INSURANCE COMPANY**

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No.: 13-060

ORDER ADOPTING EXAMINATION REPORT

Pursuant to Tenn. Code Ann. §§ 56-1-401, *et seq.*, the Insurance Division of the State of Tennessee Department of Commerce and Insurance (“Division”) has examined certain affairs of Community Health Alliance Mutual Insurance Company (“Company”), a mutual health insurance company domiciled in the state of Tennessee. As a result of an examination conducted as of the 31st day of March, 2013, the insurance examiner filed with the Division, on the 24th day of April, 2013, a verified written report on the examination, and a copy of that report has been sent to the Company. (The Report on Examination of Community Health Alliance Mutual Insurance Company is attached hereto and marked as Exhibit A.) The Company waived any right to rebuttal with respect to the examination report, pursuant to Tenn. Code Ann. § 56-1-411(d)(1). (The letter waiving rebuttal is attached hereto and marked as Exhibit B.)

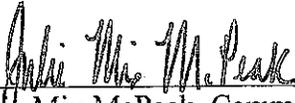
Pursuant to Tenn. Code Ann. § 56-1-411, said examination report regarding the affairs of Community Health Alliance Mutual Insurance Company filed with the Insurance Division of the State of Tennessee Department of Commerce and Insurance on the 24th day of April, 2013, is hereby **ADOPTED** as filed.

The adoption of this examination report shall not preclude the Department from imposing sanctions against Community Health Alliance Mutual Insurance Company for potential violations of the Tennessee Insurance Law which may be revealed in the examination report, it

being the intent of this Order Adopting Examination Report merely to adopt the examination report filed by the examiner-in-charge.

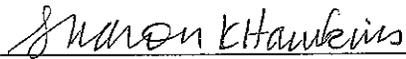
It is so **ORDERED**.

ENTERED this the 13th day of May, 2013.



Julie Mix McPeak, Commissioner
Department of Commerce and Insurance
State of Tennessee

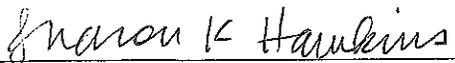
PREPARED FOR ENTRY:



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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing Order Adopting Examination Report as Filed has been messenger mailed to: Larry C. Knight, Jr., Assistant Commissioner for Insurance, Department of Commerce and Insurance; James York, Insurance Examinations Director, Department of Commerce and Insurance; Mark Jaquish, Insurance Analysis Director, Department of Commerce and Insurance; and mailed first class, postage prepaid, to Community Health Alliance Mutual Insurance Company, 445 South Gay St, Knoxville, Tennessee 37902, on this the _____ day of _____, 2013.



Sharon K. Hawkins, Certifying Attorney