National Union Fire Insurance Company of Pittsburgh, Pa.®
A capital stock company

FINANCIAL INSTITUTION BOND

Standard Form No. 25, Revised to October, 1987

Item 1. Name of Insured (herein called Insured): HEALTHSCOPE BENEFITS, INC.

Bond Number 01-454-71-22

Principal Address: 27 CORPORATE HILL DRIVE
LITTLE ROCK, AR 72223

Item 2. Bond Period: from 12:01 a.m. on December 31, 2009 (MONTH, DAY, YEAR) to 12:01 a.m. on December 31, 2010 (MONTH, DAY, YEAR) standard time.

Item 3. The Aggregate Liability of the Underwriter during the Bond Period shall be $10,000,000

Item 4. Subject to Sections 4 and 11 hereof,
the Single Loss Limit of Liability is $5,000,000
and the Single Loss Deductible is $50,000

Provided, however, that if any amounts are inserted below opposite specified Insuring Agreements or Coverage, those amounts shall be controlling. Any amount set forth below shall be part of and not in addition to amounts set forth above. (If an Insuring Agreement or Coverage is to be deleted, insert "Not Covered.")

Amount applicable to:	Single Loss Limit of Liability	Single Loss Deductible
Basic Bond Coverage	$5,000,000	$50,000
Insuring Agreement (D)- FORGERY OR ALTERATION	$5,000,000	$50,000
Insuring Agreement (E)- SECURITIES	$5,000,000	$50,000
Optional Insuring Agreements and Coverages:		
Trading Loss Coverage	$5,000,000	$50,000
Computer System	$5,000,000	$50,000

If "Not Covered" is inserted above opposite any specified Insuring Agreement or Coverage, such Insuring Agreement or Coverage and any other reference thereto in this bond shall be deemed to be deleted therefrom.

Item 5. The liability of the Underwriter is subject to the terms of the following riders attached hereto:
#1,#2,#3,#4,#5,#6,#7,#8,#9,#10,#11,#12,#13,#14,#15

Item 6. Insured's Offices Covered--All offices in the United States of America and Canada and any other offices listed below:

1205388

Item 7. The Insured by the acceptance of this bond gives notice to the Underwriter terminating or canceling prior bond(s) or policy(ies) No.(s) *01-423-98-36*
such termination or cancelation to be effective as of the time this bond becomes effective.

Premium: *$20,098*

POLICY FEE: _____
INSPECTION FEE: _____
TAXES: _____
STAMPING FEE: _____
OTHER FEES: 250.00

Andrew N. Holland
SECRETARY

PRESIDENT

AUTHORIZED REPRESENTATIVE

COUNTERSIGNATURE | DATE | COUNTERSIGNED AT

CRC INSURANCE SERVICES INC.
14001 N DALLAS PKWY
STE M100
DALLAS, TX 75240-4350

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