

EXHIBIT G

Blue Shield of California
Installation & Membership - IFP
P.O. Box 629013
El Dorado Hills, CA 95762-9013

AB 01 000171 53665 E 3 A

SUBSCRIBER NO:

Redacted

COVERAGE PERIOD:

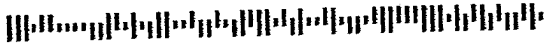
From To
07/01/09 08/01/09

TOTAL DUES/PREMIUM:

\$340.00

AMY C CUNNINGHIS

Redacted



Statement Date: June 27, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

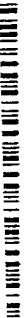
Are you aware there's an easier way to make payments than submitting a check? To have your payment deducted automatically from your checking or savings account, or to charge your payment to your credit card, please call (800) 431-2809 and ask about our automatic payment options.

Please don't hesitate to call the customer service telephone number shown on your Blue Shield ID card if you have any questions regarding your benefits. For questions related to your billing statement, please call (800) 431-2809. Our service representatives are always ready to help you.

This plan is underwritten by Blue Shield Life & Health Insurance Company.

Thank you for being a Blue Shield member.

pd 7/1



Please **KEEP** the top portion for your records and **RETURN** the bottom portion with payment to the address indicated below.

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P.O. Box 629013
El Dorado Hills, CA 95762-9013



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www.mylifepath.com

AT 01 088311 69396B329 A**3DGT

SUBSCRIBER NO:

Redacted

COVERAGE PERIOD:

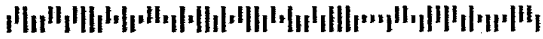
From	To
08/01/09	09/01/09

TOTAL DUES/PREMIUM:

\$340.00

AMY C CUNNINGHIS

Redacted



Statement Date: July 14, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

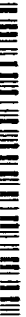
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Pd 8/19



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AT 01 085499 94804B317 A**3DGT

SUBSCRIBER NO:

Redacted

COVERAGE PERIOD:

From	To
09/01/09	10/01/09

TOTAL DUES/PREMIUM:

\$340.00

AMY C CUNNINGHIS

Redacted



Statement Date: August 13, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

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P.O. Box 629013
El Dorado Hills, CA 95762-9013

AT 01 091947 19721B344 A**3DGT

SUBSCRIBER NO:

Redacted

COVERAGE PERIOD:

From	To
10/01/09	11/01/09

TOTAL DUES/PREMIUM:

\$340.00

AMY C CUNNINGHIS

Redacted



Statement Date: September 12, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

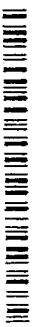
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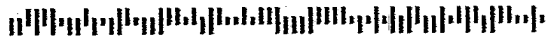


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AT 01 088386 46068B321 A**3DGT

SUBSCRIBER NO: **Redacted**
COVERAGE PERIOD: From 11/01/09 To 12/01/09
TOTAL DUES/PREMIUM: \$340.00

AMY C CUNNINGHIS
Redacted



Statement Date: October 13, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

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AT 01 088392 70249B324 A**3DGT

SUBSCRIBER NO: **Redacted**

	From	To
COVERAGE PERIOD:	12/01/09	01/01/10
TOTAL DUES/PREMIUM:		\$340.00

AMY C CUNNINGHIS

Redacted



Statement Date: November 12, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

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pd 12/19/09



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AT 01 086901 95487B330 A**3DGT

SUBSCRIBER NO:

Redacted

COVERAGE PERIOD:

From To
01/01/10 02/01/10

TOTAL DUES/PREMIUM:

\$340.00

AMY C CUNNINGHIS

Redacted



Statement Date: December 15, 2009

Dear Member:

This is your statement that shows the amount you owe for your dues/premium. Blue Shield is a prepaid health plan. Payment for your dues/premium is due by the first day of your coverage period.

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