

January 4, 2010

To Whom It May Concern:

The purpose of this letter is to explain the ways in which XLHealth and its predecessor companies have utilized and relied upon the clinical protocols and methods that Dr. Jeff Tredwell developed and refined during his many years of treating and managing diabetes related lower extremity diseases – diseases that, especially in the elderly, often lead to repeat long-stay hospitalizations, surgeries and ultimately, amputations.

Dr. Tredwell's protocols and validated methods of prediction, prevention, and prevention of recurrence of lower extremity breakdown and disease progression (hereafter referred to as the "Tredwell Protocols") were formally licensed by XLHealth from Dr. Tredwell and his business partners in the late 1990s, and were imported by XLHealth into its disease and population health management programs starting in 2001. The Tredwell protocols served as a cornerstone of the company's clinical intervention models for more than 7 years, and were a key driver of both financial and clinical outcomes for many years.

XLHealth used the Tredwell Protocols, which later became embedded within XLHealth's larger suite of clinical protocols and clinical interventions, in managing large populations of diabetic patients enrolled in national Healthplan clients of XLHealth. The Tredwell Protocols also were the primary basis of XLHealth's selection for, and participation in, the two largest Disease Management studies on diabetic patients ever conducted by the US Federal Governments Center for Medicare and Medicaid Services (CMS) during the 2003-2007 time periods.

Our decision to acquire and utilize the Tredwell Protocols was made in the early 2000s after due diligence comparing other potential academic and business models and groups, in light of the science of diabetic lower extremity disease and demonstrated outcomes. While the Tredwell protocols required more up front investments, time and training, they were far more effective than most other "reactionary" methods of treatment in preventing and delaying wounds and amputations.

Using the Tredwell Protocols, we were able to conduct large scale "population screenings" for our clients, using a combination of administrative claims data and specially trained nursing staff to identify patients who were at the highest risk of developing serious (and expensive) diabetic foot ulcers and/or foot or leg amputations. In many cases we were able to identify such risk far upstream (4 to 6 months) from a potential first acute event (such as an ulcer or hospitalization), and were able to mobilize our nurse care teams, pharmacists and community providers to prevent the acute/emergent episodes in a significant number of cases.

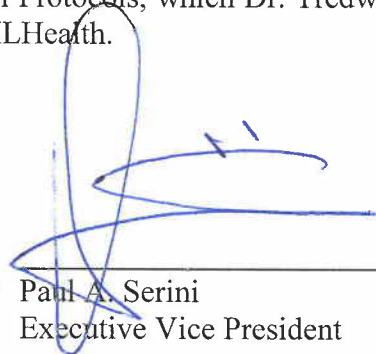
The end result of using the Tredwell protocols was that we effectively reduced both diabetic foot wound admission rates and lengths of stay, the rates of progression of diabetic foot wounds to amputation events, and the overall rates of amputations per 1000 in large populations of diabetic patients.

In 2004, we were invited to national meetings of the Center for Disease Control and American Diabetes Association to present our clinical findings and outcomes. These presentations, in which Dr. Tredwell was asked by the Company to participate, reflected results we obtained using the Tredwell Protocols while working for a large US national health plans. They demonstrated (over a 36 month period) an almost 70% reduction in amputations; an almost 70% reduction in diabetic lower extremity hospitalizations and a 65% reduction on LOS for diabetic lower extremity disease. This translated, roughly, to spending reductions of about \$1200 per patient per year. Similar findings across other health plan clients reflected reductions of amputation rates of 67% and overall reductions in lower extremity complications.

Until our departure from the disease management marketplace in 2007, we continued to market and use the Tredwell Protocols as a key component of our clinical intervention strategies. This was based, in large part, upon our belief, first shared with us by Dr. Tredwell and since echoed by many others that a key component of diabetic management needs to address the issues surrounding lower extremity disease and related matters of peripheral neuropathy and vascular disease, all of which correlate to cardiac and other diabetic management issues.

Today, XLHealth continues to use, as part of a much larger suite of embedded clinical protocols, many of the Tredwell Protocols, many of which remain unchanged and some that have been further refined.

We have no legal claims upon the Tredwell Protocols, which Dr. Tredwell is free to market and pursue in other venues, apart from XLHealth.



Paul A. Serini
Executive Vice President