



ANNUAL STATEMENT

For the Year Ended December 31, 2017
of the Condition and Affairs of the

AccessCare General, Inc.

NAIC Group Code.....4744, 4744 (Current Period) (Prior Period)	NAIC Company Code..... 14158	Employer's ID Number..... 45-2795364
Organized under the Laws of IL	State of Domicile or Port of Entry IL	Country of Domicile US
Licensed as Business Type.....Other	Is HMO Federally Qualified? Yes [] No []	
Incorporated/Organized..... July 19, 2011	Commenced Business..... July 19, 2011	
Statutory Home Office	960 Rand Road #104..... Des Plaines IL 60016 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	8500 W. 110th St., Suite 450..... Overland Park KS 66210 (Street and Number) (City or Town, State, Country and Zip Code)	877-647-7948 (Area Code) (Telephone Number)
Mail Address	8500 W. 110th St., Suite 450..... Overland Park KS 66210 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	8500 W. 110th St., Suite 450..... Overland Park KS 66210 (Street and Number) (City or Town, State, Country and Zip Code)	877-647-7948 (Area Code) (Telephone Number)
Internet Web Site Address	N/A	
Statutory Statement Contact	John Ray Rosenbaum (Name) john.rosenbaum@accesscaregeneral.com (E-Mail Address)	913 647 7926 (Area Code) (Telephone Number) (Extension) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Tony Barker Layne	CEO	2. Scott Maurice Frigon	President
3. John Ray Rosenbaum	Secretary/CFO	4.	

OTHER

DIRECTORS OR TRUSTEES

Tony Barker Layne	Cassi Copeland Layne	Larry Steven Spitcaufsky
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State of..... Kansas
County of..... Johnson

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.

(Signature) Scott Maurice Frigon	(Signature) John Ray Rosenbaum	(Signature)
1. (Printed Name) President	2. (Printed Name) Secretary/CFO	3. (Printed Name)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2018	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	150,678	0	150,678	150,000
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....725,012, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	725,012	0	725,012	890,813
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	875,690	0	875,690	1,040,813
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	182	0	182	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	281,819	0	281,819	135,552
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	0	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	0
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,157,691	0	1,157,691	1,176,365
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTAL (Lines 26 and 27).....	1,157,691	0	1,157,691	1,176,365

DETAILS OF WRITE-INS

1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	322,935	0	322,935	336,479
2. Accrued medical incentive pool and bonus amounts.....	0	0	0	0
3. Unpaid claims adjustment expenses.....	0	0	0	0
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....	0	0	0	0
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	0
8. Premiums received in advance.....	15,549	0	15,549	11,876
9. General expenses due or accrued.....	13,492	0	13,492	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	0	0	0	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated.....	0	0	0	0
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	140,406	0	140,406	205,111
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending.....	0	0	0	0
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$.....0) companies.....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0	0	0
22. Liability for amounts held under uninsured plans.....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	1,075	0	1,075	270
24. Total liabilities (Lines 1 to 23).....	493,457	0	493,457	553,736
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	10	10
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	209,991	209,991
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	454,233	412,628
32. Less treasury stock at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX	0	0
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	664,234	622,629
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	1,157,691	1,176,365

DETAILS OF WRITE-INS

2301. Unclaimed Property Payable.....	1,075	0	1,075	270
2302.	0	0	0	0
2303.	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	1,075	0	1,075	270
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	76,784.....	58,071.....
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	6,086,876.....	4,834,891.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.0.....	.0.....
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....	.0.....	.0.....
5. Risk revenue.....	XXX.....	.0.....	.0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	.0.....	.0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	.0.....	.0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	6,086,876.....	4,834,891.....
Hospital and Medical:			
9. Hospital/medical benefits.....	.0.....	.0.....	.0.....
10. Other professional services.....	.0.....	3,652,126.....	3,411,769.....
11. Outside referrals.....	.0.....	.0.....	.0.....
12. Emergency room and out-of-area.....	.0.....	.0.....	.0.....
13. Prescription drugs.....	.0.....	.0.....	.0.....
14. Aggregate write-ins for other hospital and medical.....	.0.....	.0.....	.0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.0.....	.0.....	.0.....
16. Subtotal (Lines 9 to 15).....	.0.....	3,652,126.....	3,411,769.....
Less:			
17. Net reinsurance recoveries.....	.0.....	.0.....	.0.....
18. Total hospital and medical (Lines 16 minus 17).....	.0.....	3,652,126.....	3,411,769.....
19. Non-health claims (net).....	.0.....	.0.....	.0.....
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....	.0.....	.0.....	.0.....
21. General administrative expenses.....	.0.....	2,207,004.....	1,238,050.....
22. Increase in reserves for life and accident and health contracts including \$.....0 increase in reserves for life only).....	.0.....	.0.....	.0.....
23. Total underwriting deductions (Lines 18 through 22).....	.0.....	5,859,130.....	4,649,819.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	227,746.....	185,072.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	.0.....	1,310.....	379.....
26. Net realized capital gains or (losses) less capital gains tax of \$.....0.....	.0.....	.0.....	.0.....
27. Net investment gains or (losses) (Lines 25 plus 26).....	.0.....	1,310.....	379.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....	.0.....	.0.....	.0.....
29. Aggregate write-ins for other income or expenses.....	.0.....	(2,000).....	.0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	227,056.....	185,451.....
31. Federal and foreign income taxes incurred.....	XXX.....	.0.....	.0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	227,056.....	185,451.....

DETAILS OF WRITE-INS			
0601.	XXX.....	.0.....	.0.....
0602.	XXX.....	.0.....	.0.....
0603.	XXX.....	.0.....	.0.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	.0.....	.0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	.0.....	.0.....
0701.	XXX.....	.0.....	.0.....
0702.	XXX.....	.0.....	.0.....
0703.	XXX.....	.0.....	.0.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	.0.....	.0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	.0.....	.0.....
1401.	.0.....	.0.....	.0.....
1402.	.0.....	.0.....	.0.....
1403.	.0.....	.0.....	.0.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0.....	.0.....	.0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	.0.....	.0.....	.0.....
2901. Penalties.....	.0.....	(2,000).....	.0.....
2902.	.0.....	.0.....	.0.....
2903.	.0.....	.0.....	.0.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0.....	.0.....	.0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	.0.....	(2,000).....	.0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	622,629	437,178
34. Net income or (loss) from Line 32.....	227,056	185,451
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0.....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	0	0
39. Change in nonadmitted assets.....	0	0
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	(185,451)	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	41,605	185,451
49. Capital and surplus end of reporting period (Line 33 plus 48).....	664,234	622,629

DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	5,945,087	4,858,418
2. Net investment income.....	1,128	379
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	5,946,215	4,858,797
5. Benefit and loss related payments.....	3,665,670	3,191,598
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,260,217	1,064,714
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	0	0
10. Total (Lines 5 through 9).....	5,925,887	4,256,312
11. Net cash from operations (Line 4 minus Line 10).....	20,328	602,485
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	50,000	0
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	50,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	50,678	100,000
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	50,678	100,000
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(678)	(100,000)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	185,451	0
16.6 Other cash provided (applied).....	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(185,451)	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(165,801)	502,485
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	890,813	388,328
19.2 End of year (Line 18 plus Line 19.1).....	725,012	890,813
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income.....	6,086,876	0	0	6,086,876	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit.....	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$.....0 medical expenses).....	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue.....	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	6,086,876	0	0	6,086,876	0	0	0	0	0	0
8. Hospital/medical benefits.....	0	0	0	0	0	0	0	0	0	XXX
9. Other professional services.....	3,652,126	0	0	3,652,126	0	0	0	0	0	XXX
10. Outside referrals.....	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area.....	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs.....	0	0	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14).....	3,652,126	0	0	3,652,126	0	0	0	0	0	XXX
16. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	XXX
17. Total hospital and medical (Lines 15 minus 16).....	3,652,126	0	0	3,652,126	0	0	0	0	0	XXX
18. Non-health claims (net).....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$.....,0 cost containment expenses.....	0	0	0	0	0	0	0	0	0	0
20. General administrative expenses.....	2,207,004	0	0	2,207,004	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts.....	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserve for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22).....	5,859,130	0	0	5,859,130	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	227,746	0	0	227,746	0	0	0	0	0	0

DETAILS OF WRITE-INS

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical).....	0	0	0	0
2.	Medicare supplement.....	0	0	0	0
3.	Dental only.....	6,086,876	0	0	6,086,876
4.	Vision only.....	0	0	0	0
5.	Federal employees health benefits plan.....	0	0	0	0
6.	Title XVIII - Medicare.....	0	0	0	0
7.	Title XIX - Medicaid.....	0	0	0	0
8.	Other health.....	0	0	0	0
9.	Health subtotal (Lines 1 through 8).....	6,086,876	0	0	6,086,876
10.	Life.....	0	0	0	0
11.	Property/casualty.....	0	0	0	0
12.	Totals (Lines 9 to 11).....	6,086,876	0	0	6,086,876

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct.....	3,665,670	0	0	3,665,670	0	0	0	0	0	0
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
1.4 Net.....	3,665,670	0	0	3,665,670	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	322,935	0	0	322,935	0	0	0	0	0	0
3.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
3.4 Net.....	322,935	0	0	322,935	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0	0	0	0	0	0	0	0	0	0
6. Net healthcare receivables (a).....	0	0	0	0	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year.....	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	336,479	0	0	336,479	0	0	0	0	0	0
8.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
8.4 Net.....	336,479	0	0	336,479	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct.....	3,652,126	0	0	3,652,126	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	3,652,126	0	0	3,652,126	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct.....	0	0	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	0	0	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	0	0	0	0	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	322,935	0	0	322,935	0	0	0	0	0	0
3.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
3.4 Net.....	322,935	0	0	322,935	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	322,935	0	0	322,935	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	322,935	0	0	322,935	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	0	0	0	0	0	0
2. Medicare supplement.....	0	0	0	0	0	0
3. Dental only.....	336,479	3,329,191	0	322,935	336,479	336,479
4. Vision only.....	0	0	0	0	0	0
5. Federal employees health benefits plan.....	0	0	0	0	0	0
6. Title XVIII - Medicare.....	0	0	0	0	0	0
7. Title XIX - Medicaid.....	0	0	0	0	0	0
8. Other health.....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8).....	336,479	3,329,191	0	322,935	336,479	336,479
10. Healthcare receivables (a).....	0	0	0	0	0	0
11. Other non-health.....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts.....	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12).....	336,479	3,329,191	0	322,935	336,479	336,479

(a) Excludes \$......0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	103	103	103	103	103
2. 2013.....	1,740	1,829	1,829	1,829	1,829
3. 2014.....	XXX	2,268	2,399	2,399	2,399
4. 2015.....	XXX	XXX	3,154	3,270	3,270
5. 2016.....	XXX	XXX	XXX	3,076	3,412
6. 2017.....	XXX	XXX	XXX	XXX	3,329

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	1,088	1,088	1,088	1,088	1,088
2. 2013.....	1,829	1,829	1,829	1,829	1,829
3. 2014.....	XXX	2,399	2,399	2,399	2,399
4. 2015.....	XXX	XXX	3,270	3,270	3,270
5. 2016.....	XXX	XXX	XXX	3,412	3,412
6. 2017.....	XXX	XXX	XXX	XXX	3,652

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....	2,693	1,829	0	0.0	1,829	67.9	0	0	1,829	67.9
2. 2014.....	3,237	2,399	0	0.0	2,399	74.1	0	0	2,399	74.1
3. 2015.....	4,360	3,270	0	0.0	3,270	75.0	0	0	3,270	75.0
4. 2016.....	4,835	3,412	0	0.0	3,412	70.6	0	0	3,412	70.6
5. 2017.....	6,087	3,329	0	0.0	3,329	54.7	323	0	3,652	60.0

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	103	103	103	103	103
2. 2013.....	1,740	1,829	1,829	1,829	1,829
3. 2014.....	XXX	2,268	2,399	2,399	2,399
4. 2015.....	XXX	XXX	3,154	3,270	3,270
5. 2016.....	XXX	XXX	XXX	3,076	3,412
6. 2017.....	XXX	XXX	XXX	XXX	3,329

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....	1,088	1,088	1,088	1,088	1,088
2. 2013.....	1,829	1,829	1,829	1,829	1,829
3. 2014.....	XXX	2,399	2,399	2,399	2,399
4. 2015.....	XXX	XXX	3,270	3,270	3,270
5. 2016.....	XXX	XXX	XXX	3,412	3,412
6. 2017.....	XXX	XXX	XXX	XXX	3,652

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013.....	2,693	1,829	0	0.0	1,829	67.9	0	0	1,829	67.9
2. 2014.....	3,237	2,399	0	0.0	2,399	74.1	0	0	2,399	74.1
3. 2015.....	4,360	3,270	0	0.0	3,270	75.0	0	0	3,270	75.0
4. 2016.....	4,835	3,412	0	0.0	3,412	70.6	0	0	3,412	70.6
5. 2017.....	6,087	3,329	0	0.0	3,329	54.7	323	0	3,652	60.0

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE**

**Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....	0	0	0	0	0
2. Salaries, wages and other benefits.....	0	0	0	0	0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....	0	0	0	0	0
4. Legal fees and expenses.....	0	0	0	0	0
5. Certifications and accreditation fees.....	0	0	0	0	0
6. Auditing, actuarial and other consulting services.....	0	0	28,784	0	28,784
7. Traveling expenses.....	0	0	0	0	0
8. Marketing and advertising.....	0	0	0	0	0
9. Postage, express and telephone.....	0	0	0	0	0
10. Printing and office supplies.....	0	0	1,970	0	1,970
11. Occupancy, depreciation and amortization.....	0	0	0	0	0
12. Equipment.....	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software.....	0	0	2,424	0	2,424
14. Outsourced services including EDP, claims, and other services.....	0	0	0	0	0
15. Boards, bureaus and association fees.....	0	0	0	0	0
16. Insurance, except on real estate.....	0	0	0	0	0
17. Collection and bank service charges.....	0	0	1,205	0	1,205
18. Group service and administration fees.....	0	0	0	0	0
19. Reimbursements by uninsured plans.....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries.....	0	0	0	0	0
21. Real estate expenses.....	0	0	0	0	0
22. Real estate taxes.....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....	0	0	0	0	0
23.2 State premium taxes.....	0	0	32,227	0	32,227
23.3 Regulatory authority licenses and fees.....	0	0	7,335	0	7,335
23.4 Payroll taxes.....	0	0	0	0	0
23.5 Other (excluding federal income and real estate taxes).....	0	0	3,230	0	3,230
24. Investment expenses not included elsewhere.....	0	0	0	0	0
25. Aggregate write-ins for expenses.....	0	0	2,129,829	0	2,129,829
26. Total expenses incurred (Lines 1 to 25).....	0	0	2,207,004	0	(a).....2,207,004
27. Less expenses unpaid December 31, current year.....	0	0	13,492	0	13,492
28. Add expenses unpaid December 31, prior year.....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year.....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	0	2,193,512	0	2,193,512

DETAILS OF WRITE-INS

2501. Capitated fee for employee lease, IT systems, occupancy, and other overhead.....	0	0	913,031	0	913,031
2502. Capitated fee for procurement of policies.....	0	0	1,217,375	0	1,217,375
2503. Bad Debt Expense.....	0	0	(577)	0	(577)
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	2,129,829	0	2,129,829

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....978	1,159
1.1 Bonds exempt from U.S. tax.....	(a).....0	0
1.2 Other bonds (unaffiliated).....	(a).....0	0
1.3 Bonds of affiliates.....	(a).....0	0
2.1 Preferred stocks (unaffiliated).....	(b).....0	0
2.11 Preferred stocks of affiliates.....	(b).....0	0
2.2 Common stocks (unaffiliated).....	0	0
2.21 Common stocks of affiliates.....	0	0
3. Mortgage loans.....	(c).....0	0
4. Real estate.....	(d).....0	0
5. Contract loans.....	0	0
6. Cash, cash equivalents and short-term investments.....	(e).....151	151
7. Derivative instruments.....	(f).....0	0
8. Other invested assets.....	0	0
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	1,129	1,310
11. Investment expenses.....		(g).....0
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....0
13. Interest expense.....		(h).....0
14. Depreciation on real estate and other invested assets.....		(i).....0
15. Aggregate write-ins for deductions from investment income.....		0
16. Total deductions (Lines 11 through 15).....		0
17. Net investment income (Line 10 minus Line 16).....		1,310

DETAILS OF WRITE-INS

0901.	0	0
0902.	0	0
0903.	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.		0
1502.		0
1503.		0
1598. Summary of remaining write-ins for Line 15 from overflow page.....		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		0
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax.....	0	0	0	0	0
1.2 Other bonds (unaffiliated).....	0	0	0	0	0
1.3 Bonds of affiliates.....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated).....	0	0	0	0	0
2.11 Preferred stocks of affiliates.....	0	0	0	0	0
2.2 Common stocks (unaffiliated).....	0	0	0	0	0
2.21 Common stocks of affiliates.....	0	0	0	0	0
3. Mortgage loans.....	0	0	0	0	0
4. Real estate.....	0	0	0	0	0
5. Contract loans.....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments.....	0	0	0	0	0
7. Derivative instruments.....	0	0	0	0	0
8. Other invested assets.....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

DETAILS OF WRITE-INS

0901.	0	0	0	0	0
0902.	0	0	0	0	0
0903.	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page...	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. TOTALS (Lines 26 and 27).....	0	0	0

DETAILS OF WRITE-INS

1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501.	0	0	0
2502.	0	0	0
2503.	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health maintenance organizations.....	0	0	0	0	0	0
2. Provider service organizations.....	0	0	0	0	0	0
3. Preferred provider organizations.....	0	0	0	0	0	0
4. Point of service.....	0	0	0	0	0	0
5. Indemnity only.....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	4,855	5,501	6,085	7,177	7,802	76,784
7. Total.....	4,855	5,501	6,085	7,177	7,802	76,784

DETAILS OF WRITE-INS

0601. Limited Health Service Organization.....	4,855	5,501	6,085	7,177	7,802	76,784
0602.	0	0	0	0	0	0
0603.	0	0	0	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	4,855	5,501	6,085	7,177	7,802	76,784

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
The financial statements of AccessCare General, Inc. are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Financial and Professional Regulation Division of Insurance.

The Illinois Department of Financial and Professional Regulation Division of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Illinois. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Illinois Department of Financial and Professional Regulation Division of Insurance is shown below.

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) AccessCare General, Inc. Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 227,056	\$ 185,451
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 227,056	\$ 185,451
SURPLUS					
(5) AccessCare General, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 664,234	\$ 622,629
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ 0	\$ 0
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 664,234	\$ 622,629

B. Use of Estimates in the Preparation of the Financial Statement
The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy
Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Basis for Short-Term Investments
AccessCare General, Inc. owns no short-term investments.
- (2) Basis for Bonds and Amortization Schedule
AccessCare General, Inc. owns two Certificate of Deposits. The Illinois CD matures on 10/6/2019. It is booked at face value and replaces the one that matured on 10/6/2017. The Arkansas CD matures on 4/27/2018. It is booked at face value.
- (3) Basis for Common Stocks
AccessCare General, Inc. owns no common stocks.
- (4) Basis for Preferred Stocks
AccessCare General, Inc. owns no preferred stocks.
- (5) Basis for Mortgage Loans
AccessCare General, Inc. has no mortgage loans on real estate.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
AccessCare General, Inc. has no loan-backed securities.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
AccessCare General, Inc. has no investments in subsidiaries, controlled and affiliated companies.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
AccessCare General, Inc. has no ownership interests in joint ventures, partnerships, and limited liability entities.
- (9) Accounting Policies for Derivatives
AccessCare General, Inc. owns no derivatives.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
AccessCare General, Inc. does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts
AccessCare General, Inc. pays its providers on a capitated basis and therefore does not establish a loss or loss adjustment expense reserve.

NOTES TO FINANCIAL STATEMENTS

- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
AccessCare General, Inc. has not modified its capitalization policy from the prior period.
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables
AccessCare General, Inc. has no pharmaceutical rebates receivable.

D. Going Concern
After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement.

Note 2 – Accounting Changes and Correction of Errors

Not Applicable

Note 3 – Business Combinations and Goodwill

- A. Statutory Purchase Method
Not Applicable
- B. Statutory Merger
Not Applicable
- C. Assumption Reinsurance
Not Applicable
- D. Impairment Loss
Not Applicable

Note 4 – Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale
Not Applicable
- B. Change in Plan of Sale of Discontinued Operation
Not Applicable
- C. Nature of any Significant Continuing Involvement with Discontinued Operations After Disposal
Not Applicable
- D. Equity Interest Retained in the Discontinued Operation After Disposal
Not Applicable

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not Applicable
- B. Debt Restructuring
Not Applicable
- C. Reverse Mortgages
Not Applicable
- D. Loan-Backed Securities
Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions
Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions
Not Applicable
- J. Real Estate
Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC)
Not Applicable

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Additional Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.0%	0.0%
b. Collateral held under security lending arrangements	0	0	0	0	0	0.0%	0.0%
c. Subject to repurchase agreements	0	0	0	0	0	0.0%	0.0%
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.0%	0.0%
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.0%	0.0%
g. Placed under option contracts	0	0	0	0	0	0.0%	0.0%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0.0%	0.0%
i. FHLB capital stock	0	0	0	0	0	0.0%	0.0%
j. On deposit with states	251,203	250,375	828	0	251,203	21.7%	21.7%
k. On deposit with other regulatory bodies	0	0	0	0	0	0.0%	0.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.0%	0.0%
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0%	0.0%
n. Other restricted assets	0	0	0	0	0	0.0%	0.0%
o. Total Restricted Assets	\$ 251,203	\$ 250,375	\$ 828	\$ 0	\$ 251,203	21.7%	21.7%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 1, Line 28

M. Working Capital Finance Investments
Not Applicable

N. Offsetting and Netting of Assets and Liabilities
Not Applicable

O. Structured Notes
Not Applicable

P. 5* Securities
Not Applicable

Q. Short Sales
Not Applicable

R. Prepayment Penalty and Acceleration Fees
Not Applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership
Not Applicable

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies
Not Applicable

Note 7 – Investment Income

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
- B. The total amount excluded:
The Company had no investment income due and accrued excluded from surplus.

Note 8 – Derivative Instruments

- A. Market Risk, Credit Risk and Cash Requirements
Not Applicable
- B. Objectives for Derivative User
Not Applicable
- C. Accounting Policies for Recognition and Measurement
Not Applicable

NOTES TO FINANCIAL STATEMENTS

- D.

Net Gain or Loss Recognized
Not Applicable
- E.

Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting
Not Applicable
- F.

Derivatives Accounted for as Cash Flow Hedges
Not Applicable

Note 9 – Income Taxes

AccessCare General, Inc. is registered as an S Corp and does not pay corporate taxes.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A.

Nature of the Relationship Involved

AccessCare General, Inc. is owned 100% by Healthcare Delivered.

MobileCare 2U, LLC (MC2U) and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the contracted services. There are no cost sharing arrangements.

Healthcare Administration Partners Company, LLC (HAPCO) and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the personnel services. There are no cost sharing arrangements.

SDC Insurance and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the contracted services. There are no cost sharing arrangements.
- B.

Transactions
Not Applicable
- C.

Dollar Amounts of Transactions
Not Applicable
- D.

Amounts Due From or To Related Parties

As of December 31, 2017, MC2U had billed AccessCare General, Inc. a total of \$4,019,167 for their 2017 services. At December 31, 2017, AccessCare General, Inc. had a remaining amount due of \$247,502. In 2016, MC2U billed AccessCare General, Inc. a total of \$4,011,346 for their 2016 services. At December 31, 2016, AccessCare General, Inc. had a remaining amount due of \$420,598.

In 2016, HAPCO billed AccessCare General, Inc. a total of \$284,697 for their 2016 services. At December 31, 2016, AccessCare General, Inc. had a remaining amount due of \$0.

As of December 31, 2017, SDC Insurance had billed AccessCare General, Inc. a total of \$1,071,778 for their 2017 services. At December 31, 2017, AccessCare General, Inc., had a remaining amount due of \$90,905. At December 31, 2016, SDC Insurance had billed AccessCare General, Inc. a total of \$297,104 for their 2016 services. At December 31, 2016, AccessCare General, Inc. had a remaining amount due of \$120,992.
- E.

Guarantees or Undertakings
Not Applicable
- F.

Material Management or Service Contracts and Cost-Sharing Arrangements

Prior to October 1, 2016, MC2U contracted with dentists to provide dental services to dental insurance participants. Compensation for services rendered was 75% of premium per the contract. The contract was terminated on September 30, 2016. Effective October 1, 2016, MC2U signed a new contract with AccessCare General, Inc. to contract with dentists to provide dental services to dental insurance participants. Compensation for services rendered is 60% of premium per the contract.

Prior to October 1, 2016, MC2U also provided office space and use of computer systems and related systems/products. Compensation for services rendered was 4.5% of premium per the contract. The contract was terminated on September 30, 2016. Effective October 1, 2016, MC2U signed a contract with AccessCare General, Inc. to provide leased personnel to perform management, administrative, clerical, secretarial, bookkeeping, accounting, payroll, billing, and collection functions as well as provide office space and use of computer systems and related systems/products. Compensation for services rendered is 15% of premium per the contract.

Prior to October 1, 2016, MC2U provided producers to solicit, procure, and transmit insurance applications. Compensation for services rendered was 7.00% of premium per the contract. The contract with MC2U was terminated on September 30, 2016.

Prior to October 1, 2016, HAPCO leased personnel to AccessCare General, Inc. to perform management, administrative, clerical, secretarial, bookkeeping, accounting, payroll, billing, and collection functions. Compensation for services rendered was 8.5% of premium per the contract. The contract with HAPCO was terminated on September 30, 2016.

Effective October 1, 2016, SDC Insurance entered into a contract with AccessCare General, Inc. to provide producers to solicit, procure, and transmit insurance applications to AccessCare General, Inc. Compensation for services rendered is 20% of dental premiums per the contract.
- G.

Nature of the Control Relationship
Not Applicable
- H.

Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned
Not Applicable
- I.

Investments in SCA that Exceed 10% of Admitted Assets
Not Applicable
- J.

Investments in Impaired SCAs
Not Applicable

NOTES TO FINANCIAL STATEMENTS

- K.

Investment in Foreign Insurance Subsidiary
Not Applicable
- L.

Investment in Downstream Noninsurance Holding Company
Not Applicable
- M.

All SCA Investments
Not Applicable
- N.

Investment in Insurance SCAs
Not Applicable

Note 11 – Debt

- A.

Debt Including Capital Notes
Not Applicable
- B.

FHLB (Federal Home Loan Bank) Agreements
Not Applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A.

Defined Benefit Plan
Not Applicable
- B.

Investment Policies and Strategies
Not Applicable
- C.

Fair Value of Plan Assets
Not Applicable
- D.

Basis Used to Determine Expected Long-Term Rate-of-Return
Not Applicable
- E.

Defined Contribution Plans
Not Applicable
- F.

Multiemployer Plans
Not Applicable
- G.

Consolidated/Holding Company Plans
Not Applicable
- H.

Postemployment Benefits and Compensated Absences
Not Applicable
- I.

Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
Not Applicable

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- (1)

Number of Share and Par or State Value of Each Class
10,000 Class A shares authorized, issued and outstanding. Par Value is \$0.001/share.
- (2)

Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
Not Applicable
- (3) (4) (5)

Dividend Restrictions
Dividends are paid as declared by the Board of Directors of the Company. Under the insurance regulations of Illinois, an ordinary dividend that the Company may pay to shareholders in a twelve month period is limited to the greater of 10% of the Company’s most recent year-end capital and surplus or the net income for that same year-end. Accordingly, the maximum ordinary dividend payout the Company may make to shareholders based on 2017 earnings is \$227,056. On September 26, 2017, the Company declared a dividend of \$185,451 which was paid to Healthcare Delivered on November 15, 2017 based on 2016 earnings.
- (6)

Restrictions Plans on Unassigned Funds (Surplus)
Not Applicable
- (7)

Amount of Advances to Surplus not Repaid
Not Applicable
- (8)

Amount of Stock Held for Special Purposes
Not Applicable
- (9)

Reasons for Changes in Balance of Special Surplus Funds from Prior Period
Not Applicable
- (10)

The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$0.
- (11)

The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
Not Applicable

NOTES TO FINANCIAL STATEMENTS

- (12)

The impact of any restatement due to prior quasi-reorganizations is as follows
Not Applicable
- (13)

Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
Not Applicable

Note 14 – Liabilities, Contingencies and Assessments

- A.

Contingent Commitments
Not Applicable
- B.

Assessments
Not Applicable
- C.

Gain Contingencies
Not Applicable
- D.

Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Total SSAP 97 and SSAP 48 Contingent Liabilities
Not Applicable
- E.

Joint and Several Liabilities
Not Applicable
- F.

All Other Contingencies
Not Applicable

Note 15 – Leases

- A.

Lessee Operating Lease
Not Applicable
- B.

Lessor Leases
Not Applicable

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A.

Transfers of Receivables Reported as Sales
Not Applicable
- B.

Transfer and Servicing of Financial Assets
Not Applicable
- C.

Wash Sales
Not Applicable

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

- A.

ASO Plans
Not Applicable
- B.

ASC Plans
Not Applicable
- C.

Medicare or Similarly Structured Cost Based Reimbursement Contract
Not Applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable

Note 20 – Fair Value Measurements

- A.

Fair Value Measurements
AccessCare General, Inc. did not have any assets or liabilities at the end of the reporting period that are measured at fair market value.
- B.

Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements
Not Applicable
- C.

Fair Value Level
The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding any accounted for under the equity method. The fair values are categorized into the three-level fair value hierarchy.

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Bonds	\$ 150,678	\$ 150,678	\$ 150,678	\$ 0	\$ 0	\$ 0	\$
Cash, cash equivalents, and short-term investments	\$ 725,012	\$ 725,012	\$ 725,012	\$ 0	\$ 0	\$ 0	\$
Total financial instruments	\$ 875,690	\$ 875,690	\$ 875,690	\$ 0	\$ 0	\$ 0	\$

D. Not Practicable to Estimate Fair Value
Not Applicable

Note 21 – Other Items

- A. Unusual or Infrequent Items
Not Applicable
- B. Troubled Debt Restructuring Debtors
Not Applicable
- C. Other Disclosures
Not Applicable
- D. Business Interruption Insurance Recoveries
Not Applicable
- E. State Transferable and Non-Transferable Tax Credits
Not Applicable
- F. Subprime Mortgage Related Risk Exposure
Not Applicable
- G. Retained Assets
Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts
Not Applicable

Note 22 – Events Subsequent

Type I – Recognized Subsequent Events – Subsequent events have been considered through 1/31/2018 for the statutory statement issued on 12/31/2017. No subsequent events were found.

Type II – Nonrecognized Subsequent Events - Subsequent events have been considered through 1/31/2018 for the statutory statement issued on 12/31/2017. No subsequent events were found.

- A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [] No [X]
- | | | |
|---|------------|------|
| B. ACA fee assessment payable for the upcoming year | \$ 0 | \$ 0 |
| C. ACA fee assessment paid | \$ 0 | \$ 0 |
| D. Premium written subject to ACA 9010 assessment | \$ 0 | \$ 0 |
| E. Total adjusted capital before surplus adjustment (Five-Year Historical Line 14) | \$ 664,234 | |
| F. Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above) | \$ 664,234 | |
| G. Authorized control level (Five-Year Historical Line 15) | \$ 112,772 | |
- H. Would reporting the ACA assessment as of December 31, 2017 have triggered an RBC action level (YES/NO)? Yes [] No [X]

Note 23 – Reinsurance

- A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [] No [X]
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [] No [X]

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No [X]
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [] No [X]

NOTES TO FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$Not Applicable**

- B. Uncollectible Reinsurance
Not Applicable
- C. Commutation of Ceded Reinsurance
Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
Not Applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Method Used to Estimate Accrued Retrospective Premium Adjustments
Not Applicable
 - B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium
Not Applicable
 - C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features
Not Applicable
 - D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act
Not Applicable
 - E. Risk Sharing Provisions of the Affordable Care Act
- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [] No [X]

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

- A. Change in Incurred Losses and Loss Adjustment Expenses
AccessCare General, Inc. pays its providers on a capitated basis, as a percentage of premiums collected. As of December 31, 2017, \$3,329,191 has been paid for incurred claims and claims adjustments attributable to insured events of the current year and \$336,479 has been paid for 2016 incurred claims and claims adjustment expenses. Unpaid Claims at December 31, 2017 were \$322,935 and December 31, 2016 were \$336,479.
- B. Information about Significant Changes in Methodologies and Assumptions
There were no significant changes in methods or assumptions.

Note 26 – Intercompany Pooling Arrangements

- A. Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool
Not Applicable
- B. Description of Lines and Types of Business Subject to the Pooling Agreement
Not Applicable
- C. Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement
Not Applicable
- D. Identification of all Pool Members that are Parties to Reinsurance Agreements with Non-Affiliated Reinsurers
Not Applicable
- E. Explanation of Discrepancies Between Entries of Pooled Business
Not Applicable
- F. Description of Intercompany Sharing
Not Applicable
- G. Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool
Not Applicable

Note 27 – Structured Settlements

Not Applicable

Note 28 – Health Care Receivables

- A. Pharmaceutical Rebate Receivables
Not Applicable
- B. Risk Sharing Receivables
Not Applicable

NOTES TO FINANCIAL STATEMENTS

Note 29 – Participating Policies

Not Applicable

Note 30 – Premium Deficiency Reserves

Not Applicable

Note 31 – Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State regulating? Illinois

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2016

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4

By what department or departments?
Illinois Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [] No [X]

4.12

renewals?

Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [] No [X]

4.22

renewals?

Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
	0	

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21

State the percentage of foreign control

0.0%

7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Meara Welch Browne PC 2020 W 89th St. #300, Leawood, KS 66206

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []

10.6

If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
J. Michael Crooks ASA, MAAA consultant with Crook's Actuarial Consulting, LLC
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐] No [☒]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$ 0
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☐] No [☐]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐] No [☐]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐] No [☐] N/A [☒]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒] No [☐]
- (a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c)

Compliance with applicable governmental laws, rules and regulations;
- (d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is no, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [☐] No [☒]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
0			\$ 0

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes [☐] No [☒]
17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [☒] No [☐]
18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [☒] No [☐]

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [☐] No [☒]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11

To directors or other officers

\$ 0
- 20.12

To stockholders not officers

\$ 0
- 20.13

Trustees, supreme or grand (Fraternal only)

\$ 0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21

To directors or other officers

\$ 0
- 20.22

To stockholders not officers

0
- 20.23

Trustees, supreme or grand (Fraternal only)

0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes [☐] No [☒]
- 21.2

If yes, state the amount thereof at December 31 of the current year:
- 21.21

Rented from others

\$ 0
- 21.22

Borrowed from others

\$ 0
- 21.23

Leased from others

\$ 0
- 21.24

Other

\$ 0
- 22.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [☐] No [☒]
- 22.2

If answer is yes:
- 22.21

Amount paid as losses or risk adjustment

\$ 0
- 22.22

Amount paid as expenses

\$ 0
- 22.23

Other amounts paid

\$ 0
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [☐] No [☒]
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes ☒ No ☐

24.02

If no, give full and complete information, relating thereto:

24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*?

Yes ☐ No ☐ N/A ☒

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$0

24.06

If answer to 24.04 is no, report amount of collateral for other programs

\$0

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes ☐ No ☐ N/A ☒

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes ☐ No ☐ N/A ☒

24.09.

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes ☐ No ☐ N/A ☒

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0

24.103

Total payable for securities lending reported on the liability page:

\$0

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes ☒ No ☐

25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$0

25.22

Subject to reverse repurchase agreements

\$0

25.23

Subject to dollar repurchase agreements

\$0

25.24

Subject to reverse dollar repurchase agreements

\$0

25.25

Placed under option agreements

\$0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$0

25.27

FHLB Capital Stock

\$0

25.28

On deposit with states

\$251,203

25.29

On deposit with other regulatory bodies

\$0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$0

25.32

Other

\$0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$0

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes ☐ No ☐ N/A ☒

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ No ☒

27.2

If yes, state the amount thereof at December 31 of the current year:

\$0

28.

Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes ☐ No ☒

28.01

For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address

28.02

For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes ☐ No ☒

28.04

If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05

Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

28.0597

For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes ☐ No ☒

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$ 0
29.2999 TOTAL		\$ 0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		\$ 0	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 150,678	\$ 150,678	\$ 0
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 150,678	\$ 150,678	\$ 0

30.4 Describe the sources or methods utilized in determining the fair values:
The fair value for the CDs was provided on each of the bank's December 2017 statements.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
The fair value for the CDs was provided on each of the bank's December 2017 statements.

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [] No [X]

32.2 If no, list exceptions:
Not Applicable

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5*GI securities? Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

35.1 Amount of payments for legal expenses, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$ 0

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐] No [☒]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

2.1

Premium Numerator

\$ 6,086,876

2.2

Premium Denominator

\$ 6,086,876

2.3

Premium Ratio (2.1/2.2)

100.0%

2.4

Reserve Numerator

\$ 322,935

2.5

Reserve Denominator

\$ 322,935

2.6

Reserve Ratio (2.4/2.5)

100.0%

2

Prior Year

4,834,891

4,834,891

100.0%

336,479

336,479

100.0%

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [☐] No [☒]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [☒] No [☐]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [☐] No [☒]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [☐] No [☒]

5.2

If no, explain:
Not Applicable

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental and Vision

\$ 3,000

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [☐] No [☒]

7.2

If no, give details
Not Applicable

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

1

8.2

Number of providers at end of reporting year

2

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [☐] No [☐]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees with rate guarantees between 15-36 months

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [☐] No [☒]

10.2

If yes:

10.21

Maximum amount payable bonuses

0

10.22

Amount actually paid for year bonuses

0

10.23

Maximum amount payable withholds

0

10.24

Amount actually paid for year withholds

0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes [☐] No [☒]

11.13

An Individual Practice Association (IPA), or,

Yes [☐] No [☐]

11.14

A Mixed Model (combination of above)?

Yes [☐] No [☒]

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [☒] No [☐]

11.3

If yes, show the name of the state requiring such minimum capital and surplus.
Illinois

11.4

If yes, show the amount required.

\$ 121,738

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [☐] No [☒]

11.6

If the amount is calculated, show the calculation
Annual Premiums of \$6,086,876 * 2% = \$121,738

12.

List service areas in which reporting entity is licensed to operate:

1

Name of Service Area

13.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$ 0

13.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]

13.4

If yes, please provide the balance of the funds administered as of the reporting date.

\$ 0

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [☐] No [☒] N/A [☐]

14.2

If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0		\$ 0	\$ 0	\$ 0	\$ 0

15.

Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1

Direct Premium Written

\$ 0

15.2

Total Incurred Claims

\$ 0

15.3

Number of Covered Lives

0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....	1,157,691	1,176,365	603,212	465,683	404,364
2. Total liabilities (Page 3, Line 24).....	493,457	553,736	166,034	184,397	145,422
3. Statutory minimum capital and surplus requirement.....	121,738	50,000	50,000	50,000	50,000
4. Total capital and surplus (Page 3, Line 33).....	664,234	622,629	437,178	281,286	258,942
Income Statement Items (Page 4)					
5. Total revenues (Line 8).....	6,086,876	4,834,891	4,359,978	3,236,732	2,694,340
6. Total medical and hospital expenses (Line 18).....	3,652,126	3,411,769	3,269,983	2,398,986	1,828,920
7. Claims adjustment expenses (Line 20).....	0	0	0	0	0
8. Total administrative expenses (Line 21).....	2,207,004	1,238,050	934,395	778,625	784,323
9. Net underwriting gain (loss) (Line 24).....	227,746	185,072	155,600	59,121	81,097
10. Net investment gain (loss) (Line 27).....	1,310	379	292	385	545
11. Total other income (Lines 28 plus 29).....	(2,000)	0	0	0	0
12. Net income or (loss) (Line 32).....	227,056	185,451	155,892	59,506	81,642
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	20,328	602,485	164,938	32,940	86,394
Risk-Based Capital Analysis					
14. Total adjusted capital.....	664,234	622,629	437,178	281,286	258,942
15. Authorized control level risk-based capital.....	112,772	130,922	107,199	79,847	68,243
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	7,802	4,855	4,924	4,471	4,282
17. Total member months (Column 6, Line 7).....	76,784	58,071	56,938	51,693	51,174
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).	60.0	70.6	75.0	74.1	67.9
20. Cost containment expenses.....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses.....	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23).....	96.3	96.2	96.4	98.2	97.0
23. Total underwriting gain (loss) (Line 24).....	3.7	3.8	3.6	1.8	3.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	336,479	116,308	131,209	88,668	103,207
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	336,479	116,308	131,209	88,668	103,207
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....	0	0	0	0	0
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1).....	0	0	0	0	0
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1).....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....	0	0	0	0	0
30. Affiliated mortgage loans on real estate.....	0	0	0	0	0
31. All other affiliated.....	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.....	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [☐] No [☐]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama.....AL	N.....	0	0	0	0	0	0	0	0
2.	Alaska.....AK	N.....	0	0	0	0	0	0	0	0
3.	Arizona.....AZ	N.....	0	0	0	0	0	0	0	0
4.	Arkansas.....AR	L.....	0	0	0	0	0	0	0	0
5.	California.....CA	N.....	0	0	0	0	0	0	0	0
6.	Colorado.....CO	N.....	0	0	0	0	0	0	0	0
7.	Connecticut.....CT	N.....	0	0	0	0	0	0	0	0
8.	Delaware.....DE	N.....	0	0	0	0	0	0	0	0
9.	District of Columbia.....DC	N.....	0	0	0	0	0	0	0	0
10.	Florida.....FL	N.....	0	0	0	0	0	0	0	0
11.	Georgia.....GA	N.....	0	0	0	0	0	0	0	0
12.	Hawaii.....HI	N.....	0	0	0	0	0	0	0	0
13.	Idaho.....ID	N.....	0	0	0	0	0	0	0	0
14.	Illinois.....IL	L.....	3,712,658	0	0	0	0	0	3,712,658	0
15.	Indiana.....IN	L.....	1,571,423	0	0	0	0	0	1,571,423	0
16.	Iowa.....IA	N.....	0	0	0	0	0	0	0	0
17.	Kansas.....KS	N.....	0	0	0	0	0	0	0	0
18.	Kentucky.....KY	N.....	0	0	0	0	0	0	0	0
19.	Louisiana.....LA	N.....	0	0	0	0	0	0	0	0
20.	Maine.....ME	N.....	0	0	0	0	0	0	0	0
21.	Maryland.....MD	L.....	802,795	0	0	0	0	0	802,795	0
22.	Massachusetts.....MA	N.....	0	0	0	0	0	0	0	0
23.	Michigan.....MI	N.....	0	0	0	0	0	0	0	0
24.	Minnesota.....MN	N.....	0	0	0	0	0	0	0	0
25.	Mississippi.....MS	N.....	0	0	0	0	0	0	0	0
26.	Missouri.....MO	N.....	0	0	0	0	0	0	0	0
27.	Montana.....MT	N.....	0	0	0	0	0	0	0	0
28.	Nebraska.....NE	N.....	0	0	0	0	0	0	0	0
29.	Nevada.....NV	N.....	0	0	0	0	0	0	0	0
30.	New Hampshire.....NH	N.....	0	0	0	0	0	0	0	0
31.	New Jersey.....NJ	N.....	0	0	0	0	0	0	0	0
32.	New Mexico.....NM	N.....	0	0	0	0	0	0	0	0
33.	New York.....NY	N.....	0	0	0	0	0	0	0	0
34.	North Carolina.....NC	N.....	0	0	0	0	0	0	0	0
35.	North Dakota.....ND	N.....	0	0	0	0	0	0	0	0
36.	Ohio.....OH	N.....	0	0	0	0	0	0	0	0
37.	Oklahoma.....OK	N.....	0	0	0	0	0	0	0	0
38.	Oregon.....OR	N.....	0	0	0	0	0	0	0	0
39.	Pennsylvania.....PA	N.....	0	0	0	0	0	0	0	0
40.	Rhode Island.....RI	N.....	0	0	0	0	0	0	0	0
41.	South Carolina.....SC	N.....	0	0	0	0	0	0	0	0
42.	South Dakota.....SD	N.....	0	0	0	0	0	0	0	0
43.	Tennessee.....TN	N.....	0	0	0	0	0	0	0	0
44.	Texas.....TX	N.....	0	0	0	0	0	0	0	0
45.	Utah.....UT	N.....	0	0	0	0	0	0	0	0
46.	Vermont.....VT	N.....	0	0	0	0	0	0	0	0
47.	Virginia.....VA	N.....	0	0	0	0	0	0	0	0
48.	Washington.....WA	N.....	0	0	0	0	0	0	0	0
49.	West Virginia.....WV	N.....	0	0	0	0	0	0	0	0
50.	Wisconsin.....WI	N.....	0	0	0	0	0	0	0	0
51.	Wyoming.....WY	N.....	0	0	0	0	0	0	0	0
52.	American Samoa.....AS	N.....	0	0	0	0	0	0	0	0
53.	Guam.....GU	N.....	0	0	0	0	0	0	0	0
54.	Puerto Rico.....PR	N.....	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands.....VI	N.....	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands.....MP	N.....	0	0	0	0	0	0	0	0
57.	Canada.....CAN	N.....	0	0	0	0	0	0	0	0
58.	Aggregate Other alien.....OT	XXX.....	0	0	0	0	0	0	0	0
59.	Subtotal.....XXX	XXX.....	6,086,876	0	0	0	0	0	6,086,876	0
60.	Reporting entity contributions for Employee Benefit Plans.....	XXX.....	0	0	0	0	0	0	0	0
61.	Total (Direct Business).....(a)	4.....	6,086,876	0	0	0	0	0	6,086,876	0

DETAILS OF WRITE-INS

58001.	0	0	0	0	0	0	0	0	0
58002.	0	0	0	0	0	0	0	0	0
58003.	0	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for line 58.....	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998).....	0	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

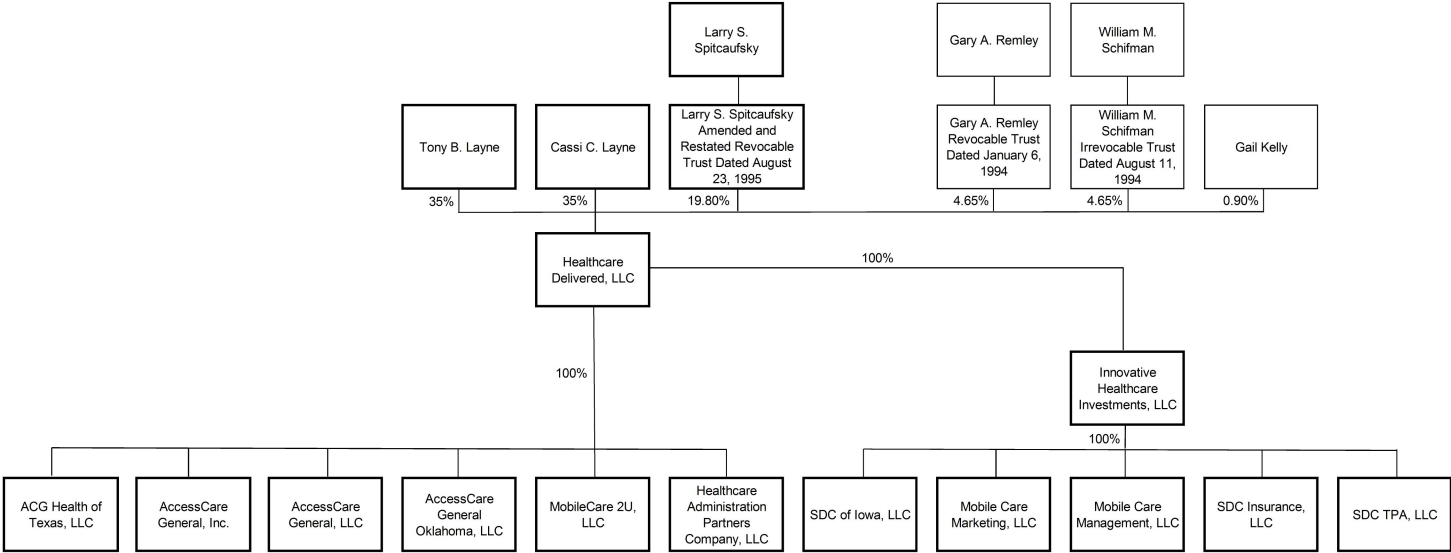
Explanation of basis of allocation by states, premiums by state, etc.

Premiums were allocated based on the total premiums divided by total member months.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

Organizational Chart



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Related Entities

Company Name	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
MobileCare 2U, LLC	48-1220515	N/A	KS	N	N
Healthcare Administration Partners Company, LLC	20-5461471	N/A	KS	N	N
AccessCare General, LLC	26-3434287	14119	KS	Y	Y
AccessCare General Oklahoma, LLC	45-3076903	14343	OK	Y	Y
AccessCare General, Inc.	45-2795364	14158	IL	Y	Y
ACG Health of Texas, LLC	32-0544144	N/A	TX	Y	Y
Healthcare Delivered, LLC	47-4313271	N/A	FL	N	N
Innovative Healthcare Investments, LLC	47-2697479	N/A	FL	N	N
Mobile Care Marketing, LLC	46-4698648	N/A	FL	N	N
Mobile Care Management, LLC	46-1568291	N/A	FL	N	N
SDC of Iowa, LLC	45-2871916	N/A	FL	N	N
SDC Insurance, LLC	46-0972367	N/A	FL	N	N
SDC TPA, LLC	47-2896515	N/A	FL	N	N

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Tony B. Layne - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
Newport Road Timberlands, LLC	50.00%	LLC	46-4551981	N/A	FL	N	N
Cal-Co Construction and Development, LLC	100.00%	LLC	80-0549242	N/A	FL	N	N

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Cassi C. Layne - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
Newport Road Timberlands, LLC	50.00%	LLC	46-4551981	N/A	FL	N	N

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Larry S. Spitcaufsky - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
Bonita Plaza Wings	22.22%	LLC	47-3462206	N/A	CA	N	N
California Hooters Investment Partners, LLC	66.67%	LLC	33-0981691	N/A	KS	N	N
California Hooters Opportunity Partners, LLC	33.33%	LLC	47-0872487	N/A	KS	N	N
College Blvd Partners	80.00%	LLC	74-2839521	N/A	KS	N	N
ES Oil, Inc	33.33%	Corporation	43-1640412	N/A	MO	N	N
Family Funds II, Inc	100.00%	Corporation	20-1436218	N/A	KS	N	N
FS Real Estate Holdings LLC	33.33%	LLC	43-1694793	N/A	KS	N	N
Gas & Oil Inc	100.00%	Corporation	48-0960562	N/A	KS	N	N
HOOTWINC, LLC	16.67%	LLC	36-3857235	N/A	KS	N	N
LBBIG, LLC	100.00%	LLC	82-0941111	N/A	CA	N	N
LBB ONE, LLC	80.00%	LLC	82-0941803	N/A	CA	N	N
McPherson Apartments	45.70%	LP	48-0984347	N/A	KS	N	N
Oil & Gas Investments, LLC	100.00%	LP	43-1797359	N/A	KS	N	N
Petroleum Technologies, Inc	50.00%	Corporation	48-0953655	N/A	KS	N	N
S & N Atlanta	33.33%	LLC	43-1832174	N/A	GA	N	N
S & N Dallas	25.00%	LLC	43-1832175	N/A	TX	N	N
Spitcaufsky Family Partnership #3	16.67%	LLC	20-0889842	N/A	KS	N	N
Spitcaufsky Family Partnership #18	12.50%	Partnership	48-1166013	N/A	KS	N	N
Spitcaufsky Family Partnership #20	12.50%	Partnership	74-2813126	N/A	KS	N	N
TNIP, LLC	100.00%	LLC	20-0784073	N/A	KS	N	N
Wings Over LA, LLC	65.34%	LLC	27-3640833	N/A	CA	N	N
Spitz Mankwitz Investments, LLC	50.00%	LLC	46-3551440	N/A	CO	N	N
Lofmind, LLC	14.28%	LLC	46-5714010	N/A	KS	N	N

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