



HEALTH QUARTERLY STATEMENT

As of June 30, 2018
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
1. (Printed Name)
President
(Title)

(Signature)
John Ray Rosenbaum
2. (Printed Name)
Secretary/CFO
(Title)

(Signature)
3. (Printed Name)

(Title)

Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1. Bonds.....	250,903		250,903	150,678
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....798,375), cash equivalents (\$.....0) and short-term investments (\$.....0).....	798,375		798,375	725,012
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	1,049,278	0	1,049,278	875,690
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....			0	182
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	331,385		331,385	281,819
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			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 through 25).....	1,380,663	0	1,380,663	1,157,691
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	1,380,663	0	1,380,663	1,157,691

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 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).....	395,853		395,853	322,935
2. Accrued medical incentive pool and bonus amounts.....			.0	
3. Unpaid claims adjustment expenses.....			.0	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			.0	
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	23,523		23,523	15,549
9. General expenses due or accrued.....			.0	13,492
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....			.0	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....			.0	
12. Amounts withheld or retained for the account of others.....			.0	
13. Remittances and items not allocated.....			.0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	187,376		187,376	140,406
16. Derivatives.....			.0	
17. Payable for securities.....			.0	
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....			.0	
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	1,563	.0	1,563	1,075
24. Total liabilities (Lines 1 to 23).....	608,315	.0	608,315	493,457
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		
28. Gross paid in and contributed surplus.....	XXX	XXX	209,991	209,991
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	562,347	454,233
32. Less treasury stock, at cost:				
32.10.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.20.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	772,348	664,234
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	1,380,663	1,157,691

DETAILS OF WRITE-INS

2301. Unclaimed Property Payable.....	1,563		1,563	1,075
2302.			.0	
2303.			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	1,563	.0	1,563	1,075
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	.0	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX.....	48,587	33,309	76,784
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	3,765,195	2,787,362	6,086,876
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....			
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX.....			
5. Risk revenue.....	XXX.....			
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	3,765,195	2,787,362	6,086,876
Hospital and Medical:				
9. Hospital/medical benefits.....				
10. Other professional services.....		2,259,117	1,672,417	3,652,126
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....				
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	2,259,117	1,672,417	3,652,126
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	2,259,117	1,672,417	3,652,126
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....				
21. General administrative expenses.....		1,398,252	1,031,804	2,207,004
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	0	3,657,369	2,704,221	5,859,130
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	107,826	83,141	227,746
25. Net investment income earned.....		288	210	1,310
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....				
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	288	210	1,310
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	0	0	(2,000)
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.....	108,114	83,351	227,056
31. Federal and foreign income taxes incurred.....	XXX.....			
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	108,114	83,351	227,056

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33.	Capital and surplus prior reporting year.....	664,234	622,629	622,629
34.	Net income or (loss) from Line 32.....	108,114	83,351	227,056
35.	Change in valuation basis of aggregate policy and claim reserves.....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....			
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....			
39.	Change in nonadmitted assets.....			
40.	Change in unauthorized and certified reinsurance.....			
41.	Change in treasury stock.....			
42.	Change in surplus notes.....			
43.	Cumulative effect of changes in accounting principles.....			
44.	Capital changes:			
44.1	Paid in.....			
44.2	Transferred from surplus (Stock Dividend).....			
44.3	Transferred to surplus.....			
45.	Surplus adjustments:			
45.1	Paid in.....			
45.2	Transferred to capital (Stock Dividend).....			
45.3	Transferred from capital.....			
46.	Dividends to stockholders.....			(185,451)
47.	Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47).....	108,114	83,351	41,605
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	772,348	705,980	664,234

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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	3,724,091	2,744,102	5,945,087
2. Net investment income.....	470	210	1,128
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	3,724,561	2,744,312	5,946,215
5. Benefit and loss related payments.....	2,186,199	1,749,636	3,665,670
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,364,774	1,047,062	2,260,217
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	3,550,973	2,796,698	5,925,887
11. Net cash from operations (Line 4 minus Line 10).....	173,588	(52,386)	20,328
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			50,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	50,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	100,225		50,678
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	100,225	0	50,678
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(100,225)	0	(678)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			185,451
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	(185,451)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	73,363	(52,386)	(165,801)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	725,012	890,813	890,813
19.2 End of period (Line 18 plus Line 19.1).....	798,375	838,427	725,012

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:										
1. Prior Year.....	7,802					7,802				
2. First Quarter.....	7,805					7,805				
3. Second Quarter.....	8,756					8,756				
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	48,587					48,587				
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	21,612					21,612				
9. Total.....	21,612	0	0	0	0	21,612	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Health Premiums Written (a).....	3,765,195					3,765,195				
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,765,195					3,765,195				
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	2,186,199					2,186,199				
18. Amount Incurred for Provision of Health Care Services.....	2,259,117					2,259,117				

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
MobileCare 2U, LLC.....	259,213					259,213
HealthDrive Dental Group.....	136,640					136,640
0199999. Individually Listed Claims Unpaid.....	395,853	0	0	0	0	395,853
0499999. Subtotals.....	395,853	0	0	0	0	395,853
0799999. Total Claims Unpaid.....						395,853

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		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	
2. Medicare Supplement.....					0	
3. Dental only.....	322,935	1,863,264		395,853	322,935	322,935
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	322,935	1,863,264	0	395,853	322,935	322,935
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9-10+11+12).....	322,935	1,863,264	0	395,853	322,935	322,935

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

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 #	2018	2017
NET INCOME					
(1) AccessCare General, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 108,114	\$ 227,056
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 108,114	\$ 227,056
SURPLUS					
(5) AccessCare General, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 772,348	\$ 664,234
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 772,348	\$ 664,234
- C.

Accounting Policy

No Significant Changes

(6) Basis for Loan-Backed Securities and Adjustment Methodology

AccessCare General, Inc. has no loan-backed securities.
- 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 Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

- 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

NOTES TO FINANCIAL STATEMENTS

- I.

Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions
Not Applicable
- M.

Working Capital Finance Investments
Not Applicable
- N.

Offsetting and Netting of Assets and Liabilities
Not Applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

- H.

Total Premium Costs for Contracts
Not Applicable

Note 9 – Income Taxes

No significant changes

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

No significant changes

Note 11 – Debt

- 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

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

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

No significant changes

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

- 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

No significant changes

NOTES TO FINANCIAL STATEMENTS

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

No significant changes

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.

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	\$ 250,903	\$ 250,903	\$ 250,903	\$	\$	\$	\$
Cash, cash equivalents, and short-term investments	\$ 798,375	\$ 798,375	\$ 798,375	\$	\$	\$	\$
Total financial instruments - assets	\$ 1,049,278	\$ 1,049,278	\$ 1,049,278	\$	\$	\$	\$
- D.

Not Practicable to Estimate Fair Value
Not Applicable

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

No significant changes

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

- 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 March 31, 2018, \$741,686 has been paid for incurred claims and claims adjustments attributable to insured events of the current year and \$322,935 has been paid for 2017 incurred claims and claims adjustment expenses. Unpaid Claims at March 31, 2018 were \$344,784 and December 31, 2017 were \$322,935.
- B.

Information about Significant Changes in Methodologies and Assumptions
There were no significant changes in methods or assumptions.

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not Applicable for Health Companies

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐]

No [☒ X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐]

No [☐]

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

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 and 1A.

Yes [☒ X]

No [☐]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐]

No [☒ X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☐]

No [☒ X]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

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

Yes [☐]

No [☒ X]

4.2

If yes, provide 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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐]

No [☐]

N/A [☒ X]

6.1

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

12/31/2016

6.2

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.

12/31/2016

6.3

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).

05/08/2018

6.4

By what department or departments?
Illinois Department of Insurance

6.5

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]

6.6

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

Yes [☒ X]

No [☐]

N/A [☐]

7.1

Has this 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]

7.2

If yes, give full information:

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 location (city and state of the main office) of any affiliates regulated by a federal 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

9.1

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 [☒ X]

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.

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐]

No [☒ X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

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

Yes [☐]

No [☒ X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

Yes ☐ No ☒

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

\$0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes ☐ No ☒

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0

13. Amount of real estate and mortgages held in short-term investments:

\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes ☐ No ☒

14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐ No ☐

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

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

\$0

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

\$0

16.3 Total payable for securities lending reported on the liability page:

\$0

17. 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 ☒

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

1 Name of Custodian(s)	2 Custodian Address

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes ☐ No ☒

17.4 If yes, give full and complete information relating thereto:

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

17.5 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"].

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 ☒

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes ☐ No ☒

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ No ☐

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 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 [☒]

GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1.	Operating Percentages:		
1.1	A&H loss percent		60.0 %
1.2	A&H cost containment percent		0.0 %
1.3	A&H expense percent excluding cost containment expenses		37.1 %
2.1	Do you act as a custodian for health savings accounts?	Yes []	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3	Do you act as an administrator for health savings accounts?	Yes []	No [X]
2.4	If yes, please provide the amount of funds administered as of the reporting date.		0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [X]	No []
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile or the reporting entity?.....	Yes []	No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 through 7	9 Deposit-Type Contracts
1. Alabama.....AL	N							0	
2. Alaska.....AK	N							0	
3. Arizona.....AZ	N							0	
4. Arkansas.....AR	L							0	
5. California.....CA	N							0	
6. Colorado.....CO	N							0	
7. Connecticut.....CT	N							0	
8. Delaware.....DE	N							0	
9. District of Columbia.....DC	N							0	
10. Florida.....FL	N							0	
11. Georgia.....GA	N							0	
12. Hawaii.....HI	N							0	
13. Idaho.....ID	N							0	
14. Illinois.....IL	L	1,916,659						1,916,659	
15. Indiana.....IN	L	1,036,190						1,036,190	
16. Iowa.....IA	N							0	
17. Kansas.....KS	N							0	
18. Kentucky.....KY	N							0	
19. Louisiana.....LA	N							0	
20. Maine.....ME	N							0	
21. Maryland.....MD	L	812,346						812,346	
22. Massachusetts.....MA	N							0	
23. Michigan.....MI	N							0	
24. Minnesota.....MN	N							0	
25. Mississippi.....MS	N							0	
26. Missouri.....MO	N							0	
27. Montana.....MT	N							0	
28. Nebraska.....NE	N							0	
29. Nevada.....NV	N							0	
30. New Hampshire.....NH	N							0	
31. New Jersey.....NJ	N							0	
32. New Mexico.....NM	N							0	
33. New York.....NY	N							0	
34. North Carolina.....NC	N							0	
35. North Dakota.....ND	N							0	
36. Ohio.....OH	N							0	
37. Oklahoma.....OK	N							0	
38. Oregon.....OR	N							0	
39. Pennsylvania.....PA	N							0	
40. Rhode Island.....RI	N							0	
41. South Carolina.....SC	N							0	
42. South Dakota.....SD	N							0	
43. Tennessee.....TN	N							0	
44. Texas.....TX	N							0	
45. Utah.....UT	N							0	
46. Vermont.....VT	N							0	
47. Virginia.....VA	N							0	
48. Washington.....WA	N							0	
49. West Virginia.....WV	N							0	
50. Wisconsin.....WI	N							0	
51. Wyoming.....WY	N							0	
52. American Samoa.....AS	N							0	
53. Guam.....GU	N							0	
54. Puerto Rico.....PR	N							0	
55. U.S. Virgin Islands.....VI	N							0	
56. Northern Mariana Islands.....MP	N							0	
57. Canada.....CAN	N							0	
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	3,765,195	0	0	0	0	0	3,765,195	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX							0	
61. Total (Direct Business).....	XXX	3,765,195	0	0	0	0	0	3,765,195	0

DETAILS OF WRITE-INS

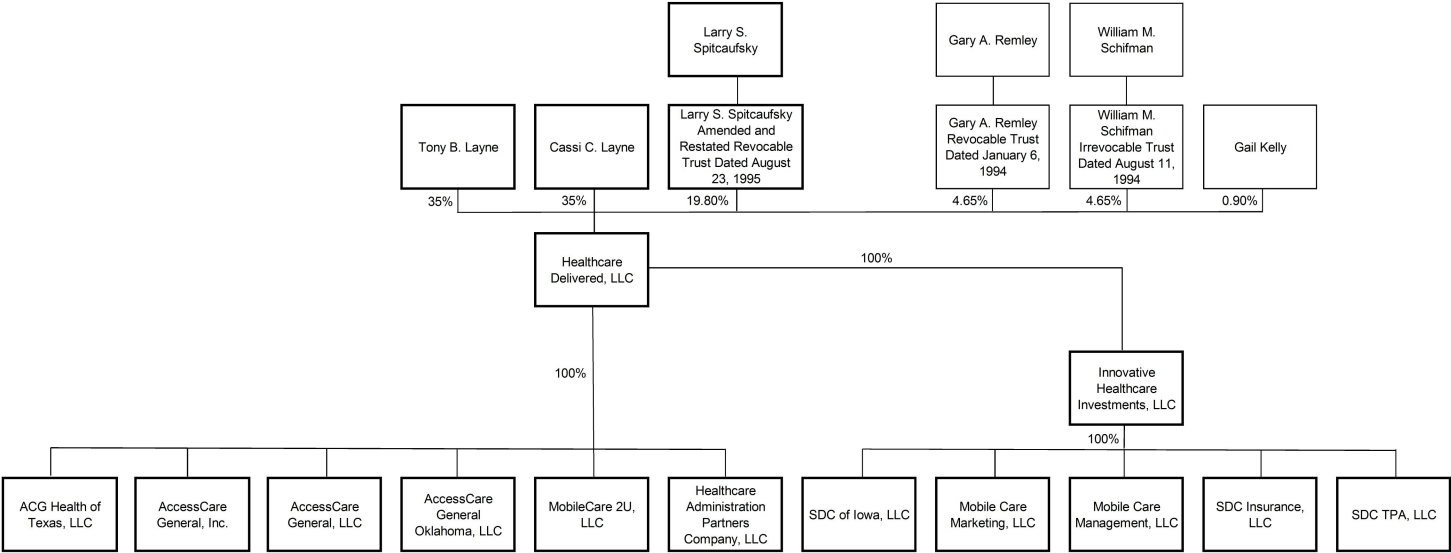
58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	4	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	53

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
Dogwood Property Group	50.00%	LLC	20-0701050	N/A	FL	N	N
Risk Ventures, LLC	100.00%	LLC	83-0756995	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
Innovative Dental Solutions dba MedLoyalty	100%	LLC	82-4624331	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
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 #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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
Q16			47-4313271...				Healthcare Delivered, LLC.....	FL.....	UDP.....	Tony Layne.....	Ownership.....	35.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			47-4313271...				Healthcare Delivered, LLC.....	FL.....	UDP.....	Cassi Layne.....	Ownership.....	35.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			47-4313271...				Healthcare Delivered, LLC.....	FL.....	UDP.....	Larry Spitcaufsky.....	Ownership.....	19.800	T Layne, C Layne, L Spitcaufsky.....	N.....	
			47-2697479...				Innovative Healthcare Investments, LLC.....	FL.....	NIA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			48-1220515...				MobileCare 2U, LLC.....	KS.....	NIA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			20-5461471...				Healthcare Administration Partners Co., LLC.....	KS.....	NIA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
	4744	L S S Grp.....	14119...				AccessCare General, LLC.....	KS.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	Y.....	
	4744	L S S Grp.....	14343...				AccessCare General Oklahoma, LLC.....	OK.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	Y.....	
	4744	L S S Grp.....	14158...				AccessCare General, Inc.....	IL.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	Y.....	
			32-0544144...				ACG Health of Texas, LLC.....	TX.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			45-2871916...				Senior Dental Care of Iowa, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			46-4698648...				Mobile Care Marketing, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			46-1568291...				Mobile Care Management, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			46-0972367...				SDC Insurance, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			47-2896515...				SDC TPA, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	...100.000	T Layne, C Layne, L Spitcaufsky.....	N.....	
			80-0549242...				Cal-Co Construction and Development, LLC.....	FL.....	NIA.....	Tony Layne.....	Ownership.....	...100.000	Tony Layne.....	N.....	
			46-4551981...				Newport Road Timberlands, LLC.....	FL.....	NIA.....	Tony Layne.....	Ownership.....	50.000	Tony Layne, Cassi Layne.....	N.....	
			20-0701050...				Dogwood Property Group.....	FL.....	NIA.....	Tony Layne.....	Ownership.....	50.000	Tony Layne.....	N.....	
			83-0756995...				Risk Ventures, LLC.....	FL.....	NIA.....	Tony Layne.....	Ownership.....	...100.000	Tony Layne.....	N.....	
			46-4551981...				Newport Road Timberlands, LLC.....	FL.....	NIA.....	Cassi Layne.....	Ownership.....	50.000	Tony Layne, Cassi Layne.....	N.....	
			82-4624331...				Innovative Dental Solutions dba MedLoyalty.....	FL.....	NIA.....	Cassi Layne.....	Ownership.....	...100.000	Cassi Layne.....	N.....	
			47-3462206...				Bonita Plaza Wings.....	CA.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	22.220	Larry Spitcaufsky.....	N.....	
			33-0981691...				California Hooters Investment Partners, LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	66.670	Larry Spitcaufsky.....	N.....	
			47-0872487...				California Hooters Opportunity Partners, LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	33.330	Larry Spitcaufsky.....	N.....	
			74-2839521...				College Blvd Partners.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	80.000	Larry Spitcaufsky.....	N.....	
			43-1640412...				ES Oil, Inc.....	MO.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	33.330	Larry Spitcaufsky.....	N.....	
			20-1436218...				Family Funds II, Inc.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	...100.000	Larry Spitcaufsky.....	N.....	
			43-1694793...				FS Real Estate Holdings LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	33.330	Larry Spitcaufsky.....	N.....	
			48-0960562...				Gas & Oil Inc.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	...100.000	Larry Spitcaufsky.....	N.....	
			36-3857235...				HOOTWINC, LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	16.670	Larry Spitcaufsky.....	N.....	
			82-0941111...				LBBIG, LLC.....	CA.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	...100.000	Larry Spitcaufsky.....	N.....	
			48-0984347...				McPherson Apartments.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	45.700	Larry Spitcaufsky.....	N.....	
			43-1797359...				Oil & Gas Investments, LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	...100.000	Larry Spitcaufsky.....	N.....	
			48-0953655...				Petroleum Technologies, Inc.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	50.000	Larry Spitcaufsky.....	N.....	
			43-1832174...				S & N Atlanta.....	GA.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	33.330	Larry Spitcaufsky.....	N.....	
			43-1832175...				S & N Dallas.....	TX.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	25.000	Larry Spitcaufsky.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.....			48-1166013..				Spitcaufsky Family Partnership #18.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	12.500	Larry Spitcaufsky.....	N.....	
.....			74-2813126..				Spitcaufsky Family Partnership #20.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	12.500	Larry Spitcaufsky.....	N.....	
.....			20-0784073..				TNIP, LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	...100.000	Larry Spitcaufsky.....	N.....	
.....			27-3640833..				Wings Over LA, LLC.....	CA.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	65.340	Larry Spitcaufsky.....	N.....	
.....			46-3551440..				Spitz Mankwitz Investments, LLC.....	CO.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	50.000	Larry Spitcaufsky.....	N.....	
.....			46-5714010..				Lofmind, LLC.....	KS.....	NIA.....	Larry Spitcaufsky.....	Ownership.....	14.280	Larry Spitcaufsky.....	N.....	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	150,678	150,000
2. Cost of bonds and stocks acquired.....	100,225	50,678
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....		50,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7-8-9+10).....	250,903	150,678
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	250,903	150,678

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	250,792	111			250,792	250,903		150,678
2. NAIC 2 (a).....						0		
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	250,792	111	0	0	250,792	250,903	0	150,678
PREFERRED STOCK								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	250,792	111	0	0	250,792	250,903	0	150,678

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QSI02

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

Sch. E - Pt. 2 Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
101917 34 2	Certificate of Deposit.....		04/30/2018.....	Simmons Bank		111	111		
0599999	Total - Bonds - U.S. Government.....					111	111	0	XXX.....
8399997	Total - Bonds - Part 3.....					111	111	0	XXX.....
8399999	Total - Bonds.....					111	111	0	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					111	XXX	0	XXX.....

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

Sch. D - Pt. 4
NONE

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
JP Morgan Chase Bank, N.A.....			61		100,571	100,586	100,632	XXX
Security Bank Checking.....					652,299	637,234	697,743	XXX
0199999. Total Open Depositories.....	XXX	XXX	61	0	752,870	737,820	798,375	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	61	0	752,870	737,820	798,375	XXX
0599999. Total Cash.....	XXX	XXX	61	0	752,870	737,820	798,375	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE