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# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

# AccessCare General, Inc.

NAIC Group Code 4744 , 4744 NAIC Company Code 14158 Employer's ID Number 45-2795364
(Current Period) (Prior Period)

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ ]
Dental Service Corporation [ ]
Health Maintenance Organization [ ]
Property/Casualty [ ]
Vision Service Corporation [ ]
Is HMO Federally Qualified? Yes ( ) No ( )
Hospital, Medical and Dental Service or Indemnity [ ]
Other [ X ]

Incorporated/Organized July 19, 2011 Commenced Business July 19, 2011

Statutory Home Office 960 Rand Road #104, Des Plaines, Illinois 60016
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 8500 W. 110th St., Suite 450, Overland Park, Kansas 66210 877-647-7948
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 8500 W. 110th St., Suite 450, Overland Park, Kansas 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, Kansas 66210
(Street and Number, City or Town, State, Country and Zip Code)
877-647-7948
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact John Ray Rosenbaum 913 647 7926
(Name) (Area Code) (Telephone Number) (Extension)
john.rosenbaum@accesscaregeneral.com
(E-Mail Address) (Fax Number)

## OFFICERS

Tony Barker Layne (CEO)
Scott Maurice Frigon (President)
John Ray Rosenbaum (Secretary/CFO)

## OTHER OFFICERS

## DIRECTORS OR TRUSTEES

Tony Barker Layne
Cassi Copeland Layne
Larry Steven Spitcaufsky

State of Kansas
County of Johnson } SS

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.

Scott Maurice Frigon
President

John Ray Rosenbaum
CFO

Subscribed and sworn to before me this
day of

a. Is this an original filing? Yes (X) No ( )
b. If no: 1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

# ASSETS

| | | Current Year | | | Prior Year |
|---|---|---|---|---|---|
| | | 1<br>Assets | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets (Cols. 1 - 2) | 4<br>Net Admitted Assets |
| 1. | Bonds (Schedule D) | 150,000 | 0 | 150,000 | 50,000 |
| 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 ($ 890,813, Schedule E-Part 1), cash equivalents ($ 0, Schedule E-Part 2) and short-term investments ($ 0, Schedule DA) | 890,813 | 0 | 890,813 | 388,328 |
| 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) | 1,040,813 | 0 | 1,040,813 | 438,328 |
| 13. | Title plants less $ 0 charged off (for Title insurers only) | 0 | 0 | 0 | 0 |
| 14. | Investment income due and accrued | 0 | 0 | 0 | 0 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 135,552 | 0 | 135,552 | 164,884 |
| | 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) | 1,176,365 | 0 | 1,176,365 | 603,212 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 1,176,365 | 0 | 1,176,365 | 603,212 |
| **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 Year | | | Prior Year |
|---|---|---|---|---|---|
| | | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. | Claims unpaid (less $ 0 reinsurance ceded) | 336,479 | 0 | 336,479 | 116,308 |
| 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 | 11,876 | 0 | 11,876 | 17,741 |
| 9. | General expenses due or accrued | 0 | 0 | 0 | 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 | 205,111 | 0 | 205,111 | 31,775 |
| 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) | 270 | 0 | 270 | 210 |
| 24. | Total liabilities (Lines 1 to 23) | 553,736 | 0 | 553,736 | 166,034 |
| 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 | 412,628 | 227,177 |
| 32. | Less treasury stock, at cost: | | | | |
| | 32.1 0 shares common (value included in Line 26 $ 0 ) | XXX | XXX | 0 | 0 |
| | 32.2 0 shares preferred (value included in Line 27 $ 0 ) | XXX | XXX | 0 | 0 |
| 33. | Total capital and surplus (Line 25 to 31 minus Line 32) | XXX | XXX | 622,629 | 437,178 |
| 34. | Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 1,176,365 | 603,212 |
| **DETAILS OF WRITE-INS** | | | | | |
| 2301. | Unclaimed Property Payable | 270 | 0 | 270 | 210 |
| 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) | 270 | 0 | 270 | 210 |
| 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<br>Uncovered | 2<br>Total | 3<br>Total |
| 1. | Member Months | XXX | 58,071 | 56,938 |
| 2. | Net premium income (including $ 0 non-health premium income) | XXX | 4,834,891 | 4,359,978 |
| 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 | 4,834,891 | 4,359,978 |
| **Hospital and Medical:** | | | | |
| 9. | Hospital/medical benefits | 0 | 0 | 0 |
| 10. | Other professional services | 0 | 3,411,769 | 3,269,983 |
| 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 | 3,411,769 | 3,269,983 |
| **Less:** | | | | |
| 17. | Net reinsurance recoveries | 0 | 0 | 0 |
| 18. | Total hospital and medical (Lines 16 minus 17) | 0 | 3,411,769 | 3,269,983 |
| 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 | 1,238,050 | 934,395 |
| 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 | 4,649,819 | 4,204,378 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 185,072 | 155,600 |
| 25. | Net investment income earned (Exhibit of Net Investment Income, Line 17) | 0 | 379 | 292 |
| 26. | Net realized capital gains (losses) less capital gains tax of $ 0 | 0 | 0 | 0 |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | 0 | 379 | 292 |
| 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 | 0 | 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 | 185,451 | 155,892 |
| 31. | Federal and foreign income taxes incurred | XXX | 0 | 0 |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 185,451 | 155,892 |
| **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. | Revenue recognized for service fee (non premium) | 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. | | 0 | 0 | 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 | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (continued)

| CAPITAL AND SURPLUS ACCOUNT | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|
| 33. Capital and surplus prior reporting year | 437,178 | 281,286 |
| 34. Net income or (loss) from Line 32 | 185,451 | 155,892 |
| 35. Change in valuation basis of aggregate policy and claims reserves | 0 | 0 |
| 36. Change in net unrealized capital gains (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 Tranferred from capital | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 185,451 | 155,892 |
| 49. Capital and surplus end of reporting year (Line 33 plus 48) | 622,629 | 437,178 |
| **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<br>Current Year | 2<br>Prior Year |
|---|---|---|
| **Cash from Operations** | | |
| 1. Premiums collected net of reinsurance | 4,858,418 | 4,388,398 |
| 2. Net investment income | 379 | 380 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Line 1 through Line 3) | 4,858,797 | 4,388,778 |
| 5. Benefit and loss related payments | 3,191,598 | 3,284,884 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 1,064,714 | 938,956 |
| 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 (Line 5 through Line 9) | 4,256,312 | 4,223,840 |
| 11. Net cash from operations (Line 4 minus Line 10) | 602,485 | 164,938 |
| **Cash from Investments** | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 0 | 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 (Line 12.1 through Line 12.7) | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 100,000 | 0 |
| 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 (Line 13.1 through Line 13.6) | 100,000 | 0 |
| 14. Net increase (decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (100,000) | 0 |
| **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 | 0 | 0 |
| 16.6 Other cash provided (applied) | 0 | 0 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 0 | 0 |
| **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) | 502,485 | 164,938 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 388,328 | 223,390 |
| 19.2 End of year (Line 18 plus Line 19.1) | 890,813 | 388,328 |

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

| | | |
|---|---|---|
| 20.0001 | 0 | 0 |
| 20.0002 | 0 | 0 |
| 20.0003 | 0 | 0 |
| 20.0004 | 0 | 0 |
| 20.0005 | 0 | 0 |
| 20.0006 | 0 | 0 |
| 20.0007 | 0 | 0 |
| 20.0008 | 0 | 0 |
| 20.0009 | 0 | 0 |
| 20.0010 | 0 | 0 |

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1<br>Total | 2<br>Comprehensive (Hospital and Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefit Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Net premium income | 4,834,891 | 0 | 0 | 4,834,891 | 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) | 4,834,891 | 0 | 0 | 4,834,891 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 9. Other professional services | 3,411,769 | 0 | 0 | 3,411,769 | 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) | 3,411,769 | 0 | 0 | 3,411,769 | 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) | 3,411,769 | 0 | 0 | 3,411,769 | 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 | 1,238,050 | 0 | 0 | 1,238,050 | 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 reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 23. Total underwriting deductions (Lines 17 to 22) | 4,649,819 | 0 | 0 | 4,649,819 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | 185,072 | 0 | 0 | 185,072 | 0 | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | |
| 0501. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0502. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0503. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0602. | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0603. | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1302. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1303. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

# UNDERWRITING AND INVESTMENT EXHIBIT

## Part 1 - Premiums

| Line of Business | 1<br>Direct Business | 2<br>Reinsurance Assumed | 3<br>Reinsurance Ceded | 4<br>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 | 4,834,891 | 0 | 0 | 4,834,891 |
| 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) | 4,834,891 | 0 | 0 | 4,834,891 |
| 10. Life | 0 | 0 | 0 | 0 |
| 11. Property/casualty | 0 | 0 | 0 | 0 |
| 12. Totals (Lines 9 to 11) | 4,834,891 | 0 | 0 | 4,834,891 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - Claims Incurred During the Year

| | 1<br>Total | 2<br>Comprehensive (Hospital and Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 3,191,598 | 0 | 0 | 3,191,598 | 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 | 3,191,598 | 0 | 0 | 3,191,598 | 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 | 336,479 | 0 | 0 | 336,479 | 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 | 336,479 | 0 | 0 | 336,479 | 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 health care 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 | 116,308 | 0 | 0 | 116,308 | 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 | 116,308 | 0 | 0 | 116,308 | 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 | 3,411,769 | 0 | 0 | 3,411,769 | 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 | 3,411,769 | 0 | 0 | 3,411,769 | 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<br>Total | 2<br>Comprehensive (Hospital and Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>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 | 336,479 | 0 | 0 | 336,479 | 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 | 336,479 | 0 | 0 | 336,479 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 336,479 | 0 | 0 | 336,479 | 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 | 336,479 | 0 | 0 | 336,479 | 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 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Medicare Supplement | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Dental Only | 116,308 | 3,075,290 | 0 | 336,479 | 116,308 | 116,308 |
| 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) | 116,308 | 3,075,290 | 0 | 336,479 | 116,308 | 116,308 |
| 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) | 116,308 | 3,075,290 | 0 | 336,479 | 116,308 | 116,308 |

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

| | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Year in Which Losses Were Incurred | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

| | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Year in Which Losses Were Incurred | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Medicare Supplement

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Medicare Supplement

| 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<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Dental Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 985 | 103 | 0 | 0 | 0 |
| 3. 2013 | XXX | 1,740 | 89 | 0 | 0 |
| 4. 2014 | XXX | XXX | 2,268 | 131 | 0 |
| 5. 2015 | XXX | XXX | XXX | 3,154 | 116 |
| 6. 2016 | XXX | XXX | XXX | XXX | 3,076 |

### 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 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 1,088 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 1,829 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 2,399 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 3,270 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 3,412 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 1,632 | 1,088 | 0 | 0.000 | 1,088 | 66.667 | 0 | 0 | 1,088 | 66.667 |
| 2. 2013 | 2,693 | 1,829 | 0 | 0.000 | 1,829 | 67.917 | 0 | 0 | 1,829 | 67.917 |
| 3. 2014 | 3,237 | 2,399 | 0 | 0.000 | 2,399 | 74.112 | 0 | 0 | 2,399 | 74.112 |
| 4. 2015 | 4,360 | 3,270 | 0 | 0.000 | 3,270 | 75.000 | 0 | 0 | 3,270 | 75.000 |
| 5. 2016 | 4,835 | 3,076 | 0 | 0.000 | 3,076 | 63.619 | 336 | 0 | 3,412 | 70.569 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Vision Only

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Vision 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<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Federal Employees Health Benefit Plan

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

| 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 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Title XVIII Medicare

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Title XVIII Medicare

| 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<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Title XIX Medicaid

| | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Year in Which Losses Were Incurred | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Title XIX Medicaid

| | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Year in Which Losses Were Incurred | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Other

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section B - Incurred Health Claims - Other

| 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<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 0 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 0 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 0 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 0 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 0 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 2. 2013 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 3. 2014 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 4. 2015 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |
| 5. 2016 | 0 | 0 | 0 | 0.000 | 0 | 0.000 | 0 | 0 | 0 | 0.000 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

### Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 985 | 103 | 0 | 0 | 0 |
| 3. 2013 | XXX | 1,740 | 89 | 0 | 0 |
| 4. 2014 | XXX | XXX | 2,268 | 131 | 0 |
| 5. 2015 | XXX | XXX | XXX | 3,154 | 116 |
| 6. 2016 | XXX | XXX | XXX | XXX | 3,076 |

### 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 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2012 | 1,088 | 0 | 0 | 0 | 0 |
| 3. 2013 | XXX | 1,829 | 0 | 0 | 0 |
| 4. 2014 | XXX | XXX | 2,399 | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | 3,270 | 0 |
| 6. 2016 | XXX | XXX | XXX | XXX | 3,412 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in Which Premiums Were Earned and Claims Were Incurred | 1<br>Premiums Earned | 2<br>Claims Payments | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2)<br>Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2+3) | 6<br>(Col. 5/1)<br>Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1)<br>Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2012 | 1,632 | 1,088 | 0 | 0.000 | 1,088 | 66.667 | 0 | 0 | 1,088 | 66.667 |
| 2. 2013 | 2,693 | 1,829 | 0 | 0.000 | 1,829 | 67.917 | 0 | 0 | 1,829 | 67.917 |
| 3. 2014 | 3,237 | 2,399 | 0 | 0.000 | 2,399 | 74.112 | 0 | 0 | 2,399 | 74.112 |
| 4. 2015 | 4,360 | 3,270 | 0 | 0.000 | 3,270 | 75.000 | 0 | 0 | 3,270 | 75.000 |
| 5. 2016 | 4,835 | 3,076 | 0 | 0.000 | 3,076 | 63.619 | 336 | 0 | 3,412 | 70.569 |

# Page 13

Underwriting and Investment Exhibit, Part 2D

**NONE**

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|---|---|---|---|---|
| | 1<br>Cost Containment Expenses | 2<br>Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 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 | 4,216 | 0 | 4,216 |
| 5. Certifications and accreditation fees | 0 | 0 | 0 | 0 | 0 |
| 6. Auditing, actuarial and other consulting services | 0 | 0 | 24,680 | 0 | 24,680 |
| 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 | 1,539 | 0 | 1,539 |
| 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 | 2,284 | 0 | 2,284 |
| 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 | 1,467 | 0 | 1,467 |
| 18. Group service and administration fees | 0 | 0 | 0 | 0 | 0 |
| 19. Reimbursements by uninsured accident and health 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 | 18,157 | 0 | 18,157 |
| 23.3 Regulator authority licenses and fees | 0 | 0 | 2,527 | 0 | 2,527 |
| 23.4 Payroll taxes | 0 | 0 | 0 | 0 | 0 |
| 23.5 Other (excluding federal income and real estate taxes) | 0 | 0 | 1,200 | 0 | 1,200 |
| 24. Investment expenses not included elsewhere | 0 | 0 | 857 | 0 | 857 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 1,181,124 | 0 | 1,181,124 |
| 26. Total expenses incurred (Line 1 to Line 25) | 0 | 0 | 1,238,051 | 0 | (a) 1,238,051 |
| 27. Less expenses unpaid December 31, current year | 0 | 0 | 0 | 0 | 0 |
| 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 (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) | 0 | 0 | 1,238,051 | 0 | 1,238,051 |
| **DETAILS OF WRITE-INS** | | | | | |
| 2501. Capitated fee for employee lease agreement | 0 | 0 | 473,421 | 0 | 473,421 |
| 2502. Capitated fee for procurement of policies | 0 | 0 | 541,732 | 0 | 541,732 |
| 2503. Capitated fee for IT systems, occupancy, and other overhead | 0 | 0 | 166,224 | 0 | 166,224 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | (253) | 0 | (253) |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | 0 | 0 | 1,181,124 | 0 | 1,181,124 |

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

## Page 15

Exhibit of Net Investment Income

**NONE**

Exhibit of Capital Gains (Losses)

**NONE**

## Page 16

Exhibit of Nonadmitted Assets

**NONE**

# EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 |
|---|---|---|---|---|---|---|
| | 1<br>Prior Year | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>Current Year | Current Year Member Months |
| 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 | 4,924 | 4,728 | 4,892 | 4,964 | 4,855 | 58,071 |
| 7. Total | 4,924 | 4,728 | 4,892 | 4,964 | 4,855 | 58,071 |
| **DETAILS OF WRITE-INS** | | | | | | |
| 0601. Limited Service Health Maintenance Organization | 4,924 | 4,728 | 4,892 | 4,964 | 4,855 | 58,071 |
| 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 (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | 4,924 | 4,728 | 4,892 | 4,964 | 4,855 | 58,071 |

# NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

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.

| NET INCOME | | State of Domicile | 12/31/2016 | 12/31/2015 |
|---|---|---|---|---|
| (1) | Net Income/(Loss), state basis | IL | 185,451 | 155,892 |
| (2) | State Prescribed Practices that increase/(decrease) NAIC SAP | | - | - |
| (3) | State Permitted Practices that increase/(decrease) NAIC SAP | | - | - |
| (4) | Net Income/(Loss), NAIC SAP | IL | 185,451 | 155,892 |
| | | | | |
| | | | | |
| | | | | |
| CAPITAL AND SURPLUS | | | | |
| | | | | |
| (5) | Capital and Surplus, state basis | IL | 622,629 | 437,178 |
| (6) | State Prescribed Practices that increase/(decrease) NAIC SAP | | - | - |
| (7) | State Permitted Practices that increase/(decrease) NAIC SAP | | - | - |
| (8) | Capital and Surplus, NAIC SAP | IL | 622,629 | 437,178 |

B. Use of Estimates in the Preparation of the Financial Statements

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) AccessCare General, Inc. owns no short-term investments

# NOTES TO FINANCIAL STATEMENTS

2) AccessCare General, Inc. owns two Certificate of Deposits. The Illinois CD matures on 10/6/2017. It is booked at face value and replaces the one that matured on 10/16/2015. The Arkansas CD matures on 4/27/2018. It is booked at face value.
3) AccessCare General, Inc. owns no common stocks
4) AccessCare General, Inc. owns no preferred stocks
5) AccessCare General, Inc. has no mortgage loans on real estate
6) AccessCare General, Inc. has no loan-backed securities
7) AccessCare General, Inc. does not have any investments in subsidiaries, controlled and affiliated companies
8) AccessCare General, Inc. has no ownership interests in joint ventures
9) AccessCare General, Inc. owns no derivatives
10) AccessCare General, Inc. does not utilize anticipated investment income as a factor in the premium deficiency calculation
11) AccessCare General, Inc. pays its providers on a capitated basis and therefore does not establish a loss or loss adjustment expense reserve
12) AccessCare General, Inc. has not modified its capitalization policy from the prior period
13) AccessCare General, Inc. has no pharmaceutical rebates receivable
14) AccessCare General, Inc. maintains allowances for doubtful accounts for probable losses resulting from the inability to collect payments

D. Going Concern

None

2. Accounting Changes or Corrections of Errors: None

3. Business Combinations and Goodwill: All the shares of AccessCare General, Inc. were contributed to Healthcare Delivered, LLC on June 1, 2015.

4. Discontinued Operations: None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: None
B. Debt Restructuring: None
C. Reverse Mortgages: None
D. Loan Backed Securities: None
E. Repurchase Agreements and/or Securities Lending Transactions: None
F. Real Estate: None
G. Investments in LIHTC: None
H. Restricted Assets: None
I. Working Capital Finance investments: None
J. Offsetting and Netting of Assets and Liabilities: None
K. Structured Notes: None

6. Joint Ventures, Partnerships and Limited Liability Companies: None

# NOTES TO FINANCIAL STATEMENTS

7. Investment Income

   A. 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 Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments: None

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

10. Information Concerning Parent, Subsidiaries and Affiliates

    A. Agency Services Agreement with MobileCare 2U, LLC (MC2U)

       1) MC2U provided producers to solicit, procure, and transmit insurance applications and contracts with dentists to provide dental services to dental insurance participants. MC2U also provided office space and use of computer systems and related systems/products through September 30, 2016. Compensation for services rendered was 86.5% of premium per the contract. This contract ended September 30, 2016.

       2) Effective October 1, 2016, MC2U signed a contract with AccessCare General, Inc. to contract with dentists to provide dental services to dental insurance participants. Compensation for services rendered is 75% of premium per the contract.

       3) 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.

       4) As of December 31, 2016, MC2U had 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 2015, MC2U billed AccessCare General, Inc. a total of $3,771,381 for their 2015 services. At December 31, 2015, AccessCare General, Inc. had a remaining amount due of $134,142.

       5) MC2U and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the above services. There are no cost sharing arrangements.

    B. Agreement with Healthcare Administration Partners Company, LLC (HAPCO)

       1) HAPCO leased personnel to AccessCare General, Inc. through September 30, 2016 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 ended on Sept 30, 2016.

       2) As of December 31, 2016, HAPCO had 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. In 2015, HAPCO billed AccessCare General, Inc. a total of $370,598 for their 2015 services. At December 31, 2015, AccessCare General, Inc. had a remaining amount due of $13,941.

# NOTES TO FINANCIAL STATEMENTS

3) 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.

C. Agreement with SDC Insurance, LLC

1) 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 premium per the contract. As of 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.

2) 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 personnel services. There are no cost sharing arrangements.

11. Debt: None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans: None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. 10,000 Class A shares authorized, issued and outstanding. Par Value is $0.001/share.
B. Preferred stock: None
C. Dividend restrictions: None
D. Ordinary dividends: None
E. Restrictions placed on unassigned funds: None
F. Advances to surplus not repaid: None
G. Stock held for special purposes: None
H. Changes in balance of special surplus funds: None
I. Portion of unassigned funds represented or reduced by cumulative unrealized gains and losses: None
J. Surplus Notes: None
K. Quasi-reorganization restatement: None
L. Quasi-reorganization: None

14. Contingencies: None

15. Leases: None

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales: None
B. Transfer and Servicing of Financial Assets: None
C. Wash Sales: None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not Applicable

# NOTES TO FINANCIAL STATEMENTS

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: Not Applicable

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

21. Other Items

    A. Unusual or infrequent items: None
    B. Troubled Debt Restructuring Debtors: None
    C. Other Disclosures: None
    D. Nature of any portion of the balance that is reasonably possible to be uncollectible: None
    E. Business Interruption Insurance Recoveries: None
    F. State Transferable Tax Credits: None
    G. Subprime Mortgage Related Risk Exposure: None
    H. Retained Assets: None
    I. Proceeds from Insurance-Linked Securities: None

22. Events Subsequent

    A. Type I – Recognized Subsequent Events – Subsequent events have been considered through 2/8/2017 for the statutory statement issued on 12/31/2016. No subsequent events were found.
    B. Type II – Nonrecognized Subsequent Events - Subsequent events have been considered through 2/8/2017 for the statutory statement issued on 12/31/2016. No subsequent events were found.

23. Reinsurance

    A. Ceded Reinsurance Report

    Section 1 – 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 )

    If yes, give full details

    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 an insured or any other person not primarily engaged in the insurance business?

    Yes ( ) No ( x )

    If yes, give full details.

    Section 2 – Ceded Reinsurance Report – Part A

# NOTES TO FINANCIAL STATEMENTS

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 credit?

   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 )

   If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B – Not Applicable

B. Uncollectible Reinsurance: None
C. Commutation of Ceded Reinsurance: None
D. Certified Reinsurer Rating Downbraded or Status Subject to Revocation: Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination: Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expense: AccessCare General, Inc. pays its provider on a capitated basis, as a percentage of premiums collected. As of December 31, 2016, $3,075,290 has been paid for incurred claims and claims adjustments attributable to insured events of the current year and $116,308 has been paid for 2015 incurred claims and claims adjustment expenses. Unpaid Claims at December 31, 2016 were $336,479 and December 31, 2015 were $116,308.

26. Intercompany Pooling Arrangements: None

27. Structured Settlements: None

28. Healthcare Receivables: None

29. Participating Policies: None

30. Premium Deficiency Reserves: None

31. Anticipated Salvage and Subrogation: None

# 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? Yes (X) No ( )

If yes, complete Schedule Y, Parts 1, 1A and 2.

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. .....

3.2 State the as of date of 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?
.....

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, the 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|

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<br>Nationality | 2<br>Type of Entity |
|---|---|

8.1 Is the company a subsidiary of a bank holding company regulated by 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 response to 8.3 is yes, please provide 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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>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 the 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 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 (X)

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 (X)

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 (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.

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 (X) No ( )

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Healthcare Delivered, AccessCare General, Inc.'s holding company, implemented a stand-alone Code of Ethics that is more comprehensive than what had previously been included in the employee handbook.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)

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 (X)

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

| 1<br>American Bankers Association (ABA) Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>Amount |
|---|---|---|---|

## 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 subordinate committee thereof? Yes ( ) No (X)

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) 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 (X) 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 (X)

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 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 reported in the statement? Yes ( ) No (X)

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 (X)

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 (X)

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ ..... 0

# GENERAL INTERROGATORIES

# PART 1 - COMMON INTERROGATORIES

## INVESTMENT

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 (X) No ( )

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

24.03 For the 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 Risk-Based Capital Instructions? Yes ( ) No ( ) N/A (X)

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 (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ( ) No ( ) N/A (X)

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 (X)

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 reinvented 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 currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes (X) 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 to sale - excluding FHLB Capital Stock | $ 0 |
| 25.27 | FHLB Capital Stock | $ 0 |
| 25.28 | On deposit with states | $ 250,000 |
| 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<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|---|---|---|

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ( ) No (X)

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ( ) No ( ) N/A (X)
If no, attach a description with this statement.

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 (X)

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 (X)

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

| 1<br>Name of Custodian(s) | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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 (X)

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---|---|

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

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 (X)

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<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identified (LEI) | 4<br>Registered With | 5<br>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<br>CUSIP Number | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---|---|---|

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

| 1<br>Name of Mutual Fund (from question 29.2) | 2<br>Name of Significant Holding of the Mutual Fund | 3<br>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4<br>Date of Valuation |
|---|---|---|---|

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<br>Statement (Admitted) Value | 2<br>Fair Value | 3<br>Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|---|---|---|---|
| 30.1 Bonds | $ 0 | $ 0 | $ 0 |
| 30.2 Preferred stocks | $ 0 | $ 0 | $ 0 |
| 30.3 Totals | $ 0 | $ 0 | $ 0 |

30.4 Describe the sources or methods utilized in determining the fair values:

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 ( ) No (X)

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 ( )

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:

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:

### OTHER

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

33.2 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<br>Name | 2<br>Amount Paid |
|---|---|
| | $ 0 |
| | $ 0 |
| | $ 0 |
| | $ 0 |

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

34.1 Amount of payments for legal expenses, if any? $ 4,216

34.2 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<br>Name | 2<br>Amount Paid |
|---|---|
| Dentons US LLP | $ 4,216 |
| | $ 0 |
| | $ 0 |
| | $ 0 |

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 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 payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|---|---|
| | $ 0 |
| | $ 0 |
| | $ 0 |
| | $ 0 |

# GENERAL INTERROGATORIES

# PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes ( ) No (X)

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 polices:

| | | |
|---|---|---|
| | 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:

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| 2.1 | Premium Numerator | $ 4,834,891 | $ 4,359,978 |
| 2.2 | Premium Denominator | $ 4,834,891 | $ 4,359,978 |
| 2.3 | Premium Ratio (2.1 / 2.2) | 1.000 | 1.000 |
| 2.4 | Reserve Numerator | $ 336,479 | $ 116,308 |
| 2.5 | Reserve Denominator | $ 336,479 | $ 116,308 |
| 2.6 | Reserve Ratio (2.4 / 2.5) | 1.000 | 1.000 |

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 (X)

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 (X) 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 (X)

5.1 Does the reporting entity have stop-loss reinsurance? Yes ( ) No (X)

5.2 If no, explain:

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 & 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:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes ( ) No (X)

7.2 If no, give details:

8. Provide the following information regarding participating providers:

| | | |
|---|---|---|
| 8.1 | Number of providers at start of reporting year | 0 |
| 8.2 | Number of providers at end of reporting year | 0 |

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes ( ) No (X)

9.2 If yes, direct premium earned:

| | | |
|---|---|---|
| 9.21 | Business 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 (X)

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 |

# GENERAL INTERROGATORIES

# PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

| | | |
|---|---|---|
| 11.12 | A Medical Group / Staff Model, | Yes ( ) No (X) |
| 11.13 | An Individual Practice Association (IPA), or | Yes ( ) No (X) |
| 11.14 | A Mixed Model (combination of above)? | Yes ( ) No (X) |

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes (X) 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. $ ..... 50,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes ( ) No (X)

11.6 If the amount is calculated, show the calculation

.....

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

| 1<br>Name of Service Area |
|---|

13.1 Do you act as a custodian for health savings accounts? Yes ( ) No (X)

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 (X)

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 (X) N/A ( )

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

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

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 Premiums 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<br>2016 | 2<br>2015 | 3<br>2014 | 4<br>2013 | 5<br>2012 |
|---|---|---|---|---|---|
| **BALANCE SHEET (Page 2 and Page 3)** | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 1,176,365 | 603,212 | 465,683 | 404,364 | 390,479 |
| 2. Total liabilities (Page 3, Line 24) | 553,736 | 166,034 | 184,397 | 145,422 | 168,700 |
| 3. Statutory minimum capital and surplus requirement | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
| 4. Total capital and surplus (Page 3, Line 33) | 622,629 | 437,178 | 281,286 | 258,942 | 221,779 |
| **INCOME STATEMENT (Page 4)** | | | | | |
| 5. Total revenues (Line 8) | 4,834,891 | 4,359,978 | 3,236,732 | 2,694,340 | 1,646,155 |
| 6. Total medical and hospital expenses (Line 18) | 3,411,769 | 3,269,983 | 2,398,986 | 1,828,920 | 1,088,274 |
| 7. Claims adjustment expenses (Line 20) | 0 | 0 | 0 | 0 | 0 |
| 8. Total administrative expenses (Line 21) | 1,238,050 | 934,395 | 778,625 | 784,323 | 514,008 |
| 9. Net underwriting gain (loss) (Line 24) | 185,072 | 155,600 | 59,121 | 81,097 | 43,873 |
| 10. Net investment gain (loss) (Line 27) | 379 | 292 | 385 | 545 | 606 |
| 11. Total other income (Line 28 plus Line 29) | 0 | 0 | 0 | 0 | 0 |
| 12. Net income or (loss) (Line 32) | 185,451 | 155,892 | 59,506 | 81,642 | 44,479 |
| **CASH FLOW (Page 6)** | | | | | |
| 13. Net cash from operations (Line 11) | 602,485 | 164,938 | 32,940 | 86,394 | 33,922 |
| **RISK-BASED CAPITAL ANALYSIS** | | | | | |
| 14. Total adjusted capital | 622,629 | 437,178 | 281,286 | 258,942 | 221,779 |
| 15. Authorized control level risk-based capital | 130,922 | 107,199 | 79,847 | 68,243 | 54,313 |
| **ENROLLMENT (Exhibit 1)** | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 4,855 | 4,924 | 4,471 | 4,282 | 4,112 |
| 17. Total members months (Column 6, Line 7) | 58,071 | 56,938 | 51,693 | 51,174 | 29,375 |
| **OPERATING PERCENTAGE (Page 4)**<br>(Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 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) | 70.6 | 75.0 | 74.1 | 67.9 | 66.7 |
| 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) | 96.2 | 96.4 | 98.2 | 97.0 | 98.2 |
| 23. Total underwriting gain (loss) (Line 24) | 3.8 | 3.6 | 1.8 | 3.0 | 2.7 |
| **UNPAID CLAIMS ANALYSIS**<br>(U and I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Column 5) | 116,308 | 131,209 | 88,668 | 103,207 | 0 |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 116,308 | 131,209 | 88,668 | 103,207 | 0 |
| **INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES** | | | | | |
| 26. Affiliated bonds (Schedule D Summary, Line 12, Column 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1) | 0 | 0 | 0 | 0 | 0 |
| 29. Affiliated short-term investments (subtotal included in Schedule 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 Line 26 to Line 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Line 26 to Line 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

| States, Etc. | 1 Active Status | Direct Business Only Year to Date | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Plan Premiums | 6 Life and Annuity Premiums and Other Considerations | 7 Property/ Casualty Premiums | 8 Total Column 2 Through Column 7 | 9 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 | 3,752,950 | 0 | 0 | 0 | 0 | 0 | 3,752,950 | 0 |
| 15. Indiana IN | L | 1,081,941 | 0 | 0 | 0 | 0 | 0 | 1,081,941 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 4,834,891 | 0 | 0 | 0 | 0 | 0 | 4,834,891 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 61. Total (Direct Business) | (a) 4 | 4,834,891 | 0 | 0 | 0 | 0 | 0 | 4,834,891 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | |
| 58001. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58002. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58003. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

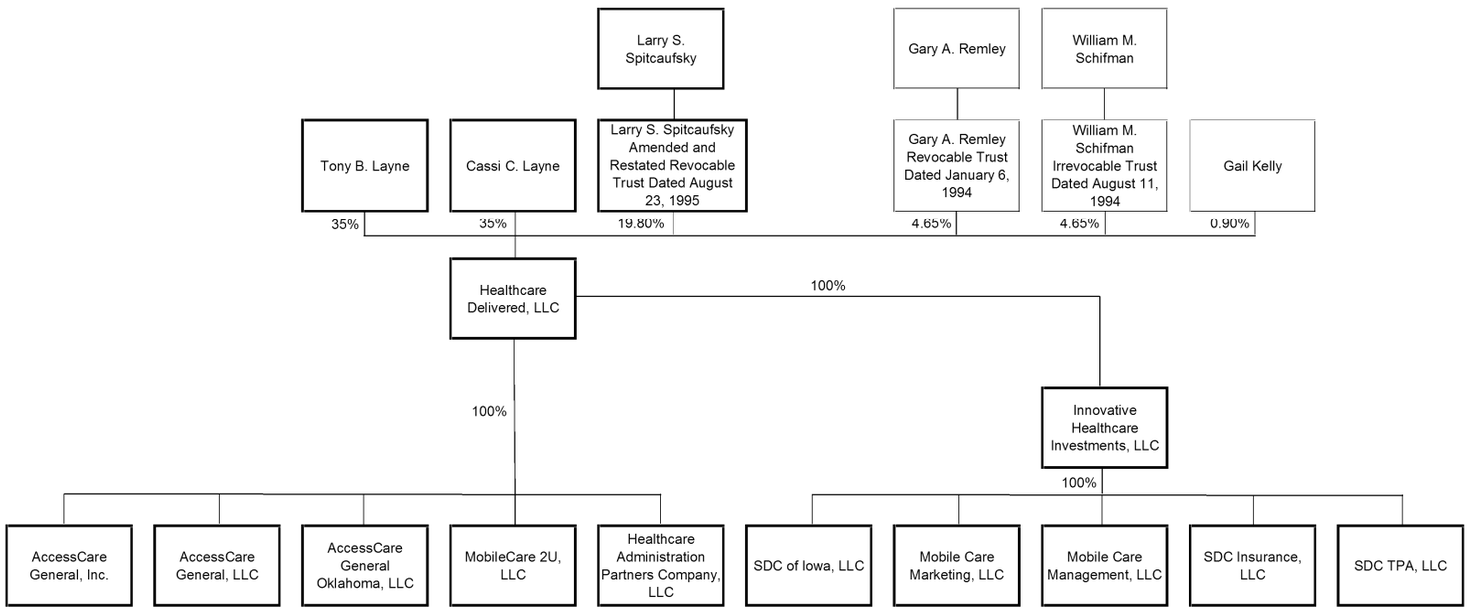
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer;
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

(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




Org. Chart Page 1 of 5

**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 |
| Healthcare Delivered, LLC | 47-4313271 | N/A | FL | N | N |
| Innovative Healthcare Investments, LLC | 47-2896515 | 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 |

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% | LLC | 80-0549242 | N/A | FL | N | N |

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 |

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 |
|---|---|---|---|---|---|---|---|
| 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 |
| HDCI, LLC | 50.00% | LLC | 20-0377391 | N/A | KS | N | N |
| Hooters of Oregon Partners, LLC | 66.67% | LLC | 20-3571106 | N/A | OR | N | N |
| Hooters of Washington, LLC | 17.17% | LLC | 94-3407614 | N/A | KS | N | N |
| HOOTWINC, LLC | 16.67% | LLC | 36-3857235 | N/A | KS | N | N |
| LBN Investments, LLC | 33.33% | LLC | 88-0504574 | N/A | KS | 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 |
| SCS Fuel, LLC | 33.33% | LLC | 20-0255728 | 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 |

# Health
# Annual Statement Blank Alphabetical Index