



QUARTERLY STATEMENT
AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
Arkansas Superior Select, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	15135	Employer's ID Number	80-0875493
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	AR		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	11/13/2012		Commenced Business	01/01/2015		
Statutory Home Office	1401 West Capital, Suite 430 (Street and Number)		Little Rock, AR, US 72201 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1401 West Capital, Suite 430 (Street and Number)		Little Rock, AR, US 72201 (City or Town, State, Country and Zip Code)			
Mail Address	1401 West Capital, Suite 430 (Street and Number or P.O. Box)		Little Rock, AR, US 72201 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1401 West Capital, Suite 430 (Street and Number)		Little Rock, AR, US 72201 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	www.tributehealthplans.com		(501)372-1922 (Area Code) (Telephone Number)			
Statutory Statement Contact	Jason Wayne Lee (Name)		(501)372-1922 (Area Code)(Telephone Number)(Extension)			
	jlee@tributehealthplans.com (E-Mail Address)		(000)000-0000 (Fax Number)			

OFFICERS

Name	Title
James Bennett Cooper	President
Jason Wayne Lee	Assistant Secretary
Jerry Don Sams	Secretary/Treasurer/CFO
David Lamar Norsworthy	Vice President

OTHERS

DIRECTORS OR TRUSTEES

Tommy Carl Coble	James Bennett Cooper
Michael Schuyler Morton	David Lamar Norsworthy
Jerry Don Sams	

State of Arkansas
County of 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.

(Signature)	(Signature)	(Signature)
James Bennett Cooper	Jason Wayne Lee	Jerry Don Sams
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Assistant Secretary	Secretary/Treasurer/CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2017	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....3,796,689), cash equivalents (\$.....0) and short-term investments (\$.....301,050)	4,097,739		4,097,739	4,146,436
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	105,401		105,401	23,107
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	4,203,140		4,203,140	4,169,543
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	50		50	58
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	45,361		45,361	26,714
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....147,750) and contracts subject to redetermination (\$.....0)	147,750		147,750	
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	253,395		253,395	295,608
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	324,665	300,368	24,297	20,377
21.	Furniture and equipment, including health care delivery assets (\$.....0)	16,280	16,280		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....82,129) and other amounts receivable	213,835	131,706	82,129	71,533
25.	Aggregate write-ins for other-than-invested assets	133,675	7,709	125,966	52,304
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,338,151	456,063	4,882,088	4,636,137
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	5,338,151	456,063	4,882,088	4,636,137
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	A/R Consulting	1,993	1,993		
2502.	Other Receivables	127,101	1,135	125,966	52,304
2503.	Security Deposits	4,581	4,581		
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	133,675	7,709	125,966	52,304

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	1,716,100		1,716,100	1,755,119
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	28,593		28,593	110,611
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	686,113		686,113	1,372,225
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	955,107		955,107	
9.	General expenses due or accrued	189,014		189,014	90,269
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				47,163
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	Total liabilities (Lines 1 to 23)	3,574,927		3,574,927	3,375,387
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X	300,000	300,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	11,011,150	10,821,150
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(10,003,988)	(9,860,399)
32.	Less treasury stock, at cost:				
32.1	0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	1,307,162	1,260,751
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	4,882,089	4,636,138
DETAILS OF WRITE-INS					
2301.	.....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	1,437	615	3,483
2.	Net premium income (including \$.....0 non-health premium income)	X X X	2,254,527	800,114	5,053,250
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X		19,938	
7.	Aggregate write-ins for other non-health revenues	X X X	31,190		25,300
8.	Total revenues (Lines 2 to 7)	X X X	2,285,717	820,052	5,078,550
Hospital and Medical:					
9.	Hospital/medical benefits		1,623,913	786,786	4,627,599
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs		274,701	63,211	469,113
14.	Aggregate write-ins for other hospital and medical			(61)	(61)
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		1,898,614	849,936	5,096,651
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		1,898,614	849,936	5,096,651
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....240,590 cost containment expenses		310,097	171,270	814,126
21.	General administrative expenses		800,543	638,241	2,641,601
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(686,112)	(398,612)	39,768
23.	Total underwriting deductions (Lines 18 through 22)		2,323,142	1,260,835	8,592,146
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(37,425)	(440,783)	(3,513,596)
25.	Net investment income earned		(365)	(857)	(3,577)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		(365)	(857)	(3,577)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(37,790)	(441,640)	(3,517,173)
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	(37,790)	(441,640)	(3,517,173)
DETAILS OF WRITE-INS					
0601.	Consulting Services	X X X		19,938	
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		19,938	
0701.	Consulting Services	X X X	31,190		25,300
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X	31,190		25,300
1401.	Other Medical Expenses			(61)	(61)
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			(61)	(61)
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	1,260,753	1,003,672	1,003,672
34.	Net income or (loss) from Line 32	(37,790)	(441,640)	(3,517,173)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(67,706)		(26,893)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(38,094)	78,952	(142,662)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in	190,000		3,830,317
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			113,492
48.	Net change in capital and surplus (Lines 34 to 47)	46,410	(362,688)	257,081
49.	Capital and surplus end of reporting period (Line 33 plus 48)	1,307,163	640,984	1,260,753
DETAILS OF WRITE-INS				
4701.	Prior Period Adjustment			113,492
4702.	.....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			113,492

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	2,357,125	848,420	5,031,231
2.	Net investment income	(357)	(873)	(3,614)
3.	Miscellaneous income	31,190	19,938	25,300
4.	TOTAL (Lines 1 to 3)	2,387,958	867,485	5,052,917
5.	Benefit and loss related payments	1,263,026	789,275	4,258,468
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	1,051,700	945,242	3,709,493
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	2,314,726	1,734,517	7,967,961
11.	Net cash from operations (Line 4 minus Line 10)	73,232	(867,032)	(2,915,044)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets	150,000		50,000
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	150,000		50,000
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(150,000)		(50,000)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	190,000		3,830,317
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(161,931)	1,585,703	1,663,745
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	28,069	1,585,703	5,494,062
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(48,699)	718,671	2,529,018
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	4,146,437	1,617,419	1,617,419
19.2	End of period (Line 18 plus Line 19.1)	4,097,738	2,336,090	4,146,437

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	476							476		
2. First Quarter	492							492		
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,437							1,437		
Total Member Ambulatory Encounters for Period:										
7. Physician	1,274							1,274		
8. Non-Physician	2,174							2,174		
9. Total	3,448							3,448		
10. Hospital Patient Days Incurred	497							497		
11. Number of Inpatient Admissions	67							67		
12. Health Premiums Written (a)	2,263,505							2,263,505		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,263,505							2,263,505		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,949,138							1,949,138		
18. Amount Incurred for Provision of Health Care Services	1,898,614							1,898,614		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....2,263,505.

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

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
HealthScope Benefits	113,996					113,996
Envision	53,901					53,901
0199999 Individually Listed Claims Unpaid	167,897					167,897
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	167,897					167,897
0599999 Unreported claims and other claim reserves						1,548,203
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						1,716,100
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	949,242	999,896	62,923	1,653,177	1,012,165	1,755,118
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	949,242	999,896	62,923	1,653,177	1,012,165	1,755,118
10.	Healthcare receivables (a)		28,228				16,723
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	949,242	971,668	62,923	1,653,177	1,012,165	1,738,395

(a) Excludes \$.185,607 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Arkansas Superior Select, Inc. (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Arkansas Insurance law. 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 Arkansas.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Arkansas is shown below:

		SSAP #	F/S Page	F/S Line #	2017	2016
	<u>NET INCOME</u>					
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(37,790)	(3,517,174)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				0	0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:				0	0
(301)						
(399)	Total				0	0
(4)	NAIC SAP (1-2-3=4)				(37,790)	(3,517,174)
	<u>SURPLUS</u>					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				1,307,162	1,260,751
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				0	0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:				0	0
(701)						
(799)	Total				0	0
(8)	NAIC SAP (5-6-7=8)				1,307,162	1,260,751

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

No Material Change

C. Accounting Policy

(1) – (5) – No Material Change

(6) The Company had no loan-backed securities.

(7) – (13) - No Material Change

D. Going Concern

While administrative expenses and medical claims remain high for Q1 2017, organizational changes are now in place to have a dramatic impact on utilization and administration expenses throughout the remainder of 2017. ASSI has completed the process of in-sourcing the prior-authorization / utilization management team, and has transitioned case management to a new organization. Additionally, ASSI has connected its membership and case management functions to a network of primary care locations. These changes will enhance member support, and should improve organizational efficiency and cost effectiveness.

Notes to Financial Statement

There are numerous factors impacting the plan and the largest of which is the formation of the management services organization established in April 2017 and owned by the holding company of ASSI, Select Founders, LLC. This organization, Access Health Services, LLC, is being constructed to assume many of the administrative services currently performed by W-2 employees of ASSI and those services being performed under the Shared Services agreement with the states of Maryland, Pennsylvania, and Oklahoma. Access Health will be in a much better position to perform additional administrative services for the states affiliated with ASSI as well as unaffiliated entities. This level of true administrative operations, separate from the HMO itself, will provide ASSI with much needed economies of scale as Access is able to expand its services to include items such as a member / provider call center and fulfillment. Additionally, Access Health will purchase ASSI's interest in their core administration system SNP NET and a variety of other real assets (computers, desks, etc.) as the employees of ASIS transition to Access Health. This purchase will occur in Q2 and will reflect as non-health revenue on the financial statement. This asset purchase transaction by Access Health will significantly increase the capital and surplus of ASSI.

The Owners of ASSI continue to be committed to maintaining adequate capital reserves as the organization grows and refines its business plans.

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

No Material Change

4. Discontinued Operations

No Material Change

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – No Material Change
- B. Debt Restructuring – No Material Change
- C. Reverse Mortgages – No Material Change
- D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.

(2) There are no other-than-temporary impairments on any Loan-Backed Securities.

(3) There are no other-than-temporary impairments on any Loan-Backed Securities.

(4) and (5) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains) - None

E. Repurchase Agreements and/or Securities Lending Transactions

(1) Policy for requiring collateral or other security – No Material Change

(2) Carrying amount and classification of both those assets and associated liabilities – No Material Change

(3) Collateral accepted that it is permitted by contract or custom to sell or repledge:

- a. Aggregate amount of contractually obligated open collateral positions – No Material Change
- b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None
- c. Information about the sources and uses of that collateral – No Material Change

(4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – No Material Change

(5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – No Material Change

Notes to Financial Statement

(6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – No Material Change

(7) Collateral for transactions that extend beyond one year from the reporting date – No Material Change

F. Real Estate – No Material Change

G. Low-income housing tax credits (LIHTC) – No Material Change

H. Restricted Assets – No Material Change

I. Working Capital Finance Investments

(2) Aggregate Book / Adjusted Carrying Value – None

(3) Events of Default – None

J. Offsetting and Netting of Assets and Liabilities – None

K. Structured Notes – No Material Change

L.5* Securities – No Material Change

M. Short Sales – No Material Change

N. Prepayment Penalty and Acceleration Fees – No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

In the fourth quarter of 2016, the Company invested \$50,000 for a 49% member ownership of Access Medical Clinic Arkansas, LLC. The principal purpose of the LLC is to develop and manage medical clinics, primarily in rural areas of Arkansas. In the first quarter of 2017, the Company contributed an additional \$150,000 to the LLC.

The Company accounts for the investment under the equity method. The carrying value at March 31, 2017 is reported at \$105,401, which is 49% of the LLC’s equity at March 31, 2017. An unrealized loss of \$94,599 has been recorded as of March 31, 2017.

Due to the Company’s ability to exercise significant control over the LLC’s activities, the LLC has been deemed an affiliate and disclosed in Note 10 and reported in Schedule Y.

7. Investment Income

No Material Change

8. Derivative Instruments

No Material Change

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. – C. The Company is 100% owned by Select Founders, LLC. During the first quarter 2017, the Company received additional contributed surplus of \$190,000 from parent Select Founders, LLC.

D. Amounts Due from or to Related Parties – No Material Change

E. Guarantees – As disclosed in Note 14A, for its investment in Access Medical Clinic, LLC, the Company has agreed to contribute additional capital to the LLC as new clinics are opened. In the first quarter of 2017, the Company contributed an additional \$150,000 to the LLC.

F. Material management contracts – No Material Change

G. Common Control – No Material Change

H. Deductions in Value – No Material Change

Notes to Financial Statement

- I. SCA that exceed 10% of Admitted Assets – No Material Change
- J. Impaired SCAs – No Material Change
- K. Foreign Subsidiary – No Material Change
- L. Investments in Downstream Noninsurance Holding Company – No Material Change
- M. Investments in all SCA Entities

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	% of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
b. SSAP No. 97 8b(ii) Entities				
c. SSAP No. 97 8b(iii) Entities Access Medical Clinic Arkansas, LLC	49%	\$105,401	\$105,401	
d. SSAP No. 97 8b(iv) Entities				
Total		\$105,401	\$105,401	

(2) NAIC Filing Response Information - None

- N. Investments in SCA Entities – No Material Change

11. Debt

- A. Debt – No Material Change
- B. FHLB (Federal Home Loan Bank) Agreements - None

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

- A. Defined Benefit Plan

- (1) Change in benefit obligation – No Material Change
- (2) Change in plan assets- No Material Change
- (3) Funded status - No Material Change
- (4) Components of net periodic benefit cost – None
- (5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - No Material Change
- (6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost - No Material Change
- (7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - No Material Change
- (8) Weighted-average assumptions used to determine net period benefit cost - No Material Change
- (9) The amount of accumulated benefit obligation for defined benefit pension plans - No Material Change
- (10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - No Material Change
- (12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years- No Material Change
- (13) Regulatory contribution requirements - No Material Change
- (14) – (21) Not applicable.

- B. Investment Policies and Strategies – No Material Change
- C. Fair Value of Each Class of Plan Asset – No Material Change

Notes to Financial Statement

- D. Basis used to determine the expected rate-of-return-on-assets assumption – No Material Change
- E. Defined Contribution Plan – No Material Change
- F. Multiemployer Plans - No Material Change
- G. Consolidated Holding Company Plans - No Material Change
- H. Post-Employment Benefits and Compensated Absences - No Material Change
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - No Material Change

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

No Material Change

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – As disclosed in Note 10E, the Company has an agreement with Access Medical Clinic Arkansas, LLC to contribute additional capital to the LLC as new clinics are opened. In the first quarter of 2017, the Company contributed an additional \$150,000 to the LLC. No liabilities have been recognized for any additional contributions.
- B. Assessments – No Material Change
- C. Gain Contingencies – No Material Change
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – No Material Change
- E. Joint and Several Liabilities – No Material Change
- F. All Other Contingencies – No Material Change

15. Leases

No Material Change

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No Material Change

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

- A. Transfers of Receivables reported as Sales – No Material Change
- B. Transfer and Servicing of Financial Assets
 - (1) Description of loaned securities – No Material Change
 - (2) Servicing Assets and Liabilities
 - a. Risks inherent in servicing assets and servicing liabilities – None
 - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None
 - c. Assumptions used to estimate the fair value – None
 - (3) Servicing assets and servicing liabilities are subsequently measured at fair value – No Material Change
 - (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:
 - a. Each income statement presented – None
 - b. Each statement of financial position presented, regardless of when the transfer occurred – None

Notes to Financial Statement

- (5) Transfers of financial assets accounted for as secured borrowing value – No Material Change
- (6) Transfers of receivables with recourse – No Material Change
- (7) Securities underlying repurchase and reverse repurchase agreements – No Material Change

C. Wash Sales – None

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

No Material Change

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

No Material Change

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

- (1) Fair Value Measurements at Reporting Date - None
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None
- (3) The Company does not have any securities valued at fair value.
- (4) The Company values its investment in LLC based on its proportionate share of the LLC’s equity, under the equity method
- (5) Derivative assets and liabilities- None

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Short-term Investments	\$301,050	\$301,050	\$301,050			
Other Invested Asset - LLC	\$105,401	\$105,401			\$105,401	

D. Not Practicable to Estimate Fair Value - None

21. Other Items

- A. Unusual or Infrequent Items – No Material Change
- B. Troubled Debt Restructuring – No Material Change
- C. Other Disclosures – No Material Change
- D. Business Interruption Insurance Recoveries - No Material Change
- E. State Transferable and Non-transferable Tax Credits - No Material Change
- F. Subprime-Mortgage Related Risk Exposure – No Material Change
- G. Retained Assets – No Material Change
- H. Insurance-Linked Securities – No Material Change

22. Events Subsequent

No Material Change

Notes to Financial Statement

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. – D. Retrospective rated contracts – No Material Change

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? NO
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year - None
- (3) Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reason for any adjustments to prior year balance. – None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2016 were \$1,865,730. As of March 31, 2017, \$1,059,853 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$62,923 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$742,955 favorable prior year development since December 31, 2016 to March 31, 2017.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

28. Health Care Receivables

No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	<u>\$686,113</u>
2. Date of the most recent evaluation of this liability	<u>3/31/2017</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>No</u>

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

If yes, attach an explanation.

Yes[] No[X] N/A[]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2015
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

10/29/2016
- 6.4 By what department or departments?

Arkansas Insurance Department
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

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

(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.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

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

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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

14.2 If yes, please complete the following:

Yes ☐ No ☒

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

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

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

Yes ☐ No ☒
Yes ☐ No ☐ N/A ☒

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

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

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

16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

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

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

Yes ☐ No ☒

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Arvest Asset Management	Arkansas	Money is in cash and on deposit with State Insurance Department

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

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

Yes ☐ No ☒

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

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

1 Name of Firm or Individual	2 Affiliation
.....	

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

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

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

Yes ☐ No ☒
Yes ☐ No ☒

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

GENERAL INTERROGATORIES (Continued)

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

18.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	 64.452%
1.2 A&H cost containment percent	 10.671%
1.3 A&H expense percent excluding cost containment expenses	 38.591%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Life and Annuity - Affiliates								
11835	04-1590940	 01/01/2017	PARTNERRE AMER INS CO	DE	 SSL/A/I	Authorized .....	.....	.....

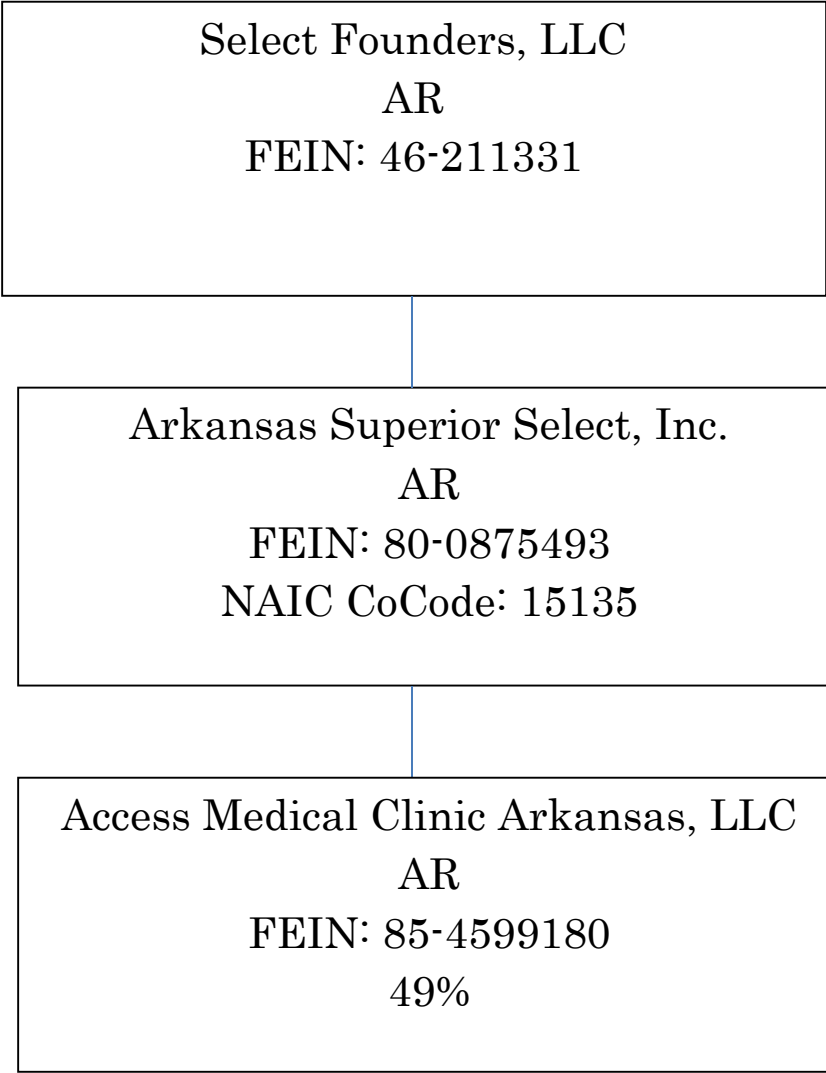
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	L		2,263,505					2,263,505	
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X		2,263,505					2,263,505	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a)..... 1		2,263,505					2,263,505	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(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.

(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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....		00000	46-211331 .....	.....	.....	.....	Select Founders, LLC	.. AR ..	.. UDP ..	.....	.....	.....	Select Founders, LLC	 N ....	.....
.....		15135	80-0875483 .....	.....	.....	.....	Arkansas Superior Select, Inc.	.. AR ..	 RE ..	Select Founders, LLC	Ownership	 100.0	Select Founders, LLC	 N ....	.....
.....		00000	85-4599180 .....	.....	.....	.....	Access Medical Clinic Arkansas, LLC	.. AR ..	 NIA ..	Arkansas Superior Select, Inc.	Ownership	 49.0	Select Founders, LLC	 N ....	.....

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2017** OF THE **Arkansas Superior Select, Inc.**

SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	23,107	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		50,000
2.2 Additional investment made after acquisition	150,000	
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(67,706)	(26,893)
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	105,401	23,107
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	105,401	23,107

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

QS102

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	300,773	879	602		301,050			300,773
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	300,773	879	602		301,050			300,773
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	300,773	879	602		301,050			300,773

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....301,050; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	301,050	X X X	301,050	277	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	300,773	300,138
2.	Cost of short-term investments acquired	879	3,038
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	602	2,403
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	301,050	300,773
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	301,050	300,773

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13
CUSIP	Name or	3	4	Name of Vendor	NAIC	Date Originally	Type and	Actual Cost at	Additional Investment	Amount of	Commitment for	Percentage of
Identification	Description	City	State	or General Partner	Designation	Acquired	Strategy	Time of Acquisition	Made After Acquisition	Encumbrances	Additional Investment	Ownership
Joint Venture - Other - Unaffiliated												
	Access Medical Clinic Arkansas, LLC	Jonesboro	AR			02/15/2017		50,000	150,000			49.000
2199999 Subtotal - Joint Venture - Other - Unaffiliated								50,000	150,000			X X X
4499999 Total - Unaffiliated								50,000	150,000			X X X
4599999 Total - Affiliated												X X X
4699999 TOTALS								50,000	150,000			X X X

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income	
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.							
								N O N E												
4699999 TOTALS																				

E04 Schedule D Part 3 NONE

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
							First Month	Second Month	Third Month	*
open depositories										
Arvest Bank	Lowell, AR			0.100	937		3,532,009	3,450,937	3,796,689	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	X X X ..						X X X
0199999 Totals - Open Depositories			X X X	X X X ..	937		3,532,009	3,450,937	3,796,689	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	X X X ..						X X X
0399999 Total Cash On Deposit			X X X	X X X ..	937		3,532,009	3,450,937	3,796,689	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X	X X X ..				X X X
0599999 Total Cash			X X X	X X X ..	937		3,532,009	3,450,937	3,796,689	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							

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