70998201620100100 2016 Document Code: 201

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

QualChoice Life and Health Insurance Company, Inc.

NAIC Group Code 4807 (Current Period), 4807 (Prior Period) NAIC Company Code 70998 Employer's ID Number 71-0386640

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[X] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 10/17/1992 Commenced Business 04/25/1965

Statutory Home Office 12615 Chenal Parkway, Suite 300 (Street and Number), Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)

Main Administrative Office 12615 Chenal Parkway, Suite 300 (Street and Number)
Little Rock, AR, 72211 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 12615 Chenal Parkway, Suite 300 (Street and Number or P.O. Box), Little Rock, AR, 72211 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 12615 Chenal Parkway, Suite 300 (Street and Number)
Little Rock, AR, 72211 (City or Town, State, Country and Zip Code) (501)228-7111 (Area Code) (Telephone Number)

Internet Website Address www.qualchoice.com

Statutory Statement Contact Randall Crow (Name) (501)219-5109 (Area Code)(Telephone Number)(Extension)
randall.crow@qualchoice.com (E-Mail Address) (501)228-0135 (Fax Number)

OFFICERS

Name	Title
Michael Edward Stock	President
Randall Alvin Crow	Treasurer
Charles Hanson	Secretary

OTHERS

Joni Self Daniels, Vice President - Operations
Betty Jo Tatum-Himes, Vice President - Sales & Marketing
Win Hammerly M.D., Vice President - Medical Affairs #

DIRECTORS OR TRUSTEES

Mark Fred Bjornson
Philip Linwood Foster
David Allen Sorenson #
Steven Charles Schramm
Charles Hanson

State of Arkansas
County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)
Michael Edward Stock	Randall Alvin Crow	Charles Hanson
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2017

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	5,102	1,549	242	1,368	1,368	6,893
Group Subscribers:						
Boys & Girls Club of Central Arkansas	254	42				296
Stallion Transportation	6					6
0299997 Subtotal - Group Subscribers:	260	42				302
0299998 Premiums due and unpaid not individually listed	18,354	77	(1)	222	222	18,430
0299999 TOTAL Group	18,614	119	(1)	222	222	18,732
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	23,716	1,668	241	1,590	1,590	25,625

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Optum Rx	166,134	165,291	162,442	454,567	454,567	493,867
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	166,134	165,291	162,442	454,567	454,567	493,867
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	166,134	165,291	162,442	454,567	454,567	493,867

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	230,949	479,345		948,434	230,949	149,055
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	230,949	479,345		948,434	230,949	149,055

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - 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
0299999 Aggregate Accounts Not Individually Listed - Uncovered	83,319	23,278	9,548	5,612	5,220	126,977
0399999 Aggregate Accounts Not Individually Listed - Covered	944,043	263,752	108,191	63,588	59,148	1,438,722
0499999 Subtotals	1,027,362	287,030	117,739	69,200	64,368	1,565,699
0599999 Unreported claims and other claim reserves						17,750,359
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						19,316,058
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
QCA Health Plan, Inc.	1,122,171					1,122,171	
QualChoice Health Plan Services	19,367					19,367	
0199999 Total - Individually listed receivables	1,141,538					1,141,538	
0299999 Receivables not inidvidually listed							
0399999 TOTAL Gross Amounts Receivable	1,141,538					1,141,538	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X			

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	20,585,294	16.178	X X X	X X X		20,585,294
6. Contractual fee payments	106,656,447	83.822	X X X	X X X	5,903,755	100,752,692
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	127,241,741	100.000	X X X	X X X	5,903,755	121,337,986
13. TOTAL (Line 4 plus Line 12)	127,241,741	100.000	X X X	X X X	5,903,755	121,337,986

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						

NONE

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4807 BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR NAIC Company Code 70998

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	23,168	18,335	3,090	1,743						
2. First Quarter	29,905	24,856	2,893	2,156						
3. Second Quarter	31,153	25,615	3,170	2,368						
4. Third Quarter	35,609	29,399	3,646	2,564						
5. Current Year	37,661	31,289	3,656	2,716						
6. Current Year Member Months	385,028	316,768	39,588	28,672						
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	321,709	248,326	27,803	45,580						
8. Non-Physician	151,220	95,615	34,203	21,402						
9. TOTAL	472,929	343,941	62,006	66,982						
10. Hospital Patient Days Incurred	23,118	19,961	726	2,431						
11. Number of Inpatient Admissions	5,054	4,394	200	460						
12. Health Premiums Written (b)	127,056,189	111,212,507	11,849,664	3,994,018						
13. Life Premiums Direct	724,805		724,805							
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	127,056,189	111,212,507	11,849,664	3,994,018						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	127,241,741	111,923,060	11,667,558	3,651,123						
18. Amount Incurred for Provision of Health Care Services	132,914,885	117,094,988	12,206,712	3,613,185						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

70998201643028100 2016 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4807 BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR NAIC Company Code 70998

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health Benefits Plan			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

70998201643059100 2016 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4807 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 70998

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	23,168	18,335	3,090	1,743						
2. First Quarter	29,905	24,856	2,893	2,156						
3. Second Quarter	31,153	25,615	3,170	2,368						
4. Third Quarter	35,609	29,399	3,646	2,564						
5. Current Year	37,661	31,289	3,656	2,716						
6. Current Year Member Months	385,028	316,768	39,588	28,672						
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	321,709	248,326	27,803	45,580						
8. Non-Physician	151,220	95,615	34,203	21,402						
9. TOTAL	472,929	343,941	62,006	66,982						
10. Hospital Patient Days Incurred	23,118	19,961	726	2,431						
11. Number of Inpatient Admissions	5,054	4,394	200	460						
12. Health Premiums Written (b)	127,056,189	111,212,507	11,849,664	3,994,018						
13. Life Premiums Direct	724,805		724,805							
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	127,056,189	111,212,507	11,849,664	3,994,018						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	127,241,741	111,923,060	11,667,558	3,651,123						
18. Amount Incurred for Provision of Health Care Services	132,914,885	117,094,988	12,206,712	3,613,185						

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. - Captive											
70998	71-0386640	03/01/2016	QUALCHOICE LIFE & HLTH INS CO INC	AR	SSL/L/G	272,771					
0199999 Subtotal - Affiliates - U.S. - Captive						272,771					
0399999 Subtotal - Affiliates - U.S. - Total						272,771					
0699999 Subtotal - Affiliates - Non-U.S. - Total											
0799999 Total - Affiliates						272,771					
1199999 Total U.S. (Sum of 0399999 and 0899999)						272,771					
1299999 Total Non-U.S. (Sum of 0699999 and 0999999)											
9999999 Total (Sum of 0799999 and 1099999)						272,771					

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Affiliates - U.S. - Other						
70998	71-0386640	01/01/2016	QUALCHOICE LIFE & HLTH INS CO INC	AR	272,771	
1399999 Subtotal - Accident and Health - Affiliates - U.S. - Other					272,771	
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total					272,771	
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total						
1899999 Total - Accident and Health - Affiliates					272,771	
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	5,950,571	
70939	13-2611847	01/01/2016	GERBER LIFE INS CO	NY	148,041	
2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates					6,098,612	
2199999 Total - Accident and Health - Non-Affiliates					6,098,612	
2299999 Total - Accident and Health					6,371,383	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					272,771	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					6,098,612	
9999999 Total (Sum of 1199999 and 2299999)					6,371,383	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
10227	13-4924125	10/01/2013	MUNICH REINS AMER INC	DE	SSL/L/G	CMM	74,278						
10227	13-4924125	10/01/2013	MUNICH REINS AMER INC	DE	OTH/L/I	CMM	815,718						
77828	57-0523959	09/01/2013	COMPANION LIFE INS CO	SC	OTH/A/G	CMM	163,662						
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	OTH/L/G	CMM	801,801						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,855,459						
1099999 Total - General Account - Authorized - Non-Affiliates							1,855,459						
1199999 Total - General Account Authorized							1,855,459						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,855,459						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,855,459						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							1,855,459						

34 Schedule S - Part 4 . . . . . NONE

35 Schedule S - Part 5 . . . . . NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums	1,855	2,567	592	173	211
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	6,371	6,817			99
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 12)	37,339,780		37,339,780
2.	Accident and health premiums due and unpaid (Line 15)	2,622,921		2,622,921
3.	Amounts recoverable from reinsurers (Line 16.1)	6,371,383		6,371,383
4.	Net credit for ceded reinsurance	X X X		
5.	All other admitted assets (Balance)	4,796,290		4,796,290
6.	TOTAL Assets (Line 28)	51,130,374		51,130,374
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	19,316,058		19,316,058
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)	1,896,678		1,896,678
15.	TOTAL Liabilities (Line 24)	21,212,736		21,212,736
16.	TOTAL Capital and Surplus (Line 33)	29,917,638	X X X	29,917,638
17.	TOTAL Liabilities, Capital and Surplus (Line 34)	51,130,374		51,130,374
NET CREDIT FOR CEDED REINSURANCE				
18.	Claims unpaid			
19.	Accrued medical incentive pool			
20.	Premiums received in advance			
21.	Reinsurance recoverable on paid losses			
22.	Other ceded reinsurance recoverables			
23.	TOTAL Ceded Reinsurance Recoverables			
24.	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets			
30.	TOTAL Ceded Reinsurance Payables/Offsets			
31.	TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

		Direct Business only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4807	Catholic Health Initiatives	70998	71-0386640				QualChoice Life and Health Insurance Company, Inc.	AR	RE	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	95448	71-0794605				QCA Health Plan, Inc.	AR	RE	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	12909	42-1720801				Soundpath Health, Inc.	WA	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15493	46-4495960				ClearRiver Health	TN	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15488	46-4368223				Heartland Plains Health	NE	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15499	46-4380824				Riverlink Health	OH	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15486	46-4828332				Riverlink Health of Kentucky, Inc.	KY	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15487	46-4373713				StableView Health	KY	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15751	47-3433912				QualChoice Advantage, Inc.	AR	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15752	47-3451750				Harvest Plains Health of Iowa	IA	IA	Prominence Health Plan Services, Inc.	Ownership	100.0	Catholic Health Initiatives	N	

Asterisk	Explanation
0000001	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
70998	71-0386640	QUALCHOICE LIFE & HLTH INS CO INC					(12,947,278)				(12,947,278)	
00000	46-1224037	Prominence Health Plan Services					12,947,278				12,947,278	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.	
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes
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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanation:

Bar Code:

Health Life Supplement

7099820162050000 2016 Document Code: 205

Health Property / Casualty Supplement

7099820162070000 2016 Document Code: 207

Schedule SIS

7099820164200000 2016 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

7099820163710000 2016 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

7099820163700000 2016 Document Code: 370

Medicare Part D Coverage Supplement

7099820163650000 2016 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner

7099820162240000 2016 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

7099820162250000 2016 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees

7099820162260000 2016 Document Code: 226

LTC Supplemental Interrogatories

7099820163060000 2016 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

7099820162110000 2016 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit

7099820162130000 2016 Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
4704.			
4797.	Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Miscellaneous			172,899		172,899
2505.	LAE Expenses			(90,013)		(90,013)
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			82,886		82,886

70998201636004100 2016 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2016
(To be filed by March 1)
FOR THE STATE OF **ARKANSAS**

NAIC Group Code: 4807 NAIC Company Code: 70998

Address (City, State and Zip Code): Little Rock, AR 72211

Person Completing This Exhibit:

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015, 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes		F	No	1,2,3,4,5	01/01/2011				MediQ65					3,282,678	2,907,989	88.6	22,710
Yes		N	No	1,2,3,4,5	01/01/2011				MediQ65					81,657	75,877	92.9	813
Yes		G	No	1,2,3,4,5	01/01/2011				MediQ65					623,603	620,036	99.4	5,094
Yes		A	No	1,2,3,4,5	01/01/2011				MediQ65					5,858	9,170	156.5	60
Yes		K	No	1,2,3,4,5	01/01/2016				MediQ65					222	113	50.9	4
0199999 Total Experience on Individual Policies														3,994,018	3,613,185	90.5	28,681
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

INDEX TO HEALTH ANNUAL STATEMENT

INDEX TO HEALTH ANNUAL STATEMENT