



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2021
 OF THE CONDITION AND AFFAIRS OF THE
ARKANSAS SUPERIOR SELECT, INC.

NAIC Group Code NAIC Company Code 15135 Employer's ID Number 80-0875493

(Current) (Prior)

Organized under the Laws of AR State of Domicile or Port of Entry AR

Country of Domicile US

Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO

Incorporated/Organized 11/13/2012 Commenced Business 01/01/2015

Statutory Home Office 1 Riverfront Place, Suite 600 North Little Rock, AR, US 72114

Main Administrative Office 1 Riverfront Place, Suite 600
 North Little Rock, AR, US 72114 501-372-1922-
 (Telephone)

Mail Address 1 Riverfront Place, Suite 600 North Little Rock, AR, US 72114

Primary Location of Books and
 Records 1 Riverfront Place, Suite 600
 North Little Rock, AR, US 72114 501-372-1922-
 (Telephone)

Internet Website Address www.superiorselectinc.com

Statutory Statement Contact Alan Gable 501-372-1922-
 (Telephone)
 agable@superiorselectinc.com 501-372-1932-
 (E-Mail) (Fax)

OFFICERS

..... David Lamar Norsworthy, President John Ponthie, Secretary

..... James Bennett Cooper, Vice President Alan Matthew Gable, Treasurer / CFO

OTHER

..... Jason Lee, Assistant Secretary

DIRECTORS OR TRUSTEES

..... David Lamar Norsworthy Jerry Don Sams

..... James Bennett Cooper John Ponthie

..... John Ellis Tobey Koehler

State of
 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.

x	x	x
Jason Lee Executive Director	Alan Gable CFO	David Norsworthy President

Subscribed and sworn to before me
 this _____ day of

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

x _____

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.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....	231,338	47,984	24,638	87,909	87,909	303,960
0299999 Total group.....	231,338	47,984	24,638	87,909	87,909	303,960
0399999 Premiums due and unpaid from Medicare entities.....	(125,503)					(125,503)
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	105,835	47,984	24,638	87,909	87,909	178,457

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
0199998 – Aggregate of Amounts Not Individually Listed	147,600	15,018	15,520	188,881	188,881	178,138
0199999 – Pharmaceutical Rebate Receivables	147,600	15,018	15,520	188,881	188,881	178,138
0799999 – Gross Health Care Receivables	147,600	15,018	15,520	188,881	188,881	178,138

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset 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 from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables		1,368,993	67,309	299,710	67,309	259,292
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)		1,368,993	67,309	299,710	67,309	259,292

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
0399999 - Aggregate accounts not individually listed-covered.....	216,490	162,157	90,618	55,728	277,903	802,896
0499999 - Subtotals.....	216,490	162,157	90,618	55,728	277,903	802,896
0599999 - Unreported claims and other claim reserves.....						2,064,587
0799999 - Total claims unpaid.....						2,867,483
0899999 - Accrued medical incentive pool and bonus amounts.....						2,532,061

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables				

NONE

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.....	6,634,610	26.951	4,539	97.216		6,634,610
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	6,634,610	26.951	4,539	97.216		6,634,610
Other Payments:						
5. Fee-for-service.....	17,481,851	71.015	XXX	XXX	1,559,157	15,922,694
6. Contractual fee payments.....			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service.....	500,717	2.034	XXX	XXX		500,717
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	17,982,568	73.049	XXX	XXX	1,559,157	16,423,411
13. Total (Line 4 plus Line 12).....	24,617,178	100.000 %	XXX	XXX	1,559,157	23,058,021

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
9999999 – Totals.....			XXX	XXX	XXX

NONE

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.....	NONE					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Superior Select, Inc.

2. North Little Rock, AR
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2021

NAIC Company Code: 15135

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,063					1,802		1,261		
2. First Quarter	2,805					1,630		1,175		
3. Second Quarter	2,984					1,717		1,267		
4. Third Quarter	4,020				248	1,763		1,304		705
5. Current Year	4,669				417	1,747		1,314		1,191
6. Current Year Member Months	42,139				1,685	20,555		15,051		4,848
Total Member Ambulatory Encounters for Year:										
7. Physician	9,288							9,288		
8. Non-Physician	44,840				421	10,278		32,929		1,212
9. Total	54,128				421	10,278		42,217		1,212
10. Hospital Patient Days Incurred	3,228							3,228		
11. Number of Inpatient Admissions	552							552		
12. Health Premiums Written (b)	35,589,628				62,234	2,221,908		32,965,999		339,487
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	35,589,628				62,234	2,221,908		32,965,999		339,487
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	24,617,178				41,249	1,672,677		22,687,268		215,984
18. Amount Incurred for Provision of Health Care Services	26,294,534				41,249	1,672,677		24,364,624		215,984

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30 AR



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Superior Select, Inc.

2. North Little Rock, AR
(LOCATION)

NAIC Group Code: 00000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2021

NAIC Company Code: 15135

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,063					1,802		1,261		
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3. Second Quarter	2,984					1,717		1,267		
4. Third Quarter	4,020				248	1,763		1,304		705
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(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 – Total (Sum of 0799999 and 1099999)												

NONE

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
Life and Annuity, Affiliates, U.S., Captive						
	AA-3190686	01/01/2018	Partner Reins Co Ltd	BMU		
9999999 - Total (Sum of 1199999 and 2299999)						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE		MR	62,869						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							62,869						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							62,869						
1199999 – Total General Account Authorized							62,869						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							62,869						
9199999 – Total U.S.							62,869						
9999999 – Total (Sum of 4599999 and 9099999)							62,869						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1 Premiums					
2 Title XVIII-Medicare	63	55	55	115	
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				88	
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1 Cash and invested assets (Line 12)	12,589,567		12,589,567
2 Accident and health premiums due and unpaid (Line 15)	1,969,612		1,969,612
3 Amounts recoverable from reinsurers (Line 16.1)			
4 Net credit for ceded reinsurance	XXX		
5 All other admitted assets (Balance)	179,014		179,014
6 Total assets (Line 28)	14,738,193		14,738,193
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	2,867,483		2,867,483
8 Accrued medical incentive pool and bonus payments (Line 2)	2,532,061		2,532,061
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)	708,114		708,114
15 Total liabilities (Line 24)	6,107,658		6,107,658
16 Total capital and surplus (Line 33)	8,630,535	XXX	8,630,535
17 Total liabilities, capital and surplus (Line 34)	14,738,193		14,738,193
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses		XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables		XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.		Direct Business Only					Totals
		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	
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.	US 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? (Yes/No)	*
			46-2113331				Select Founders, LLC	AR	UDP				Select Founders, LLC	N	
		15135	80-0875483				Arkansas Superior Select, Inc	AR	RE	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	N	
			85-4599180				Access Medical Clinic Arkansas, LLC	AR	DS	Select Founders, LLC	Ownership	49.000	Select Founders, LLC	N	
			61-1843259				Access Health Services, LLC	AR	NIA	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	N	
Asterisk	Explanation														

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
15135.....	80-0875493.....	Arkansas Superior Select, Inc.....					(3,250,000)				(3,250,000)	
00000.....	85-4599180.....	Access Health Services, LLC.....					3,250,000				3,250,000	
9999999 – Control Totals.....												

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Arkansas Superior Select, Inc.	Select Founders, LLC	100.000 %		Select Founders, LLC		%	

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

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.

	Response
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

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No
13. 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
14. 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
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No
16. 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 filed electronically with the NAIC by March 1?.....	No
17. 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
18. 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	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No
21. 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
22. 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
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	Yes
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	Yes

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation

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