



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

AccessCare General, Inc.

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

Organized under the Laws of IL State of Domicile or Port of Entry IL Country of Domicile US

Licensed as Business Type Other Is HMO Federally Qualified? Yes [] No []

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

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

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

Mail Address 8500 W. 110th St., Suite 450 .. Overland Park .. KS 66210
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8500 W. 110th St., Suite 450 .. Overland Park .. KS 66210
(Street and Number) (City or Town, State, Country and Zip Code) 877-647-7948
(Area Code) (Telephone Number)

Internet Web Site Address N/A

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

OFFICERS

Name	Title	Name	Title
1. Tony Barker Layne	CEO	2. John Ray Rosenbaum	CFO
3. Amy Hufft Abbott #	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Tony Barker Layne Larry Steven Spiscaufsky David Paul Kennedy # Amy Hufft Abbott #

State of..... Kansas
County of..... Johnson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Tony Barker Layne	_____ (Signature) John Ray Rosenbaum	_____ (Signature) Amy Hufft Abbott
1. (Printed Name) CEO	2. (Printed Name) CFO	3. (Printed Name) Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2020

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 _____

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
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed.....	140,516	123,898	137,463	0	0	401,877
0299999. Total group.....	140,516	123,898	137,463	0	0	401,877
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	140,516	123,898	137,463	0	0	401,877

Ex. 3 - Health Care Receivables
NONE

Ex. 3A - Analysis of Health Care Receivables Collected and Accrued
NONE

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
Claims Unpaid (Reported)						
MobileCare 2U, LLC.....	211,872	0	0	0	0	211,872
HealthDrive Dental Group.....	212,115	0	0	0	0	212,115
0199999. Individually listed claims unpaid.....	423,987	0	0	0	0	423,987
0499999. Subtotals.....	423,987	0	0	0	0	423,987
0799999. Total claims unpaid.....						423,987

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

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
MobileCare 2U, LLC.....	Due to Affiliate.....	52,968	52,968	0
SDC Insurance.....	Due to Affiliate.....	123,462	123,462	0
0199999. Individually listed payables.....		176,430	176,430	0
0399999. Total gross payables.....		176,430	176,430	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	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.....	.0	.00	0	.00	.0	.0
2. Intermediaries.....	.0	.00	0	.00	.0	.0
3. All other providers.....	5,460,860	100.0	10,043	100.0	5,460,860	.0
4. Total capitation payments.....	5,460,860	100.0	10,043	100.0	5,460,860	.0
Other Payments:						
5. Fee-for-service.....	.0	.00	XXX	XXX	.0	.0
6. Contractual fee payments.....	.0	.00	XXX	XXX	.0	.0
7. Bonus/withhold arrangements - fee-for-service.....	.0	.00	XXX	XXX	.0	.0
8. Bonus/withhold arrangements - contractual fee payments.....	.0	.00	XXX	XXX	.0	.0
9. Non-contingent salaries.....	.0	.00	XXX	XXX	.0	.0
10. Aggregate cost arrangements.....	.0	.00	XXX	XXX	.0	.0
11. All other payments.....	.0	.00	XXX	XXX	.0	.0
12. Total other payments.....	.0	.00	XXX	XXX	.0	.0
13. Total (Line 4 plus Line 12).....	5,460,860	100.0	XXX	XXX	5,460,860	.0

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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
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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.....	.0	.0	.0	.0	.0	.0
2. Medical furniture, equipment and fixtures.....	.0	.0	.0	.0	.0	.0
3. Pharmaceuticals and surgical supplies.....	.0	.0	.0	.0	.0	.0
4. Durable medical equipment.....	.0	.0	.0	.0	.0	.0
5. Other property and equipment.....	.0	.0	.0	.0	.0	.0
6. Total.....	.0	.0	.0	.0	.0	.0

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....AccessCare General, Inc. 2. Des Plaines, IL

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

	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.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. First quarter.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Second quarter.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third quarter.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current year.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Current year member months.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
Total Member Ambulatory Encounters for Year:				NONE						
7. Physician.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-physician.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Totals.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Hospital patient days incurred.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Number of inpatient admissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Health premiums written (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Life premiums direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/casualty premiums written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health premiums earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Property/casualty premiums earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount paid for provision of health care services.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Amount incurred for provision of health care services.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

30.AR

(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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....AccessCare General, Inc. 2. Des Plaines, IL

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

	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.....	9,446	.0	.0	.0	.0	9,446	.0	.0	.0	.0
2. First quarter.....	9,399	.0	.0	.0	.0	9,399	.0	.0	.0	.0
3. Second quarter.....	8,997	.0	.0	.0	.0	8,997	.0	.0	.0	.0
4. Third quarter.....	9,092	.0	.0	.0	.0	9,092	.0	.0	.0	.0
5. Current year.....	10,043	.0	.0	.0	.0	10,043	.0	.0	.0	.0
6. Current year member months.....	111,709	.0	.0	.0	.0	111,709	.0	.0	.0	.0
Total Member Ambulatory Encounters for Year:										
7. Physician.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-physician.....	45,690	.0	.0	.0	.0	45,690	.0	.0	.0	.0
9. Totals.....	45,690	.0	.0	.0	.0	45,690	.0	.0	.0	.0
10. Hospital patient days incurred.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Number of inpatient admissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Health premiums written (b).....	9,030,879	.0	.0	.0	.0	9,030,879	.0	.0	.0	.0
13. Life premiums direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/casualty premiums written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health premiums earned.....	9,030,879	.0	.0	.0	.0	9,030,879	.0	.0	.0	.0
16. Property/casualty premiums earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount paid for provision of health care services.....	5,460,860	.0	.0	.0	.0	5,460,860	.0	.0	.0	.0
18. Amount incurred for provision of health care services.....	5,418,527	.0	.0	.0	.0	5,418,527	.0	.0	.0	.0

30.GT

(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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....AccessCare General, Inc. 2. Des Plaines, IL

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

(Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

	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.....	4,185	.0	.0	.0	.0	4,185	.0	.0	.0	.0
2. First quarter.....	3,998	.0	.0	.0	.0	3,998	.0	.0	.0	.0
3. Second quarter.....	3,653	.0	.0	.0	.0	3,653	.0	.0	.0	.0
4. Third quarter.....	3,370	.0	.0	.0	.0	3,370	.0	.0	.0	.0
5. Current year.....	3,550	.0	.0	.0	.0	3,550	.0	.0	.0	.0
6. Current year member months.....	44,428	.0	.0	.0	.0	44,428	.0	.0	.0	.0
Total Member Ambulatory Encounters for Year:										
7. Physician.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-physician.....	19,941	.0	.0	.0	.0	19,941	.0	.0	.0	.0
9. Totals.....	19,941	.0	.0	.0	.0	19,941	.0	.0	.0	.0
10. Hospital patient days incurred.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Number of inpatient admissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Health premiums written (b).....	3,614,197	.0	.0	.0	.0	3,614,197	.0	.0	.0	.0
13. Life premiums direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/casualty premiums written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health premiums earned.....	3,614,197	.0	.0	.0	.0	3,614,197	.0	.0	.0	.0
16. Property/casualty premiums earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount paid for provision of health care services.....	2,171,849	.0	.0	.0	.0	2,171,849	.0	.0	.0	.0
18. Amount incurred for provision of health care services.....	2,168,518	.0	.0	.0	.0	2,168,518	.0	.0	.0	.0

(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.IL



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....AccessCare General, Inc. 2. Des Plaines, IL

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

(Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

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	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.....	2,922	0	0	0	0	2,922	0	0	0	0
2. First quarter.....	2,993	0	0	0	0	2,993	0	0	0	0
3. Second quarter.....	3,008	0	0	0	0	3,008	0	0	0	0
4. Third quarter.....	3,166	0	0	0	0	3,166	0	0	0	0
5. Current year.....	3,677	0	0	0	0	3,677	0	0	0	0
6. Current year member months.....	37,467	0	0	0	0	37,467	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0	0	0	0	0	0	0	0	0	0
8. Non-physician.....	18,341	0	0	0	0	18,341	0	0	0	0
9. Totals.....	18,341	0	0	0	0	18,341	0	0	0	0
10. Hospital patient days incurred.....	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions.....	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b).....	3,005,942	0	0	0	0	3,005,942	0	0	0	0
13. Life premiums direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written.....	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned.....	3,005,942	0	0	0	0	3,005,942	0	0	0	0
16. Property/casualty premiums earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services.....	1,831,563	0	0	0	0	1,831,563	0	0	0	0
18. Amount incurred for provision of health care services.....	1,803,565	0	0	0	0	1,803,565	0	0	0	0

(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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....AccessCare General, Inc. 2. Des Plaines, IL

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

(Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

	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.....	2,339	.0	.0	.0	.0	2,339	.0	.0	.0	.0
2. First quarter.....	2,408	.0	.0	.0	.0	2,408	.0	.0	.0	.0
3. Second quarter.....	2,336	.0	.0	.0	.0	2,336	.0	.0	.0	.0
4. Third quarter.....	2,556	.0	.0	.0	.0	2,556	.0	.0	.0	.0
5. Current year.....	2,816	.0	.0	.0	.0	2,816	.0	.0	.0	.0
6. Current year member months.....	29,814	.0	.0	.0	.0	29,814	.0	.0	.0	.0
Total Member Ambulatory Encounters for Year:										
7. Physician.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Non-physician.....	7,408	.0	.0	.0	.0	7,408	.0	.0	.0	.0
9. Totals.....	7,408	.0	.0	.0	.0	7,408	.0	.0	.0	.0
10. Hospital patient days incurred.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Number of inpatient admissions.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Health premiums written (b).....	2,410,740	.0	.0	.0	.0	2,410,740	.0	.0	.0	.0
13. Life premiums direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/casualty premiums written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health premiums earned.....	2,410,740	.0	.0	.0	.0	2,410,740	.0	.0	.0	.0
16. Property/casualty premiums earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount paid for provision of health care services.....	1,457,448	.0	.0	.0	.0	1,457,448	.0	.0	.0	.0
18. Amount incurred for provision of health care services.....	1,446,444	.0	.0	.0	.0	1,446,444	.0	.0	.0	.0

30.MD

(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

Sch. S - Pt. 1 - Sn. 2
NONE

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

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).....	954,527	0	954,527
2. Accident and health premiums due and unpaid (Line 15).....	401,877	0	401,877
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (balance).....	168	0	168
6. Totals assets (Line 28).....	1,356,572	0	1,356,572
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	423,987	0	423,987
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	48,747	0	48,747
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (balance).....	236,693	0	236,693
15. Total liabilities (Line 24).....	709,427	0	709,427
16. Total capital and surplus (Line 33).....	647,145	XXX	647,145
17. Total liabilities, capital and surplus (Line 34).....	1,356,572	0	1,356,572
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	0		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2 INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					6 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	0	0	0	0	0	0	
2. Alaska.....AK	0	0	0	0	0	0	
3. Arizona.....AZ	0	0	0	0	0	0	
4. Arkansas.....AR	0	0	0	0	0	0	
5. California.....CA	0	0	0	0	0	0	
6. Colorado.....CO	0	0	0	0	0	0	
7. Connecticut.....CT	0	0	0	0	0	0	
8. Delaware.....DE	0	0	0	0	0	0	
9. District of Columbia.....DC	0	0	0	0	0	0	
10. Florida.....FL	0	0	0	0	0	0	
11. Georgia.....GA	0	0	0	0	0	0	
12. Hawaii.....HI	0	0	0	0	0	0	
13. Idaho.....ID	0	0	0	0	0	0	
14. Illinois.....IL	0	0	0	0	0	0	
15. Indiana.....IN	0	0	0	0	0	0	
16. Iowa.....IA	0	0	0	0	0	0	
17. Kansas.....KS	0	0	0	0	0	0	
18. Kentucky.....KY	0	0	0	0	0	0	
19. Louisiana.....LA	0	0	0	0	0	0	
20. Maine.....ME	0	0	0	0	0	0	
21. Maryland.....MD	0	0	0	0	0	0	
22. Massachusetts.....MA	0	0	0	0	0	0	
23. Michigan.....MI	0	0	0	0	0	0	
24. Minnesota.....MN	0	0	0	0	0	0	
25. Mississippi.....MS	0	0	0	0	0	0	
26. Missouri.....MO	0	0	0	0	0	0	
27. Montana.....MT	0	0	0	0	0	0	
28. Nebraska.....NE	0	0	0	0	0	0	
29. Nevada.....NV	0	0	0	0	0	0	
30. New Hampshire.....NH	0	0	0	0	0	0	
31. New Jersey.....NJ	0	0	0	0	0	0	
32. New Mexico.....NM	0	0	0	0	0	0	
33. New York.....NY	0	0	0	0	0	0	
34. North Carolina.....NC	0	0	0	0	0	0	
35. North Dakota.....ND	0	0	0	0	0	0	
36. Ohio.....OH	0	0	0	0	0	0	
37. Oklahoma.....OK	0	0	0	0	0	0	
38. Oregon.....OR	0	0	0	0	0	0	
39. Pennsylvania.....PA	0	0	0	0	0	0	
40. Rhode Island.....RI	0	0	0	0	0	0	
41. South Carolina.....SC	0	0	0	0	0	0	
42. South Dakota.....SD	0	0	0	0	0	0	
43. Tennessee.....TN	0	0	0	0	0	0	
44. Texas.....TX	0	0	0	0	0	0	
45. Utah.....UT	0	0	0	0	0	0	
46. Vermont.....VT	0	0	0	0	0	0	
47. Virginia.....VA	0	0	0	0	0	0	
48. Washington.....WA	0	0	0	0	0	0	
49. West Virginia.....WV	0	0	0	0	0	0	
50. Wisconsin.....WI	0	0	0	0	0	0	
51. Wyoming.....WY	0	0	0	0	0	0	
52. American Samoa.....AS	0	0	0	0	0	0	
53. Guam.....GU	0	0	0	0	0	0	
54. Puerto Rico.....PR	0	0	0	0	0	0	
55. US Virgin Islands.....VI	0	0	0	0	0	0	
56. Northern Mariana Islands.....MP	0	0	0	0	0	0	
57. Canada.....CAN	0	0	0	0	0	0	
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	
59. Totals.....	0	0	0	0	0	0	

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)	*
Members															
0		0	61-1896870	0	0		Healthcare Delivered, LLC	DE	UDP	SDC Holdings, LLC	Ownership	0.995		N	0
0		0	61-1896870	0	0		Healthcare Delivered, LLC	DE	UDP	Employee Incentive Vehicle	Ownership	0.005		N	0
0		0	37-1904884	0	0		Innovative Healthcare Investments, LLC	DE	NIA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	N	0
0		0	48-1220515	0	0		MobileCare 2U, LLC	KS	NIA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	N	0
4744	L S S Grp	14158	45-2795364	0	0		AccessCare General, Inc	IL	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
4744	L S S Grp	14119	26-3434287	0	0		AccessCare General, LLC	KS	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
4744	L S S Grp	14343	45-3076903	0	0		AccessCare General Oklahoma, LLC	OK	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
4744	L S S Grp	16425	83-1898186	0	0		AccessCare General Wisconsin Insurance, Inc.	WI	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
0		0	45-2871916	0	0		Senior Dental Care of Iowa, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
0		0	46-4698648	0	0		Mobile Care Marketing, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
0		0	46-1568291	0	0		Mobile Care Management, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
0		0	46-0972367	0	0		SDC Insurance, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
0		0	47-2896515	0	0		SDC TPA, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
0		0	32-0573900	0	0		SDC Holdings, LLC	DE	NIA			0.000		N	0

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)
Affiliated Transactions												
0.....	48-1220515.....	MobileCare 2U, LLC.....	0	0	0	0	8,428,522	0		0	8,428,522	0
0.....	46-0972367.....	SDC Insurance, LLC.....	0	0	0	0	2,672,249	0		0	2,672,249	0
14119.....	26-3434287.....	AccessCare General, LLC.....	(89,496)	0	0	0	(2,635,664)	0		0	(2,725,160)	0
14343.....	45-3076903.....	AccessCare General Oklahoma, LLC.....	0	0	0	0	(1,249,572)	0		0	(1,249,572)	0
14158.....	45-2795364.....	AccessCare General, Inc.....	(525,628)	0	0	0	(7,132,891)	0		0	(7,658,519)	0
16425.....	83-1898186.....	AccessCare General Wisconsin Insurance, Inc.....	0	0	0	0	(82,644)	0		0	(82,644)	0
0.....	61-1896870.....	Healthcare Delivered, LLC.....	89,496	0	0	0	0	0		0	89,496	0
0.....	32-0573900.....	SDC Holdings.....	525,628	0	0	0	0	0		0	525,628	0
9999999	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES 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.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

YES
 YES
 YES
 YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
 YES
 YES

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
 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 **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

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. 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?
15. 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?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. 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?
18. 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?
19. 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
 NO
 NO
 NO
 NO
 NO
 NO
 NO
 NO

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?

NO
 NO
 NO
 NO
 NO
 NO

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?


NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES


EXPLANATIONS:

BAR CODE:


- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 13. The data for this supplement is not required to be filed.
- 14. The data for this supplement is not required to be filed.
- 15. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
- 21. The data for this supplement is not required to be filed.
- 22. The data for this supplement is not required to be filed.
- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.




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