



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

QualChoice Advantage Inc

NAIC Group Code.....4807, 4807 (Current Period) (Prior Period) NAIC Company Code..... 15751 Employer's ID Number..... 47-3433912

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? Yes [X] No []

Incorporated/Organized..... March 20, 2015 Commenced Business..... January 1, 2016

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

Main Administrative Office 12615 Chenal Parkway, Suite 300..... Little Rock AR US 72211 866-789-7747
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 27510..... Federal Way WA US 98093
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 33820 Weyerhaeuser Way S..... Federal Way WA US 98001 253-517-4300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.QualChoiceAdvantage.com
Statutory Statement Contact Thuy Le 253-517-4340
(Name) (Area Code) (Telephone Number) (Extension)

thuy.le@qualchoicehealth.com 253-517-4385
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Michael Edward Stock	President	2. Steven Charles Schramm	Chief Financial Officer & Treasurer
3.		4.	

OTHER

William Nathan Young MD # Chief Medical Officer

DIRECTORS OR TRUSTEES

Mark Fred Bjornson	Charles William Hanson	Jennifer Jean Boeff	David Allen Sorenson #
Michael Edward Stock #			

State of..... Washington
County of..... King

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) Michael Edward Stock	_____ (Signature) Steven Charles Schramm	_____ (Signature)
1. (Printed Name) President	2. (Printed Name) Chief Financial Officer & Treasurer	3. (Printed Name)
_____ (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	_____

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						
0199999. Total individuals.....	7,657	1,914	1,566	7,918		19,055
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	7,657	1,914	1,566	7,918	0	19,055

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						
Med Impact.....	154,107	85,710	2,386			242,203
0199999. Total Pharmaceutical Rebate Receivables.....	154,107	85,710	2,386	0	0	242,203
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	29,850			8,078	8,078	29,850
0299999. Total Claim Overpayment Receivables.....	29,850	0	0	8,078	8,078	29,850
0799999. Gross Health Care Receivables.....	183,958	85,710	2,386	8,078	8,078	272,053

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables.....		188,015		242,203	.0	
2. Claim overpayment receivables.....				37,928	.0	
3. Loans and advances to providers.....		.35			.0	
4. Capitation arrangement receivables.....					.0	
5. Risk sharing receivables.....					.0	
6. Other health care receivables.....					.0	
7. Totals (Lines 1 through 6).....	0	188,050	0	280,131	.0	0

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
Claims Unpaid (Reported)						
Claims Unpaid - Pharmacy.....	88,596					88,596
0199999. Individually listed claims unpaid.....	88,596	0	0	0	0	88,596
0499999. Subtotals.....	88,596	0	0	0	0	88,596
0599999. Unreported claim and other claim reserves.....						1,530,072
0799999. Total claims unpaid.....						1,618,668

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				
QualChoice Health Plan Services, Inc.....	Administrative Services.....	108,016	108,016	0
0199999. Individually listed payables.....		108,016	108,016	0
0399999. Total gross payables.....		108,016	108,016	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	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	199,950	1.9	1,504	82.1		199,950
4. Total capitation payments.....	199,950	1.9	1,504	82.1	0	199,950
Other Payments:						
5. Fee-for-service.....	0	0.0	XXX	XXX		
6. Contractual fee payments.....	8,712,692	83.4	XXX	XXX	3,020,852	5,691,840
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	0	0.0	XXX	XXX		
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	1,530,072	14.7	XXX	XXX		1,530,072
12. Total other payments.....	10,242,764	98.1	XXX	XXX	3,020,852	7,221,912
13. Total (Line 4 plus Line 12).....	10,442,714	100.0	XXX	XXX	3,020,852	7,421,862

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

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....QualChoice Advantage Inc

2. Arkansas

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code.....4807

NAIC Company Code.....15751

	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									
2. First quarter.....	1,811							1,811		
3. Second quarter.....	1,838							1,838		
4. Third quarter.....	1,848							1,848		
5. Current year.....	1,831							1,831		
6. Current year member months.....	21,941							21,941		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	18,460							18,460		
8. Non-physician.....	5,489							5,489		
9. Totals.....	23,949	0	0	0	0	0	0	23,949	0	0
10. Hospital patient days incurred.....	1,558							1,558		
11. Number of inpatient admissions.....	299							299		
12. Health premiums written (b).....	12,016,908							12,016,908		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	12,016,908							12,016,908		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	10,442,714							10,442,714		
18. Amount incurred for provision of health care services.....	10,442,714							10,442,714		

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(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 \$.....12,016,908



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....QualChoice Advantage Inc

2. Little Rock, AR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....4807

NAIC Company Code.....15751

	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									
2. First quarter.....	1,811							1,811		
3. Second quarter.....	1,838							1,838		
4. Third quarter.....	1,848							1,848		
5. Current year.....	1,831							1,831		
6. Current year member months.....	21,941							21,941		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	18,460							18,460		
8. Non-physician.....	5,489							5,489		
9. Totals.....	23,949	0	0	0	0	0	0	23,949	0	0
10. Hospital patient days incurred.....	1,558							1,558		
11. Number of inpatient admissions.....	299							299		
12. Health premiums written (b).....	12,016,908							12,016,908		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	12,016,908							12,016,908		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	10,442,714							10,442,714		
18. Amount incurred for provision of health care services.....	10,442,714							10,442,714		

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(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 \$.....12,016,908

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
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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
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572	43-1235868	01/01/2016	RGA Reinsurance Company	MO		
1999999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				.0	.0
2199999	Total - Accident and Health Non-Affiliates				.0	.0
2299999	Total - Accident and Health				.0	.0
2399999	Total U.S.				.0	.0
9999999	Total				.0	.0

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														
93572....	43-1235868....	.01/01/2015	RGA Reinsurance Company.....	MO.....	SSL/AI.....	MR.....	66,754							
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						66,754	.0	.0	.0	.0	.0	.0	.0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						66,754	.0	.0	.0	.0	.0	.0	
1199999.	Total - General Account - Authorized.....						66,754	.0	.0	.0	.0	.0	.0	
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						66,754	.0	.0	.0	.0	.0	.0	
6999999.	Total - U.S.....						66,754	.0	.0	.0	.0	.0	.0	
9999999.	Total.....						66,754	.0	.0	.0	.0	.0	.0	

Sch. S - Pt. 4
NONE

Sch. S - Pt. 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.....					
2. Title XVIII - Medicare.....	67				
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.....					
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).....	4,709,031		4,709,031
2. Accident and health premiums due and unpaid (Line 15).....	107,169		107,169
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	285,669		285,669
6. Totals assets (Line 28).....	5,101,869	0	5,101,869
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,618,668		1,618,668
8. Accrued medical incentive pool and bonus payments (Line 2).....			0
9. Premiums received in advance (Line 8).....			0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	169,950		169,950
15. Total liabilities (Line 24).....	1,788,618	0	1,788,618
16. Total capital and surplus (Line 33).....	3,313,252	XXX	3,313,252
17. Total liabilities, capital and surplus (Line 34).....	5,101,869	0	5,101,869
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					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
2. Alaska.....AK						.0
3. Arizona.....AZ						.0
4. Arkansas.....AR						.0
5. California.....CA						.0
6. Colorado.....CO						.0
7. Connecticut.....CT						.0
8. Delaware.....DE						.0
9. District of Columbia.....DC						.0
10. Florida.....FL						.0
11. Georgia.....GA						.0
12. Hawaii.....HI						.0
13. Idaho.....ID						.0
14. Illinois.....IL						.0
15. Indiana.....IN						.0
16. Iowa.....IA						.0
17. Kansas.....KS						.0
18. Kentucky.....KY						.0
19. Louisiana.....LA						.0
20. Maine.....ME						.0
21. Maryland.....MD						.0
22. Massachusetts.....MA						.0
23. Michigan.....MI						.0
24. Minnesota.....MN						.0
25. Mississippi.....MS						.0
26. Missouri.....MO						.0
27. Montana.....MT						.0
28. Nebraska.....NE						.0
29. Nevada.....NV						.0
30. New Hampshire.....NH						.0
31. New Jersey.....NJ						.0
32. New Mexico.....NM						.0
33. New York.....NY						.0
34. North Carolina.....NC						.0
35. North Dakota.....ND						.0
36. Ohio.....OH						.0
37. Oklahoma.....OK						.0
38. Oregon.....OR						.0
39. Pennsylvania.....PA						.0
40. Rhode Island.....RI						.0
41. South Carolina.....SC						.0
42. South Dakota.....SD						.0
43. Tennessee.....TN						.0
44. Texas.....TX						.0
45. Utah.....UT						.0
46. Vermont.....VT						.0
47. Virginia.....VA						.0
48. Washington.....WA						.0
49. West Virginia.....WV						.0
50. Wisconsin.....WI						.0
51. Wyoming.....WY						.0
52. American Samoa.....AS						.0
53. Guam.....GU						.0
54. Puerto Rico.....PR						.0
55. US Virgin Islands.....VI						.0
56. Northern Mariana Islands.....MP						.0
57. Canada.....CAN						.0
58. Aggregate Other Alien.....OT						.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															
			46-1224037..				QualChoice Health Plan Services, Inc.....	CO.....	UDP.....	QualChoice Health, Inc.....	Ownership.....	100.000	Catholic Health Initiatives.....	..N.....	
4807	Catholic Hlth Initatives Grp....	12909..	42-1720801..				Soundpath Health.....	WA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	95448..	71-0794605..				QCA Health Plan, Inc.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	70998..	71-0386640..				QualChoice Life and Health.....	AR.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15493..	46-4495960..				ClearRiver Health.....	TN.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15488..	46-4368223..				HeartlandPlains Health.....	NE.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15499..	46-4380824..				RiverLink Health.....	OH.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15486..	46-4828332..				RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15487..	46-4373713..				StableView Health Inc.....	KY.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15751..	47-3433912..				QualChoice Advantage Inc.....	AR.....	RE.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	
4807	Catholic Hlth Initatives Grp....	15752..	47-3451750..				HarvestPlains Health of Iowa.....	IA.....	IA.....	QualChoice Health Plan Services, Inc.....	Ownership.....	100.000	QualChoice Health, Inc /Catholic Health Initiatives	..N.....	

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												
.....	46-1224037.....	QualChoice Health Plan Services, Inc.....	.....	.....	.....	.....	.....1,802,536	.....	.....	.....	.....1,802,536	.....
15751.....	47-3433912.....	QualChoice Advantage, Inc.....	.....	.....	.....	.....	.....(1,802,536)	.....	.....	.....	.....(1,802,536)	.....
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

	Responses
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 the Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risk 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
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The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
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?	YES
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 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 filed 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?	NO
25. 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?	NO

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

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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.



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.



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