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ANNUAL STATEMENT

For the Year Ended December 31, 2017

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 *(Name)*	913 647 7926 *(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. Scott Maurice Frigon	President
3. John Ray Rosenbaum	Secretary/CFO	4.	

OTHER

DIRECTORS OR TRUSTEES

Tony Barker Layne Cassi Copeland Layne Larry Steven Spitcaufsky

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)	(Signature)	(Signature)
Scott Maurice Frigon	John Ray Rosenbaum	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/CFO	

Subscribed and sworn to before me
This _____ day of February 2018

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	126,940	76,383	78,496	0	0	281,819
0299999. Total group	126,940	76,383	78,496	0	0	281,819
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	126,940	76,383	78,496	0	0	281,819

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	198,001	0	0	0	0	198,001
HealthDrive Dental Group	124,934	0	0	0	0	124,934
0199999. Individually listed claims unpaid	322,935	0	0	0	0	322,935
0499999. Subtotals	322,935	0	0	0	0	322,935
0799999. Total claims unpaid						322,935

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

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	49,501	49,501	0
SDC Insurance	Due to Affiliate	90,905	90,905	0
0199999. Individually listed payables		140,406	140,406	0
0399999. Total gross payables		140,406	140,406	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	0	0.0	0	0
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	3,665,670	100.0	7,802	100.0	3,665,670	0
4. Total capitation payments	3,665,670	100.0	7,802	100.0	3,665,670	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	0	0
6. Contractual fee payments	0	0.0	XXX	XXX	0	0
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	0	0.0	XXX	XXX	0	0
13. Total (Line 4 plus Line 12)	3,665,670	100.0	XXX	XXX	3,665,670	0

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

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	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	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:										
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

NONE

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	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	4,855	0	0	0	0	4,855	0	0	0	0
2. First quarter	5,501	0	0	0	0	5,501	0	0	0	0
3. Second quarter	6,085	0	0	0	0	6,085	0	0	0	0
4. Third quarter	7,177	0	0	0	0	7,177	0	0	0	0
5. Current year	7,802	0	0	0	0	7,802	0	0	0	0
6. Current year member months	76,784	0	0	0	0	76,784	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	26,530	0	0	0	0	26,530	0	0	0	0
9. Totals	26,530	0	0	0	0	26,530	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)	6,086,876	0	0	0	0	6,086,876	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	6,086,876	0	0	0	0	6,086,876	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	3,665,670	0	0	0	0	3,665,670	0	0	0	0
18. Amount incurred for provision of health care services	3,652,126	0	0	0	0	3,652,126	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 ILLINOIS DURING THE YEAR (Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

	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	3,657	0	0	0	0	3,657	0	0	0	0
2. First quarter	3,682	0	0	0	0	3,682	0	0	0	0
3. Second quarter	3,768	0	0	0	0	3,768	0	0	0	0
4. Third quarter	4,129	0	0	0	0	4,129	0	0	0	0
5. Current year	4,123	0	0	0	0	4,123	0	0	0	0
6. Current year member months	46,834	0	0	0	0	46,834	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	17,647	0	0	0	0	17,647	0	0	0	0
9. Totals	17,647	0	0	0	0	17,647	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)	3,712,658	0	0	0	0	3,712,658	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	3,712,658	0	0	0	0	3,712,658	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	2,235,856	0	0	0	0	2,235,856	0	0	0	0
18. Amount incurred for provision of health care services	2,227,595	0	0	0	0	2,227,595	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 INDIANA DURING THE YEAR (Location)

NAIC Group Code.....4744

NAIC Company Code.....14158

	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	1,198	0	0	0	0	1,198	0	0	0	0
2. First quarter	1,482	0	0	0	0	1,482	0	0	0	0
3. Second quarter	1,595	0	0	0	0	1,595	0	0	0	0
4. Third quarter	1,804	0	0	0	0	1,804	0	0	0	0
5. Current year	2,043	0	0	0	0	2,043	0	0	0	0
6. Current year member months	19,823	0	0	0	0	19,823	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	8,044	0	0	0	0	8,044	0	0	0	0
9. Totals	8,044	0	0	0	0	8,044	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)	1,571,423	0	0	0	0	1,571,423	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	1,571,423	0	0	0	0	1,571,423	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	946,351	0	0	0	0	946,351	0	0	0	0
18. Amount incurred for provision of health care services	942,854	0	0	0	0	942,854	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	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	0	0	0	0	0	0	0	0	0	0
2. First quarter	337	0	0	0	0	337	0	0	0	0
3. Second quarter	722	0	0	0	0	722	0	0	0	0
4. Third quarter	1,244	0	0	0	0	1,244	0	0	0	0
5. Current year	1,636	0	0	0	0	1,636	0	0	0	0
6. Current year member months	10,127	0	0	0	0	10,127	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	839	0	0	0	0	839	0	0	0	0
9. Totals	839	0	0	0	0	839	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)	802,795	0	0	0	0	802,795	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	802,795	0	0	0	0	802,795	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	483,463	0	0	0	0	483,463	0	0	0	0
18. Amount incurred for provision of health care services	481,677	0	0	0	0	481,677	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

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)	875,690	0	875,690
2.	Accident and health premiums due and unpaid (Line 15)	281,819	0	281,819
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)	182	0	182
6.	Totals assets (Line 28)	1,157,691	0	1,157,691
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	322,935	0	322,935
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	15,549	0	15,549
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)	154,973	0	154,973
15.	Total liabilities (Line 24)	493,457	0	493,457
16.	Total capital and surplus (Line 33)	664,234	XXX	664,234
17.	Total liabilities, capital and surplus (Line 34)	1,157,691	0	1,157,691
	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

		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	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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0		0	47-4313271	0	0		Healthcare Delivered, LLC	FL	UDP	Tony Layne	Ownership	35.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	47-4313271	0	0		Healthcare Delivered, LLC	FL	UDP	Cassi Layne	Ownership	35.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	47-4313271	0	0		Healthcare Delivered, LLC	FL	UDP	Larry Spitcaufsky	Ownership	19.800	T Layne, C Layne, L Spitcaufsky	N	0
0		0	47-2697479	0	0		Innovative Healthcare Investments, LLC	FL	NIA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	48-1220515	0	0		MobileCare 2U, LLC	KS	NIA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	20-5461471	0	0		Healthcare Administration Partners Co., LLC	KS	NIA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
4744	L S S Grp	14119	26-3434287	0	0		AccessCare General, LLC	KS	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	Y	0
4744	L S S Grp	14343	45-3076903	0	0		AccessCare General Oklahoma, LLC	OK	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	Y	0
4744	L S S Grp	14158	45-2795364	0	0		AccessCare General, Inc.	IL	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	Y	0
0		0	32-0544144	0	0		ACG Health of Texas, LLC	TX	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	45-2871916	0	0		Senior Dental Care of Iowa, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	46-4698648	0	0		Mobile Care Marketing, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	46-1568291	0	0		Mobile Care Management, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	46-0972367	0	0		SDC Insurance, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	47-2896515	0	0		SDC TPA, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	0
0		0	80-0549242	0	0		Cal-Co Construction and Development, LLC	FL	NIA	Tony Layne	Ownership	100.000	Tony Layne	N	0
0		0	46-4551981	0	0		Newport Road Timberlands, LLC	FL	NIA	Tony Layne	Ownership	50.000	Tony Layne, Cassi Layne	N	0
0		0	46-4551981	0	0		Newport Road Timberlands, LLC	FL	NIA	Cassi Layne	Ownership	50.000	Tony Layne, Cassi Layne	N	0
0		0	47-3462206	0	0		Bonita Plaza Wings	CA	NIA	Larry Spitcaufsky	Ownership	22.220	Larry Spitcaufsky	N	0
0		0	33-0981691	0	0		California Hooters Investment Partners, LLC	KS	NIA	Larry Spitcaufsky	Ownership	66.670	Larry Spitcaufsky	N	0
0		0	47-0872487	0	0		California Hooters Opportunity Partners, LLC	KS	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	0
0		0	74-2839521	0	0		College Blvd Partners	KS	NIA	Larry Spitcaufsky	Ownership	80.000	Larry Spitcaufsky	N	0
0		0	43-1640412	0	0		ES Oil, Inc.	MO	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	0
0		0	20-1436218	0	0		Family Funds II, Inc.	KS	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	0
0		0	43-1694793	0	0		FS Real Estate Holdings LLC	KS	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	0
0		0	48-0960562	0	0		Gas & Oil Inc.	KS	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	0
0		0	36-3857235	0	0		HOOTWINC, LLC	KS	NIA	Larry Spitcaufsky	Ownership	16.670	Larry Spitcaufsky	N	0
0		0	82-0941111	0	0		LBBIG, LLC	CA	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	0
0		0	82-0941803	0	0		LBB ONE, LLC	CA	NIA	Larry Spitcaufsky	Ownership	80.000	Larry Spitcaufsky	N	0
0		0	48-0984347	0	0		McPherson Apartments	KS	NIA	Larry Spitcaufsky	Ownership	45.700	Larry Spitcaufsky	N	0
0		0	43-1797359	0	0		Oil & Gas Investments, LLC	KS	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	0
0		0	48-0953655	0	0		Petroleum Technologies, Inc.	KS	NIA	Larry Spitcaufsky	Ownership	50.000	Larry Spitcaufsky	N	0
0		0	43-1832174	0	0		S & N Atlanta	GA	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	0
0		0	43-1832175	0	0		S & N Dallas	TX	NIA	Larry Spitcaufsky	Ownership	25.000	Larry Spitcaufsky	N	0
0		0	20-0889842	0	0		Spitcaufsky Familiy Partnership #3	KS	NIA	Larry Spitcaufsky	Ownership	16.670	Larry Spitcaufsky	N	0
0		0	48-1166013	0	0		Spitcaufsky Family Partnership #18	KS	NIA	Larry Spitcaufsky	Ownership	12.500	Larry Spitcaufsky	N	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0		0	74-2813126	0	0		Spitcaufsky Family Partnership #20	KS	NIA	Larry Spitcaufsky	Ownership	12.500	Larry Spitcaufsky	N	0
0		0	20-0784073	0	0		TNIP, LLC	KS	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	0
0		0	27-3640833	0	0		Wings Over LA, LLC	CA	NIA	Larry Spitcaufsky	Ownership	65.340	Larry Spitcaufsky	N	0
0		0	46-3551440	0	0		Spitz Mankwitz Investments, LLC	CO	NIA	Larry Spitcaufsky	Ownership	50.000	Larry Spitcaufsky	N	0
0		0	46-5714010	0	0		Lofmind, LLC	KS	NIA	Larry Spitcaufsky	Ownership	14.280	Larry Spitcaufsky	N	0

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)
Affiliated Transactions												
0	48-1220515	MobileCare 2U, LLC	0	0	0	0	6,293,868	0		0	6,293,868	0
0	20-5461471	Healthcare Administration Partners Company, LLC	0	0	0	0	43,708	0		0	43,708	0
0	46-0972367	SDC Insurance, LLC	0	0	0	0	1,630,004	0		0	1,630,004	0
14119	26-3434287	AccessCare General, LLC	(122,068)	0	0	0	(2,143,960)	0		0	(2,266,028)	0
14343	45-3076903	AccessCare General Oklahoma, LLC	0	0	0	0	(514,279)	0		0	(514,279)	0
14158	45-2795364	AccessCare General, Inc.	(185,451)	0	0	0	(5,309,341)	0		0	(5,494,792)	0
0	47-4313271	Healthcare Delivered, LLC	307,519	0	0	0	0	0		0	307,519	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	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

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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
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?	NO
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?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
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
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
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?	NO
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?	NO
	AUGUST FILING	
24.	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:

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.

BAR CODE:

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2017 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Section 2	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part C – Section 2	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E24
Five-Year Historical Data	29	Schedule DL – Part 2	E25
General Interrogatories	27	Schedule E – Part 1 – Cash	E26
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E27
Liabilities, Capital and Surplus	3	Schedule E – Part 3 – Special Deposits	E28
Notes To Financial Statements	26	Schedule E – Verification Between Years	SI15
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	39
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	38
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14