



QUARTERLY STATEMENT

AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

AccessCare General, Inc.

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

Organized under the Laws of Illinois , State of Domicile or Port of Entry Illinois

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] 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, Illinois 60016
(Street and Number, City or Town, State, Country and Zip Code)

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

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

Internet Website 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

Tony Barker Layne (CEO)
Scott Maurice Frigon (President)
John Ray Rosenbaum (Secretary/CFO)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Tony Barker Layne
Cassi Copeland Layne
Larry Steven Spitcaufsky

State of Kansas }
County of Johnson } SS

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

Scott Maurice Frigon
President

John Ray Rosenbaum
CFO

Subscribed and sworn to before me this
day of _____

a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number 0
2. Date filed _____
3. Number of pages attached 0

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds	150,000	0	150,000	150,000
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ 0 encumbrances)	0	0	0	0
5. Cash (\$ 972,627), cash equivalents (\$ 0) and short-term investments (\$ 0)	972,627	0	972,627	890,813
6. Contract loans (including \$ 0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Line 1 through Line 11)	1,122,627	0	1,122,627	1,040,813
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	0	0	0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	186,635	0	186,635	135,552
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$ 0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	1,309,262	0	1,309,262	1,176,365
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Totals (Line 26 and Line 27)	1,309,262	0	1,309,262	1,176,365
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)	0	0	0	0
2501.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	365,061	0	365,061	336,479
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	0	0	0	0
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	0	0	0	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	14,174	0	14,174	11,876
9. General expenses due or accrued	19,203	0	19,203	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	248,642	0	248,642	205,111
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current)	795	0	795	270
24. Total liabilities (Line 1 to Line 23)	647,875	0	647,875	553,736
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	209,991	209,991
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	451,386	412,628
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	661,387	622,629
34. Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	1,309,262	1,176,365
DETAILS OF WRITE-INS				
2301. Unclaimed Property Payable	795	0	795	270
2302.	0	0	0	0
2303.	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	795	0	795	270
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	15,667	14,235	58,071
2. Net premium income (including \$ 0 non-health premium income)	X X X	1,337,834	1,117,867	4,834,891
3. Change in unearned premium reserves and reserve for rate credits	X X X	0	0	0
4. Fee-for-service (net of \$ 0 medical expenses)	X X X	0	0	0
5. Risk revenue	X X X	0	0	0
6. Aggregate write-ins for other health care related revenues	X X X	0	0	0
7. Aggregate write-ins for other non-health revenues	X X X	0	0	0
8. Total revenues (Line 2 to Line 7)	X X X	1,337,834	1,117,867	4,834,891
Hospital and Medical:				
9. Hospital/medical benefits	0	0	0	0
10. Other professional services	0	802,700	838,400	3,411,769
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	0	0	0	0
13. Prescription drugs	0	0	0	0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Line 9 to Line 15)	0	802,700	838,400	3,411,769
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Line 16 minus Line 17)	0	802,700	838,400	3,411,769
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses	0	0	0	0
21. General administrative expenses	0	496,476	248,191	1,238,050
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	0	0	0
23. Total underwriting deductions (Line 18 through Line 22)	0	1,299,176	1,086,591	4,649,819
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	38,658	31,276	185,072
25. Net investment income earned	0	100	94	379
26. Net realized capital gains (losses) less capital gains tax of \$ 0	0	0	0	0
27. Net investment gains (losses) (Line 25 plus Line 26)	0	100	94	379
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	38,758	31,370	185,451
31. Federal and foreign income taxes incurred	X X X	0	0	0
32. Net income (loss) (Line 30 minus Line 31)	X X X	38,758	31,370	185,451
DETAILS OF WRITE-INS				
0601.	X X X	0	0	0
0602.	X X X	0	0	0
0603.	X X X	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X	0	0	0
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X	0	0	0
0701. Revenue recognized for service fee (non premium)	X X X	0	0	0
0702.	X X X	0	0	0
0703.	X X X	0	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X	0	0	0
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X	0	0	0
1401.	0	0	0	0
1402.	0	0	0	0
1403.	0	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)	0	0	0	0
2901.	0	0	0	0
2902.	0	0	0	0
2903.	0	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year	622,629	437,178	437,178
34. Net income or (loss) from Line 32	38,758	31,370	185,451
35. Change in valuation basis of aggregate policy and claims reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	0	0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Line 34 to Line 47)	38,758	31,370	185,451
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	661,387	468,548	622,629
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)	0	0	0

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,289,574	1,136,645	4,858,418
2. Net investment income	100	94	379
3. Miscellaneous income	0	0	0
4. Total (Line 1 through Line 3)	1,289,674	1,136,739	4,858,797
5. Benefit and loss related payments	774,118	763,160	3,191,598
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	433,742	202,400	1,064,714
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	0	0	0
10. Total (Line 5 through Line 9)	1,207,860	965,560	4,256,312
11. Net cash from operations (Line 4 minus Line 10)	81,814	171,179	602,485
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	100,000
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Line 13.1 through Line 13.6)	0	0	100,000
14. Net increase or (decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	(100,000)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	81,814	171,179	502,485
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	890,813	388,328	388,328
19.2 End of period (Line 18 plus Line 19.1)	972,627	559,507	890,813

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001	0	0	0
20.0002	0	0	0
20.0003	0	0	0
20.0004	0	0	0
20.0005	0	0	0
20.0006	0	0	0
20.0007	0	0	0
20.0008	0	0	0
20.0009	0	0	0
20.0010	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and 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	4,855	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	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	15,667	0	0	0	0	15,667	0	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	5,039	0	0	0	0	5,039	0	0	0	0
9. Total	5,039	0	0	0	0	5,039	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 (a)	1,337,834	0	0	0	0	1,337,834	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	1,337,834	0	0	0	0	1,337,834	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	774,118	0	0	0	0	774,118	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	802,700	0	0	0	0	802,700	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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
Individually listed claims unpaid						
MobileCare 2U, LLC	335,770	0	0	0	0	335,770
Alec H. Jaret, DMD, PC	29,291	0	0	0	0	29,291
0199999 - Individually listed claims unpaid	365,061	0	0	0	0	365,061
0499999 - Subtotals	365,061	0	0	0	0	365,061
0799999 - Total claims unpaid						365,061

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	336,479	437,639	0	365,061	336,479	336,479
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Line 1 to Line 8)	336,479	437,639	0	365,061	336,479	336,479
10. Health care receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	336,479	437,639	0	365,061	336,479	336,479

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of AccessCare General, Inc. are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Financial and Professional Regulation Division of Insurance.

The Illinois Department of Financial and Professional Regulation Division of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Illinois. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Illinois Department of Financial and Professional Regulation Division of Insurance is shown below.

NET INCOME		State of		
		Domicile	3/31/2016	12/31/2016
(1)	Net Income/(Loss), state basis	IL	38,758	185,451
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
(3)	State Permitted Practices that increase/(decrease) NAIC SAP		-	-
(4)	Net Income/(Loss), NAIC SAP	IL	38,758	185,451
CAPITAL AND SURPLUS				
(5)	Capital and Surplus, state basis	IL	661,387	622,629
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
(7)	State Permitted Practices that increase/(decrease) NAIC SAP		-	-
(8)	Capital and Surplus, NAIC SAP	IL	661,387	622,629

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- 1) AccessCare General, Inc. owns no short-term investments

NOTES TO FINANCIAL STATEMENTS

- 2) AccessCare General, Inc. owns two Certificate of Deposits. The Illinois CD matures on 10/6/2017. It is booked at face value and replaces the one that matured on 10/16/2015. The Arkansas CD matures on 4/27/2018. It is booked at face value.
- 3) AccessCare General, Inc. owns no common stocks
- 4) AccessCare General, Inc. owns no preferred stocks
- 5) AccessCare General, Inc. has no mortgage loans on real estate
- 6) AccessCare General, Inc. has no loan-backed securities
- 7) AccessCare General, Inc. does not have any investments in subsidiaries, controlled and affiliated companies
- 8) AccessCare General, Inc. has no ownership interests in joint ventures
- 9) AccessCare General, Inc. owns no derivatives
- 10) AccessCare General, Inc. does not utilize anticipated investment income as a factor in the premium deficiency calculation
- 11) AccessCare General, Inc. pays its providers on a capitated basis and therefore does not establish a loss or loss adjustment expense reserve
- 12) AccessCare General, Inc. has not modified its capitalization policy from the prior period
- 13) AccessCare General, Inc. has no pharmaceutical rebates receivable
- 14) AccessCare General, Inc. maintains allowances for doubtful accounts for probable losses resulting from the inability to collect payments

D. Going Concern

None

2. Accounting Changes or Corrections of Errors: None

3. Business Combinations and Goodwill: None

4. Discontinued Operations: None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: None

B. Debt Restructuring: None

C. Reverse Mortgages: None

D. Loan Backed Securities: None

E. Repurchase Agreements and/or Securities Lending Transactions: None

F. Real Estate: None

G. Investments in LIHTC: None

H. Restricted Assets: None

I. Working Capital Finance investments: None

J. Offsetting and Netting of Assets and Liabilities: None

K. Structured Notes: None

6. Joint Ventures, Partnerships and Limited Liability Companies: None

7. Investment Income

NOTES TO FINANCIAL STATEMENTS

- A. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
 - B. The Company had no investment income due and accrued excluded from surplus.
8. Derivative Instruments: None
9. Income Taxes: AccessCare General, Inc. is registered as an S Corp and does not pay corporate taxes.
10. Information Concerning Parent, Subsidiaries and Affiliates
- A. Agency Services Agreement with MobileCare 2U, LLC (MC2U)
 - 1) MC2U provided producers to solicit, procure, and transmit insurance applications and contracts with dentists to provide dental services to dental insurance participants. MC2U also provided office space and use of computer systems and related systems/products through September 30, 2016. Compensation for services rendered was 86.5% of premium per the contract. This contract ended September 30, 2016.
 - 2) Effective October 1, 2016, MC2U signed a contract with AccessCare General, Inc. to contract with dentists to provide dental services to dental insurance participants. Compensation for services rendered is 60% of premium per the contract.
 - 3) Effective October 1, 2016, MC2U signed a contract with AccessCare General, Inc. to provide leased personnel to perform management, administrative, clerical, secretarial, bookkeeping, accounting, payroll, billing, and collection functions as well as provide office space and use of computer systems and related systems/products. Compensation for services rendered is 15% of premium per the contract.
 - 4) As of March 31, 2017, MC2U had billed AccessCare General, Inc. a total of \$968,725 for their 2017 services. At March 31, 2017, AccessCare General, Inc. had a remaining amount due of \$419,713. In 2016, MC2U billed AccessCare General, Inc. a total of \$4,011,346 for their 2016 services. At December 31, 2016, AccessCare General, Inc. had a remaining amount due of \$420,598.
 - 5) MC2U and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the above services. There are no cost sharing arrangements.
 - B. Agreement with Healthcare Administration Partners Company, LLC (HAPCO)
 - 1) HAPCO leased personnel to AccessCare General, Inc. through September 30, 2016 to perform management, administrative, clerical, secretarial, bookkeeping, accounting, payroll, billing, and collection functions. Compensation for services rendered was 8.5% of premium per the contract. The contract with HAPCO ended on Sept 30, 2016.
 - 2) In 2016, HAPCO billed AccessCare General, Inc. a total of \$284,697 for their 2016 services. At December 31, 2016, AccessCare General, Inc. had a remaining amount due of \$0.
 - 3) HAPCO and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the personnel services. There are no cost sharing arrangements.
 - C. Agreement with SDC Insurance, LLC

NOTES TO FINANCIAL STATEMENTS

- 1) Effective October 1, 2016, SDC Insurance entered into a contract with AccessCare General, Inc. to provide producers to solicit, procure, and transmit insurance applications to AccessCare General, Inc. Compensation for services rendered is 15-20% of premium per the contract.
- 2) As of March 31, 2017, SDC Insurance had billed AccessCare General, Inc. a total of \$264,679 for their 2017 services. At March 31, 2017, AccessCare General, Inc., had a remaining amount due of \$164,699. At December 31, 2016, SDC Insurance had billed AccessCare General, Inc. a total of \$297,104 for their 2016 services. At December 31, 2016, AccessCare General, Inc. had a remaining amount due of \$120,992.
- 3) SDC Insurance and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the personnel services. There are no cost sharing arrangements.

11. Debt: None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans: None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- A. 10,000 Class A shares authorized, issued and outstanding. Par Value is \$0.001/share.
- B. Preferred stock: None
- C. Dividend restrictions: None
- D. Ordinary dividends: None
- E. Restrictions placed on unassigned funds: None
- F. Advances to surplus not repaid: None
- G. Stock held for special purposes: None
- H. Changes in balance of special surplus funds: None
- I. Portion of unassigned funds represented or reduced by cumulative unrealized gains and losses: None
- J. Surplus Notes: None
- K. Quasi-reorganization restatement: None
- L. Quasi-reorganization: None

14. Contingencies: None

15. Leases: None

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables reported as Sales: None
- B. Transfer and Servicing of Financial Assets: None
- C. Wash Sales: None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not Applicable

NOTES TO FINANCIAL STATEMENTS

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:
Not Applicable

20. Fair Value Measurement: AccessCare General, Inc. did not have any assets or liabilities at the end of the reporting period that are measured at fair market value.

21. Other Items

- A. Unusual or infrequent items: None
- B. Troubled Debt Restructuring Debtors: None
- C. Other Disclosures: None
- D. Nature of any portion of the balance that is reasonably possible to be uncollectible:
None
- E. Business Interruption Insurance Recoveries: None
- F. State Transferable Tax Credits: None
- G. Subprime Mortgage Related Risk Exposure: None
- H. Retained Assets: None
- I. Proceeds from Insurance-Linked Securities: None

22. Events Subsequent

- A. Type I – Recognized Subsequent Events – Subsequent events have been considered through 4/30/2017 for the statutory statement issued on 3/31/2017. No subsequent events were found.
- B. Type II – Nonrecognized Subsequent Events - Subsequent events have been considered through 4/30/2017 for the statutory statement issued on 3/31/2017. No subsequent events were found.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- 1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (x)

If yes, give full details

- 2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (x)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

NOTES TO FINANCIAL STATEMENTS

- 1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (x)

- 2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (x)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B – Not Applicable

- B. Uncollectible Reinsurance: None
- C. Commutation of Ceded Reinsurance: None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination: Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expense: AccessCare General, Inc. pays its providers on a capitated basis, as a percentage of premiums collected. As of March 31, 2017, \$437,639 has been paid for incurred claims and claims adjustments attributable to insured events of the current year and \$336,479 has been paid for 2016 incurred claims and claims adjustment expenses. Unpaid Claims at March 31, 2017 were \$365,061 and December 31, 2016 were \$336,479.

26. Intercompany Pooling Arrangements: None

27. Structured Settlements: None

28. Healthcare Receivables: None

29. Participating Policies: None

30. Premium Deficiency Reserves: None

31. Anticipated Salvage and Subrogation: None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes () No (X)
- 1.2 If yes, has the report been filed with the domiciliary state? Yes () No ()
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ()
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)
- 4.2 If the response to 4.1 is yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes () No () N/A (X)
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4 By what department or departments?
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes () No () N/A (X)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes () No () N/A (X)
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes () No (X)
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
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- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ()
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
.....
- 9.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....
.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)
- 10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes () No (X)
- 11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes () No (X)

- 14.2 If yes, please complete the following:

	¹ Prior Year-End Book/ Adjusted Carrying Value	² Current Quarter Book/ Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 0	\$ 0
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 0	\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above	\$ 0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes () No (X)

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No ()
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.2 Total book adusted /carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

¹ Name of Custodian (s)	² Custodian Address
---------------------------------------	-----------------------------------

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

¹ Name (s)	² Location (s)	³ Complete Explanation (s)
--------------------------	------------------------------	--

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes () No (X)

- 17.4 If yes, give full and complete information relating thereto:

¹ Old Custodian	² New Custodian	³ Date of Change	⁴ Reason
-------------------------------	-------------------------------	--------------------------------	------------------------

- 17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such: ["... that have access to the investment accounts"; "... handle securities"]

¹ Name of Firm or Individual	² Affiliation
--	-----------------------------

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes () No (X)

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes () No (X)

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

¹ Central Registration Depository Number	² Name of Firm or Individual	³ Legal Entity Identifier (LEI)	⁴ Registered With	⁵ Investment Management Agreement (IMA) Filed
---	---	--	---------------------------------	--

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ()

- 18.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1. Operating Percentages:
- 1.1 A&H loss percent 60.0 %
 - 1.2 A&H cost containment percent 0.0 %
 - 1.3 A&H expense percent excluding cost containment expenses 37.1 %

 - 2.1 Do you act as a custodian for health savings accounts? Yes () No (X)
 - 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
 - 2.3 Do you act as an administrator for health savings accounts? Yes () No (X)
 - 2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

Page 13

Schedule S - Ceded Reinsurance

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1		Direct Business Only Year to Date							
	Active Status		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	L	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	L	932,308	0	0	0	0	0	932,308	0
15. Indiana	IN	L	352,241	0	0	0	0	0	352,241	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	L	53,285	0	0	0	0	0	53,285	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Alien	OT	X X X	0	0	0	0	0	0	0	0
59. Subtotal		X X X	1,337,834	0	0	0	0	0	1,337,834	0
60. Reporting entity contributions for Employee Benefit Plans		X X X	0	0	0	0	0	0	0	0
61. Total (Direct Business)		(a) 4	1,337,834	0	0	0	0	0	1,337,834	0
DETAILS OF WRITE-INS										
58001.			0	0	0	0	0	0	0	0
58002.			0	0	0	0	0	0	0	0
58003.			0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page			0	0	0	0	0	0	0	0
58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)			0	0	0	0	0	0	0	0

Active Status Codes (Column 1):

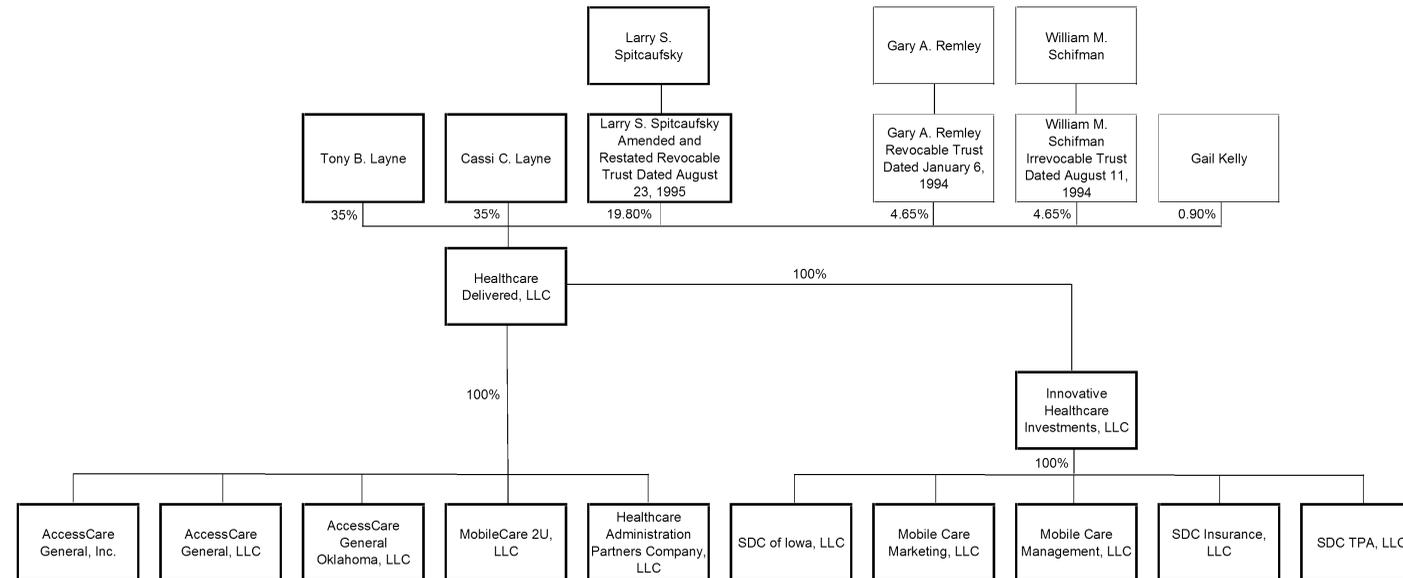
- (L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG
- (R) Registered - Non-domiciled RRGs
- (Q) Qualified - Qualified or Accredited Reinsurer
- (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state
- (N) None of the above - Not allowed to write business in the state

(a) Insert the number of "L" responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

Organizational Chart



**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

Related Entities

Company Name	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
MobileCare 2U, LLC	48-1220515	N/A	KS	N	N
Healthcare Administration Partners Company, LLC	20-5461471	N/A	KS	N	N
AccessCare General, LLC	26-3434287	14119	KS	Y	Y
AccessCare General Oklahoma, LLC	45-3076903	14343	OK	Y	Y
AccessCare General, Inc.	45-2795364	14158	IL	Y	Y
Healthcare Delivered, LLC	47-4313271	N/A	FL	N	N
Innovative Healthcare Investments, LLC	47-2896515	N/A	FL	N	N
Mobile Care Marketing, LLC	46-4698648	N/A	FL	N	N
Mobile Care Management, LLC	46-1568291	N/A	FL	N	N
SDC of Iowa, LLC	45-2871916	N/A	FL	N	N
SDC Insurance, LLC	46-0972367	N/A	FL	N	N
SDC TPA, LLC	47-2896515	N/A	FL	N	N

15.1

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

Tony B. Layne - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
Newport Road Timberlands, LLC	50.00%	LLC	46-4551981	N/A	FL	N	N
Cal-Co Construction and Development, LLC	100%	LLC	80-0549242	N/A	FL	N	N

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

Cassi C. Layne - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
Newport Road Timberlands, LLC	50.00%	LLC	46-4551981	N/A	FL	N	N

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Larry S. Spitcaufsky - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
California Hooters Investment Partners, LLC	66.67%	LLC	33-0981691	N/A	KS	N	N
California Hooters Opportunity Partners, LLC	33.33%	LLC	47-0872487	N/A	KS	N	N
College Blvd Partners	80.00%	LLC	74-2839521	N/A	KS	N	N
ES Oil, Inc	33.33%	Corporation	43-1640412	N/A	MO	N	N
Family Funds II, Inc	100.00%	Corporation	20-1436218	N/A	KS	N	N
FS Real Estate Holdings LLC	33.33%	LLC	43-1694793	N/A	KS	N	N
Gas & Oil Inc	100.00%	Corporation	48-0960562	N/A	KS	N	N
HDCI, LLC	50.00%	LLC	20-0377391	N/A	KS	N	N
Hooters of Oregon Partners, LLC	66.67%	LLC	20-3571106	N/A	OR	N	N
Hooters of Washington, LLC	17.17%	LLC	94-3407614	N/A	KS	N	N
HOOTWINC, LLC	16.67%	LLC	36-3857235	N/A	KS	N	N
LBN Investments, LLC	33.33%	LLC	88-0504574	N/A	KS	N	N
McPherson Apartments	45.70%	LP	48-0984347	N/A	KS	N	N
Oil & Gas Investments, LLC	100.00%	LP	43-1797359	N/A	KS	N	N
Petroleum Technologies, Inc	50.00%	Corporation	48-0953655	N/A	KS	N	N
S & N Atlanta	33.33%	LLC	43-1832174	N/A	GA	N	N
S & N Dallas	25.00%	LLC	43-1832175	N/A	TX	N	N
SCS Fuel, LLC	33.33%	LLC	20-0255728	N/A	KS	N	N
Spitcaufsky Family Partnership #18	12.50%	Partnership	48-1166013	N/A	KS	N	N
Spitcaufsky Family Partnership #20	12.50%	Partnership	74-2813126	N/A	KS	N	N
TNIP, LLC	100.00%	LLC	20-0784073	N/A	KS	N	N
Wings Over LA, LLC	65.34%	LLC	27-3640833	N/A	CA	N	N

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)	*
			47-4313271				Healthcare Delivered, LLC	FL	UDP	Tony Layne	Ownership	35.000	T Layne, C Layne, L Spitcaufsky	N	
			47-4313271				Healthcare Delivered, LLC	FL	UDP	Cassi Layne	Ownership	35.000	T Layne, C Layne, L Spitcaufsky	N	
			47-4313271				Healthcare Delivered, LLC	FL	UDP	Larry Spitcaufsky	Ownership	19.800	T Layne, C Layne, L Spitcaufsky	N	
			47-2697479				Innovative Healthcare Investments, LLC	FL	NIA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			48-1220515				MobileCare 2U, LLC	KS	NIA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			20-5461471				Healthcare Administration Partners Co., LLC	KS	NIA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
4744	L S S Grp	14119	26-3434287				ACCESSCARE GEN LLC	KS	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	Y	
4744	L S S Grp	14343	45-3076903				ACCESSCARE GEN OK LLC	OK	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	Y	
4744	L S S Grp	14158	45-2795364				ACCESSCARE GEN INC	IL	IA	Healthcare Delivered, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	Y	
			45-2871916				Senior Dental Care of Iowa, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			46-4698648				Mobile Care Marketing, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			46-1568291				Mobile Care Management, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			46-0972367				SDC Insurance, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			47-2896515				SDC TPA, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	T Layne, C Layne, L Spitcaufsky	N	
			80-0549242				Cal-Co Construction and Development, LLC	FL	NIA	Tony Layne	Ownership	100.000	Tony Layne	N	
			46-4551981				Newport Road Timberlands, LLC	FL	NIA	Tony Layne	Ownership	50.000	Tony Layne, Cassi Layne	N	
			46-4551981				Newport Road Timberlands, LLC	FL	NIA	Cassi Layne	Ownership	50.000	Tony Layne, Cassi Layne	N	
			33-0981691				California Hooters Investment Partners, LLC	KS	NIA	Larry Spitcaufsky	Ownership	66.670	Larry Spitcaufsky	N	
			47-0872487				California Hooters Opportunity Partners, LLC	KS	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	
			74-2839521				College Blvd Partners	KS	NIA	Larry Spitcaufsky	Ownership	80.000	Larry Spitcaufsky	N	
			43-1640412				ES Oil, Inc	MO	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	
			20-1436218				Family Funds II, Inc	KS	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	
			43-1694793				FS Real Estate Holdings LLC	KS	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	
			48-0960562				Gas & Oil Inc	KS	NIA	Larry Spitcaufsky	Ownership	100.000	Larry Spitcaufsky	N	
			20-0377391				HDCI, LLC	KS	NIA	Larry Spitcaufsky	Ownership	50.000	Larry Spitcaufsky	N	
			20-3571106				Hooters of Oregon Partners, LLC	OR	NIA	Larry Spitcaufsky	Ownership	66.670	Larry Spitcaufsky	N	
			94-3407614				Hooters of Washington, LLC	KS	NIA	Larry Spitcaufsky	Ownership	17.170	Larry Spitcaufsky	N	
			36-3857235				HOOTWINC, LLC	KS	NIA	Larry Spitcaufsky	Ownership	16.670	Larry Spitcaufsky	N	
			88-0504574				LBN Investments, LLC	KS	NIA	Larry Spitcaufsky	Ownership	33.330	Larry Spitcaufsky	N	

(continues)

Asterisk	Explanation
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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)	*
(continued)			48-0984347				McPherson Apartments	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			43-1797359				Oil & Gas Investments, LLC	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			48-0953655				Petroleum Technologies, Inc	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			43-1832174				S & N Atlanta	GA	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			43-1832175				S & N Dallas	TX	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			20-0255728				SCS Fuel, LLC	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			48-1166013				Spitcaufsky Family Partnership #18	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			74-2813126				Spitcaufsky Family Partnership #20	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			20-0784073				TNIP, LLC	KS	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	
			27-3640833				Wings Over LA, LLC	CA	NIA	Larry Spitcaufsky	Ownership	0.000	Larry Spitcaufsky	N	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

The Company does not have any type of Medicare coverage.

Bar Code:

Document Identifier 365:



SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition	0	0
2.2. Additional investment made after ac	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/ac	0	0
7. Deduct current year's other-than-temporal	0	0
8. Deduct current year's depreciation	0	0
9. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 minus Line 8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition	0	0
2.2. Additional investment made after a	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mort	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	0	0
12. Total Valuation Allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition	0	0
2.2. Additional investment made after a	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	150,000	50,000
2. Cost of bonds and stocks acquired	0	100,000
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	0	0
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	150,000	150,000
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	150,000	150,000

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	150,000	0	0	0	150,000	0	0	150,000
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	150,000	0	0	0	150,000	0	0	150,000
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	150,000	0	0	0	150,000	0	0	150,000

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$ 0 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

Page SI03

Schedule DA, Part 1

NONE

Schedule DA, Verification

NONE

Page SI04

Schedule DB, Part A, Verification

NONE

Schedule DB, Part B, Verification

NONE

Page SI05

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open

NONE

Page SI06

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open

NONE

Page SI07

Schedule DB, Verification

NONE

Page SI08

Schedule E, Verification (Cash Equivalents)

NONE

Page E01

Sch. A, Pt. 2, Real Estate Acquired

NONE

Sch. A, Pt. 3, Real Estate Disposed

NONE

Page E02

Schedule B, Part 2, Mortgage Loans Acquired

NONE

Schedule B, Part 3, Mortgage Loans Disposed

NONE

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired

NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed

NONE

Page E04

Schedule D, Part 3, Long-Term Bonds and Stocks Acquired

NONE

Page E05

Schedule D, Part 4, Long-Term Bonds and Stocks Disposed Of

NONE

Page E06

Schedule DB, Part A, Section 1

NONE

Description of Hedged Risk (s)

NONE

Financial or Economic Impact of the Hedge

NONE

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Schedule DB, Part B, Section 1

NONE

Schedule DB, Part B, Section 1, Broker Name

NONE

Schedule DB, Part B, Description of Hedged Risk (s)

NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge

NONE

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Schedule DB, Part D, Section 1

NONE

Page E09

Schedule DB, Part D, Section 2, By Reporting Entity

NONE

Schedule DB, Part D, Section 2, To Reporting Entity

NONE

Page E10

Schedule DL, Part 1

NONE

Page E11

Schedule DL, Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9 *
						6	7	8	
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	
Open Depositories									
JP Morgan Chase Bank, N.A.	San Antonio, Texas		0.000	0	0	100,382	100,388	100,399	
Mission Bank Checking	Mission, Kansas		0.000	0	0	774,275	848,329	872,228	
0199999 - TOTAL - Open Depositories						874,657	948,717	972,627	
0399999 - TOTAL Cash on Deposit						874,657	948,717	972,627	
0599999 - TOTALS						874,657	948,717	972,627	

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Schedule E, Part 2, Cash Equivalents

NONE