



# HEALTH QUARTERLY STATEMENT

As of March 31, 2020  
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 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 .. 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 877-647-7948  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address N/A

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

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

Tony Barker Layne Larry Steven Spitcaufsky David Paul Kennedy Amy Hufft Abbott

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

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

_____ (Signature) Tony Barker Layne _____ 1. (Printed Name) _____ CEO _____ (Title)	_____ (Signature) John Ray Rosenbaum _____ 2. (Printed Name) _____ CFO _____ (Title)	_____ (Signature) Amy Hufft Abbott _____ 3. (Printed Name) _____ Secretary _____ (Title)
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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 \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	351,018	0	351,018	350,961
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 (\$.....727,595), cash equivalents (\$.....0) and short-term investments (\$.....0).....	727,595	0	727,595	603,566
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 (Lines 1 to 11).....	1,078,613	0	1,078,613	954,527
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	752	0	752	168
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	397,574	0	397,574	401,877
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 (Lines 12 through 25).....	1,476,939	0	1,476,939	1,356,572
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	1,476,939	0	1,476,939	1,356,572

### 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 (Lines 1101 thru 1103 plus 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 (Lines 2501 thru 2503 plus 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).....	484,069	.0	484,069	423,987
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.....	55,516	.0	55,516	48,747
9. General expenses due or accrued.....	20,857	.0	20,857	50,292
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.....	205,934	.0	205,934	176,430
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 certified \$.....0 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).....	9,971	.0	9,971	9,971
24. Total liabilities (Lines 1 to 23).....	776,347	.0	776,347	709,427
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	490,591	437,144
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX	.0	.0
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX	.0	.0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	700,592	647,145
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	1,476,939	1,356,572

### DETAILS OF WRITE-INS

2301. Unclaimed Property Payable.....	9,971	.0	9,971	9,971
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 (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	9,971	.0	9,971	9,971
2501. ....			.0	.0
2502. ....			.0	.0
2503. ....			.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	.0	.0
3001. ....			.0	.0
3002. ....			.0	.0
3003. ....			.0	.0
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 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.....	XXX	30,359	28,414	111,709
2. Net premium income (including \$.....0 non-health premium income).....	XXX	2,442,139	2,145,574	9,030,879
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX	0	0	0
5. Risk revenue.....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	2,442,139	2,145,574	9,030,879
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....	0	0	0	0
10. Other professional services.....	0	1,465,284	1,287,344	5,418,527
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 (Lines 9 to 15).....	0	1,465,284	1,287,344	5,418,527
<b>Less:</b>				
17. Net reinsurance recoveries.....	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17).....	0	1,465,284	1,287,344	5,418,527
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	924,072	796,107	3,357,826
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 (Lines 18 through 22).....	0	2,389,356	2,083,451	8,776,353
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	52,783	62,123	254,526
25. Net investment income earned.....	0	664	193	1,941
26. Net realized capital gains (losses) less capital gains tax of \$.....0.....	0	0	0	0
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	664	193	1,941
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 (Lines 24 plus 27 plus 28 plus 29).....	XXX	53,447	62,316	256,467
31. Federal and foreign income taxes incurred.....	XXX	0	0	46,500
32. Net income (loss) (Lines 30 minus 31).....	XXX	53,447	62,316	209,967

### DETAILS OF WRITE-INS

0601. ....	XXX	0	0	0
0602. ....	XXX	0	0	0
0603. ....	XXX	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. ....	XXX	0	0	0
0702. ....	XXX	0	0	0
0703. ....	XXX	0	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	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 (Lines 1401 thru 1403 plus 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 (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

<b>CAPITAL AND SURPLUS ACCOUNT</b>	<b>1 Current Year to Date</b>	<b>2 Prior Year To Date</b>	<b>3 Prior Year Ended December 31</b>
33. Capital and surplus prior reporting year.....	647,145	962,806	962,806
34. Net income or (loss) from Line 32.....	53,447	62,316	209,967
35. Change in valuation basis of aggregate policy and claim 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	(525,628)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	53,447	62,316	(315,661)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	700,592	1,025,122	647,145

**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 (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	2,453,211	2,187,721	8,999,268
2. Net investment income.....	80	307	1,955
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 through 3).....	2,453,291	2,188,028	9,001,223
5. Benefit and loss related payments.....	1,405,202	1,297,639	5,460,860
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.....	924,003	812,573	3,330,553
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.00 tax on capital gains (losses).....	0	0	46,500
10. Total (Lines 5 through 9).....	2,329,205	2,110,212	8,837,913
11. Net cash from operations (Line 4 minus Line 10).....	124,086	77,816	163,310
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	0	100,000
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 (Lines 12.1 to 12.7).....	0	0	100,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	57	170	150,677
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 (Lines 13.1 to 13.6).....	57	170	150,677
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).....	(57)	(170)	(50,677)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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	525,628
16.6 Other cash provided (applied).....	0	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	(525,628)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	124,029	77,646	(412,995)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	603,566	1,016,561	1,016,561
19.2 End of period (Line 18 plus Line 19.1).....	727,595	1,094,207	603,566
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001 .....	0	0	0

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at End of:</b>										
1. Prior Year.....	10,043	0	0	0	0	10,043	0	0	0	0
2. First Quarter.....	10,100	0	0	0	0	10,100	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.....	30,359	0	0	0	0	30,359	0	0	0	0
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician.....	10,287	0	0	0	0	10,287	0	0	0	0
9. Total.....	10,287	0	0	0	0	10,287	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).....	2,442,139	0	0	0	0	2,442,139	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	2,442,139	0	0	0	0	2,442,139	0	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	1,405,202	0	0	0	0	1,405,202	0	0	0	0
18. Amount Incurred for Provision of Health Care Services.....	1,465,284	0	0	0	0	1,465,284	0	0	0	0

007

(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
<b>Claims Unpaid (Reported)</b>						
MobileCare 2U, LLC.....	268,945	0	0	0	0	268,945
HealthDrive Dental Group.....	215,124	0	0	0	0	215,124
0199999. Individually Listed Claims Unpaid.....	484,069	0	0	0	0	484,069
0499999. Subtotals.....	484,069	0	0	0	0	484,069
0799999. Total Claims Unpaid.....						484,069

## 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 + 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.....	423,987	981,215	0	484,069	423,987	423,987
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 (Lines 1 to 8).....	423,987	981,215	0	484,069	423,987	423,987
10. Healthcare 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 (Lines 9-10+11+12).....	423,987	981,215	0	484,069	423,987	423,987

609

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

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****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.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2019
<b>NET INCOME</b>					
(1) AccessCare General, Inc. Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 53,447	\$ 209,967
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 53,447	\$ 209,967
<b>SURPLUS</b>					
(5) AccessCare General, Inc. Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 700,592	\$ 647,145
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 700,592	\$ 647,145

**C. Accounting Policy**

No significant changes

**(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method**

AccessCare General, Inc. owns four Certificate of Deposits. The Illinois CD in the amount of \$50,000 matures on 10/7/2024. It is booked at face value and replaces the one that matured on 10/6/2019. A second Illinois CD in the amount of \$50,000 was purchased on 4/3/2019 and matures on 4/3/2021. It is booked at face value. A third Illinois CD in the amount of \$100,000 matures on 3/29/2020. It is booked at face value. The funds from this CD were reinvested into a new CD in April 2020. The Arkansas CD in the amount of \$100,000 matures on 4/27/2020. It is booked at face value and replaces the one that matured on 4/27/2018. The quarterly interest is credited to the certificate each quarter and then paid out to the company upon maturity. The Arkansas CD in the amount of \$50,000 matures on 7/19/2020. It is booked at face value and automatically renews each year. The quarterly interest is credited to the certificate and then paid out to the company upon maturity.

**(6) Basis for Loan-Backed Securities and Adjustment Methodology**

AccessCare General, Inc. has no loan-backed securities.

**D. Going Concern**

After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement.

**Note 2 – Accounting Changes and Corrections of Errors**

No significant changes

**Note 3 – Business Combinations and Goodwill**

No significant changes

**Note 4 – Discontinued Operations**

No significant changes

**Note 5 – Investments****D. Loan-Backed Securities**

No significant changes

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions****(3) Collateral Received**

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$	0
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**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

Repurchase Transaction – Cash Taker – Overview of Secured Borrowing Transactions

No significant changes

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions

No significant changes

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## NOTES TO FINANCIAL STATEMENTS

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- H. Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Taker – Overview of Sale Transactions  
No significant changes
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Repurchase Transaction – Cash Provider – Overview of Sale Transactions  
No significant changes
- M. Working Capital Finance Investments  
(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs  
No significant changes  
  
(3) Any Events of Default or Working Capital Finance Investments  
No significant changes
- N. Offsetting and Netting of Assets and Liabilities  
No significant changes

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

No significant changes

**Note 7 – Investment Income**

No significant changes

**Note 8 – Derivative Instruments**

- A. Derivatives Under SSAP No. 86 – *Derivatives*  
  
(8) Total Premium Costs for Contracts  
No significant changes
- B. Derivatives under SSAP No. 108 – *Derivatives Hedging Variable Annuity Guarantees*  
  
(2) Recognition of Gains/Losses and Deferred Assets and Liabilities  
  
a. Scheduled Amortization  
No significant changes  
  
b. Total Deferred Balance  
No significant changes  
  
c. Reconciliation of Amortization  
No significant changes

**Note 9 – Income Taxes**

No significant changes

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant changes

**Note 11 – Debt**

- B. FHLB (Federal Home Loan Bank) Agreements  
No significant changes

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. Defined Benefit Plan  
  
(4) Components of Net Periodic Benefit Cost  
No significant changes

**Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

No significant changes

**Note 14 – Liabilities, Contingencies and Assessments**

No significant changes

**Note 15 – Leases**

No significant changes

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

No significant changes

## NOTES TO FINANCIAL STATEMENTS

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- B. Transfer and Servicing of Financial Assets
- (2) Servicing Assets and Servicing Liabilities  
No significant changes
- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales
- (a) For each income statement presented  
No significant changes
- (b) For each statement of financial position presented, regardless of when the transfer occurred  
No significant changes
- C. Wash Sales  
No significant changes

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

No significant changes

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant changes

**Note 20 – Fair Value Measurements**

- A. Fair Value Measurements  
AccessCare General, Inc. did not have any assets or liabilities at the end of the reporting period that are measured at fair market value.
- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements  
No significant changes
- C. Fair Value Level  
The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding any accounted for under the equity method. The fair values are categorized into the three-level fair value hierarchy.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 351,018	\$ 351,018	\$ 0	\$ 351,018	\$ 0	\$ 351,018	\$ 0
Cash, cash equivalents, and short-term investments	\$ 727,595	\$ 727,595	\$ 727,595	\$ 0	\$ 0	\$ 727,595	\$ 0
Total financial instruments-assets	\$ 1,078,613	\$ 1,078,613	\$ 727,595	\$ 351,018	\$ 0	\$ 1,078,613	\$ 0

- D. Not Practicable to Estimate Fair Value  
No significant changes
- E. NAV Practical Expedient Investments  
No significant changes

**Note 21 – Other Items**

No significant changes

**Note 22 – Events Subsequent**

No significant changes

**Note 23 – Reinsurance**

No significant changes

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

- E. Risk Sharing Provisions of the Affordable Care Act
- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [ ] No [X]

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

- A. Change in Incurred Losses and Loss Adjustment Expenses  
AccessCare General, Inc. pays its providers on a capitated basis, as a percentage of premiums collected. As of March 31, 2020, \$981,215 has been paid for incurred claims and claims adjustments attributable to insured events of the current year and \$423,987 has been paid for 2019 incurred claims and claims adjustment expenses. As of December 31, 2019, \$4,994,540 has been paid for incurred claims and claims adjustments attributable to insured events of the current year and \$466,320 has been paid for 2018 incurred claims and claims adjustment expenses. Unpaid Claims at December 31, 2020 were \$484,069 and December 31, 2019 were \$423,987.
- B. Information about Significant Changes in Methodologies and Assumptions  
There were no significant changes in methods or assumptions.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 26 – Intercompany Pooling Arrangements**

No significant changes

**Note 27 – Structured Settlements**

No significant changes

**Note 28 – Health Care Receivables**

No significant changes

**Note 29 – Participating Policies**

No significant changes

**Note 30 – Premium Deficiency Reserves**

No significant changes

**Note 31 – Anticipated Salvage and Subrogation**

No significant changes

# 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.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide 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
	0	

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]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016
- 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. 12/31/2016
- 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). 05/08/2018
- 6.4 By what department or departments?  
Illinois Department of Insurance
- 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 [X] No [ ] N/A [ ]
- 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 with 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 the 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

- 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 any 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:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

	1 Prior Year End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value
\$	0	\$	0
	0		0
	0		0
	0		0
	0		0
\$	0	\$	0
\$	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 [ ] N/A [X]
- 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 adjusted/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 [ ] No [X]

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 invested 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 invested 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 1 - COMMON INTERROGATORIES

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [ ] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The security was purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

## GENERAL INTERROGATORIES (continued)

### PART 2 - HEALTH

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 .....		37.8 %
2.1 Do you act as a custodian for health savings accounts? .....	Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]

### SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating

**NONE**

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		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 Columns 2 through 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	N	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	947,941	0	0	0	0	0	947,941	0
15. Indiana.....IN	L	830,378	0	0	0	0	0	830,378	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	663,820	0	0	0	0	0	663,820	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	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	2,442,139	0	0	0	0	0	2,442,139	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business).....	XXX	2,442,139	0	0	0	0	0	2,442,139	0

**DETAILS OF WRITE-INS**

58001.....	0	0	0	0	0	0	0	0	0
58002.....	0	0	0	0	0	0	0	0	0
58003.....	0	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	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	0	0	0	0	0	0	0	0	0

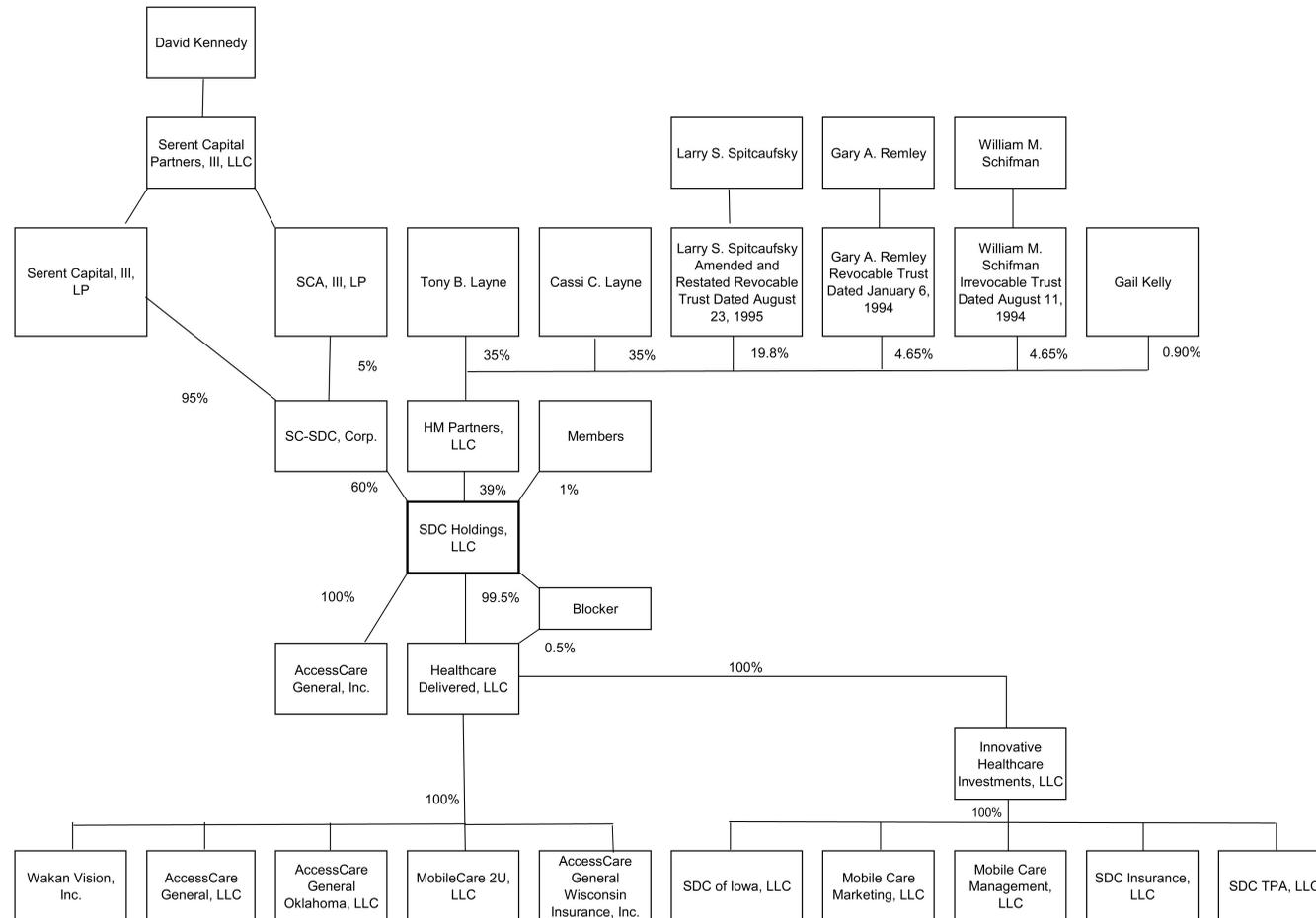
(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	3	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	54

# 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

<b>Company Name</b>	<b>FEIN</b>	<b>NAIC Code</b>	<b>State of Domicile</b>	<b>Insurer</b>	<b>Reporting Entity</b>
MobileCare 2U, LLC	48-1220515	N/A	KS	N	N
AccessCare General, Inc.	45-2795364	14158	IL	Y	Y
AccessCare General, LLC	26-3434287	14119	KS	Y	Y
AccessCare General Oklahoma, LLC	45-3076903	14343	OK	Y	Y
AccessCare General Wisconsin Insurance, Inc.	83-1898186	16425	WI	Y	Y
Healthcare Delivered, LLC	61-1896870	N/A	DE	N	N
Innovative Healthcare Investments, LLC	37-1904884	N/A	DE	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
SDC Holdings, LLC	32-0573900	N/A	DE	N	N
Wakan Vision, Inc.	42-1512770	N/A	NE	N	N

Q15.1

## 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)	*
<b>Members</b>															
0.....	.....	0.....	61-1896870..	.....0	.....0	.....	Healthcare Delivered, LLC.....	DE.....	UDP.....	SDC Holdings, LLC.....	Ownership.....	.....0.995	.....	.....N.....	0.....
0.....	.....	0.....	61-1896870..	.....0	.....0	.....	Healthcare Delivered, LLC.....	DE.....	UDP.....	Employee Incentive Vehicle.....	Ownership.....	.....0.005	.....	.....N.....	0.....
0.....	.....	0.....	37-1904884..	.....0	.....0	.....	Innovative Healthcare Investments, LLC.....	DE.....	NIA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	SDC Holdings, Employee Incentive Vehicle.....	.....N.....	0.....
0.....	.....	0.....	48-1220515..	.....0	.....0	.....	MobileCare 2U, LLC.....	KS.....	NIA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	SDC Holdings, Employee Incentive Vehicle.....	.....N.....	0.....
4744	L S S Grp.....	14158..	45-2795364..	.....0	.....0	.....	AccessCare General, Inc.....	IL.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	SDC Holdings, Employee Incentive Vehicle.....	.....Y.....	0.....
4744	L S S Grp.....	14119..	26-3434287..	.....0	.....0	.....	AccessCare General, LLC.....	KS.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	SDC Holdings, Employee Incentive Vehicle.....	.....Y.....	0.....
4744	L S S Grp.....	14343..	45-3076903..	.....0	.....0	.....	AccessCare General Oklahoma, LLC.....	OK.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	SDC Holdings, Employee Incentive Vehicle.....	.....Y.....	0.....
4744	L S S Grp.....	16425..	83-1898186..	.....0	.....0	.....	AccessCare General Wisconsin Insurance, Inc.....	WI.....	IA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	SDC Holdings, Employee Incentive Vehicle.....	.....Y.....	0.....
0.....	.....	0.....	45-2871916..	.....0	.....0	.....	Senior Dental Care of Iowa, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	.....100.000	Healthcare Delivered, LLC.....	.....N.....	0.....
0.....	.....	0.....	46-4698648..	.....0	.....0	.....	Mobile Care Marketing, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	.....100.000	Healthcare Delivered, LLC.....	.....N.....	0.....
0.....	.....	0.....	46-1568291..	.....0	.....0	.....	Mobile Care Management, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	.....100.000	Healthcare Delivered, LLC.....	.....N.....	0.....
0.....	.....	0.....	46-0972367..	.....0	.....0	.....	SDC Insurance, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	.....100.000	Healthcare Delivered, LLC.....	.....N.....	0.....
0.....	.....	0.....	47-2896515..	.....0	.....0	.....	SDC TPA, LLC.....	FL.....	NIA.....	Innovative Healthcare Investments, LLC.....	Ownership.....	.....100.000	Healthcare Delivered, LLC.....	.....N.....	0.....
0.....	.....	0.....	42-1512770..	.....0	.....0	.....	Wakan Vision, Inc.....	NE.....	NIA.....	Healthcare Delivered, LLC.....	Ownership.....	.....100.000	Healthcare Delivered, LLC.....	.....N.....	0.....
0.....	.....	0.....	32-0573900..	.....0	.....0	.....	SDC Holdings, LLC.....	DE.....	NIA.....	.....	.....	.....0.000	.....	.....N.....	0.....

Q16

## 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:**

1.

**Bar Code:**



**Overflow Page for Write-Ins**

**NONE**

## SCHEDULE A - VERIFICATION

### Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.0	.0
2.2 Additional investment made after acquisition.....	.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/adjusted carrying value.....	.0	.0
7. Deduct current year's other-than-temporary impairment recognized.....	.0	.0
8. Deduct current year's depreciation.....	.0	.0
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.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 accrued interest, December 31 of prior year.....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.0	.0
2.2 Additional investment made after acquisition.....	.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 mortgage interest points and commitment fees.....	.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 (Lines 1+2+3+4+5+6-7-8+9-10).....	.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 31 of prior year.....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	.0	.0
2.2 Additional investment made after acquisition.....	.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 (Lines 1+2+3+4+5+6-7-8+9-10).....	.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.....	350,961	300,284
2. Cost of bonds and stocks acquired.....	57	150,677
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	100,000
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	.0	.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	351,018	350,961
12. Deduct total nonadmitted amounts.....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12).....	351,018	350,961

### 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
<b>BONDS</b>								
1. NAIC 1 (a).....	350,961	57	0	0	351,018			350,961
2. NAIC 2 (a).....	0	0	0	0	0			0
3. NAIC 3 (a).....	0	0	0	0	0			0
4. NAIC 4 (a).....	0	0	0	0	0			0
5. NAIC 5 (a).....	0	0	0	0	0			0
6. NAIC 6 (a).....	0	0	0	0	0			0
7. Total Bonds.....	350,961	57	0	0	351,018	0	0	350,961
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0	0	0	0	0			0
9. NAIC 2.....	0	0	0	0	0			0
10. NAIC 3.....	0	0	0	0	0			0
11. NAIC 4.....	0	0	0	0	0			0
12. NAIC 5.....	0	0	0	0	0			0
13. NAIC 6.....	0	0	0	0	0			0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	350,961	57	0	0	351,018	0	0	350,961

QSI02

(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.

**Sch. DA - Pt. 1  
NONE**

**Sch. DA - Verification  
NONE**

**Sch. DB - Pt. A - Verification  
NONE**

**Sch. DB - Pt. B - Verification  
NONE**

**Sch. DB - Pt. C - Sn. 1  
NONE**

**Sch. DB - Pt. C - Sn. 2  
NONE**

**Sch. DB - Verification  
NONE**

**Sch. E - Pt. 2 Verification  
NONE**

**Sch. A Pt. 2  
NONE**

**Sch. A Pt. 3  
NONE**

**Sch. B - Pt. 2  
NONE**

**Sch. B - Pt. 3  
NONE**

**Sch. BA - Pt. 2  
NONE**

**Sch. BA - Pt. 3  
NONE**

### SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
<b>Bonds - U.S. Government</b>									
115001 18 2	Certificate of Deposit.....		01/18/2020.....	Security Bank of Kansas City.....		.57	.57	0	1FE.....
0599999	Total - Bonds - U.S. Government.....					.57	.57	0	XXX.....
8399997	Total - Bonds - Part 3.....					.57	.57	0	XXX.....
8399999	Total - Bonds.....					.57	.57	0	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					.57	XXX	0	XXX.....

QE04

**Sch. D - Pt. 4  
NONE**

**Sch. DB - Pt. A - Sn. 1  
NONE**

**Sch. DB - Pt. B - Sn. 1  
NONE**

**Sch. DB - Pt. D - Sn. 1  
NONE**

**Sch. DB - Pt. D - Sn. 2  
NONE**

**Sch. DB - Pt. E  
NONE**

**Sch. DL - Pt. 1  
NONE**

**Sch. DL - Pt. 2  
NONE**

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
JP Morgan Chase Bank, N.A..... San Antonio, TX.....	SD.....	.....0.000	.....23	.....0	.....51,032	.....51,043	.....51,043	XXX
Security Bank Checking..... Kansas City, KS.....		.....0.000	.....0	.....0	.....571,828	.....575,260	.....676,552	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....23	.....0	.....622,860	.....626,303	.....727,595	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....23	.....0	.....622,860	.....626,303	.....727,595	XXX
0599999. Total Cash.....	XXX	XXX	.....23	.....0	.....622,860	.....626,303	.....727,595	XXX

### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
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**NONE**