



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2018

### OF THE CONDITION AND AFFAIRS OF THE

# QCA Health Plan, Inc.

NAIC Group Code	4807 <small>(Current Period)</small>	4807 <small>(Prior Period)</small>	NAIC Company Code	95448	Employer's ID Number	71-0794605
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	AR		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Incorporated/Organized	04/08/1996		Commenced Business	07/31/1996		
Statutory Home Office	12615 Chenal Parkway, Suite 300 <small>(Street and Number)</small>		Little Rock, AR, 72211 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	12615 Chenal Parkway, Suite 300 <small>(Street and Number)</small>					
	Little Rock, AR, 72211 <small>(City or Town, State, Country and Zip Code)</small>		(501)228-7111 <small>(Area Code) (Telephone Number)</small>			
Mail Address	12615 Chenal Parkway, Suite 300 <small>(Street and Number or P.O. Box)</small>		Little Rock, AR, 72211 <small>(City or Town, State, Country and Zip Code)</small>			
Primary Location of Books and Records	12615 Chenal Parkway, Suite 300 <small>(Street and Number)</small>					
	Little Rock, AR, 72211 <small>(City or Town, State, Country and Zip Code)</small>		(501)228-7111 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.qualchoice.com					
Statutory Statement Contact	Greg Moore <small>(Name)</small>		(501)219-5156 <small>(Area Code)(Telephone Number)(Extension)</small>			
	gregory.moore@qualchoice.com <small>(E-Mail Address)</small>		(501)707-6728 <small>(Fax Number)</small>			

### OFFICERS

Name	Title
Randall Alvin Crow	President #
Gregory Porter Moore	CFO #
Charles William Hanson	Secretary

### OTHERS

Win Hammerly M.D., Vice President - Medical Affairs

### DIRECTORS OR TRUSTEES

Mark Fred Bjornson	Steven Charles Schramm
Philip Linwood Foster	Charles William Hanson
Jeremy Stephen Dressen #	

State of Arkansas  
County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)  
Randall Alvin Crow  
(Printed Name)  
1.  
President  
(Title)

\_\_\_\_\_  
(Signature)  
Gregory Porter Moore  
(Printed Name)  
2.  
CFO  
(Title)

\_\_\_\_\_  
(Signature)  
Charles Hanson  
(Printed Name)  
3.  
Secretary  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019

- a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	451,161	1,334	764	4	4	453,259
<b>Group Subscribers:</b>						
Rose Aircraft Services .....	13,113					13,113
Russell Chevrolet - Honda .....	13,168					13,168
Advantage Title & Escrow, LLC .....	15,734					15,734
Aluma Weld, Inc. ....	77,082					77,082
Federal Employees Health Plan Benefits .....	120,665					120,665
0299997 Subtotal - Group Subscribers: .....	239,762					239,762
0299998 Premiums due and unpaid not individually listed .....	133,107	17,472	486	1,162	1,162	151,065
0299999 TOTAL Group .....	372,869	17,472	486	1,162	1,162	390,827
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	824,030	18,806	1,250	1,166	1,166	844,086

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Pharmaceutical Rebate Receivables</b>						
Optum Rx .....	566,751	569,960	571,521	1,751,005	1,751,006	1,708,231
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	566,751	569,960	571,521	1,751,005	1,751,006	1,708,231
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	566,751	569,960	571,521	1,751,005	1,751,006	1,708,231

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	3,580,464	3,463,084		3,459,237	3,580,464	2,353,543
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	3,580,464	3,463,084		3,459,237	3,580,464	2,353,543

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	112,241	39,309	20,402	8,894	53,420	234,266
0399999 Aggregate Accounts Not Individually Listed - Covered .....	821,542	287,721	149,332	65,101	391,003	1,714,699
0499999 Subtotals .....	933,783	327,030	169,734	73,995	444,423	1,948,965
0599999 Unreported claims and other claim reserves .....						25,198,213
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						27,147,178
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
QualChoice Holdings .....	300					300	
0199999 Total - Individually listed receivables .....	300					300	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	300					300	

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
QualChoice Life and Health .....		1,187,478	1,187,478	
QualChoice Health Plan Services .....		248,232	248,232	
0199999 Total - Individually Listed Payables .....	X X X	1,435,710	1,435,710	
0299999 Payables not Individually Listed .....	X X X			
0399999 TOTAL Gross Payables .....	X X X	1,435,710	1,435,710	

### EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. TOTAL Capitation Payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....	13,654,227	9.392	X X X	X X X		13,654,227
6. Contractual fee payments .....	131,731,904	90.608	X X X	X X X	11,482,834	120,249,070
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. TOTAL Other Payments .....	145,386,131	100.000	X X X	X X X	11,482,834	133,903,297
13. TOTAL (Line 4 plus Line 12) .....	145,386,131	100.000	X X X	X X X	11,482,834	133,903,297

### EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999	TOTALS		X X X	X X X	X X X

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	199,240		167,426	31,814	31,814	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....	1,848,352		1,825,839	22,513	22,513	
6. TOTAL .....	2,047,592		1,993,265	54,327	54,327	



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: QCA Health Plan Inc.    2. LOCATION: N/A  
 BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Group Code 4807

NAIC Company Code 95448

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	45,523	23,714	21,252				557			
2. First Quarter .....	47,325	23,192	23,575				558			
3. Second Quarter .....	47,586	22,621	24,384				581			
4. Third Quarter .....	46,959	21,342	25,042				575			
5. Current Year .....	46,455	19,402	26,473				580			
6. Current Year Member Months .....	563,061	261,839	294,367				6,855			
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	344,091	170,691	168,638				4,762			
8. Non-Physician .....	502,132	142,395	350,504				9,233			
9. TOTAL .....	846,223	313,086	519,142				13,995			
10. Hospital Patient Days Incurred .....	16,305	11,152	4,990				163			
11. Number of Inpatient Admissions .....	3,655	2,398	1,220				37			
12. Health Premiums Written (b) .....	207,578,182	107,410,275	97,020,374				3,147,533			
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	207,578,182	107,410,275	97,020,374				3,147,533			
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	145,386,131	85,708,292	57,929,848				1,747,991			
18. Amount Incurred for Provision of Health Care Services .....	154,612,386	65,726,364	86,282,182				2,603,840			

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4807

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95448

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	45,523	23,714	21,252				557			
2. First Quarter .....	47,325	23,192	23,575				558			
3. Second Quarter .....	47,586	22,621	24,384				581			
4. Third Quarter .....	46,959	21,342	25,042				575			
5. Current Year .....	46,455	19,402	26,473				580			
6. Current Year Member Months .....	563,061	261,839	294,367				6,855			
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	344,091	170,691	168,638				4,762			
8. Non-Physician .....	502,132	142,395	350,504				9,233			
9. TOTAL .....	846,223	313,086	519,142				13,995			
10. Hospital Patient Days Incurred .....	16,305	11,152	4,990				163			
11. Number of Inpatient Admissions .....	3,655	2,398	1,220				37			
12. Health Premiums Written (b) .....	207,578,182	107,410,275	97,020,374				3,147,533			
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	207,578,182	107,410,275	97,020,374				3,147,533			
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	145,386,131	85,708,292	57,929,848				1,747,991			
18. Amount Incurred for Provision of Health Care Services .....	154,612,386	65,726,364	86,282,182				2,603,840			

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

## SCHEDULE S - PART 1 - SECTION 2

### Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>												
9999999 Total (Sum of 0799999 and 1099999) .....												

## SCHEDULE S - PART 2

### Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv .....	DC	33,932	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					33,932	
2199999 Total - Accident and Health - Non-Affiliates .....					33,932	
2299999 Total - Accident and Health .....					33,932	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					33,932	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						
9999999 Total (Sum of 1199999 and 2299999) .....					33,932	

## SCHEDULE S - PART 3 - SECTION 2

### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/G	CMM	647,037						
11835	04-1590940	01/01/2017	PARTNERRE AMER INS CO	DE	SSL/I	CMM	535,349						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							1,182,386						
1099999 Total - General Account - Authorized - Non-Affiliates							1,182,386						
1199999 Total - General Account Authorized							1,182,386						
3499999 Total - General Account - Authorized, Unauthorized and Certified							1,182,386						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,182,386						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							1,182,386						

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(\$000 Omitted)**

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	1,182	1,781	3,154	3,886	3,959
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	34	1,008	6,195	15,069	3,660
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	91,588,356		91,588,356
2. Accident and health premiums due and unpaid (Line 15) .....	876,313		876,313
3. Amounts recoverable from reinsurers (Line 16.1) .....	33,933		33,933
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	20,189,044		20,189,044
6. TOTAL Assets (Line 28) .....	112,687,646		112,687,646
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	27,147,176		27,147,176
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	4,150,898		4,150,898
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	21,417,384		21,417,384
15. TOTAL Liabilities (Line 24) .....	52,715,458		52,715,458
16. TOTAL Capital and Surplus (Line 33) .....	59,972,190	X X X	59,972,190
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	112,687,648		112,687,648
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

## SCHEDULE T - PART 2

### INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

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)	*
4807	Catholic Health Initiatives	95448	71-0794605				QCA Health Plan, Inc.	AR	RE	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	70998	71-0386640				QualChoice Life and Health Insurance Company, Inc.	AR	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	12909	42-1720801				Soundpath Health, Inc.	WA	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15488	46-4368223				Heartland Plains Health	NE	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15499	46-4380824				RiverLink Health	OH	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15486	46-4828332				RiverLink Health of Kentucky, Inc.	KY	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	15751	47-3433912				QualChoice Advantage, Inc.	AR	IA	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	27-4075520				QualChoice Holdings, Inc.	AR	UDP	QualChoice Health Plan Services	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	46-1224037				QualChoice Health Plan Services, Inc.	CO	UIP	QualChoice Health, Inc.	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	46-1222808				QualChoice Health, Inc.	CO	UIP	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	31-1378212				Consolidated Health Services, Inc. dba CHI Health At Home	OH	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	46-3867953				CHI Housing Initiatives, LLC	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	98-0203038				First Initiatives Insurance, Ltd.	CYM	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	98-0663022				Captive Management Initiatives, Ltd.	CYM	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	98-0559613				All Saints Insurance Company, SPC, Ltd.	CYM	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	84-1112049				Alternative Insurance Management Services, Inc.	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	46-2945938				Catholic Health Initiatives Physician Services, LLC	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	23-2487967				Franciscan Services, Inc.	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	20-1536108				Global Health Initiatives	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	20-2741651				CHI Kentucky, Inc.	KY	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	27-1050565				CHI Institute for Research and Innovation	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	45-2532084				CHI National Services	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	27-1966847				CHI Health Connect at Home - Fargo	ND	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	23-2342997				CHI St. Joseph Children's Health	PA	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	71-0897107				CHI St. Joseph's Children	NM	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	27-0930004				CHI National Foundation	CO	NIA	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	
4807	Catholic Health Initiatives	00000	47-0617373				Catholic Health Initiatives	CO	UIP	Catholic Health Initiatives	Ownership	100.0	Catholic Health Initiatives	N	

41

Asterisk	Explanation
0000001	

## SCHEDULE Y

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95448	71-0794605	QCA HEALTH PLAN INC					(27,881,936)				(27,881,936)	
0000	46-1224037	QualChoice Health Plan Services					27,881,936				27,881,936	
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**Response**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**AUGUST FILING**

- |   |     |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |     |
|--|-----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | No  |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No  |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | Yes |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No  |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | No  |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No  |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | No  |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | No  |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No  |

**APRIL FILING**

- |   |     |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?   | No  |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?   | No  |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?   | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?  | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                  | No  |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No  |

**AUGUST FILING**

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

**Explanation:**

- 11. The company has none
- 12. The company has none
- 16. The company has none
- 20. The company has none
- 21. The company has none

**Bar Code:**

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



95448201822500000

2018

Document Code: 225

Approval for Relief related to Require. for Audit Committees



95448201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



95448201830600000

2018

Document Code: 306

Health Life Supplement - April



95448201821100000

2018

Document Code: 211

LHA Guaranty Association Reconciliation



95448201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



95448201830000000

2018

Document Code: 300

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. LAE Expenses .....			155,766		155,766
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....			155,766		155,766

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