



# ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

## QualChoice Advantage Inc

NAIC Group Code.....4807, 4809 (Current Period) (Prior Period) NAIC Company Code..... 15751 Employer's ID Number..... 47-3433912

Organized under the Laws of AR State of Domicile or Port of Entry AR Country of Domicile US

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [ X ] No [ ]

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

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

Main Administrative Office 12615 Chenal Parkway, Suite 300..... Little Rock ..... AR ..... US .... 72211 844-822-7838  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 32129 Weyerhaeuser Way S, Suite 201..... Federal Way ..... WA ..... US .... 98001  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 32129 Weyerhaeuser Way S, Suite 201..... Federal Way ..... WA ..... US .... 98001 253-517-4300  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.QualChoiceAdvantage.com

Statutory Statement Contact Thuy Le 253-517-4340  
(Name) (Area Code) (Telephone Number) (Extension)  
thuy.le@prominencehealth.com 253-517-4385  
(E-Mail Address) (Fax Number)

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

Charles William Hanson # Jennifer Jean Boeff # Mark Fred Bjornson # Christine Catherine Mulheran #

State of.....  
County of.....

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

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

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2016

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 \_\_\_\_\_

**Ex. 2 - Accident and Health Premiums Due and Unpaid  
NONE**

**Ex. 3 - Health Care Receivables  
NONE**

**Ex. 3A - Analysis of Health Care Receivables Collected and Accrued  
NONE**

**Ex. 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus  
NONE**

**Ex. 5 - Amounts Due from Parent, Subsidiaries and Affiliates  
NONE**

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Amounts Due To Parent, Subsidiaries and Affiliates</b>				
Prominence Health Plan Services, Inc.....	Admintrative services.....	1,200	1,200	0
0199999. Individually listed payables.....		1,200	1,200	0
0399999. Total gross payables.....		1,200	1,200	0

**Ex. 7 - Pt. 1 - Summary of Transactions with Providers  
NONE**

**Ex. 7 - Pt. 2 - Summary of Transactions with Intermediaries  
NONE**

**Ex. 8 - Furniture, Equipment and Supplies Owned  
NONE**



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

REPORT FOR: 1. CORPORATION....QualChoice Advantage Inc      2. Little Rock, AR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code....4807

NAIC Company Code....15751

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior year.....	0									
2. First quarter.....	0									
3. Second quarter.....	0									
4. Third quarter.....	0									
5. Current year.....	0									
6. Current year member months.....	0									
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	0									
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	0									
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	0									
18. Amount incurred for provision of health care services.....	0									

NONE

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(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

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

**Sch. S - Pt. 1 - Sn. 2**  
**NONE**

**Sch. S - Pt. 2**  
**NONE**

**Sch. S - Pt. 3 - Sn. 2**  
**NONE**

**Sch. S - Pt. 4**  
**NONE**

**Sch. S - Pt. 5**  
**NONE**

**Sch. S - Pt. 6**  
**NONE**

**Sch. S - Pt. 7**  
**NONE**

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
 Allocated by States and Territories

States, Etc.	Direct Business Only					6 Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	0	0	0

**NONE**

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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)	*
<b>Members</b>														
			46-1224037..				Prominence Health Plan Services, Inc.....	CO.....	UDP.....	Prominence Health, Inc.....	Ownership.....	...100.000	Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	12909..	42-1720801..				Soundpath Health.....	WA.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	95448..	71-0794605..				QCA Health Plan, Inc.....	AR.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	70998..	71-0386640..				QualChoice Life and Health.....	AR.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15493..	46-4495960..				ClearRiver Health.....	TN.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15488..	46-4368223..				HeartlandPlains Health.....	NE.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15499..	46-4380824..				RiverLink Health.....	OH.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15486..	46-4828332..				RiverLink Health of Kentucky, Inc.....	KY.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15487..	46-4373713..				StableView Health Inc.....	KY.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15751..	47-3433912..				QualChoice Advantage Inc.....	AR.....	RE.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	
4807.....	Catholic Hlth Initiatives Grp.....	15752..	47-3451750..				HarvestPlains Health of Iowa.....	IA.....	IA.....	Prominence Health Plan Services, Inc.....	Ownership.....	...100.000	Prominence Health, Inc /Catholic Health Initiatives.....	

## 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)
<b>Affiliated Transactions</b>												
.....	46-1224037.....	Prominence Health Plan Services.....	.....	.....(3,500,000)	.....	.....	.....	.....	.....	.....	.....(3,500,000)	.....
15751.....	47-3433912.....	QualChoice Advantage, Inc.....	.....	.....3,500,000	.....	.....	.....	.....	.....	.....	.....3,500,000	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

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

### APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO

### JUNE FILING

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

### AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	WAIVED
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The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

### MARCH FILING

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

### APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

### AUGUST FILING

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

EXPLANATIONS:

BAR CODE:

- 1.
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- 26.



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