



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2006
OF THE CONDITION AND AFFAIRS OF THE

Arkansas Community Care, Inc.

NAIC Group Code 3681 (Current) (Prior) NAIC Company Code 12282 Employer's ID Number 20-2036444

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 01/31/2005 Commenced Business 03/21/2005

Statutory Home Office 10025 W Markham St., Suite 220, Little Rock, AR 72205
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 825 Washington St #300, Oakland, CA 94607, 510-832-0311
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 825 Washington St #300, Oakland, CA 94607
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 825 Washington St #300, Oakland, CA 94607, 510-832-0311
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.arkansascommunitycare.com

Statutory Statement Contact Bradley Raymond Luke, 510-817-1038
(Name) (Area Code) (Telephone Number)
bluke@arcadianhp.com, 510-817-1039
(E-mail Address) (FAX Number)

Policyowner Relations Contact 825 Washington St #300, Oakland, CA 94607, 510-832-0311
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

OFFICERS

CEO John Harvey Austin CFO Kenneth Benjamin Zimmerman
President Nancy Ellen Freeman

OTHER

DIRECTORS OR TRUSTEES

John Harvey Austin Nancy Ellen Freeman Chase Spencer Milbrandt
Cheryl Yvonne Perkins Kenneth Benjamin Zimmerman

State of California SS:
County of Alameda

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.

John Harvey Austin
CEO

Kenneth Benjamin Zimmerman
CFO

Subscribed and sworn to before me this _____ day of _____

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

Exhibit 2 - A&H Premiums Due and Unpaid

N O N E

Exhibit 3 - Health Care Receivables

N O N E

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999. Aggregate accounts not individually listed- uncovered	157,406	13,955	424	1,996		173,781
0399999. Aggregate accounts not individually listed-covered	680,950	143,306	9,486	3,988		837,730
0499999. Subtotals	838,356	157,261	9,910	5,984	0	1,011,511
0599999. Unreported claims and other claim reserves						2,276,496
0699999. Total amounts withheld						
0799999. Total claims unpaid						3,288,007
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0899999 Accrued medical incentive pool and bonus amounts						120,098

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
NONE							
0399999 Total gross amounts receivable							

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
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	88,402	1.2		0.0		88,402
4. Total capitation payments	88,402	1.2	0	0.0	0	88,402
Other Payments:						
5. Fee-for-service	751,199	10.2	XXX	XXX		751,199
6. Contractual fee payments	6,546,984	88.6	XXX	XXX		6,546,984
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	7,298,183	98.8	XXX	XXX	0	7,298,183
13. TOTAL (Line 4 plus Line 12)	7,386,585	100%	XXX	XXX	0	7,386,585

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	78,184	4,611	28,241	54,554	54,554	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	78,184	4,611	28,241	54,554	54,554	0



Statement as of December 31, 2006 of Arkansas Community Care, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Little Rock, Fayetteville

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR									
		Arkansas		(LOCATION)									
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:													
1. Prior Year	0							0					
2. First Quarter	535							535					
3. Second Quarter	2,219							2,219					
4. Third Quarter	2,595							2,595					
5. Current Year	2,739							2,739					
6. Current Year Member Months	21,314							21,314					
Total Member Ambulatory Encounters for Year:													
7. Physician	16,348							16,348					
8. Non-Physician	12,900							12,900					
9. Total	29,248	0	0	0	0	0	0	29,248	0	0	0	0	
10. Hospital Patient Days Incurred	4,524							4,524					
11. Number of Inpatient Admissions	385							385					
12. Health Premiums Written	14,584,006							14,584,006					
13. Life Premiums Direct	0							0					
14. Property/Casualty Premiums Written	0							0					
15. Health Premiums Earned	14,584,006							14,584,006					
16. Property/Casualty Premiums Earned	0							0					
17. Amount Paid for Provision of Health Care Services	7,386,585							7,386,585					
18. Amount Incurred for Provision of Health Care Services	10,810,370							10,810,370					

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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Statement as of December 31, 2006 of Arkansas Community Care, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2.

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR									
		Grand Total		(LOCATION)									
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	NAIC Company Code	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:													
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	535	0	0	0	0	0	0	535	0	0	0	0	
3. Second Quarter	2,219	0	0	0	0	0	0	2,219	0	0	0	0	
4. Third Quarter	2,595	0	0	0	0	0	0	2,595	0	0	0	0	
5. Current Year	2,739	0	0	0	0	0	0	2,739	0	0	0	0	
6. Current Year Member Months	21,314	0	0	0	0	0	0	21,314	0	0	0	0	
Total Member Ambulatory Encounters for Year:													
7. Physician	16,348	0	0	0	0	0	0	16,348	0	0	0	0	
8. Non-Physician	12,900	0	0	0	0	0	0	12,900	0	0	0	0	
9. Total	29,248	0	0	0	0	0	0	29,248	0	0	0	0	
10. Hospital Patient Days Incurred	4,524	0	0	0	0	0	0	4,524	0	0	0	0	
11. Number of Inpatient Admissions	385	0	0	0	0	0	0	385	0	0	0	0	
12. Health Premiums Written	14,584,006	0	0	0	0	0	0	14,584,006	0	0	0	0	
13. Life Premiums Direct	0	0	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	0	0	
15. Health Premiums Earned	14,584,006	0	0	0	0	0	0	14,584,006	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	7,386,585	0	0	0	0	0	0	7,386,585	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	10,810,370	0	0	0	0	0	0	10,810,370	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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Schedule A - Verification Between Years

N O N E

Schedule B - Verification Between Years

N O N E

Schedule BA - Verification Between Years

N O N E

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments , Schedules D & DA (Group 1)											
1.1 Class 1	6,760,176	723,388	99,853	0	0	7,583,417	91.8	348,528	100.0	7,583,417	0
1.2 Class 2						0	0.0	0	0.0		0
1.3 Class 3						0	0.0	0	0.0		0
1.4 Class 4						0	0.0	0	0.0		0
1.5 Class 5						0	0.0	0	0.0		0
1.6 Class 6						0	0.0	0	0.0		0
1.7 Totals	6,760,176	723,388	99,853	0	0	7,583,417	91.8	348,528	100.0	7,583,417	0
2. All Other Governments , Schedules D & DA (Group 2)											
2.1 Class 1						0	0.0	0	0.0		0
2.2 Class 2						0	0.0	0	0.0		0
2.3 Class 3						0	0.0	0	0.0		0
2.4 Class 4						0	0.0	0	0.0		0
2.5 Class 5						0	0.0	0	0.0		0
2.6 Class 6						0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1						0	0.0	0	0.0		0
3.2 Class 2						0	0.0	0	0.0		0
3.3 Class 3						0	0.0	0	0.0		0
3.4 Class 4						0	0.0	0	0.0		0
3.5 Class 5						0	0.0	0	0.0		0
3.6 Class 6						0	0.0	0	0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions , Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1						0	0.0	0	0.0		0
4.2 Class 2						0	0.0	0	0.0		0
4.3 Class 3						0	0.0	0	0.0		0
4.4 Class 4						0	0.0	0	0.0		0
4.5 Class 5						0	0.0	0	0.0		0
4.6 Class 6						0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1	23,703	252,910	0	0	0	276,613	3.3	0	0.0	276,613	0
5.2 Class 2						0	0.0	0	0.0		0
5.3 Class 3						0	0.0	0	0.0		0
5.4 Class 4						0	0.0	0	0.0		0
5.5 Class 5						0	0.0	0	0.0		0
5.6 Class 6						0	0.0	0	0.0		0
5.7 Totals	23,703	252,910	0	0	0	276,613	3.3	0	0.0	276,613	0

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1						0	0.0	0	0.0		0
6.2 Class 2						0	0.0	0	0.0		0
6.3 Class 3						0	0.0	0	0.0		0
6.4 Class 4						0	0.0	0	0.0		0
6.5 Class 5						0	0.0	0	0.0		0
6.6 Class 6						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	100,858	297,243	0	0	0	398,101	4.8	0	0.0	398,101	0
7.2 Class 2						0	0.0	0	0.0		0
7.3 Class 3						0	0.0	0	0.0		0
7.4 Class 4						0	0.0	0	0.0		0
7.5 Class 5						0	0.0	0	0.0		0
7.6 Class 6						0	0.0	0	0.0		0
7.7 Totals	100,858	297,243	0	0	0	398,101	4.8	0	0.0	398,101	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1						0	0.0	0	0.0		0
8.2 Class 2						0	0.0	0	0.0		0
8.3 Class 3						0	0.0	0	0.0		0
8.4 Class 4						0	0.0	0	0.0		0
8.5 Class 5						0	0.0	0	0.0		0
8.6 Class 6						0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1						0	0.0	0	0.0		0
9.2 Class 2						0	0.0	0	0.0		0
9.3 Class 3						0	0.0	0	0.0		0
9.4 Class 4						0	0.0	0	0.0		0
9.5 Class 5						0	0.0	0	0.0		0
9.6 Class 6						0	0.0	0	0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	6,884,737	1,273,541	99,853	0	0	8,258,131	100.0	XXX	XXX	8,258,131	0
10.2 Class 2	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	6,884,737	1,273,541	99,853	0	0	(b) 8,258,131	100.0	XXX	XXX	8,258,131	0
10.8 Line 10.7 as a % of Col. 6	83.4	15.4	1.2	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	0	348,528	0	0	0	XXX	XXX	348,528	100.0	0	348,528
11.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	0	348,528	0	0	0	XXX	XXX	(b) 348,528	100.0	0	348,528
11.8 Line 11.7 as a % of Col. 8	0.0	100.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	0.0	100.0
12. Total Publicly Traded Bonds											
12.1 Class 1	6,884,736	1,273,541	99,853	0	0	8,258,130	100.0	0	0.0	8,258,130	XXX
12.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	6,884,736	1,273,541	99,853	0	0	8,258,130	100.0	0	0.0	8,258,130	XXX
12.8 Line 12.7 as a % of Col. 6	83.4	15.4	1.2	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	83.4	15.4	1.2	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	1	0	0	0	0	1	0.0	348,528	100.0	XXX	1
13.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	1	0	0	0	0	1	0.0	348,528	100.0	XXX	1
13.8 Line 13.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ _____ current year, \$ _____ prior year of bonds with Z designations and \$ _____, current year \$ _____ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$ _____ current year, \$ _____ prior year of bonds with 5* designations and \$ _____, current year \$ _____ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	6,760,176	723,388	99,853	0	0	7,583,417	91.8	348,528	100.0	7,583,417	0
1.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
1.7 Totals	6,760,176	723,388	99,853	0	0	7,583,417	91.8	348,528	100.0	7,583,417	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations						0	0.0	0	0.0		0
2.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined						0	0.0	0	0.0		0
2.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined						0	0.0	0	0.0		0
2.6 Other						0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations						0	0.0	0	0.0		0
3.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined						0	0.0	0	0.0		0
3.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined						0	0.0	0	0.0		0
3.6 Other						0	0.0	0	0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations						0	0.0	0	0.0		0
4.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined						0	0.0	0	0.0		0
4.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined						0	0.0	0	0.0		0
4.6 Other						0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations						0	0.0	0	0.0		0
5.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	23,703	55,030	0	0	0	78,733	1.0	0	0.0	78,733	0
5.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined	0	197,880	0	0	0	197,880	2.4	0	0.0	197,880	0
5.6 Other						0	0.0	0	0.0		0
5.7 Totals	23,703	252,910	0	0	0	276,613	3.3	0	0.0	276,613	0

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) Schedules D & DA (Group 6)											
6.1 Issuer Obligations						0	0.0	0	0.0		0
6.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined						0	0.0	0	0.0		0
6.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
6.5 Defined						0	0.0	0	0.0		0
6.6 Other						0	0.0	0	0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial and Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	100,858	297,243	0	0	0	398,101	4.8	0	0.0	398,101	0
7.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined						0	0.0	0	0.0		0
7.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
7.5 Defined						0	0.0	0	0.0		0
7.6 Other						0	0.0	0	0.0		0
7.7 Totals	100,858	297,243	0	0	0	398,101	4.8	0	0.0	398,101	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations						0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0	0	0.0		0
9.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0	0	0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined						0	0.0	0	0.0		0
9.4 Other						0	0.0	0	0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
9.5 Defined						0	0.0	0	0.0		0
9.6 Other						0	0.0	0	0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	6,861,034	1,020,631	99,853	0	0	7,981,518	96.7	.XXX	.XXX	7,981,518	0
10.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	.XXX	.XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	23,703	55,030	0	0	0	78,733	1.0	.XXX	.XXX	78,733	0
10.4 Other	0	0	0	0	0	0	0.0	.XXX	.XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	0	197,880	0	0	0	197,880	2.4	.XXX	.XXX	197,880	0
10.6 Other	0	0	0	0	0	0	0.0	.XXX	.XXX	0	0
10.7 Totals	6,884,737	1,273,541	99,853	0	0	8,258,131	100.0	.XXX	.XXX	8,258,131	0
10.8 Line 10.7 as a % of Col. 6	83.4	15.4	1.2	0.0	0.0	100.0	.XXX	.XXX	.XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	0	348,528	0	0	0	.XXX	.XXX	348,528	100.0	0	348,528
11.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	.XXX	.XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	0	0	0	0	0	.XXX	.XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	.XXX	.XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	0	0	0	0	0	.XXX	.XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	.XXX	.XXX	0	0.0	0	0
11.7 Totals	0	348,528	0	0	0	.XXX	.XXX	348,528	100.0	0	348,528
11.8 Line 11.7 as a % of Col. 8	0.0	100.0	0.0	0.0	0.0	.XXX	.XXX	100.0	.XXX	0.0	100.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	6,861,033	1,020,631	99,853	0	0	7,981,517	96.7	0	0.0	7,981,517	.XXX
12.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	.XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	23,703	55,030	0	0	0	78,733	1.0	0	0.0	78,733	.XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	.XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	0	197,880	0	0	0	197,880	2.4	0	0.0	197,880	.XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	.XXX
12.7 Totals	6,884,736	1,273,541	99,853	0	0	8,258,130	100.0	0	0.0	8,258,130	.XXX
12.8 Line 12.7 as a % of Col. 6	83.4	15.4	1.2	0.0	0.0	100.0	.XXX	.XXX	.XXX	100.0	.XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	83.4	15.4	1.2	0.0	0.0	100.0	.XXX	.XXX	.XXX	100.0	.XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	1	0	0	0	0	1	0.0	348,528	100.0	.XXX	1
13.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	.XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	.XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	.XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	.XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	.XXX	0
13.7 Totals	1	0	0	0	0	1	0.0	348,528	100.0	.XXX	1
13.8 Line 13.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	.XXX	.XXX	.XXX	.XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	.XXX	.XXX	.XXX	.XXX	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	0	0	0	0	0
2. Cost of short-term investments acquired	11,464,232	11,464,232	0	0	0
3. Increase (decrease) by adjustment	15,161	15,161	0	0	0
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	5,666,517	5,666,517	0	0	0
7. Book/adjusted carrying value, current year	5,812,876	5,812,876	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	5,812,876	5,812,876	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	5,812,876	5,812,876	0	0	0
12. Income collected during year	151,265	151,265	0	0	0
13. Income earned during year	190,085	190,085	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

Schedule DB - Part A - VBY

N O N E

Schedule DB - Part B - VBY

N O N E

Schedule DB - Part C - VBY

N O N E

Schedule DB - Part D - VBY

N O N E

Schedule DB - Part E - VBY

N O N E

Schedule DB - Part F - Section 1

N O N E

Schedule DB - Part F - Section 2

N O N E

Schedule S - Part 1 - Section 2

N O N E

Statement as of December 31, 2006 of Arkansas Community Care, Inc.

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 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
22667	95-2371728	01/01/2006	Ace American Insurance Company	1601 Chestnut St. Philadelphia, PA 19103	SSL/A/I	81,386						
0299999. Authorized General Account, Non-Affiliates						81,386	0	0	0	0	0	0
0399999. Total Authorized General Account						81,386	0	0	0	0	0	0
0699999. Total Unauthorized General Account						0	0	0	0	0	0	0
0799999. Total Authorized and Unauthorized General Account						81,386	0	0	0	0	0	0
1099999. Total Authorized Separate Accounts						0	0	0	0	0	0	0
1399999. Total Unauthorized Separate Accounts						0	0	0	0	0	0	0
1499999. Total Authorized and Unauthorized Separate Accounts						0	0	0	0	0	0	0
1599999 - Totals						81,386	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 but not in Excess of Col. 8
NONE													
1199999 - Totals													

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1 2006	2 2005	3 2004	4 2003	5 2002
A. OPERATIONS ITEMS					
1. Premiums	0				
2. Title XVIII - Medicare81				
3. Title XIX - Medicaid	0				
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0				
8. Reinsurance recoverable on paid losses	0				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0				
13. Letters of credit (L)	0				
14. Trust agreements (T)	0				
15. Other (O)	0				

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	8,427,654		8,427,654
2. Accident and health premiums due and unpaid (Line 13)	296,672		296,672
3. Amounts recoverable from reinsurers (Line 14.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	66,144		66,144
6. Total assets (Line 26)	8,790,470	0	8,790,470
LIABILITIES, CAPITAL AND SURPLUS (PAGE 3)			
7. Claims unpaid (Line 1)	3,288,007		3,288,007
8. Accrued medical incentive pool and bonus payments (Line 2)	120,098		120,098
9. Premiums received in advance (Line 8)	0		0
10. Reinsurance in unauthorized companies (Line 18)	0		0
11. All other liabilities (Balance)	2,627,003		2,627,003
12. Total liabilities (Line 22)	6,035,108	0	6,035,108
13. Total capital and surplus (Line 31)	2,755,362	XXX	2,755,362
14. Total liabilities, capital and surplus (Line 32)	8,790,470	0	8,790,470
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid	0		
16. Accrued medical incentive pool	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payables/offsets	0		
25. Total net credit for ceded reinsurance	0		

**SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					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					
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	CN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

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	Federal 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)
12151	20-1001348	Arcadian Health Plan					487,541				487,541	
12282	20-2036444	Arkansas Community Care, Inc.		1,169,452			(487,541)				681,911	
	86-0836599	Arcadian Management Services, Inc.		(1,169,452)							(1,169,452)	
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.

	Responses
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 Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the 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

The following supplemental reports are required to be filed as part of your annual 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	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	NO
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
16. 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

- Explanations:
9. NA
 10. NA
 11. NA
 12. NA
 13. NA
 14. NA
 15. NA
 16. NA

Bar Codes:

9. 
1 2 2 8 2 2 0 0 6 3 6 0 0 0 0 0 0
- Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
10. 
1 2 2 8 2 2 0 0 6 2 0 5 0 0 0 0 0
- Life Supplement [Document Identifier 205]
11. 
1 2 2 8 2 2 0 0 6 2 0 7 0 0 0 0 0
- Property/Casualty Supplement [Document Identifier 207]
12. 
1 2 2 8 2 2 0 0 6 4 2 0 0 0 0 0 0
- SIS Stockholder Information Supplement [Document Identifier 420]
13. 
1 2 2 8 2 2 0 0 6 3 6 5 0 0 0 0 0
- Medicare Part D Coverage Supplement [Document Identifier 365]
14. 
1 2 2 8 2 2 0 0 6 3 3 0 0 0 0 0 0
- Long-Term Care Experience Reporting Forms [Document Identifier 330]
15. 
1 2 2 8 2 2 0 0 6 2 1 1 0 0 0 0 0
- Life Supplement [Document Identifier 211]
16. 
1 2 2 8 2 2 0 0 6 2 1 3 0 0 0 0 0
- Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]