



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

Arkansas Community Care, Inc.

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

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 01/01/2006

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 500 12th Street, Ste 350
(Street and Number)
Oakland , CA 94607, 510-832-0311
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 500 12th Street, Ste 350, Oakland , CA 94607
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 500 12th Street, Ste 350
(Street and Number)
Oakland , CA 94607, 510-832-0311
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.arcadianhealth.com

Statutory Statement Contact Stacy Elise Parsons, 510-817-1815
(Name) (Area Code) (Telephone Number)
sparsons@arcadianhealth.com, 510-817-1895
(E-mail Address) (FAX Number)

OFFICERS

CEO and President Robert Lawrence Fahlman CFO David Carl Buhler
Treasurer Kenneth Benjamin Zimmerman Secretary James Francis Novello #

OTHER

DIRECTORS OR TRUSTEES

Robert Lawrence Fahlman Chase Spencer Milbrandt Jeffrey Craig McManus

State of California SS:
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.

Robert Lawrence Fahlman
CEO and President

Kenneth Benjamin Zimmerman
Treasurer

David Carl Buhler
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 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)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	76,606					76,606
0399999. Aggregate accounts not individually listed-covered	2,047,233	73,439				2,120,672
0499999. Subtotals	2,123,839	73,439	0	0	0	2,197,278
0599999. Unreported claims and other claim reserves						6,734,478
0699999. Total amounts withheld						
0799999. Total claims unpaid						8,931,756
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0899999 Accrued medical incentive pool and bonus amounts						294,515

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	1,218,531	1.5	138,918	1,172.3		1,218,531
4. Total capitation payments	1,218,531	1.5	138,918	1,172.3	0	1,218,531
Other Payments:						
5. Fee-for-service	6,296,923	7.7	XXX	XXX		6,296,923
6. Contractual fee payments	74,111,317	90.8	XXX	XXX		74,111,317
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	80,408,240	98.5	XXX	XXX	0	80,408,240
13. TOTAL (Line 4 plus Line 12)	81,626,771	100%	XXX	XXX	0	81,626,771

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	22,706		16,131	6,575	6,575	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	22,706	0	16,131	6,575	6,575	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Fort Smith, Texarkana, Fayetteville and Little Rock

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		Arkansas		2010							NAIC Company Code		12282
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	7,007							7,007					
2. First Quarter	8,868							8,868					
3. Second Quarter	9,230							9,230					
4. Third Quarter	9,274							9,274					
5. Current Year	9,549							9,549					
6. Current Year Member Months	111,549							111,549					
Total Member Ambulatory Encounters for Year:													
7. Physician	100,565							100,565					
8. Non-Physician	90,016							90,016					
9. Total	190,581	0	0	0	0	0	0	190,581	0	0			
10. Hospital Patient Days Incurred	13,382							13,382					
11. Number of Inpatient Admissions	1,895							1,895					
12. Health Premiums Written (b)	86,105,358							86,105,358					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	86,105,358							86,105,358					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	65,545,306							65,545,306					
18. Amount Incurred for Provision of Health Care Services	65,658,141							65,658,141					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$86,105,358

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Fort Smith and Texarkana

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		Oklahoma		2010							NAIC Company Code		12282
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	987							987					
2. First Quarter	1,305							1,305					
3. Second Quarter	1,294							1,294					
4. Third Quarter	1,296							1,296					
5. Current Year	1,290							1,290					
6. Current Year Member Months	15,557							15,557					
Total Member Ambulatory Encounters for Year:													
7. Physician	13,948							13,948					
8. Non-Physician	17,876							17,876					
9. Total	31,824	0	0	0	0	0	0	31,824	0	0			
10. Hospital Patient Days Incurred	2,587							2,587					
11. Number of Inpatient Admissions	318							318					
12. Health Premiums Written (b)	11,903,015							11,903,015					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	11,903,015							11,903,015					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	9,141,131							9,141,131					
18. Amount Incurred for Provision of Health Care Services	9,195,222							9,195,222					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,903,015

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Texarkana

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		Texas		2010							NAIC Company Code		12282
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	866							866					
2. First Quarter	1,096							1,096					
3. Second Quarter	1,141							1,141					
4. Third Quarter	1,146							1,146					
5. Current Year	1,011							1,011					
6. Current Year Member Months	11,812							11,812					
Total Member Ambulatory Encounters for Year:													
7. Physician	34,989							34,989					
8. Non-Physician	29,762							29,762					
9. Total	64,751	0	0	0	0	0	0	64,751	0	0			
10. Hospital Patient Days Incurred	4,665							4,665					
11. Number of Inpatient Admissions	506							506					
12. Health Premiums Written (b)	9,117,356							9,117,356					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	9,117,356							9,117,356					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	6,940,334							6,940,334					
18. Amount Incurred for Provision of Health Care Services	6,952,281							6,952,281					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,117,356

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Little Rock, AR

NAIC Group Code	3681	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR				2010		NAIC Company Code	12282
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:												
1. Prior Year	8,860	0	0	0	0	0	0	8,860	0	0		
2. First Quarter	11,269	0	0	0	0	0	0	11,269	0	0		
3. Second Quarter	11,665	0	0	0	0	0	0	11,665	0	0		
4. Third Quarter	11,716	0	0	0	0	0	0	11,716	0	0		
5. Current Year	11,850	0	0	0	0	0	0	11,850	0	0		
6. Current Year Member Months	138,918	0	0	0	0	0	0	138,918	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	149,502	0	0	0	0	0	0	149,502	0	0		
8. Non-Physician	137,654	0	0	0	0	0	0	137,654	0	0		
9. Total	287,156	0	0	0	0	0	0	287,156	0	0		
10. Hospital Patient Days Incurred	20,634	0	0	0	0	0	0	20,634	0	0		
11. Number of Inpatient Admissions	2,719	0	0	0	0	0	0	2,719	0	0		
12. Health Premiums Written (b)	107,125,729	0	0	0	0	0	0	107,125,729	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	107,125,729	0	0	0	0	0	0	107,125,729	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	81,626,771	0	0	0	0	0	0	81,626,771	0	0		
18. Amount Incurred for Provision of Health Care Services	81,805,644	0	0	0	0	0	0	81,805,644	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$107,125,729

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 - Totals											

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE 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		
92711	35-1817054	01/01/2010	HCC Life Insurance Company	225 TownPark Drive, Ste 145 Kennesaw, GA 30144 Domiciled in Indiana	SSL/A/I	602,078	0	0	0	0	0	0
0299999. Authorized General Account, Non-Affiliates						602,078	0	0	0	0	0	0
0399999. Total Authorized General Account						602,078	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						602,078	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						602,078	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

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 - Total													

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	602	660	358	398	81
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	81,512	61,362	54,510		
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	11	0	0	0	0
8. Reinsurance recoverable on paid losses	163	462	164	104	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	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	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 12)	20,119,251		20,119,251
2. Accident and health premiums due and unpaid (Line 15)	4,423,067		4,423,067
3. Amounts recoverable from reinsurers (Line 16.1)	163,171	(163,171)	0
4. Net credit for ceded reinsurance	XXX	174,293	174,293
5. All other admitted assets (Balance)	5,194,534		5,194,534
6. Total assets (Line 28)	29,900,023	11,122	29,911,145
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,920,634	11,122	8,931,756
8. Accrued medical incentive pool and bonus payments (Line 2)	294,515		294,515
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11. Reinsurance in unauthorized companies (Line 20)	0		0
12. All other liabilities (Balance)	1,343,190		1,343,190
13. Total liabilities (Line 24)	10,558,339	11,122	10,569,461
14. Total capital and surplus (Line 33)	19,341,685	XXX	19,341,685
15. Total liabilities, capital and surplus (Line 34)	29,900,024	11,122	29,911,146
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	11,122		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	163,171		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	174,293		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	174,293		

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

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE ARKANSAS COMMUNITY CARE, INC.

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)
	86-0836599	Arcadian Management Services, Inc.	5,930,000	(2,895,934)			34,220,225				37,254,291	
12151	20-1001348	Arcadian Health Plan, Inc.	(3,600,000)	0			(9,893,164)				(13,493,164)	
12282	20-2036444	Arkansas Community Care, Inc.	(1,450,000)	0			(12,759,692)				(14,209,692)	
12628	20-5089611	Arcadian Health Plan of Georgia, Inc.	0	1,300,000			(2,803,116)				(1,503,116)	
11954	20-8688983	Arcadian Health Plan of Louisiana, Inc.	(880,000)	0			(5,942,413)				(6,822,413)	
12999	26-0500828	Arcadian Health Plan of North Carolina, Inc.	0	150,000			(2,544,345)				(2,394,345)	
13558	26-2800286	Arcadian Health Plan of New York, Inc.	0	1,445,934			(277,495)				1,168,439	
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 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 Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 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	
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?	NO
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 Life 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
APRIL FILING	
18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
20. 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
21. 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
22. 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	
23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. Property/Casualty Supplement [Document Identifier 207]	
14. SIS Stockholder Information Supplement [Document Identifier 420]	
15. Participating Opinion for Exhibit 5 [Document Identifier 371]	
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Medicare Part D Coverage Supplement [Document Identifier 365]	
18. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
19. Life Supplement [Document Identifier 211]	
20. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	
21. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	

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22. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]



23. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



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