



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2011
 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 Period) (Prior Period)

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] 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, State and Zip Code)

Main Administrative Office 500 12TH STREET, STE 350
(Street and Number)

OAKLAND, CA 94607 510-832-0311
(City, 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, 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, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address WWW.ARCADIANHEALTH.COM

Statutory Statement Contact STACY ELISE PARSONS , 510-817-1815
(Name) (Area Code) (Telephone Number) (Extension)
SPARSONS@ARCADIANHEALTH.COM 510-817-1895
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>ROBERT LAWRENCE FAHLMAN</u>	<u>CEO AND PRESIDENT</u>	<u>KENNETH BENJAMIN ZIMMERMAN</u>	<u>TREASURER</u>
<u>JAMES FRANCIS NOVELLO</u>	<u>SECRETARY</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

ROBERT LAWRENCE FAHLMAN CHASE SPENCER MILBRANDT JEFFREY CRAIG MCMANUS

State of California

County of Alameda **ss**

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

JAMES FRANCIS NOVELLO
 SECRETARY

Subscribed and sworn to before me this _____ day of _____,

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

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							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
ARCADIAN HEALTH PLAN, INC.	G&A AND CAREMARK RX BILL PAID BY AHP	1,186,894	1,186,894	
ARCADIAN MANAGEMENT SERVICES, INC.	INSURANCE & 401K PAYMENTS BY AMS	259,556	259,556	
ARCADIAN HEALTH PLAN OF GEORGIA, INC.		3,000	3,000	
0199999 Individually listed payables		1,449,450	1,449,450	0
0299999 Payables not individually listed				
0399999 Total gross payables		1,449,450	1,449,450	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

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	1,608,734	1.8	11,930	100.0		1,608,734
4. Total capitation payments	1,608,734	1.8	11,930	100.0	0	1,608,734
Other Payments:						
5. Fee-for-service	8,360,849	9.3	XXX	XXX		8,360,849
6. Contractual fee payments	80,233,541	88.9	XXX	XXX		80,233,541
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	88,594,390	98.2	XXX	XXX	0	88,594,390
13. Total (Line 4 plus Line 12)	90,203,124	100 %	XXX	XXX	0	90,203,124

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	23,951		20,400	3,551	3,551	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	23,951	0	20,400	3,551	3,551	0



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

ARKANSAS COMMUNITY CARE, INC.

2. ARKANSAS

(LOCATION)

NAIC Group Code	3681	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2011					NAIC Company Code	12282
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,549							9,549		
2. First Quarter	9,905							9,905		
3. Second Quarter	9,702							9,702		
4. Third Quarter	9,514							9,514		
5. Current Year	9,369							9,369		
6. Current Year Member Months	115,972							115,972		
Total Member Ambulatory Encounters for Year:										
7. Physician	100,675							100,675		
8. Non-Physician	93,959							93,959		
9. Total	194,634	0	0	0	0	0	0	194,634	0	0
10. Hospital Patient Days Incurred	14,770							14,770		
11. Number of Inpatient Admissions	1,917							1,917		
12. Health Premiums Written (b)	85,328,599							85,328,599		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	85,328,599							85,328,599		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	72,150,573							72,150,573		
18. Amount Incurred for Provision of Health Care Services	72,614,224							72,614,224		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$85,328,599

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

ARKANSAS COMMUNITY CARE, INC.

2. OKLAHOMA

(LOCATION)

NAIC Group Code	3681	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2011					NAIC Company Code	12282
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,290							1,290		
2. First Quarter	1,425							1,425		
3. Second Quarter	1,399							1,399		
4. Third Quarter	1,383							1,383		
5. Current Year	1,375							1,375		
6. Current Year Member Months	16,834							16,834		
Total Member Ambulatory Encounters for Year:										
7. Physician	13,806							13,806		
8. Non-Physician	18,079							18,079		
9. Total	31,885	0	0	0	0	0	0	31,885	0	0
10. Hospital Patient Days Incurred	1,490							1,490		
11. Number of Inpatient Admissions	282							282		
12. Health Premiums Written (b)	11,746,933							11,746,933		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	11,746,933							11,746,933		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,878,575							8,878,575		
18. Amount Incurred for Provision of Health Care Services	9,840,385							9,840,385		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,746,933

29.OK



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

ARKANSAS COMMUNITY CARE, INC.

2. TEXAS

(LOCATION)

NAIC Group Code	3681	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2011						NAIC Company Code	12282
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,011							1,011			
2. First Quarter	1,217							1,217			
3. Second Quarter	1,194							1,194			
4. Third Quarter	1,185							1,185			
5. Current Year	1,186							1,186			
6. Current Year Member Months	14,678							14,678			
Total Member Ambulatory Encounters for Year:											
7. Physician	36,338							36,338			
8. Non-Physician	34,137							34,137			
9. Total	70,475	0	0	0	0	0	0	70,475	0	0	
10. Hospital Patient Days Incurred	4,735							4,735			
11. Number of Inpatient Admissions	555							555			
12. Health Premiums Written (b)	10,799,244							10,799,244			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	10,799,244							10,799,244			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	9,173,976							9,173,976			
18. Amount Incurred for Provision of Health Care Services	9,190,105							9,190,105			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,799,244

29.TX



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

ARKANSAS COMMUNITY CARE, INC.

2. ARKANSAS, OKLAHOMA, TEXAS

(LOCATION)

NAIC Group Code	3681	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2011						NAIC Company Code	12282
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	11,850	.0	.0	.0	.0	.0	.0	11,850	.0	.0	
2. First Quarter	12,547	.0	.0	.0	.0	.0	.0	12,547	.0	.0	
3. Second Quarter	12,295	.0	.0	.0	.0	.0	.0	12,295	.0	.0	
4. Third Quarter	12,082	.0	.0	.0	.0	.0	.0	12,082	.0	.0	
5. Current Year	11,930	0	0	0	0	0	0	11,930	0	0	
6. Current Year Member Months	147,484	0	0	0	0	0	0	147,484	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	150,819	.0	.0	.0	.0	.0	.0	150,819	.0	.0	
8. Non-Physician	146,175	0	0	0	0	0	0	146,175	0	0	
9. Total	296,994	0	0	0	0	0	0	296,994	0	0	
10. Hospital Patient Days Incurred	20,995	0	0	0	0	0	0	20,995	0	0	
11. Number of Inpatient Admissions	2,754	0	0	0	0	0	0	2,754	0	0	
12. Health Premiums Written (b)	107,874,776	.0	.0	.0	.0	.0	.0	107,874,776	.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	107,874,776	.0	.0	.0	.0	.0	.0	107,874,776	.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	90,203,124	.0	.0	.0	.0	.0	.0	90,203,124	.0	.0	
18. Amount Incurred for Provision of Health Care Services	91,644,714	0	0	0	0	0	0	91,644,714	0	0	

(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 \$107,874,776

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ANNUAL STATEMENT FOR THE YEAR 2011 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 Domiciliary Jurisdiction	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											
0999999 Total (Sum of 0399999 and 0699999)						0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 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	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols 9+13+14+15+16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
NONE																
2599999 Total (Sum of 1599999 and 2299999)				0	0	0	0	0	XXX	XXX	XXX	0	0	0	0	0

33

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	525	602	660	358	398
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	364	293	859	54,510	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	11	0	0	0
8. Reinsurance recoverable on paid losses.....	71	163	462	164	104
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	18,982,648		18,982,648
2. Accident and health premiums due and unpaid (Line 15).....	4,794,910		4,794,910
3. Amounts recoverable from reinsurers (Line 16.1).....	70,759	(70,759)	0
4. Net credit for ceded reinsurance.....	XXX	70,759	70,759
5. All other admitted assets (Balance).....	2,337,403		2,337,403
6. Total assets (Line 28)	26,185,720	0	26,185,720
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	10,415,636	0	10,415,636
8. Accrued medical incentive pool and bonus payments (Line 2).....	10,210		10,210
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).....	3,314,767		3,314,767
13. Total liabilities (Line 24).....	13,740,613	0	13,740,613
14. Total capital and surplus (Line 33).....	12,445,109	XXX	12,445,109
15. Total liabilities, capital and surplus (Line 34)	26,185,722	0	26,185,722
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	70,759		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	70,759		
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	70,759		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE ARKANSAS COMMUNITY CARE, INC.

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					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. U.S. Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 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)
12151	86-0836599	ARCADIAN MANAGEMENT SERVICES, INC	3,000,000	(4,875,289)			27,771,676				25,896,387	
	20-1001348	ARCADIAN HEALTH PLAN, INC	3,000,000	0			(3,067,391)				(67,391)	
12282	20-2036444	ARKANSAS COMMUNITY CARE, INC	(5,000,000)	0			(12,310,664)				(17,310,664)	
12628	20-5089611	ARCADIAN HEALTH PLAN OF GEORGIA, INC	0	0			(3,159,071)				(3,159,071)	
11954	20-8688983	ARCADIAN HEALTH PLAN OF LOUISIANA, INC	(1,000,000)	0			(5,792,873)				(6,792,873)	
12999	26-0500828	ARCADIAN HEALTH PLAN OF NORTH CAROLINA	0	4,288,000			(2,778,626)				1,509,374	
13558	26-2800286	ARCADIAN HEALTH PLAN OF NEW YORK, INC	0	587,289			(663,051)				(75,762)	
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?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 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 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 the 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.....
- 18. 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.....
- 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 with 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 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?NO.....

Explanation:

- 11.
- 12.
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	42
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D	E22
Schedule DB – Verification	SI14
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y – Part 1A – Detail of Insurance Holding Company System	39
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	40
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	41
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

