

**QUARTERLY STATEMENT**

**OF THE**

**DELTA DENTAL PLAN**

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**OF**

---

**ARKANSAS, INC.**

---

**of** **SHERWOOD**

---

**in the state of** **ARKANSAS**

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**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**STATE OF ARKANSAS**

**FOR THE QUARTER ENDED**

**June 30, 2012**

**HEALTH**

**2012**



47155201220100102

# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2012  
OF THE CONDITION AND AFFAIRS OF THE  
**Delta Dental Plan of Arkansas, Inc.**

NAIC Group Code 0000, 0000 NAIC Company Code 47155 Employer's ID Number 71-0561140  
(Current Period) (Prior Period)

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

Country of Domicile Unites 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   
 Other  Is HMO Federally Qualified? Yes  No

Incorporated/Organized March 15, 1982 Commenced Business August 1, 1982

Statutory Home Office 1513 Country Club Road, Sherwood, AR 72120  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1513 Country Club Road  
(Street and Number)  
Sherwood, AR 72120 501-835-3400  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1513 Country Club Road, Sherwood, AR 72120  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1513 Country Club Road Sherwood, AR 72120 501-835-3400  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.deltadentalar.com

Statutory Statement Contact Phyllis L. Rogers 501-992-1616  
(Name) (Area Code) (Telephone Number) (Extension)  
progers@ddpar.com 501-992-1617  
(E-Mail Address) (Fax Number)

## OFFICERS

	Name	Title
1.	<u>Eddie Allen Choate</u>	<u>President and CEO</u>
2.	<u>Mel Taylor Collazo</u>	<u>Secretary</u>
3.	<u>Susan Jane Fletcher Smith</u>	<u>Treasurer</u>

## VICE-PRESIDENTS

Name	Title	Name	Title
<u>Ina Lynn Harbert</u>	<u>Senior Vice President and COO</u>	<u>Phyllis Lynn Rogers</u>	<u>Senior Vice President and CFO</u>
<u>Herman Eldon Hurd</u>	<u>Vice President of Provider Relations</u>	<u>Allen Dale Moore</u>	<u>Vice President of Information Technology</u>
<u>James Durette Johnson</u>	<u>Senior Vice President of Sales and Marketi</u>		

## DIRECTORS OR TRUSTEES

<u>Ronald Paul Ownbey</u>	<u>Harold Wayne Perrin</u>	<u>Robert Joe Matlock</u>	<u>Robert Howard Gladden</u>
<u>Ebb Weldon Johnson</u>	<u>James Talbert Johnston</u>	<u>Susan Jane Fletcher Smith</u>	<u>Mel Taylor Collazo</u>

State of Arkansas  
 County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of 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.

<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>
<u>Eddie Choate</u>	<u>Mel Collazo</u>	<u>Not Required</u>
<u>(Printed Name)</u>	<u>(Printed Name)</u>	<u>(Printed Name)</u>
<u>1.</u>	<u>2.</u>	<u>3.</u>
<u>President and CEO</u>	<u>Secretary</u>	<u>Treasurer</u>
<u>(Title)</u>	<u>(Title)</u>	<u>(Title)</u>

Subscribed and sworn to before me this  
       day of       , 2012

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

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	29,609,330		29,609,330	29,214,822
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	14,017,685	180,934	13,836,751	12,732,657
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	9,205,552		9,205,552	9,349,486
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)	368,717		368,717	373,164
5. Cash (\$ 14,426,742), cash equivalents (\$ 0), and short-term investments (\$ 318,209)	14,744,951		14,744,951	11,849,580
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	67,946,235	180,934	67,765,301	63,519,709
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	140,791		140,791	141,172
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	430,319		430,319	436,983
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	6,130,890		6,130,890	3,728,963
17. Amounts receivable relating to uninsured plans	8,728,879		8,728,879	8,911,772
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,566,605	1,228,788	337,817	527,279
21. Furniture and equipment, including health care delivery assets (\$ 0)	250,696	250,696		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	276,659		276,659	1,178,558
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	657,798	657,798		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	86,128,872	2,318,216	83,810,656	78,444,436
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	86,128,872	2,318,216	83,810,656	78,444,436

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses & Deposits	657,798	657,798		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	657,798	657,798		

NONE

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 128,559 reinsurance ceded)	4,637,584		4,637,584	4,016,860
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	140,684		140,684	113,456
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,018,324		3,018,324	2,917,374
9. General expenses due or accrued	5,079,078		5,079,078	4,188,253
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	1,281,826		1,281,826	68,828
12. Amounts withheld or retained for the account of others	2,434,331		2,434,331	1,998,502
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	1,169,868		1,169,868	1,153,022
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)				
20. Reinsurance in unauthorized companies	128,559		128,559	79,762
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	1,839,721		1,839,721	1,839,721
23. Aggregate write-ins for other liabilities (including \$ 0 current)				
24. Total liabilities (Lines 1 to 23)	19,729,975		19,729,975	16,375,778
25. Aggregate write-ins for special surplus funds	X X X	X X X	50,000	50,000
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	64,030,681	62,018,658
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)			64,080,681	62,068,658
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	83,810,656	78,444,436

DETAILS OF WRITE-IN LINES				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. Surplus required by the Arkansas Insurance Department	X X X	X X X	50,000	50,000
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	50,000	50,000
3001. Surplus required by the Arkansas Insurance Department	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

NONE

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	1,323,734	1,058,759	2,135,410
2. Net premium income (including \$ 0 non-health premium income)	X X X	58,032,560	45,557,637	92,445,720
3. Change in unearned premium reserves and reserve for rate credits	X X X	(2,306)	(137,214)	(773)
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X	3,065	756	4,443
8. Total revenues (Lines 2 to 7)	X X X	58,033,319	45,421,179	92,449,390
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		41,745,616	31,410,359	61,393,128
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		41,745,616	31,410,359	61,393,128
<b>Less:</b>				
17. Net reinsurance recoveries		(5,682,274)	(4,866,612)	(10,560,321)
18. Total hospital and medical (Lines 16 minus 17)		47,427,890	36,276,971	71,953,449
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses		3,839,631	3,374,082	6,525,304
21. General administrative expenses		8,036,739	8,510,243	14,639,712
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		59,304,260	48,161,296	93,118,465
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(1,270,941)	(2,740,117)	(669,075)
25. Net investment income earned		959,138	1,192,376	2,035,384
26. Net realized capital gains (losses) less capital gains tax of \$ 0		164,085	193,482	722,568
27. Net investment gains (losses) (Lines 25 plus 26)		1,123,223	1,385,858	2,757,952
28. Net gain or (loss) from agents' or premium balances charged off [ (amount recovered \$ 0) (amount charged off \$ 0) ]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(147,718)	(1,354,259)	2,088,877
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(147,718)	(1,354,259)	2,088,877

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701. Miscellaneous Income	X X X	3,065	756	4,443
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X	3,065	756	4,443
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	62,068,658	61,431,696	61,431,696
34. Net income or (loss) from Line 32	(147,718)	(1,354,259)	2,088,877
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	1,217,781	3,161,674	(1,111,599)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	990,757	(4,889,701)	284,851
40. Change in unauthorized reinsurance	(48,797)		(79,762)
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			(545,405)
48. Net change in capital and surplus (Lines 34 to 47)	2,012,023	(3,082,286)	636,962
49. Capital and surplus end of reporting period (Line 33 plus 48)	64,080,681	58,349,410	62,068,658

<b>DETAILS OF WRITE-IN LINES</b>			
4701. Delta Dental of AR Foundation Ending Balance - Non-admitted - Disposal			(545,405)
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			(545,405)

**CASH FLOW**

	1	2	3
<b>Cash from Operations</b>	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance	58,855,590	46,040,931	90,398,345
2. Net investment income	1,114,185	1,325,722	2,285,626
3. Miscellaneous income	3,780	756	(455)
4. Total (Lines 1 to 3)	59,973,555	47,367,409	92,683,516
5. Benefit and loss related payments	46,807,166	35,724,385	70,343,184
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	11,903,673	12,622,046	20,014,703
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	58,710,839	48,346,431	90,357,887
11. Net cash from operations (Line 4 minus Line 10)	1,262,716	(979,022)	2,325,629
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	10,206,709	1,507,584	8,540,153
12.2 Stocks	17,936,064	8,887,015	32,185,007
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments	(1)		(4)
12.7 Miscellaneous proceeds		98	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	28,142,772	10,394,697	40,725,156
13. Cost of investments acquired (long-term only):			
13.1 Bonds	10,492,323	1,826,861	9,131,438
13.2 Stocks	17,724,297	10,951,219	30,981,779
13.3 Mortgage loans			
13.4 Real estate		4,448	4,448
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	28,216,620	12,782,528	40,117,665
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(73,848)	(2,387,831)	607,491
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	1,706,501	(532,408)	(4,618,515)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	1,706,501	(532,408)	(4,618,515)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,895,369	(3,899,261)	(1,685,395)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	11,849,580	13,534,975	13,534,975
19.2 End of period (Line 18 plus Line 19.1)	14,744,949	9,635,714	11,849,580

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	181,566				35,675	145,891				
2. First Quarter	218,355				37,793	180,562				
3. Second Quarter	223,973				41,927	182,046				
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,323,734				235,310	1,088,424				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Totals										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	51,614,102				2,619,853	48,994,249				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	51,614,102				2,619,853	48,994,249				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	40,780,546				1,455,808	39,324,738				
18. Amount Incurred for Provision of Health Care Services	41,745,615				1,553,400	40,192,215				

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



**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	2,957,123	43,122,139	85,762	4,423,263	3,042,885	3,937,097
4. Vision only	84,051	643,853		128,559	84,051	79,763
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	3,041,174	43,765,992	85,762	4,551,822	3,126,936	4,016,860
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	3,041,174	43,765,992	85,762	4,551,822	3,126,936	4,016,860

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

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## NOTES TO FINANCIAL STATEMENTS

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### **Note 1: Summary of Significant Accounting Policies**

#### **A. Accounting Practices**

No Change.

#### **B. Use of Estimates in the Preparation of the Financial Statements**

No Change.

#### **C. Accounting Policy**

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

### **Note 2: Accounting Changes and Corrections of Errors**

A. No Change

### **Note 3: Business Combinations and Goodwill**

- A. No Change
- B. No Change
- C. No Change
- D. No Change

## NOTES TO FINANCIAL STATEMENTS

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### **Note 4: Discontinued Operations**

No Change

### **Note 5: Investments**

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change

### **Note 6: Joint Ventures, Partnerships and Limited Liability Companies**

No Change

### **Note 7: Investment Income**

- A. No Change
- B. No Change

### **Note 8: Derivative Instruments**

No Change

### **Note 9: Income Taxes**

- A. No Change
- B. No Change
- C. No Change
- D. No Change

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## NOTES TO FINANCIAL STATEMENTS

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E. No Change

F. No Change

### **Note 10: Information Concerning Parent, Subsidiaries and Affiliates**

A. No Change

B. No Change

C. No Change

D. At June 30, 2012, the Company reported \$262,656 and \$1,169,868 as amounts due from and to the subsidiary, Omega Administrators, Inc., respectively. These amounts will be settled within thirty days of the report date.

E. No Change

F. No Change

G. No Change

H. No Change

I. No Change

J. No Change

K. No Change

L. No Change

### **Note 11: Debt**

No Change

### **Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

A. No Change

B. No Change

C. No Change

D. No Change

# GENERAL INTERROGATORIES

## PART 1 – COMMON INTERROGATORIES

### GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change: \_\_\_\_\_

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]  
If yes, complete the Schedule Y – Part 1 – organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....		
.....		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] N/A [ ]  
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_ 12/31/2010

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_ 12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_ 05/23/2012

6.4 By what department or departments?  
Arkansas Insurance Department  
.....  
.....  
.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information  
.....  
.....  
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

## GENERAL INTERROGATORIES

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....  
 .....  
 .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules, and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

Yes [ X ] No [ ]

9.11 If the response to 9.1 is No, please explain:

.....  
 .....  
 .....

9.2 Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....  
 .....  
 .....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....  
 .....  
 .....

### FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ X ] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ \_\_\_\_\_

### INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [ X ]

11.2 If yes, give full and complete information relating thereto:

.....  
 .....  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ \_\_\_\_\_

## GENERAL INTERROGATORIES

13. Amount of real estate and mortgages held in short-term investments: \$ \_\_\_\_\_

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes  No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ _____	\$ _____
14.22 Preferred Stock .....	\$ _____	\$ _____
14.23 Common Stock .....	\$ 1,315,106	\$ 1,580,790
14.24 Short-Term Investments .....	\$ _____	\$ _____
14.25 Mortgage Loans on Real Estate .....	\$ _____	\$ _____
14.26 All Other .....	\$ _____	\$ _____
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ 1,315,106	\$ 1,580,790
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ _____	\$ _____

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes  No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement. Yes  No

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes  No

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Stephens Capital Management .....	111 Center Street, Little Rock, AR 72201 .....
Intrust Wealth Management .....	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135 .....
Wells Fargo Advisors .....	100 North Main Street NC 6012, Winston-Salem, NC 27150 .....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....
.....	.....	.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes  No

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....
.....	.....	.....	.....

## GENERAL INTERROGATORIES

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2  Name(s)	3  Address
N/A	Stephens Capital Management	111 Center Street, Little Rock, AR 72201
N/A	Intrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135
N/A	Wells Fargo Advisors	100 North Main Street NC 6012, Winston-Salem, NC 27

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes  No

17.2 If no, list exceptions:

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent \_\_\_\_\_ %
- 1.2 A&H cost containment percent \_\_\_\_\_ %
- 1.3 A&H expense percent excluding cost containment expenses \_\_\_\_\_ %
- 2.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ \_\_\_\_\_
- 2.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ \_\_\_\_\_

**NONE    Schedule S**

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

### Current Year To Date - Allocated by States and Territories

States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	L	51,614,103					51,614,103	
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CN	N							
58. Aggregate other alien	OT	XXX							
59. Subtotal		XXX	51,614,103					51,614,103	
60. Reporting entity contributions for Employee Benefit Plans		XXX							
61. Totals (Direct Business)	(a) 1		51,614,103					51,614,103	

DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898. Summary of remaining write-ins for Line 58		XXX							
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX							

NONE

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG;(R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

**NONE    Schedule Y - Part 1**

**NONE    Schedule Y - Part 1A - Detail of Insurance Holding Company System**

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

**Explanation:**

Question 1: N/A

**Bar Code:**



47155201236500102

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**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A - VERIFICATION****Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	9,722,649	9,938,958
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		4,448
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	148,381	220,757
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	9,574,268	9,722,649
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	9,574,268	9,722,649

**SCHEDULE B - VERIFICATION****Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**NONE****SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	42,174,671	43,201,271
2. Cost of bonds and stocks acquired	28,216,618	40,113,216
3. Accrual of discount	12,425	27,822
4. Unrealized valuation increase (decrease)	1,217,781	(1,111,599)
5. Total gain (loss) on disposals	164,085	722,568
6. Deduct consideration for bonds and stocks disposed of	28,142,772	40,725,168
7. Deduct amortization of premium	15,792	53,439
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	43,627,016	42,174,671
11. Deduct total nonadmitted amounts	180,934	227,192
12. Statement value at end of current period (Line 10 minus Line 11)	43,446,082	41,947,479

## SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a)	29,787,884	1,943,280	1,803,260	(366)	29,787,884	29,927,538		29,436,344
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	29,787,884	1,943,280	1,803,260	(366)	29,787,884	29,927,538		29,436,344
<b>PREFERRED STOCK</b>								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	29,787,884	1,943,280	1,803,260	(366)	29,787,884	29,927,538		29,436,344

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated, short-term and cash-equivalent bonds by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

### SCHEDULE DA - PART 1

#### Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	318,209	X X X	318,209		

### SCHEDULE DA - VERIFICATION

#### Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	221,523	173,625
2. Cost of short-term investments acquired	288,319	365,226
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	191,634	317,328
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	318,208	221,523
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	318,208	221,523

**NONE    Schedule DB - Part A and B Verification**

**NONE    Schedule DB - Part C - Section 1**

**NONE    Schedule DB - Part C - Section 2**

**NONE    Schedule DB - Verification**

**NONE    Schedule E Verification**

**NONE    Schedule A - Part 2 and 3**

**NONE    Schedule B - Part 2 and 3**

**NONE    Schedule BA - Part 2 and 3**

### SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
912828-SD-3	United States Treasury Note		04/10/2012	Stephens Capital Manageme		893,672	900,000.00	2,194	1
912828-SV-3	US Treasury Note		06/28/2012	Stephens Capital Manageme		914,484	900,000.00	1,926	1
0599999	Total Bonds U. S. Government				X X X	1,808,156	1,800,000.00	4,120	X X X
8399997	Total Bonds Part 3				X X X	1,808,156	1,800,000	4,120	X X X
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X
8399999	Total Bonds				X X X	1,808,156	1,800,000.00	4,120	X X X
024934-50-7	American Cent Intr-Term Tx-Fr Bd Fd		04/09/2012	Wells Fargo	18,153.000	209,489			L
19763P-19-2	Columbia Div Opportunity Fund 6087		06/26/2012	Intrust	3,320.847	27,065			L
46428Q-10-9	iShares Silver Trust		04/03/2012	Wells Fargo	1,296.000	41,837			L
543495-84-0	Loomis Sayles Bond Inst CL		06/29/2012	Wells Fargo	49,633.982	719,631			L
78462F-10-3	SPDR S&P 500 Trust ETF		06/29/2012	Wells Fargo	31,805.000	4,322,135			L
9299999	Total Common Stock Mutual Funds				X X X	5,320,157	X X X		X X X
9799997	Total Common Stock Part 3				X X X	5,320,157	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks				X X X	X X X	X X X	X X X	X X X
9799999	Total Common Stock				X X X	5,320,157	X X X		X X X
9899999	Total Preferred and Common Stock				X X X	5,320,157	X X X		X X X
9999999	Totals				X X X	7,128,313	X X X	4,120	X X X

E04

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

### SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Desig- nation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
912828-NN-6	US Treasury Note		04/10/2012	Stephens Capital Mana		908,016	900,000.00	906,539	903,854						903,170		4,845	4,845	6,651	07/15/2013	1	
912828-NU-0	US Treasury Note		06/28/2012	Stephens Capital Mana		904,852	900,000.00	900,105	900,064		(684)		(684)		900,044		4,807	4,807	5,878	08/15/2013	1	
0599999	Total - Bonds - U.S. Governments				X X X	1,812,868	1,800,000.00	1,806,644	1,803,918		(703)		(703)		1,803,214		9,652	9,652	12,529	X X X	X X X	
8399997	Total - Bonds - Part 4				X X X	1,812,868	1,800,000	1,806,644	1,803,918		(703)		(703)		1,803,214		9,652	9,652	12,529	X X X	X X X	
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Total Bonds				X X X	1,812,868	1,800,000.00	1,806,644	1,803,918		(703)		(703)		1,803,214		9,652	9,652	12,529	X X X	X X X	
024934-50-7	American Cent Intr-Trm Tx-Fr Bd Fd		06/07/2012	Wells Fargo	72,612.47	841,576		834,693							834,693		6,883	6,883	3,796		L	
46428Q-10-9	iShares Silver Trust		04/04/2012	Wells Fargo	1,296.00	40,252		41,837							41,837		(1,585)	(1,585)			L	
543495-84-0	Loomis Sayles Bond Inst CL		06/21/2012	Wells Fargo	35,470.35	511,834		514,397							514,397		(2,563)	(2,563)			L	
78462F-10-3	SPDR S&P 500 Trust ETF		06/28/2012	Wells Fargo	35,627.00	4,829,618		4,864,480							4,864,480		(34,862)	(34,862)	2,584		L	
9299999	Total - Common Stock - Mutual Funds				X X X	6,223,280	X X X	6,255,407							6,255,407		(32,127)	(32,127)	6,380	X X X	X X X	
9799997	Total - Common Stock - Part 4				X X X	6,223,280	X X X	6,255,407							6,255,407		(32,127)	(32,127)	6,380	X X X	X X X	
9799998	Summary Item from Part 5 for Common Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999	Total Common Stocks				X X X	6,223,280	X X X	6,255,407							6,255,407		(32,127)	(32,127)	6,380	X X X	X X X	
9899999	Total Preferred and Common Stocks				X X X	6,223,280	X X X	6,255,407							6,255,407		(32,127)	(32,127)	6,380	X X X	X X X	
9999999	Totals					8,036,148	X X X	8,062,051	1,803,918		(703)		(703)		8,058,621		(22,475)	(22,475)	18,909	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

**NONE    Schedule DB - Part A - Section 1**

**NONE    Schedule DB - Part B - Section 1**

**NONE    Schedule DB - Part D**

**NONE    Schedule DL - Part 1**

**NONE    Schedule DL - Part 2**



**NONE    Schedule E - Part 2**