



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2014

### OF THE CONDITION AND AFFAIRS OF THE

# Arkansas Superior Select, Inc.

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	15135	Employer's ID Number	80-0875493
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:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Incorporated/Organized	11/13/2012		Commenced Business			
Statutory Home Office	1401 West Capital, Suite 430 <small>(Street and Number)</small>			Little Rock, AR, US 72201 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office			1401 West Capital, Suite 430 <small>(Street and Number)</small>			
	Little Rock, AR, US 72201 <small>(City or Town, State, Country and Zip Code)</small>			(501)372-1922 <small>(Area Code) (Telephone Number)</small>		
Mail Address	1401 West Capital, Suite 430 <small>(Street and Number or P.O. Box)</small>			Little Rock, AR, US 72201 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records			1401 West Capital, Suite 430 <small>(Street and Number)</small>			
	Little Rock, AR, US 72201 <small>(City or Town, State, Country and Zip Code)</small>			(501)372-1922 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.tributehealthplans.com					
Statutory Statement Contact	Jerry Sams <small>(Name)</small>			(479)783-4672-213 <small>(Area Code)(Telephone Number)(Extension)</small>		
	jsams@cancinc.com <small>(E-Mail Address)</small>			(479)783-2217 <small>(Fax Number)</small>		

### OFFICERS

Name	Title
Tom Coble	President
David Norsworthy	Asst. Secretary
Jerry D. Sams	CFO/Treasurer/Secretary
Jim Cooper	Vice President

### OTHERS

### DIRECTORS OR TRUSTEES

Tom Coble	Jim Cooper
Michael Morton	David Norsworthy
Jerry D. Sams	

State of \_\_\_\_\_  
County of \_\_\_\_\_ ss

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

_____ <small>(Signature)</small> <b>Tom Coble</b> <small>(Printed Name)</small> 1. <b>President</b> <small>(Title)</small>	_____ <small>(Signature)</small> <b>David Norsworthy</b> <small>(Printed Name)</small> 2. <b>Asst. Secretary</b> <small>(Title)</small>	_____ <small>(Signature)</small> <b>Jerry D. Sams</b> <small>(Printed Name)</small> 3. <b>CFO/Treasurer/Secretary</b> <small>(Title)</small>
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2015

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

Yes[X] No[ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

17 Exhibit 1 - Enrollment By Product Type ..... NONE

18 Exhibit 2 - Accident and Health Premiums ..... NONE

19 Exhibit 3 - Health Care Receivables ..... NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued ..... NONE

21 Exhibit 4 - Claims Unpaid ..... NONE

22 Exhibit 5 - Amounts Due From Parent ..... NONE

23 Exhibit 6 - Amounts Due to Parent ..... NONE

24 Exhibit 7 - Pt 1 - Summary Trans. With Prov ..... NONE

24 Exhibit 7 - Pt 2 - Summary Trans. With Intern ..... NONE

## 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 .....	12,564		2,002		10,562	
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....	28,722		6,701		22,021	
6.	<b>TOTAL</b> .....	<b>41,286</b>		<b>8,703</b>		<b>32,583</b>	



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

REPORT FOR: 1. CORPORATION:      2. LOCATION:

BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 15135

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

N O N E

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



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

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 15135

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

NONE

30 Grand Total

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

31 Schedule S - Part 1 - Section 2 ..... NONE

32 Schedule S - Part 2 ..... NONE

33 Schedule S - Part 3 - Section 2 ..... NONE

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

36 Schedule S - Part 6 ..... NONE

## SCHEDULE S - PART 7

### 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	2,408,963		2,408,963
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	11,210		11,210
6. TOTAL Assets (Line 28) .....	2,420,173		2,420,173
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....			
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	5,011		5,011
15. TOTAL Liabilities (Line 24) .....	5,011		5,011
16. TOTAL Capital and Surplus (Line 33) .....	2,415,162	X X X	2,415,162
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	2,420,173		2,420,173
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

## SCHEDULE T - PART 2

### INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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 (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

## SCHEDULE Y

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
41		00000					Tom Coble	OK	UIP				Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000					Michael Morton	AR	UIP				Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000					Jerry Sams	AR	UIP				Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000					Jim Cooper	AR	UIP				Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000					David Norsworthy	AR	UIP				Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000	46-211331				Select Founders, LLC	AR	UDP	Tom Coble	Ownership, Board of Directors	24.0	Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000	46-211331				Select Founders, LLC	AR	UDP	Michael Morton	Ownership, Board of Directors	32.0	Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000	46-211331				Select Founders, LLC	AR	UDP	Jerry Sams	Ownership, Management	10.0	Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000	46-211331				Select Founders, LLC	AR	UDP	Jim Cooper	Ownership, Board of Directors	24.0	Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		00000	46-211331				Select Founders, LLC	AR	UDP	David Norsworthy	Ownership, Board of Directors	10.0	Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	
		15135	80-0875483				Arkansas Superior Select, Inc.	AR	RE	Select Founders, LLC	Ownership		Tom Coble, Michael Morton, Jerry Sams, Jim Cooper, David Norsworthy	

Asterisk	Explanation
0000001	

## SCHEDULE Y

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 15135 ..	.. 80-0875493 .. .. 46-211331 ..	ARKANSAS SUPERIOR SELECT INC ..... Select Founders, LLC .....	.....	..... 3,195,000 ..... (3,195,000)	.....	.....	.....	.....	.....	.....	..... 3,195,000 ..... (3,195,000)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

Schedule Y Part 2 Explanation:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property/Casualty Supplement - Insurance Expense Exhibit



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



Management's Report of Internal Control over Financial Reporting



**OVERFLOW PAGE FOR WRITE-INS**

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