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QUARTERLY STATEMENT

AS OF JUNE 30, 2016

OF THE CONDITION AND AFFAIRS OF THE

AccessCare General, Inc

NAIC Group Code 4744 (Current Period), 4744 (Prior Period) NAIC Company Code 14158 Employer's ID Number 45-2795364

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ ]
Dental Service Corporation [ ]
Health Maintenance Organization [ ]
Property/Casualty [ ]
Vision Service Corporation [ ]
Is HMO Federally Qualified? Yes ( ) No ( )
Hospital, Medical and Dental Service or Indemnity [ ]
Other [X]

Incorporated/Organized July 19, 2011 Commenced Business July 19, 2011

Statutory Home Office 960 Rand Road #104, Des Plaines, Illinois 60016
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 8500 W. 110th St., Suite 450, Overland Park, Kansas 66210 877-647-7948
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 8500 W. 110th St., Suite 450, Overland Park, Kansas 66210
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8500 W. 110th St., Suite 450, Overland Park, Kansas 66210
(Street and Number, City or Town, State, Country and Zip Code)
877-647-7948
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact John Ray Rosenbaum 913 647 7926
(Name) (Area Code) (Telephone Number) (Extension)
john.rosenbaum@accesscaregeneral.com
(E-Mail Address) (Fax Number)

OFFICERS

Scott Maurice Frigon (President/CEO)
John Ray Rosenbaum (Secretary/CFO)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Larry Steven Spitcaufsky
William Marcus Schifman

State of Kansas
County of Johnson } 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.

Scott Maurice Frigon
President/CEO

John Ray Rosenbaum
Secretary/CFO

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 0
2. Date filed
3. Number of pages attached 0

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	4 Prior Year Net Admitted Assets
1. Bonds	150,000	0	150,000	50,000
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ 0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less $ 0 encumbrances)	0	0	0	0
5. Cash ($ 721,489), cash equivalents ($ 0) and short-term investments ($ 0)	721,489	0	721,489	388,328
6. Contract loans (including $ 0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Line 1 through Line 11)	871,489	0	871,489	438,328
13. Title plants less $ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	0	0	0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	175,985	0	175,985	164,884
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ 0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums ($ 0) and contracts subject to redetermination ($ 0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets ($ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care ($ 0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	1,047,474	0	1,047,474	603,212
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Totals (Line 26 and Line 27)	1,047,474	0	1,047,474	603,212
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)	0	0	0	0
2501.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ 0 reinsurance ceded)	408,121	0	408,121	116,308
2.	Accrued medical incentive pool and bonus amounts	0	0	0	0
3.	Unpaid claims adjustment expenses	0	0	0	0
4.	Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act	0	0	0	0
5.	Aggregate life policy reserves	0	0	0	0
6.	Property/casualty unearned premium reserve	0	0	0	0
7.	Aggregate health claim reserves	0	0	0	0
8.	Premiums received in advance	16,463	0	16,463	17,741
9.	General expenses due or accrued	0	0	0	0
10.1	Current federal and foreign income tax payable and interest thereon (including $ 0 on realized gains (losses))	0	0	0	0
10.2	Net deferred tax liability	0	0	0	0
11.	Ceded reinsurance premiums payable	0	0	0	0
12.	Amounts withheld or retained for the account of others	0	0	0	0
13.	Remittances and items not allocated	0	0	0	0
14.	Borrowed money (including $ 0 current) and interest thereon $ 0 (including $ 0 current)	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates	108,832	0	108,832	31,775
16.	Derivatives	0	0	0	0
17.	Payable for securities	0	0	0	0
18.	Payable for securities lending	0	0	0	0
19.	Funds held under reinsurance treaties (with $ 0 authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)	0	0	0	0
20.	Reinsurance in unauthorized and certified ($ 0) companies	0	0	0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22.	Liability for amounts held under uninsured plans	0	0	0	0
23.	Aggregate write-ins for other liabilities (including $ 0 current)	210	0	210	210
24.	Total liabilities (Line 1 to Line 23)	533,626	0	533,626	166,034
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	10	10
27.	Preferred capital stock	XXX	XXX	0	0
28.	Gross paid in and contributed surplus	XXX	XXX	209,991	209,991
29.	Surplus notes	XXX	XXX	0	0
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	303,847	227,177
32.	Less treasury stock, at cost:				
	32.1 0 shares common (value included in Line 26 $ 0)	XXX	XXX	0	0
	32.2 0 shares preferred (value included in Line 27 $ 0)	XXX	XXX	0	0
33.	Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	513,848	437,178
34.	Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	1,047,474	603,212
DETAILS OF WRITE-INS					
2301.	Unclaimed Property Payable	210	0	210	210
2302.		0	0	0	0
2303.		0	0	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	210	0	210	210
2501.		XXX	XXX	0	0
2502.		XXX	XXX	0	0
2503.		XXX	XXX	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX	0	0
3002.		XXX	XXX	0	0
3003.		XXX	XXX	0	0
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	28,551	27,382	56,938
2. Net premium income (including $ 0 non-health premium income)	XXX	2,313,227	2,038,555	4,359,978
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0	0
4. Fee-for-service (net of $ 0 medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Line 2 to Line 7)	XXX	2,313,227	2,038,555	4,359,978
Hospital and Medical:				
9. Hospital/medical benefits	0	0	0	0
10. Other professional services	0	1,734,920	1,528,916	3,269,983
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	0	0	0	0
13. Prescription drugs	0	0	0	0
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Line 9 to Line 15)	0	1,734,920	1,528,916	3,269,983
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Line 16 minus Line 17)	0	1,734,920	1,528,916	3,269,983
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including $ 0 cost containment expenses	0	0	0	0
21. General administrative expenses	0	501,826	445,154	934,395
22. Increase in reserves for life and accident and health contracts (including $ 0 increase in reserves for life only)	0	0	0	0
23. Total underwriting deductions (Line 18 through Line 22)	0	2,236,746	1,974,070	4,204,378
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	76,481	64,485	155,600
25. Net investment income earned	0	189	101	292
26. Net realized capital gains (losses) less capital gains tax of $ 0	0	0	0	0
27. Net investment gains (losses) (Line 25 plus Line 26)	0	189	101	292
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ 0) (amount charged off $ 0)]	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	76,670	64,586	155,892
31. Federal and foreign income taxes incurred	XXX	0	0	0
32. Net income (loss) (Line 30 minus Line 31)	XXX	76,670	64,586	155,892
DETAILS OF WRITE-INS				
0601.	XXX	0	0	0
0602.	XXX	0	0	0
0603.	XXX	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX	0	0	0
0702.	XXX	0	0	0
0703.	XXX	0	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX	0	0	0
1401.	0	0	0	0
1402.	0	0	0	0
1403.	0	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)	0	0	0	0
2901.	0	0	0	0
2902.	0	0	0	0
2903.	0	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year	437,178	281,286	281,286
34. Net income or (loss) from Line 32	76,670	64,586	155,892
35. Change in valuation basis of aggregate policy and claims reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of $ 0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	0	0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Tranferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Line 34 to Line 47)	76,670	64,586	155,892
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	513,848	345,872	437,178
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	2,300,848	2,058,528	4,388,398
2. Net investment income	189	189	380
3. Miscellaneous income	0	0	0
4. Total (Line 1 through Line 3)	2,301,037	2,058,717	4,388,778
5. Benefit and loss related payments	1,443,107	1,492,651	3,284,884
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	424,769	429,026	938,956
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of $ 0 tax on capital gains (losses)	0	0	0
10. Total (Line 5 through Line 9)	1,867,876	1,921,677	4,223,840
11. Net cash from operations (Line 4 minus Line 10)	433,161	137,040	164,938
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalants and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	100,000	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Line 13.1 through Line 13.6)	100,000	0	0
14. Net increase or (decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(100,000)	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	333,161	137,040	164,938
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	388,328	223,390	223,390
19.2 End of period (Line 18 plus Line 19.1)	721,489	360,430	388,328

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

20.0001	0	0	0
20.0002	0	0	0
20.0003	0	0	0
20.0004	0	0	0
20.0005	0	0	0
20.0006	0	0	0
20.0007	0	0	0
20.0008	0	0	0
20.0009	0	0	0
20.0010	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,924	0	0	0	0	4,924	0	0	0	0
2. First Quarter	4,728	0	0	0	0	4,728	0	0	0	0
3. Second Quarter	4,892	0	0	0	0	4,892	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	28,551	0	0	0	0	28,551	0	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	9,532	0	0	0	0	9,532	0	0	0	0
9. Total	9,532	0	0	0	0	9,532	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a)	2,313,227	0	0	0	0	2,313,227	0	0	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	2,313,227	0	0	0	0	2,313,227	0	0	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	1,443,107	0	0	0	0	1,443,107	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,734,920	0	0	0	0	1,734,920	0	0	0	0

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid						
MobileCare 2U, LLC	408,121	0	0	0	0	408,121
0199999 - Individually listed claims unpaid	408,121	0	0	0	0	408,121
0499999 - Subtotals	408,121	0	0	0	0	408,121
0799999 - Total claims unpaid						408,121

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	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	116,308	1,326,799	0	408,121	116,308	116,308
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Line 1 to Line 8)	116,308	1,326,799	0	408,121	116,308	116,308
10. Health care receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	116,308	1,326,799	0	408,121	116,308	116,308

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of AccessCare General, Inc. are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Financial and Professional Regulation Division of Insurance.

The Illinois Department of Financial and Professional Regulation Division of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Illinois. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

1) AccessCare General, Inc. owns no short-term investments
2) AccessCare General, Inc. owns a Certificate of Deposit. The Illinois CD matures on 10/6/2017. It is booked at face value and replaces the one that matured on 10/16/2015.
3) AccessCare General, Inc. owns no common stocks
4) AccessCare General, Inc. owns no preferred stocks
5) AccessCare General, Inc. has no mortgage loans on real estate
6) AccessCare General, Inc. has no loan-backed securities
7) AccessCare General, Inc. does not have any investments in subsidiaries, controlled and affiliated companies
8) AccessCare General, Inc. has no ownership interests in joint ventures
9) AccessCare General, Inc. owns no derivatives
10) AccessCare General, Inc. does not utilize anticipated investment income as a factor in the premium deficiency calculation
11) AccessCare General, Inc. pays its providers on a capitated basis and therefore does not establish a loss or loss adjustment expense reserve
12) AccessCare General, Inc. has not modified its capitalization policy from the prior period

NOTES TO FINANCIAL STATEMENTS

13) AccessCare General, Inc. has no pharmaceutical rebates receivable
14) AccessCare General, Inc. maintains allowances for doubtful accounts for probable losses resulting from the inability to collect payments

2. Accounting Changes or Corrections of Errors: None

3. Business Combinations and Goodwill: None

4. Discontinued Operations: None

5. Investments

   A. Mortgage Loans, including Mezzanine Real Estate Loans: None
   B. Debt Restructuring: None
   C. Reverse Mortgages: None
   D. Loan Backed Securities: None
   E. Repurchase Agreements and/or Securities Lending Transactions: None
   F. Investments in LIHTC: None

6. Joint Ventures, Partnerships and Limited Liability Companies: None

7. Investment Income

   A. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
   B. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments: None

9. Income Taxes: AccessCare General, Inc. is registered as an S Corp and does not pay corporate taxes.

10. Information Concerning Parent, Subsidiaries and Affiliates

    A. Agency Services Agreement with MobileCare 2U, LLC

       1) MobileCare 2U provides producers to solicit, procure, and transmit insurance applications and contracts with dentists to provide dental services to dental insurance participants. MobileCare 2U also provides office space and use of computer systems and related systems/products. Compensation for services rendered is 86.5% of premium per the contract.

       2) MobileCare 2U and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or transactions other than for the above services. There are no cost sharing arrangements.

    B. Agreement with Healthcare Administration Partners Company, LLC

       1) Healthcare Administration Partners Company leases personnel to AccessCare General, INC. to perform management, administrative, clerical, secretarial, bookkeeping, accounting, payroll, billing, and collection functions. Compensation for services rendered is 8.5% of premium per the contract.

       2) Healthcare Administration Partners Company and AccessCare General, Inc. are affiliated by ownership, but there are no loans, investments, lines of credit, or

transactions other than for the personnel services. There are no cost sharing arrangements.

11. Debt: None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans: None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

    A. 10,000 Class A shares authorized, issued and outstanding. Par Value is $0.001/share.
    B. Preferred stock: None
    C. Dividend restrictions: None
    D. Ordinary dividends: None
    E. Restrictions placed on unassigned funds: None
    F. Advances to surplus not repaid: None
    G. Stock held for special purposes: None
    H. Changes in balance of special surplus funds: None
    I. Portion of unassigned funds represented or reduced by cumulative unrealized gains and losses: None
    J. Surplus Notes: None
    K. Quasi-reorganization restatement: None
    L. Quasi-reorganization: None

14. Contingencies: None

15. Leases: None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

    A. Transfers of Receivables reported as Sales: None
    B. Transfer and Servicing of Financial Assets: None
    C. Wash Sales: None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: Not Applicable

20. Fair Value Measurement: AccessCare General, Inc. did not have any assets or liabilities at the end of the reporting period that are measured at fair market value.

21. Other Items

    A. Extraordinary items: None
    B. Troubled Debt Restructuring Debtors: None

C. Other Disclosures: None
D. Nature of any portion of the balance that is reasonably possible to be uncollectible: None
E. Business Interruption Insurance Recoveries: None
F. State Transferable Tax Credits: None
G. Subprime Mortgage Related Risk Exposure: None
H. Retained Assets: None

22. Events Subsequent
A. Type I – Recognized Subsequent Events – Subsequent events have been considered through 8/10/2016 for the statutory statement issued on 6/30/2016. No subsequent events were found.
B. Type II – Nonrecognized Subsequent Events - Subsequent events have been considered through 8/10/2016 for the statutory statement issued on 6/30/2016. No subsequent events were found.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes ( ) No (x)

If yes, give full details

2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
Yes ( ) No (x)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A
1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
Yes ( ) No (x)

2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
Yes ( ) No (x)

NOTES TO FINANCIAL STATEMENTS

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B – Not Applicable

B. Uncollectible Reinsurance: None
C. Commutation of Ceded Reinsurance: None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination: Not Applicable
25. Change in Incurred Claims and Claim Adjustment Expense: None
26. Intercompany Pooling Arrangements: None
27. Structured Settlements: None
28. Healthcare Receivables: None
29. Participating Policies: None
30. Premium Deficiency Reserves: None
31. Anticipated Salvage and Subrogation: None

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: .....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ( )

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes ( ) No (X)

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....

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 the response to 4.1 is 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 ( ) N/A (X)

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....

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. .....

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). .....

6.4 By what department or departments?

.....

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 ( ) No ( ) N/A (X)

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

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)

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? Yes (X) No ( )
(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.

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).

.....
.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ( ) No (X)

10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: $ 0

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: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/ Adjusted Carrying Value	2 Current Quarter Book/ Adjusted Carrying Value
14.21 Bonds	$ 0	$ 0
14.22 Preferred Stock	$ 0	$ 0
14.23 Common Stock	$ 0	$ 0
14.24 Short-Term Investments	$ 0	$ 0
14.25 Mortgage Loans or Real Estate	$ 0	$ 0
14.26 All Other	$ 0	$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26)	$ 0	$ 0
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above	$ 0	$ 0

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ( ) No ( )

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0

16.2 Total book adusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0

16.3 Total payable for securities lending reported on the liability page $ 0

17. 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 (X)

17.1 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

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes ( ) No (X)

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

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

17.5 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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ( )

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1. Operating Percentages:

1.1	A&H loss percent	..... 75.0 %
1.2	A&H cost containment percent	..... 0.0 %
1.3	A&H expense percent excluding cost containment expenses	..... 21.7 %
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.	$ 0
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.	$ 0

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Schedule S - Ceded Reinsurance

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.		1 Active Status	Direct Business Only Year to Date 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	L	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	L	1,820,134	0	0	0	0	0	1,820,134	0
15. Indiana	IN	L	493,093	0	0	0	0	0	493,093	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	2,313,227	0	0	0	0	0	2,313,227	0
60. Reporting entity contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)		(a) 3	2,313,227	0	0	0	0	0	2,313,227	0
DETAILS OF WRITE-INS										
58001.			0	0	0	0	0	0	0	0
58002.			0	0	0	0	0	0	0	0
58003.			0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page			0	0	0	0	0	0	0	0
58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)			0	0	0	0	0	0	0	0

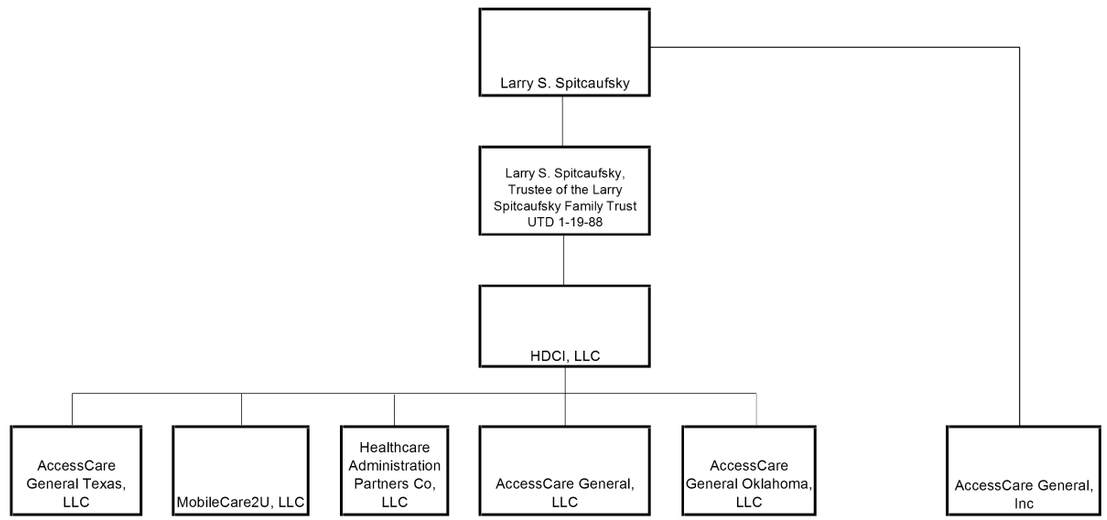
Active Status Codes (Column 1):
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG
(R) Registered - Non-domiciled RRGs
(Q) Qualified - Qualified or Accredited Reinsurer
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state
(N) None of the above - Not allowed to write business in the state

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

AccessCare General, Inc.
Organization Chart of AccessCare General, Inc & Affiliates



Larry Spitcaufsky, Trustee Owns:	
HDCI, LLC	50.00%
AccessCare General Texas, LLC	35.02%
AccessCare General, LLC	35.02%
AccessCare General Oklahoma, LLC	35.02%
MobileCare2U, LLC	35.02%
Healthcare Administration Partners Co, LLC	35.02%
AccessCare General, Inc.	66.01%

HDCI, LLC Owns:	
AccessCare General Texas, LLC	61.98%
AccessCare General, LLC	61.98%
AccessCare General Oklahoma, LLC	61.98%
MobileCare 2U, LLC	61.98%
Healthcare Administration Partners Co, LLC	61.98%

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

AccessCare General Inc.
Details of Organization Chart of AccessCare General, Inc. & Affiliates
Larry S. Spitcaufsky - Related Entities

Company Name	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
HDCI, LLC	20-0377391	N/A	KS	N	N
AccessCare General Texas, LLC	45-3968645	Not Yet Active	TX	Y	Not Yet Active
MobileCare 2U, LLC	48-1220515	N/A	KS	N	N
Healthcare Administration Partners Company, LLC	20-5461471	N/A	KS	N	N
AccessCare General, LLC	26-3434287	14119	KS	Y	Y
AccessCare General Oklahoma, LLC	45-3076903	14343	OK	Y	Y
AccessCare General, Inc.	45-2795364	14158	IL	Y	Y

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

AccessCare General Inc.
Details of Organization Chart of AccessCare General, Inc. & Affiliates
Larry S. Spitcaufsky - Unrelated Entities with 10% or More Ownership

Company Name	Ownership Percentage	Type of Entity	FEIN	NAIC Code	State of Domicile	Insurer	Reporting Entity
California Hooters Investment Partners, LLC	66.67%	LLC	33-0981691	N/A	KS	N	N
California Hooters Opportunity Partners, LLC	33.33%	LLC	47-0872487	N/A	KS	N	N
College Blvd Partners	80.00%	LLC	74-2839521	N/A	KS	N	N
ES Oil, Inc	33.33%	Corporation	43-1640412	N/A	MO	N	N
Family Funds II, Inc	100.00%	Corporation	20-1436218	N/A	KS	N	N
FS Real Estate Holdings LLC	33.33%	LLC	43-1694793	N/A	KS	N	N
Gas & Oil Inc	100.00%	Corporation	48-0960562	N/A	KS	N	N
HDCI, LLC	50.00%	LLC	20-0377391	N/A	KS	N	N
Hooters of Oregon Partners, LLC	66.67%	LLC	20-3571106	N/A	OR	N	N
HOOTWINC, LLC	16.67%	LLC	36-3857235	N/A	KS	N	N
LBN Investments, LLC	33.33%	LLC	88-0504574	N/A	KS	N	N
McPherson Apartments	45.70%	LP	48-0984347	N/A	KS	N	N
Oil & Gas Investments, LLC	100.00%	LP	43-1797359	N/A	KS	N	N
Petroleum Technologies, Inc	50.00%	Corporation	48-0953655	N/A	KS	N	N
S & N Atlanta	33.33%	LLC	43-1832174	N/A	GA	N	N
S & N Dallas	25.00%	LLC	43-1832175	N/A	TX	N	N
SCS Fuel, LLC	33.33%	LLC	20-0255728	N/A	KS	N	N
Spitcaufsky Family Partnership #18	12.50%	Partnership	48-1166013	N/A	KS	N	N
Spitcaufsky Family Partnership #20	12.50%	Partnership	74-2813126	N/A	KS	N	N
TNIP, LLC	100.00%	LLC	20-0784073	N/A	KS	N	N
Wings Over LA, LLC	65.34%	LLC	27-3640833	N/A	CA	N	N

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Schedule Y, Part 1A

NONE

Schedule Y, Part 1A, Explanation

NONE

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 EXPLANATIONS 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

EXPLANATIONS:

The Company does not have any type of Medicare coverage.

BAR CODE:

Document Identifier 365:

1 4 1 5 8 2 0 1 6 3 6 5 0 0 0 0 2

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after ac	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/ac	0	0
7. Deduct current year's other-than-temporar	0	0
8. Deduct current year's depreciation	0	0
9. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 minus Line 8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition	0	0
2.2. Additional investment made after a	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mort	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	0	0
12. Total Valuation Allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December	0	0
2. Cost of acquired:		
2.1. Actual cost at time of acquisition	0	0
2.2. Additional investment made after a	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	50,000	50,000
2. Cost of bonds and stocks acquired	100,000	50,000
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	0	50,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	150,000	50,000
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	150,000	50,000

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	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
BONDS								
1. NAIC 1 (a)	50,000	100,000	0	0	50,000	150,000	0	50,000
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	50,000	100,000	0	0	50,000	150,000	0	50,000
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	50,000	100,000	0	0	50,000	150,000	0	50,000

(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

Page SI03
Schedule DA, Part 1
NONE

Schedule DA, Verification
NONE

Page SI04
Schedule DB, Part A, Verification
NONE

Schedule DB, Part B, Verification
NONE

Page SI05
Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open
NONE

Page SI06
Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open
NONE

Page SI07
Schedule DB, Verification
NONE

Page SI08
Schedule E, Verification (Cash Equivalents)
NONE

Page E01
Sch. A, Pt. 2, Real Estate Acquired
NONE

Sch. A, Pt. 3, Real Estate Disposed
NONE

Page E02
Schedule B, Part 2, Mortgage Loans Acquired
NONE

Schedule B, Part 3, Mortgage Loans Disposed
NONE

Page E03
Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	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)
Bonds - U.S. Governments									
101917-34-2	Simmons Bank Certificate of Deposit		04/27/2016	Simmons Bank		100,000	100,000.00	0	
0599999 - Subtotal - Bonds - U.S. Governments						100,000	100,000.00	0	
8399997 - Subtotal - Bonds - Part 3						100,000	100,000.00	0	
8399999 - Subtotal - Bonds						100,000	100,000.00	0	
9999999 - TOTALS						100,000		0	

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

Page E05
Schedule D, Part 4, Long-Term Bonds and Stocks Disposed Of
NONE

Page E06
Schedule DB, Part A, Section 1
NONE

Description of Hedged Risk (s)
NONE

Financial or Economic Impact of the Hedge
NONE

Page E07
Schedule DB, Part B, Section 1
NONE

Schedule DB, Part B, Section 1, Broker Name
NONE

Schedule DB, Part B, Description of Hedged Risk (s)
NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge
NONE

Page E08
Schedule DB, Part D, Section 1
NONE

Page E09
Schedule DB, Part D, Section 2, By Reporting Entity
NONE

Schedule DB, Part D, Section 2, To Reporting Entity
NONE

Page E10
Schedule DL, Part 1
NONE

Page E11
Schedule DL, Part 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	*
Open Depositories									
JP Morgan Chase Bank, N.A.	San Antonio, Texas		0.000	0	0	100,321	100,328	100,334	.
Mission Bank Checking	Mission, Kansas		0.000	0	0	250,403	659,829	621,155	.
0199999 - TOTAL - Open Depositories				0	0	350,724	760,157	721,489	.
0399999 - TOTAL Cash on Deposit				0	0	350,724	760,157	721,489	.
0599999 - TOTALS				0	0	350,724	760,157	721,489	.

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Schedule E, Part 2, Cash Equivalents

NONE