



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Arkansas Community Care, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 01/31/2005 Commenced Business 03/21/2005

Statutory Home Office 10025 W Markham St., Suite 220, Little Rock , AR 72205
(Street and Number) (City or Town, State and Zip Code)

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

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

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

Internet Website Address www.arcadianhealth.com

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

OFFICERS

CEO/President/Secretary Robert Lawrence Fahlman # CFO David Carl Buhler #
Treasurer Kenneth Benjamin Zimmerman

OTHER

DIRECTORS OR TRUSTEES

Robert Lawrence Fahlman # David Carl Buhler # Kenneth Benjamin Zimmerman
Chase Spencer Milbrandt Jeffrey Craig McManus #

State of California SS:
County of Alameda

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Robert Lawrence Fahlman
CEO/President/Secretary

Kenneth Benjamin Zimmerman
Treasurer

David Carl Buhler
CFO

Subscribed and sworn to before me this _____ day of _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	0	0	0	5,301	5,301	0
0299999. Total group	0	0	0	5,301	5,301	0
0399999. Premiums due and unpaid from Medicare entities	1,866,639	16,412	13,245	75,347	0	1,971,643
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	1,866,639	16,412	13,245	80,648	5,301	1,971,643

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	113,443	47,909	13,160	0	0	174,512
0399999. Aggregate accounts not individually listed-covered	1,310,885	525,024	47,832	0	0	1,883,741
0499999. Subtotals	1,424,328	572,933	60,992	0	0	2,058,253
0599999. Unreported claims and other claim reserves						6,807,025
0699999. Total amounts withheld						
0799999. Total claims unpaid						8,865,278
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0899999 Accrued medical incentive pool and bonus amounts						475,504

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Arcadian Management Services, Inc.	Insurance & 401K payments made by the parent company, AMS.	14,946	14,946	
Arcadian Health Plan, Inc.	G&A, Mgmt Fees to parent, and Caremark Rx bill costs paid by AHP.	3,419,009	3,419,009	
0199999. Individually listed payables		3,433,955	3,433,955	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		3,433,955	3,433,955	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	1,111,928	1.8	8,860	100.0		1,111,928
4. Total capitation payments	1,111,928	1.8	8,860	100.0	0	1,111,928
Other Payments:						
5. Fee-for-service	5,879,774	9.6	XXX	XXX		5,879,774
6. Contractual fee payments	54,224,515	88.6	XXX	XXX		54,224,515
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	60,104,289	98.2	XXX	XXX	0	60,104,289
13. TOTAL (Line 4 plus Line 12)	61,216,217	100%	XXX	XXX	0	61,216,217

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	19,050	0	11,042	8,008	8,008	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	19,050	0	11,042	8,008	8,008	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Fort Smith, Texarkana, Fayetteville and Little Rock

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)		
		Arkansas		2009							NAIC Company Code		12282
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	5,917							5,917					
2. First Quarter	6,639							6,639					
3. Second Quarter	6,835							6,835					
4. Third Quarter	6,873							6,873					
5. Current Year	7,007							7,007					
6. Current Year Member Months	81,513							81,513					
Total Member Ambulatory Encounters for Year:													
7. Physician	91,182							91,182					
8. Non-Physician	74,389							74,389					
9. Total	165,571	0	0	0	0	0	0	165,571	0	0			
10. Hospital Patient Days Incurred	15,682							15,682					
11. Number of Inpatient Admissions	1,285							1,285					
12. Health Premiums Written (b)	65,200,897							65,200,897					
13. Life Premiums Direct	0							0					
14. Property/Casualty Premiums Written	0							0					
15. Health Premiums Earned	65,200,897							65,200,897					
16. Property/Casualty Premiums Earned	0							0					
17. Amount Paid for Provision of Health Care Services	48,413,322							48,413,322					
18. Amount Incurred for Provision of Health Care Services	49,111,455							49,111,455					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$65,200,897

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Fort Smith and Texarkana

NAIC Group Code	3681	BUSINESS IN THE STATE OF	Oklahoma		DURING THE YEAR					2009		(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3								NAIC Company Code	12282
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	827							827					
2. First Quarter	862							862					
3. Second Quarter	883							883					
4. Third Quarter	891							891					
5. Current Year	987							987					
6. Current Year Member Months	10,696							10,696					
Total Member Ambulatory Encounters for Year:													
7. Physician	9,006							9,006					
8. Non-Physician	13,447							13,447					
9. Total	22,453	0	0	0	0	0	0	22,453	0	0			
10. Hospital Patient Days Incurred	1,707							1,707					
11. Number of Inpatient Admissions	155							155					
12. Health Premiums Written (b)	8,572,741							8,572,741					
13. Life Premiums Direct	0							0					
14. Property/Casualty Premiums Written	0							0					
15. Health Premiums Earned	8,572,741							8,572,741					
16. Property/Casualty Premiums Earned	0							0					
17. Amount Paid for Provision of Health Care Services	6,819,459							6,819,459					
18. Amount Incurred for Provision of Health Care Services	6,625,375							6,625,375					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,572,741

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2. Texarkana

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2009							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	720							720				
2. First Quarter	820							820				
3. Second Quarter	845							845				
4. Third Quarter	850							850				
5. Current Year	866							866				
6. Current Year Member Months	10,075							10,075				
Total Member Ambulatory Encounters for Year:												
7. Physician	6,088							6,088				
8. Non-Physician	5,672							5,672				
9. Total	11,760	0	0	0	0	0	0	11,760	0	0		
10. Hospital Patient Days Incurred	847							847				
11. Number of Inpatient Admissions	72							72				
12. Health Premiums Written (b)	8,058,538							8,058,538				
13. Life Premiums Direct	0							0				
14. Property/Casualty Premiums Written	0							0				
15. Health Premiums Earned	8,058,538							8,058,538				
16. Property/Casualty Premiums Earned	0							0				
17. Amount Paid for Provision of Health Care Services	5,983,436							5,983,436				
18. Amount Incurred for Provision of Health Care Services	6,069,955							6,069,955				

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$8,058,538



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR 2009						
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	(LOCATION)		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
	1 Total									
Total Members at end of:										
1. Prior Year	7,464	0	0	0	0	0	0	7,464	0	0
2. First Quarter	8,321	0	0	0	0	0	0	8,321	0	0
3. Second Quarter	8,563	0	0	0	0	0	0	8,563	0	0
4. Third Quarter	8,614	0	0	0	0	0	0	8,614	0	0
5. Current Year	8,860	0	0	0	0	0	0	8,860	0	0
6. Current Year Member Months	102,284	0	0	0	0	0	0	102,284	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	106,276	0	0	0	0	0	0	106,276	0	0
8. Non-Physician	93,508	0	0	0	0	0	0	93,508	0	0
9. Total	199,784	0	0	0	0	0	0	199,784	0	0
10. Hospital Patient Days Incurred	18,236	0	0	0	0	0	0	18,236	0	0
11. Number of Inpatient Admissions	1,512	0	0	0	0	0	0	1,512	0	0
12. Health Premiums Written (b)	81,832,176	0	0	0	0	0	0	81,832,176	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	81,832,176	0	0	0	0	0	0	81,832,176	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	61,216,217	0	0	0	0	0	0	61,216,217	0	0
18. Amount Incurred for Provision of Health Care Services	61,806,785	0	0	0	0	0	0	61,806,785	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$81,832,176

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE S - PART 1 - SECTION 2

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

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

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
92711	35-1817054	01/01/2009	HCC Life Insurance Company	225 TownPark Drive, Ste 145 Kennesaw, GA 30144 Domiciled in Indiana	SSL/A/I	660,296	0	0	0	0	0	0
0299999. Authorized General Account, Non-Affiliates						660,296	0	0	0	0	0	0
0399999. Total Authorized General Account						660,296	0	0	0	0	0	0
0699999. Total Unauthorized General Account						0	0	0	0	0	0	0
0799999. Total Authorized and Unauthorized General Account						660,296	0	0	0	0	0	0
1099999. Total Authorized Separate Accounts						0	0	0	0	0	0	0
1399999. Total Unauthorized Separate Accounts						0	0	0	0	0	0	0
1499999. Total Authorized and Unauthorized Separate Accounts						0	0	0	0	0	0	0
1599999 - Totals						660,296	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 but not in Excess of Col. 8
NONE													
1199999 - Total													

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	
2. Title XVIII - Medicare	660	358	398	.81	
3. Title XIX - Medicaid	0	0	0	0	
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	61,362	54,510			
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	
8. Reinsurance recoverable on paid losses	462	164	104	0	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	
13. Letters of credit (L)	0	0	0	0	
14. Trust agreements (T)	0	0	0	0	
15. Other (O)	0	0	0	0	

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	23,435,669		23,435,669
2. Accident and health premiums due and unpaid (Line 13)	1,971,643		1,971,643
3. Amounts recoverable from reinsurers (Line 14.1)	462,207		462,207
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	2,566,851		2,566,851
6. Total assets (Line 26)	28,436,370	0	28,436,370
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,865,278		8,865,278
8. Accrued medical incentive pool and bonus payments (Line 2)	475,504		475,504
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	4,139,861		4,139,861
13. Total liabilities (Line 22)	13,480,643	0	13,480,643
14. Total capital and surplus (Line 31)	14,955,727	XXX	14,955,727
15. Total liabilities, capital and surplus (Line 32)	28,436,370	0	28,436,370
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	86-0836599	Arcadian Management Services, Inc.	1,100,000	(2,958,000)	0	0	16,881,209	0		0	15,023,209	0
12151	20-1001348	Arcadian Health Plan, Inc.	600,000	0	0	0	(10,887,110)	0		0	(10,287,110)	0
12282	20-2036444	Arkansas Community Care, Inc.	(1,000,000)	0	0	0	(2,703,781)	0		0	(3,703,781)	0
12628	20-5089611	Arcadian Health Plan of Georgia, Inc.	0	1,850,000	0	0	(901,461)	0		0	948,539	0
11954	20-8688983	Arcadian Health Plan of Louisiana, Inc.	(700,000)	0	0	0	(1,263,037)	0		0	(1,963,037)	0
12999	26-0500828	Arcadian Health Plan of North Carolina, Inc.	0	658,000	0	0	(915,372)	0		0	(257,372)	0
13558	26-2800286	Arcadian Health Plan of New York, Inc.	0	450,000	0	0	(210,448)	0		0	239,552	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING	
17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

- Explanations:
- 10.
 - 11.
 - 12.
 - 13.
 - 14.
 - 15.
 - 16.
 - 17.
 - 18.
 - 19.

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. Property/Casualty Supplement [Document Identifier 207]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
18. Life Supplement [Document Identifier 211]	
19. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	

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