



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2007
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 825 Washington St #300
(Street and Number)
Oakland , CA 94607, 510-832-0311
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 825 Washington St #300, Oakland , CA 94607
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 825 Washington St #300
(Street and Number)
Oakland , CA 94607, 510-832-0311
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.arkansascommunitycare.com

Statutory Statement Contact Marylou Searle, 510-817-1072
(Name) (Area Code) (Telephone Number)
msearle@arcadianhealth.com, 510-817-1895
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer John Harvey Austin Treasurer, CFO Kenneth Benjamin Zimmerman
President, Secretary Nancy Ellen Freeman -----

OTHER

DIRECTORS OR TRUSTEES

John Harvey Austin Nancy Ellen Freeman Kenneth Benjamin Zimmerman
Chase Spencer Milbrandt Cheryl Yvonne Perkins -----

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.

John Harvey Austin
CEO

Kenneth Benjamin Zimmerman
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:						
NONE						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)						

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)						
0299999. Aggregate accounts not individually listed- uncovered	96,427	58,941	9,031		252	164,651
0399999. Aggregate accounts not individually listed-covered	683,132	143,776	442	35	221	827,606
0499999. Subtotals	779,559	202,717	9,473	35	473	992,257
0599999. Unreported claims and other claim reserves						7,941,170
0699999. Total amounts withheld						
0799999. Total claims unpaid						8,933,427
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0899999 Accrued medical incentive pool and bonus amounts						40,533

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Arcadian Management Services, Inc.	G & A Paid by AMS	146,380	146,380	
Arcadian Health Plan, Inc.	G & A Paid by AHP	1,645,925	1,645,925	
0199999. Individually listed payables		1,792,305	1,792,305	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		1,792,305	1,792,305	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	266,923	0.7		0.0		266,923
4. Total capitation payments	266,923	0.7	0	0.0	0	266,923
Other Payments:						
5. Fee-for-service	4,671,296	12.7	XXX	XXX		4,671,296
6. Contractual fee payments	31,810,621	86.6	XXX	XXX		31,810,621
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	36,481,917	99.3	XXX	XXX	0	36,481,917
13. TOTAL (Line 4 plus Line 12)	36,748,840	100%	XXX	XXX	0	36,748,840

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	83,037	7,642	57,774		32,905	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	83,037	7,642	57,774	0	32,905	0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arkansas Community Care, Inc.

2.

NAIC Group Code	3681	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arkansas		2007							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		
Total Members at end of:												
1. Prior Year	2,739							2,739				
2. First Quarter	5,629							5,629				
3. Second Quarter	6,317							6,317				
4. Third Quarter	5,853							5,853				
5. Current Year	5,828							5,828				
6. Current Year Member Months	70,809							70,809				
Total Member Ambulatory Encounters for Year:												
7. Physician	65,451							65,451				
8. Non-Physician	48,715							48,715				
9. Total	114,166	0	0	0	0	0	0	114,166	0	0		
10. Hospital Patient Days Incurred	11,846							11,846				
11. Number of Inpatient Admissions	1,106							1,106				
12. Health Premiums Written (b)	50,531,693							50,531,693				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	50,531,693							50,531,693				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	36,748,840							36,748,840				
18. Amount Incurred for Provision of Health Care Services	42,458,724							42,458,724				

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

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

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ANNUAL STATEMENT FOR THE YEAR 2007 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 2007						
		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	2,739	0	0	0	0	0	0	2,739	0	0
2. First Quarter	5,629	0	0	0	0	0	0	5,629	0	0
3. Second Quarter	6,317	0	0	0	0	0	0	6,317	0	0
4. Third Quarter	5,853	0	0	0	0	0	0	5,853	0	0
5. Current Year	5,828	0	0	0	0	0	0	5,828	0	0
6. Current Year Member Months	70,809	0	0	0	0	0	0	70,809	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	65,451	0	0	0	0	0	0	65,451	0	0
8. Non-Physician	48,715	0	0	0	0	0	0	48,715	0	0
9. Total	114,166	0	0	0	0	0	0	114,166	0	0
10. Hospital Patient Days Incurred	11,846	0	0	0	0	0	0	11,846	0	0
11. Number of Inpatient Admissions	1,106	0	0	0	0	0	0	1,106	0	0
12. Health Premiums Written (b)	50,531,693	0	0	0	0	0	0	50,531,693	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	50,531,693	0	0	0	0	0	0	50,531,693	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	36,748,840	0	0	0	0	0	0	36,748,840	0	0
18. Amount Incurred for Provision of Health Care Services	42,458,724	0	0	0	0	0	0	42,458,724	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 \$0

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Schedule A - Verification Between Years

N O N E

Schedule B - Verification Between Years

N O N E

Schedule BA - Verification Between Years

N O N E

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments , Schedules D & DA (Group 1)											
1.1 Class 1	10,179,669	2,224,467	1,279,664	1,912,786	7,734	15,604,320	82.8	7,583,417	91.8	15,604,320	0
1.2 Class 2						0	0.0		0.0		0
1.3 Class 3						0	0.0		0.0		0
1.4 Class 4						0	0.0		0.0		0
1.5 Class 5						0	0.0		0.0		0
1.6 Class 6						0	0.0		0.0		0
1.7 Totals	10,179,669	2,224,467	1,279,664	1,912,786	7,734	15,604,320	82.8	7,583,417	91.8	15,604,320	0
2. All Other Governments , Schedules D & DA (Group 2)											
2.1 Class 1						0	0.0		0.0		0
2.2 Class 2						0	0.0		0.0		0
2.3 Class 3						0	0.0		0.0		0
2.4 Class 4						0	0.0		0.0		0
2.5 Class 5						0	0.0		0.0		0
2.6 Class 6						0	0.0		0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1						0	0.0		0.0		0
3.2 Class 2						0	0.0		0.0		0
3.3 Class 3						0	0.0		0.0		0
3.4 Class 4						0	0.0		0.0		0
3.5 Class 5						0	0.0		0.0		0
3.6 Class 6						0	0.0		0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions , Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1						0	0.0		0.0		0
4.2 Class 2						0	0.0		0.0		0
4.3 Class 3						0	0.0		0.0		0
4.4 Class 4						0	0.0		0.0		0
4.5 Class 5						0	0.0		0.0		0
4.6 Class 6						0	0.0		0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1	131,668	135,625	0	0	0	267,293	1.4	276,613	3.3	267,293	0
5.2 Class 2						0	0.0		0.0		0
5.3 Class 3						0	0.0		0.0		0
5.4 Class 4						0	0.0		0.0		0
5.5 Class 5						0	0.0		0.0		0
5.6 Class 6						0	0.0		0.0		0
5.7 Totals	131,668	135,625	0	0	0	267,293	1.4	276,613	3.3	267,293	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1						0	0.0		0.0		0
6.2 Class 2						0	0.0		0.0		0
6.3 Class 3						0	0.0		0.0		0
6.4 Class 4						0	0.0		0.0		0
6.5 Class 5						0	0.0		0.0		0
6.6 Class 6						0	0.0		0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	234,338	393,222	1,810,791	439,911	85,054	2,963,316	15.7	398,101	4.8	2,963,316	0
7.2 Class 2						0	0.0		0.0		0
7.3 Class 3						0	0.0		0.0		0
7.4 Class 4						0	0.0		0.0		0
7.5 Class 5						0	0.0		0.0		0
7.6 Class 6						0	0.0		0.0		0
7.7 Totals	234,338	393,222	1,810,791	439,911	85,054	2,963,316	15.7	398,101	4.8	2,963,316	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1						0	0.0		0.0		0
8.2 Class 2						0	0.0		0.0		0
8.3 Class 3						0	0.0		0.0		0
8.4 Class 4						0	0.0		0.0		0
8.5 Class 5						0	0.0		0.0		0
8.6 Class 6						0	0.0		0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1						0	0.0		0.0		0
9.2 Class 2						0	0.0		0.0		0
9.3 Class 3						0	0.0		0.0		0
9.4 Class 4						0	0.0		0.0		0
9.5 Class 5						0	0.0		0.0		0
9.6 Class 6						0	0.0		0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	10,545,675	2,753,314	3,090,455	2,352,697	92,788	18,834,929	100.0	XXX	XXX	18,834,929	0
10.2 Class 2	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	10,545,675	2,753,314	3,090,455	2,352,697	92,788	18,834,929	100.0	XXX	XXX	18,834,929	0
10.8 Line 10.7 as a % of Col. 6	56.0	14.6	16.4	12.5	0.5	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	6,884,737	1,273,541	99,853	0	0	XXX	XXX	8,258,131	100.0	8,258,130	1
11.2 Class 2						XXX	XXX	0	0.0	0	0
11.3 Class 3						XXX	XXX	0	0.0	0	0
11.4 Class 4						XXX	XXX	0	0.0	0	0
11.5 Class 5						XXX	XXX	0	0.0	0	0
11.6 Class 6						XXX	XXX	0	0.0	0	0
11.7 Totals	6,884,737	1,273,541	99,853	0	0	XXX	XXX	8,258,131	100.0	8,258,130	1
11.8 Line 11.7 as a % of Col. 8	83.4	15.4	1.2	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	10,545,675	2,753,314	3,090,455	2,352,697	92,788	18,834,929	100.0	8,258,130	100.0	18,834,929	XXX
12.2 Class 2						0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	10,545,675	2,753,314	3,090,455	2,352,697	92,788	18,834,929	100.0	8,258,130	100.0	18,834,929	XXX
12.8 Line 12.7 as a % of Col. 6	56.0	14.6	16.4	12.5	0.5	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	56.0	14.6	16.4	12.5	0.5	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	0	0	0	0	0	0	0.0	1	0.0	XXX	0
13.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	1	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ current year, \$ prior year of bonds with Z designations and \$, current year \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$, current year \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	10,133,714	2,090,451	1,187,656	1,867,822	0	15,279,643	81.1	7,583,417	91.8	15,279,643	0
1.2 Single Class Mortgage-Backed /Asset Backed Securities	45,955	134,016	92,008	44,964	7,734	324,677	1.7		0.0	324,677	0
1.7 Totals	10,179,669	2,224,467	1,279,664	1,912,786	7,734	15,604,320	82.8	7,583,417	91.8	15,604,320	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations						0	0.0		0.0		0
2.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined						0	0.0		0.0		0
2.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined						0	0.0		0.0		0
2.6 Other						0	0.0		0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations						0	0.0		0.0		0
3.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined						0	0.0		0.0		0
3.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined						0	0.0		0.0		0
3.6 Other						0	0.0		0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations						0	0.0		0.0		0
4.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined						0	0.0		0.0		0
4.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined						0	0.0		0.0		0
4.6 Other						0	0.0		0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations						0	0.0		0.0		0
5.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	28,163	40,526	0	0	0	68,689	0.4	78,733	1.0	68,689	0
5.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined	103,506	95,099	0	0	0	198,605	1.1	197,880	2.4	198,604	1
5.6 Other						0	0.0		0.0		0
5.7 Totals	131,669	135,625	0	0	0	267,294	1.4	276,613	3.3	267,293	1

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) Schedules D & DA (Group 6)											
6.1 Issuer Obligations						0	0.0		0.0		0
6.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined						0	0.0		0.0		0
6.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
6.5 Defined						0	0.0		0.0		0
6.6 Other						0	0.0		0.0		0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial and Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	199,988	297,422	1,786,650	435,262	85,054	2,804,376	14.9	398,101	4.8	2,804,375	1
7.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	34,351	95,800	24,141	4,650	0	158,942	0.8		0.0	158,941	1
7.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
7.5 Defined						0	0.0		0.0		0
7.6 Other						0	0.0		0.0		0
7.7 Totals	234,339	393,222	1,810,791	439,912	85,054	2,963,318	15.7	398,101	4.8	2,963,316	2
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations						0	0.0		0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0		0.0		0
9.2 Single Class Mortgage-Backed /Asset Backed Securities						0	0.0		0.0		0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined						0	0.0		0.0		0
9.4 Other						0	0.0		0.0		0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
9.5 Defined						0	0.0		0.0		0
9.6 Other						0	0.0		0.0		0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	10,333,702	2,387,873	2,974,306	2,303,084	85,054	18,084,019	96.0	.XXX	.XXX	18,084,018	.1
10.2 Single Class Mortgage-Backed /Asset Backed Securities	45,955	134,016	92,008	44,964	7,734	324,677	1.7	.XXX	.XXX	324,677	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	62,514	136,326	24,141	4,650	.0	227,631	1.2	.XXX	.XXX	227,630	.1
10.4 Other	.0	.0	.0	.0	.0	.0	0.0	.XXX	.XXX	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	103,506	95,099	.0	.0	.0	198,605	1.1	.XXX	.XXX	198,604	.1
10.6 Other	.0	.0	.0	.0	.0	.0	0.0	.XXX	.XXX	.0	.0
10.7 Totals	10,545,677	2,753,314	3,090,455	2,352,698	92,788	18,834,931	100.0	.XXX	.XXX	18,834,929	.3
10.8 Line 10.7 as a % of Col. 6	56.0	14.6	16.4	12.5	0.5	100.0	.XXX	.XXX	.XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	6,861,034	1,020,631	99,853	.0	.0	.XXX	.XXX	7,981,518	96.7	7,981,517	.1
11.2 Single Class Mortgage-Backed /Asset Backed Securities						.XXX	.XXX	.0	0.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	23,703	55,030	.0	.0	.0	.XXX	.XXX	78,733	1.0	78,733	.0
11.4 Other						.XXX	.XXX	.0	0.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	.0	197,880	.0	.0	.0	.XXX	.XXX	197,880	2.4	197,880	.0
11.6 Other						.XXX	.XXX	.0	0.0	.0	.0
11.7 Totals	6,884,737	1,273,541	99,853	.0	.0	.XXX	.XXX	8,258,131	100.0	8,258,130	.1
11.8 Line 11.7 as a % of Col. 8	83.4	15.4	1.2	0.0	0.0	.XXX	.XXX	100.0	.XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	10,333,701	2,387,873	2,974,306	2,303,084	85,054	18,084,018	96.0	7,981,517	96.7	18,084,018	.XXX
12.2 Single Class Mortgage-Backed /Asset Backed Securities	45,955	134,016	92,008	44,964	7,734	324,677	1.7	.0	0.0	324,677	.XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	62,514	136,326	24,141	4,650	.0	227,631	1.2	78,733	1.0	227,631	.XXX
12.4 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	103,506	95,099	.0	.0	.0	198,605	1.1	197,880	2.4	198,605	.XXX
12.6 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.XXX
12.7 Totals	10,545,676	2,753,314	3,090,455	2,352,698	92,788	18,834,931	100.0	8,258,130	100.0	18,834,931	.XXX
12.8 Line 12.7 as a % of Col. 6	56.0	14.6	16.4	12.5	0.5	100.0	.XXX	.XXX	.XXX	100.0	.XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	56.0	14.6	16.4	12.5	0.5	100.0	.XXX	.XXX	.XXX	100.0	.XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	.1	.0	.0	.0	.0	.1	0.0	.1	0.0	.XXX	.1
13.2 Single Class Mortgage-Backed /Asset Backed Securities	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.XXX	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.XXX	.0
13.4 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.XXX	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.XXX	.0
13.6 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.XXX	.0
13.7 Totals	.1	.0	.0	.0	.0	.1	0.0	.1	0.0	.XXX	.1
13.8 Line 13.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	.XXX	.XXX	.XXX	.XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	.XXX	.XXX	.XXX	.XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE ARKANSAS COMMUNITY CARE, INC.
SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	5,812,876	5,812,876	0	0	0
2. Cost of short-term investments acquired	32,220,821	32,220,821	0	0	0
3. Increase (decrease) by adjustment	17,345	17,345	0	0	0
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	32,233,331	32,233,331	0	0	0
7. Book/adjusted carrying value, current year	5,817,711	5,817,711	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	5,817,711	5,817,711	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	5,817,711	5,817,711	0	0	0
12. Income collected during year	346,658	346,658	0	0	0
13. Income earned during year	337,362	337,362	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 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		
22667	95-2371728	01/01/2006	Ace American Insurance Company	1601 Chestnut St. Philadelphia, PA 19103	SSL/A/I	398,425						
0299999. Authorized General Account, Non-Affiliates						398,425	0	0	0	0	0	0
0399999. Total Authorized General Account						398,425	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						398,425	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						398,425	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 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 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums	0	0			
2. Title XVIII - Medicare	398	81			
3. Title XIX - Medicaid	0	0			
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0			
8. Reinsurance recoverable on paid losses	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			
13. Letters of credit (L)	0	0			
14. Trust agreements (T)	0	0			
15. Other (O)	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)	18,804,772		18,804,772
2. Accident and health premiums due and unpaid (Line 13)	2,022,502		2,022,502
3. Amounts recoverable from reinsurers (Line 14.1)	104,324		104,324
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	3,843,118		3,843,118
6. Total assets (Line 26)	24,774,716	0	24,774,716
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,933,426		8,933,426
8. Accrued medical incentive pool and bonus payments (Line 2)	40,533		40,533
9. Premiums received in advance (Line 8)	347		347
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)	8,591,641		8,591,641
13. Total liabilities (Line 22)	17,565,947	0	17,565,947
14. Total capital and surplus (Line 31)	7,208,769	XXX	7,208,769
15. Total liabilities, capital and surplus (Line 32)	24,774,716	0	24,774,716
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

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

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	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING	
14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
16. 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:
- 9.
 - 10.
 - 11.
 - 12.
 - 13.
 - 14.
 - 15.
 - 16.

Bar Codes:

9. 
1 2 2 8 2 2 0 0 7 3 6 0 0 0 0 0 0
- Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
10. 
1 2 2 8 2 2 0 0 7 2 0 5 0 0 0 0 0
- Life Supplement [Document Identifier 205]
11. 
1 2 2 8 2 2 0 0 7 2 0 7 0 0 0 0 0
- Property/Casualty Supplement [Document Identifier 207]
12. 
1 2 2 8 2 2 0 0 7 4 2 0 0 0 0 0 0
- SIS Stockholder Information Supplement [Document Identifier 420]
13. 
1 2 2 8 2 2 0 0 7 3 6 5 0 0 0 0 0
- Medicare Part D Coverage Supplement [Document Identifier 365]
14. 
1 2 2 8 2 2 0 0 7 3 3 0 0 0 0 0 0
- Long-Term Care Experience Reporting Forms [Document Identifier 330]
15. 
1 2 2 8 2 2 0 0 7 2 1 1 0 0 0 0 0
- Life Supplement [Document Identifier 211]
16. 
1 2 2 8 2 2 0 0 7 2 1 3 0 0 0 0 0
- Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]

ALPHABETICAL INDEX

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