



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2007
OF THE CONDITION AND AFFAIRS OF THE**

American Dental Providers of Arkansas, Inc.

NAIC Group Code 0119 , 0119 NAIC Company Code 11559 Employer's ID Number 58-2302163
(Current Period) (Prior Period)

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

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
 Vision Service Corporation [] Other [] Health Maintenance Organization [X]
 Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office 425 W. Capitol Ave, Ste 1700, Corp. Co. , Little Rock, AR 72201
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 100 Mansell Court East, Suite 400
(Street and Number)
Roswell, GA 30076 770-998-8936
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 100 Mansell Court East, Suite 400 , Rosell, GA 30076
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 100 Mansell Court East, Suite 400
(Street and Number)
Roswell, GA 30076 770-998-8936
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.compbenefits.com

Statutory Statement Contact Robert Coons 502-580-3497
(Name) (Area Code) (Telephone Number) (Extension)
rcoons@humana.com 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Gerald Lawrence Ganoni #</u> ,	<u>President</u>	<u>Joan Olliges Lenahan #</u> ,	<u>Vice President and Secretary</u>
<u>James Harry Bloem #</u> ,	<u>Sr VP, CFO & Treasurer</u>	<u>Frank Murray Amrine #</u> ,	<u>Appointed Actuary</u>

OTHER OFFICERS

<u>George Grant Bauernfeind #</u> ,	<u>Vice President</u>	<u>John Gregory Catron #</u> ,	<u>Vice President</u>
<u>Thomas Joseph Liston #</u> ,	<u>Sr. Vice President</u>	<u>Jonathan Thomas Lord M.D. #</u> ,	<u>Sr. Vice President</u>
<u>John Edward Lumpkins #</u> ,	<u>Vice President</u>	<u>Heidi Suzanne Margulis #</u> ,	<u>Sr. Vice President</u>
<u>Mark Matthew Matzke #</u> ,	<u>Chief Operating Officer</u>	<u>Steven Oscar Moya #</u> ,	<u>Sr. Vice President</u>
<u>Kathleen Stephenson Pellegrino #</u> ,	<u>VP & Asst. Secretary</u>	<u>Gilbert Alan Stewart #</u> ,	<u>Vice President</u>
<u>William Joseph Tait #</u> ,	<u>Vice President</u>	<u>Gary Dean Thompson #</u> ,	<u>Vice President</u>
<u>Tod James Zacharias #</u> ,	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Jonathan Thomas Lord M.D. #</u>	<u>Michael Benedict McCallister #</u>	<u>James Elmer Murray #</u>
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State ofKentucky.....

ss

County ofJefferson.....

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.

Gerald Lawrence Ganoni
President

Joan Olliges Lenahan
Vice President and Secretary

James Harry Bloem
Sr VP, CFO & Treasurer

Subscribed and sworn to before me this
25th day of February, 2008

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

Julia Basham
Notary Public
January 10, 2009

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE American Dental Providers of Arkansas, Inc.

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation	7 Actual Cost	Fair Value		10 Par Value	11 Book/Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates	
		3 *	4 F o r e i g n	5 Bond CHAR			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of	18 How Paid	19 Admitted Amount Due & Accrued	20 Gross Amt. Rec. During Year	21 Acquired	22 Maturity
912828-GE-4	UNITED STATES TREASURY GOVERNMENT	SD			1	105,090	101,7730	106,862	105,000	105,075		(56)	0	0	4.875	4.800	JJ	2,142	2,559	10/01/2007	01/31/2009
0199999 - Total Bonds - U.S. Government - Issuer Obligations						105,090	.XXX	106,862	105,000	105,075	0	(56)	0	0	XXX	XXX	XXX	2,142	2,559	XXX	XXX
0399999 - Total - U.S. Government Bonds						105,090	.XXX	106,862	105,000	105,075	0	(56)	0	0	XXX	XXX	XXX	2,142	2,559	XXX	XXX
5499999 - Total - Issuer Obligations						105,090	.XXX	106,862	105,000	105,075	0	(56)	0	0	XXX	XXX	XXX	2,142	2,559	XXX	XXX
6099999 Totals						105,090	XXX	106,862	105,000	105,075	0	(56)	0	0	XXX	XXX	XXX	2,142	2,559	XXX	XXX

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Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE American Dental Providers of Arkansas, Inc.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Maturity Date	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A. C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A. C.V.							
912828-BY-5	UST NOTES		02/23/2007	MATURITY		105,000	105,000	105,492	105,021		(21)		(21)		105,000			0	1,181	02/15/2007	
0399999	Bonds - U.S. Governments					105,000	105,000	105,492	105,021		(21)		(21)		105,000				1,181	XXX	
6099997	Bonds - Part 4					105,000	105,000	105,492	105,021		(21)		(21)		105,000				1,181	XXX	
6099998	Bonds - Part 5					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6099999	Total - Bonds					105,000	105,000	105,492	105,021	0	(21)	0	(21)	0	105,000	0	0	0	1,181	XXX	
6599998	Preferred Stocks - Part 5					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6599999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7299998	Common Stocks - Part 5					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7299999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7399999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7499999 Totals						105,000	XXX	105,492	105,021	0	(21)	0	(21)	0	105,000	0	0	0	1,181	XXX	

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Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part A - Section 3

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part B - Section 3

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Part C - Section 3

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part D - Section 3

NONE

Schedule DB - Part E - Section 1

NONE

SCHEDULE E - PART 2 CASH EQUIVALENTS

Showing Investments Owned December 31 of Current year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Gross Investment Income
NONE							
0199999 Total Cash Equivalents							

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ANNUAL STATEMENT FOR THE YEAR 2007 OF THE American Dental Providers of Arkansas, Inc.

SCHEDULE E PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For The Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR	B	105,075	106,862		
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. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0
59. Total	XXX	XXX	105,075	106,862	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0
5899.	Totals (Lines 5801 through 5803 + 5898)(Line 58 above)	XXX	0	0	0	0

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(http://www.naic.org/committees_e_app_blanks.htm)

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