



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

## AccessCare General, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 07/19/2011 Commenced Business 07/19/2011

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

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

Mail Address 8500 W. 110th St., Suite 450, Overland Park, KS, US 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  
(Street and Number)  
Overland Park, KS, US 66210, 877-647-7948  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

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

### OFFICERS

CEO John Adams Griscavage # Secretary Amy Hufft Abbott  
CFO John Ray Rosenbaum

### OTHER

### DIRECTORS OR TRUSTEES

Tony Barker Layne Larry Steven Spitcaufsky David Paul Kennedy  
Amy Hufft Abbott

State of Kansas SS:  
County of Johnson

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 Adams Griscavage  
CEO

John Ray Rosenbaum  
CFO

Amy Hufft Abbott  
Secretary

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



Exhibit 3 - Health Care Receivables

**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued

**N O N E**



**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
<b>NONE</b>							
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
MobileCare 2U, LLC .....	Due to Affiliate .....	68,004	68,004	0
SDC Insurance .....	Due to Affiliate .....	140,804	140,804	0
0199999. Individually listed payables		208,808	208,808	0
0299999. Payables not individually listed		0	0	0
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**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
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0	0	0.0	0	0
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	5,989,469	100.0	114,040	1,245.7	5,989,469	0
4. Total capitation payments .....	5,989,469	100.0	114,040	1,245.7	5,989,469	0
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX	0	0
6. Contractual fee payments .....	0	0.0	XXX	XXX	0	0
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	0	0.0	XXX	XXX	0	0
13. TOTAL (Line 4 plus Line 12)	5,989,469	100%	XXX	XXX	5,989,469	0

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AccessCare General, Inc.

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

REPORT FOR: 1. CORPORATION

AccessCare General, Inc.

2. Des Plaines, IL

NAIC Group Code	4744	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Illinois		2020							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		
<b>Total Members at end of:</b>												
1. Prior Year	3,550	0	0	0	0	3,550	0	0	0	0		
2. First Quarter	3,458	0	0	0	0	3,458	0	0	0	0		
3. Second Quarter	3,079	0	0	0	0	3,079	0	0	0	0		
4. Third Quarter	2,927	0	0	0	0	2,927	0	0	0	0		
5. Current Year	2,963	0	0	0	0	2,963	0	0	0	0		
6. Current Year Member Months	37,625	0	0	0	0	37,625	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	8,168	0	0	0	0	8,168	0	0	0	0		
9. Total	8,168	0	0	0	0	8,168	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 (b)	3,639,442	0	0	0	0	3,639,442	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	3,639,442	0	0	0	0	3,639,442	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	1,976,094	0	0	0	0	1,976,094	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	2,183,665	0	0	0	0	2,183,665	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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



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REPORT FOR: 1. CORPORATION

AccessCare General, Inc.

2. Des Plaines, IL

NAIC Group Code	4744	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2020							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		
<b>Total Members at end of:</b>												
1. Prior Year .....	3,677	0	0	0	0	3,677	0	0	0	0		
2. First Quarter .....	3,851	0	0	0	0	3,851	0	0	0	0		
3. Second Quarter .....	3,824	0	0	0	0	3,824	0	0	0	0		
4. Third Quarter .....	3,685	0	0	0	0	3,685	0	0	0	0		
5. Current Year .....	3,713	0	0	0	0	3,713	0	0	0	0		
6. Current Year Member Months	45,148	0	0	0	0	45,148	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician .....	11,056	0	0	0	0	11,056	0	0	0	0		
9. Total	11,056	0	0	0	0	11,056	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 (b) .....	3,807,843	0	0	0	0	3,807,843	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 .....	3,807,843	0	0	0	0	3,807,843	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 .....	2,371,208	0	0	0	0	2,371,208	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	2,284,706	0	0	0	0	2,284,706	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AccessCare General, Inc.

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

REPORT FOR: 1. CORPORATION

AccessCare General, Inc.

2. Des Plaines, IL

NAIC Group Code	4744	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maryland		2020							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		
<b>Total Members at end of:</b>												
1. Prior Year .....	2,816	0	0	0	0	2,816	0	0	0	0		
2. First Quarter .....	2,791	0	0	0	0	2,791	0	0	0	0		
3. Second Quarter .....	2,675	0	0	0	0	2,675	0	0	0	0		
4. Third Quarter .....	2,378	0	0	0	0	2,378	0	0	0	0		
5. Current Year .....	2,479	0	0	0	0	2,479	0	0	0	0		
6. Current Year Member Months	31,267	0	0	0	0	31,267	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician .....	4,668	0	0	0	0	4,668	0	0	0	0		
9. Total	4,668	0	0	0	0	4,668	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 (b) .....	2,606,317	0	0	0	0	2,606,317	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 .....	2,606,317	0	0	0	0	2,606,317	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 .....	1,642,167	0	0	0	0	1,642,167	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,563,791	0	0	0	0	1,563,791	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AccessCare General, Inc.

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

REPORT FOR: 1. CORPORATION

AccessCare General, Inc.

2. Des Plaines, IL

NAIC Group Code	4744	BUSINESS IN THE STATE OF	(LOCATION)								
			Grand Total		DURING THE YEAR			2020		NAIC Company Code	14158
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>											
1. Prior Year	10,043	0	0	0	0	10,043	0	0	0	0	
2. First Quarter	10,100	0	0	0	0	10,100	0	0	0	0	
3. Second Quarter	9,578	0	0	0	0	9,578	0	0	0	0	
4. Third Quarter	8,990	0	0	0	0	8,990	0	0	0	0	
5. Current Year	9,155	0	0	0	0	9,155	0	0	0	0	
6. Current Year Member Months	114,040	0	0	0	0	114,040	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	23,892	0	0	0	0	23,892	0	0	0	0	
9. Total	23,892	0	0	0	0	23,892	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 (b)	10,053,602	0	0	0	0	10,053,602	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	10,053,602	0	0	0	0	10,053,602	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	5,989,469	0	0	0	0	5,989,469	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	6,032,162	0	0	0	0	6,032,162	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

Schedule S - Part 6

**NONE**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,018,554	0	1,018,554
2. Accident and health premiums due and unpaid (Line 15) .....	406,772	0	406,772
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	24,695	0	24,695
6. Total assets (Line 28)	1,450,021	0	1,450,021
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	466,680	0	466,680
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0	0	0
9. Premiums received in advance (Line 8) .....	49,135	0	49,135
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	226,173	0	226,173
15. Total liabilities (Line 24) .....	741,988	0	741,988
16. Total capital and surplus (Line 33) .....	708,033	XXX	708,033
17. Total liabilities, capital and surplus (Line 34)	1,450,021	0	1,450,021
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. 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	CAN					
58. Aggregate Other Alien	OT					
59. Total						

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE AccessCare General, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
			61-1896870	0	0		Healthcare Delivered, LLC	DE	UDP	SDC Holdings, LLC	Ownership	0.995		N	0
			61-1896870	0	0		Healthcare Delivered, LLC	DE	UDP	Employee Incentive Vehicle	Ownership	0.005		N	0
			37-1904884	0	0		Innovative Healthcare Investments, LLC	DE	NIA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	N	0
			48-1220515	0	0		MobileCare 2U, LLC	KS	NIA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	N	0
.4744	L S S Grp	14158	45-2795364	0	0		AccessCare General, Inc.	IL	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
.4744	L S S Grp	14119	26-3434287	0	0		AccessCare General, LLC	KS	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
.4744	L S S Grp	14343	45-3076903	0	0		AccessCare General Oklahoma, LLC	OK	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
.4744	L S S Grp	16425	83-1898186	0	0		AccessCare General Wisconsin Insurance, Inc.	WI	IA	Healthcare Delivered, LLC	Ownership	100.000	SDC Holdings, Employee Incentive Vehicle	Y	0
			45-2871916	0	0		Senior Dental Care of Iowa, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
			46-4698648	0	0		Mobile Care Marketing, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
			46-1568291	0	0		Mobile Care Management, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
			46-0972367	0	0		SDC Insurance, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
			47-2896515	0	0		SDC TPA, LLC	FL	NIA	Innovative Healthcare Investments, LLC	Ownership	100.000	Healthcare Delivered, LLC	N	0
			32-0573900	0	0		SDC Holdings, LLC	DE	NIA		Ownership	0.000	Healthcare Delivered, LLC	N	0

Asterisk	Explanation

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	48-1220515	MobileCare 2U, LLC	0	0	0	0	9,427,984	0		0	9,427,984	0
	46-0972367	SDC Insurance, LLC	0	0	0	0	3,017,199	0		0	3,017,199	0
14119	26-3434287	AccessCare General, LLC	0	0	0	0	(2,899,843)	0		0	(2,899,843)	0
14343	45-3076903	AccessCare General Oklahoma, LLC	0	0	0	0	(1,369,954)	0		0	(1,369,954)	0
14158	45-2795364	AccessCare General, Inc.	(209,967)	0	0	0	(7,987,131)	0		0	(8,197,098)	0
16425	83-1898186	AccessCare General Wisconsin Insurance,	0	0	0	0	(188,255)	0		0	(188,255)	0
	32-0573900	SDC Holdings	209,967	0	0	0	0	0		0	209,967	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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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
<b>AUGUST FILING</b>	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES








The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
12. Will the Supplemental Life 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
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO










**Explanations:**

11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.

**Bar Codes:**

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
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. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 4 1 5 8 2 0 2 0 2 2 5 0 0 0 0 0
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 4 1 5 8 2 0 2 0 2 2 6 0 0 0 0 0
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 4 1 5 8 2 0 2 0 3 0 6 0 0 0 0 0
21. Life Supplement [Document Identifier 211]	 1 4 1 5 8 2 0 2 0 2 1 1 0 0 0 0 0
22. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 4 1 5 8 2 0 2 0 2 1 6 0 0 0 0 0
23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 4 1 5 8 2 0 2 0 2 1 7 0 0 0 0 0
24. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 1 4 1 5 8 2 0 2 0 2 9 0 0 0 0 0 0
25. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 1 4 1 5 8 2 0 2 0 3 0 0 0 0 0 0 0
26. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 4 1 5 8 2 0 2 0 2 2 3 0 0 0 0 0