



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2025
 OF THE CONDITION AND AFFAIRS OF THE
ARKANSAS SUPERIOR SELECT, INC.

NAIC Group Code NAIC Company Code 15135 Employer's ID Number 80-0875493
 (Current) (Prior)

Organized under the Laws of AR State of Domicile or Port of Entry AR
 Country of Domicile US
 Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
 Incorporated/Organized 11/13/2012 Commenced Business 01/01/2015
 Statutory Home Office 500 President Clinton Avenue, Suite 200 Little Rock, AR, US 72201
 Main Administrative Office 500 President Clinton Avenue, Suite 200
 Little Rock, AR, US 72201 501-372-1922-
 (Telephone)
 Mail Address 500 President Clinton Avenue, Suite 200 Little Rock, AR, US 72201
 Primary Location of Books and
 Records 500 President Clinton Avenue, Suite 200
 Little Rock, AR, US 72201 501-372-1922-
 (Telephone)
 Internet Website Address www.superiorselectinc.com
 Statutory Statement Contact Alan Gable 501-372-1922-
 (Telephone)
 agable@superiorselectinc.com 501-372-1932-
 (E-Mail) (Fax)

OFFICERS

David Lamar Norsworthy, President John Ponthie, Vice President
 Tobey Koehler, Secretary Alan Matthew Gable, Treasurer / CFO

OTHER

Jason Lee, Assistant Secretary

DIRECTORS OR TRUSTEES

David Lamar Norsworthy John Ponthie
 Tobey Koehler

State of
 County of SS

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

x _____ x _____ x _____
 Jason Lee Alan Gable David Norsworthy
 Executive Director CFO President

Subscribed and sworn to before me
 this _____ day of
 _____, 2026

a. Is this an original filing? Yes
 b. If no:
 1. State the amendment number: _____
 2. Date filed: _____
 3. Number of pages attached: _____

x _____

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.....	357,510	55,829	170,711	167,590	167,590	584,049
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	357,510	55,829	170,711	167,590	167,590	584,049

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 – Aggregate of Amounts Not Individually Listed	265,187					265,187
0199999 – Pharmaceutical Rebate Receivables	265,187					265,187
0799999 – Gross Health Care Receivables	265,187					265,187

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	764,067	2,541,180		265,187	764,067	139,899
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	764,067	2,541,180		265,187	764,067	139,899

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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
0399999 – Aggregate accounts not individually listed-covered	1,965,988	731,347	181,506	38,549	64,251	2,981,641
0499999 – Subtotals	1,965,988	731,347	181,506	38,549	64,251	2,981,641
0599999 – Unreported claims and other claim reserves						1,887,622
0799999 – Total claims unpaid						4,869,263
0899999 – Accrued medical incentive pool and bonus amounts						4,204,168

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
0299999 – Receivables not individually listed.....				250,000	250,000		
0399999 – Total gross amounts receivable.....				250,000	250,000		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 – Total gross payables.....	NONE			

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.....	14,360,988	21.864	10,195	99.541	9,683,800	4,677,188
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	14,360,988	21.864	10,195	99.541	9,683,800	4,677,188
Other Payments:						
5. Fee-for-service.....	40,650,252	61.887	XXX	XXX	4,157,864	36,492,388
6. Contractual fee payments.....			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service.....	10,673,487	16.250	XXX	XXX		10,673,487
8. Bonus/withhold arrangements – contractual fee payments.....			XXX	XXX		
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	51,323,739	78.136	XXX	XXX	4,157,864	47,165,875
13. Total (Line 4 plus Line 12).....	65,684,727	100.000 %	XXX	XXX	13,841,664	51,843,063

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
9999999 – Totals.....			XXX	XXX	XXX

NONE

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						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Superior Select, Inc.

2. Little Rock, AR
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2025

NAIC Company Code: 15135

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	7,686				1,629	2,739		2,053					1,265	
2. First quarter.....	8,148				1,825	2,871		2,135					1,317	
3. Second quarter.....	8,810				2,042	2,973		2,333					1,462	
4. Third quarter.....	9,246				2,202	3,071		2,449					1,524	
5. Current year.....	10,242				2,466	3,293		2,664					1,819	
6. Current year member months.....	107,328				24,931	36,207		28,263					17,927	
Total Member Ambulatory Encounters for Year:														
7. Physician.....	21,451							21,451						
8. Non-physician.....	108,782				6,233	18,104		79,963					4,482	
9. Total.....	130,233				6,233	18,104		101,414					4,482	
10. Hospital patient days incurred.....	6,531							6,531						
11. Number of inpatient admissions.....	1,154							1,154						
12. Health premiums written (b).....	86,112,838				858,264	3,691,542		80,011,038					1,551,994	
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	86,112,838				858,264	3,691,542		80,011,038					1,551,994	
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	65,684,727				610,311	2,933,853		61,007,539					1,133,024	
18. Amount incurred for provision of health care services.....	62,184,215				610,311	2,933,853		57,507,027					1,133,024	

(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 \$

30 AR



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Superior Select, Inc.

2. Little Rock, AR
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 15135

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	7,686				1,629	2,739		2,053					1,265	
2. First quarter	8,148				1,825	2,871		2,135					1,317	
3. Second quarter	8,810				2,042	2,973		2,333					1,462	
4. Third quarter	9,246				2,202	3,071		2,449					1,524	
5. Current year	10,242				2,466	3,293		2,664					1,819	
6. Current year member months	107,328				24,931	36,207		28,263					17,927	
Total Member Ambulatory Encounters for Year:														
7. Physician	21,451							21,451						
8. Non-physician	108,782				6,233	18,104		79,963					4,482	
9. Total	130,233				6,233	18,104		101,414					4,482	
10. Hospital patient days incurred	6,531							6,531						
11. Number of inpatient admissions	1,154							1,154						
12. Health premiums written (b)	86,112,838				858,264	3,691,542		80,011,038					1,551,994	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	86,112,838				858,264	3,691,542		80,011,038					1,551,994	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	65,684,727				610,311	2,933,853		61,007,539					1,133,024	
18. Amount incurred for provision of health care services	62,184,215				610,311	2,933,853		57,507,027					1,133,024	

(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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(31) Schedule S - Part 1 - Section 2

NONE

(32) Schedule S - Part 2

NONE

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2025	PARTNERRE AMER INS CO	DE		MR	101,131						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							101,131						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							101,131						
1199999 – Total General Account Authorized							101,131						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							101,131						
9199999 – Total U.S.							101,131						
9999999 – Total (Sum of 4599999 and 9099999)							101,131						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

	1	2	3	4	5
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare.....	101	75	59	53	63
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	23,586,915		23,586,915
2. Accident and health premiums due and unpaid (Line 15)	584,049		584,049
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	712,477		712,477
6. Total assets (Line 28)	24,883,441		24,883,441
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	4,869,263		4,869,263
8. Accrued medical incentive pool and bonus payments (Line 2)	4,204,168		4,204,168
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	2,072,825		2,072,825
15. Total liabilities (Line 24)	11,146,256		11,146,256
16. Total capital and surplus (Line 33)	13,737,185	XXX	13,737,185
17. Total liabilities, capital and surplus (Line 34)	24,883,441		24,883,441
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses		XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables		XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets		XXX	XXX
30. Total ceded reinsurance payables/offsets		XXX	XXX
31. Total net credit for ceded reinsurance		XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

			Direct Business Only					
States, Etc.			1	2	3	4	5	6
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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.	Totals							

NONE

SCHEDULE Y

PART 1A - DETAILS 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? (Yes/No)	*
			93-3665016				Aveon Renal Care, LLC	AR	NIA	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	NO	
			99-0439542				Appello Health and Wellness Clinic, LLC	AR	DS	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	NO	
			46-2113331				Select Founders, LLC	AR	UDP	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	NO	
		15135	80-0875483				Arkansas Superior Select, Inc	AR	RE	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	NO	
			61-1843259				Access Health Services, LLC	AR	NIA	Select Founders, LLC	Ownership	100.000	Select Founders, LLC	NO	

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)
		Arkansas Superior Select, Inc.....	(36,340,296)				(4,138,398)				(40,478,694)	
		Select Founders, LLC.....	36,340,296								36,340,296	
		Access Health Services, LLC.....					4,138,398				4,138,398	
9999999		– Control Totals.....	–				–		XXX		–	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Arkansas Superior Select, Inc.....	Select Founders, LLC.....	100.000 %		Select Founders, LLC.....		%	

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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 Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	Yes

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your 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.

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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No
13. 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
14. 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
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. 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
17. 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
18. 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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
April Filing	
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 and 2) be filed with the state of domicile and the NAIC by April 1?.....	Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	YES
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	Yes

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
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10.	 1 5 1 3 5 2 0 2 5 3 6 0 0 0 0 0 0
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13.	 1 5 1 3 5 2 0 2 5 3 7 1 0 0 0 0 0
14.	 1 5 1 3 5 2 0 2 5 3 7 0 0 0 0 0 0
15.	 1 5 1 3 5 2 0 2 5 3 6 5 0 0 0 0 0
16.	 1 5 1 3 5 2 0 2 5 2 2 4 0 0 0 0 0
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18.	 1 5 1 3 5 2 0 2 5 2 2 6 0 0 0 0 0
19.	 1 5 1 3 5 2 0 2 5 6 0 0 0 0 0 0 0
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