



QUARTERLY STATEMENT
AS OF JUNE 30, 2024
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 Number)
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 Number)
Internet Website Address www.superiorselectinc.com
Statutory Statement Contact Alan Gable 501-372-1922-
(Telephone Number)
agable@superiorselectinc.com 501-372-1932-
(E-Mail Address) (Fax Number)

OFFICERS

..... David Lamar Norsworthy, President Tobey Koehler, Secretary
..... John Ponthie, Vice President 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 Executive Director | Alan Gable CFO | David Norsworthy President |

Subscribed and sworn to before me
this _____ day of
_____, 2024

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

x _____

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds..... | | | | |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks..... | | | | |
| 2.2 Common stocks..... | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens..... | | | | |
| 3.2 Other than first liens..... | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$..... encumbrances)..... | | | | |
| 4.2 Properties held for the production of income (less \$..... encumbrances)..... | | | | |
| 4.3 Properties held for sale (less \$..... encumbrances)..... | | | | |
| 5. Cash (\$.....19,430,413), cash equivalents (\$.....345,606) and short-term investments (\$.....) | 19,776,019 | | 19,776,019 | 20,582,075 |
| 6. Contract loans (including \$..... premium notes)..... | | | | |
| 7. Derivatives..... | | | | |
| 8. Other invested assets..... | 16,657,294 | 16,657,294 | - | - |
| 9. Receivables for securities..... | | | | |
| 10. Securities lending reinvested collateral assets..... | | | | |
| 11. Aggregate write-ins for invested assets..... | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 36,433,313 | 16,657,294 | 19,776,019 | 20,582,075 |
| 13. Title plants less \$..... charged off (for Title insurers only)..... | | | | |
| 14. Investment income due and accrued..... | | | | |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 10,031,672 | 207,371 | 9,824,301 | 243,590 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)..... | | | | |
| 15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)..... | | | | 560,617 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | | |
| 17. Amounts receivable relating to uninsured plans..... | 49,297 | | 49,297 | - |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | | |
| 18.2 Net deferred tax asset..... | 1,002,558 | | 1,002,558 | 1,206,148 |
| 19. Guaranty funds receivable or on deposit..... | | | | |
| 20. Electronic data processing equipment and software..... | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$.....) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | |
| 23. Receivables from parent, subsidiaries and affiliates..... | 1,223,207 | | 1,223,207 | |
| 24. Health care (\$.....) and other amounts receivable..... | 102,224 | | 102,224 | 274,866 |
| 25. Aggregate write-ins for other-than-invested assets..... | | | | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 48,842,271 | 16,864,665 | 31,977,606 | 22,867,296 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 28. Total (Lines 26 and 27)..... | 48,842,271 | 16,864,665 | 31,977,606 | 22,867,296 |
| Details of Write-Ins | | | | |
| 1101..... | | | | |
| 1102..... | | | | |
| 1103..... | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | |
| 2501. Rounding..... | | | | |
| 2502..... | | | | |
| 2503..... | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$..... reinsurance ceded)..... | | 3,425,445 | 3,425,445 | 3,569,836 |
| 2. Accrued medical incentive pool and bonus amounts..... | | 8,884,680 | 8,884,680 | 10,388,855 |
| 3. Unpaid claims adjustment expenses..... | | 89,873 | 89,873 | 89,873 |
| 4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act..... | | | | |
| 5. Aggregate life policy reserves..... | | | | |
| 6. Property/casualty unearned premium reserve..... | | | | |
| 7. Aggregate health claim reserves..... | | | | |
| 8. Premiums received in advance..... | | | | |
| 9. General expenses due or accrued..... | | 594,250 | 594,250 | 928,866 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))..... | | | | |
| 10.2 Net deferred tax liability..... | | | | |
| 11. Ceded reinsurance premiums payable..... | | | | |
| 12. Amounts withheld or retained for the account of others..... | | | | |
| 13. Remittances and items not allocated..... | | | | |
| 14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)..... | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates..... | | | | |
| 16. Derivatives..... | | | | |
| 17. Payable for securities..... | | | | |
| 18. Payable for securities lending..... | | | | |
| 19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers)..... | | | | |
| 20. Reinsurance in unauthorized and certified (\$.....) companies..... | | | | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates..... | | | | |
| 22. Liability for amounts held under uninsured plans..... | | | | |
| 23. Aggregate write-ins for other liabilities (including \$..... current)..... | | 9,277,794 | 9,277,794 | |
| 24. Total liabilities (Lines 1 to 23)..... | | 22,272,042 | 22,272,042 | 14,977,430 |
| 25. Aggregate write-ins for special surplus funds..... | XXX | XXX | | |
| 26. Common capital stock..... | XXX | XXX | 300,000 | 300,000 |
| 27. Preferred capital stock..... | XXX | XXX | | |
| 28. Gross paid in and contributed surplus..... | XXX | XXX | 23,544,643 | 23,544,643 |
| 29. Surplus notes..... | XXX | XXX | | |
| 30. Aggregate write-ins for other-than-special surplus funds..... | XXX | XXX | | |
| 31. Unassigned funds (surplus)..... | XXX | XXX | (14,139,079) | (15,954,777) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 ... shares common (value included in Line 26 \$.....) | XXX | XXX | | |
| 32.2 ... shares preferred (value included in Line 27 \$.....) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 9,705,564 | 7,889,866 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)..... | XXX | XXX | 31,977,606 | 22,867,296 |
| Details of Write-Ins | | | | |
| 2301. CMS Payable..... | | 9,277,794 | 9,277,794 | |
| 2302..... | | | | |
| 2303..... | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page..... | | | | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)..... | | 9,277,794 | 9,277,794 | |
| 2501..... | XXX | XXX | | |
| 2502..... | XXX | XXX | | |
| 2503..... | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | XXX | XXX | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | XXX | XXX | | |
| 3001..... | XXX | XXX | | |
| 3002..... | XXX | XXX | | |
| 3003..... | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page..... | XXX | XXX | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)..... | XXX | XXX | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year to Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|----------------------|------------|--------------------|------------------------------|
| | 1 | 2 | 3 | 4 |
| | Uncovered | Total | Total | Total |
| 1. Member Months..... | XXX | 39,697 | 30,207 | 65,159 |
| 2. Net premium income (including \$..... non-health premium income) | XXX | 26,553,127 | 26,515,580 | 52,725,947 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$..... medical expenses)..... | XXX | | | |
| 5. Risk revenue..... | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX | | | |
| 7. Aggregate write-ins for other non-health revenues..... | XXX | | | |
| 8. Total revenues (Lines 2 to 7)..... | XXX | 26,553,127 | 26,515,580 | 52,725,947 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits..... | | 13,948,254 | 12,815,734 | 26,965,372 |
| 10. Other professional services..... | | | | |
| 11. Outside referrals..... | | | | |
| 12. Emergency room and out-of-area..... | | | | |
| 13. Prescription drugs..... | | 2,356,657 | 2,102,266 | 2,289,888 |
| 14. Aggregate write-ins for other hospital and medical..... | | | | |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | 1,799,648 | 4,089,066 | 9,000,908 |
| 16. Subtotal (Lines 9 to 15)..... | | 18,104,559 | 19,007,066 | 38,256,168 |
| Less: | | | | |
| 17. Net reinsurance recoveries..... | | | | |
| 18. Total hospital and medical (Lines 16 minus 17)..... | | 18,104,559 | 19,007,066 | 38,256,168 |
| 19. Non-health claims (net)..... | | | | |
| 20. Claims adjustment expenses, including \$.....665,897 cost containment expenses | | 1,189,103 | 714,080 | 5,969,692 |
| 21. General administrative expenses..... | | 7,070,576 | 6,131,696 | 8,551,880 |
| 22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)..... | | | | |
| 23. Total underwriting deductions (Lines 18 through 22)..... | | 26,364,238 | 25,852,842 | 52,777,740 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | 188,889 | 662,738 | (51,793) |
| 25. Net investment income earned..... | | 2,786,457 | 1,172,456 | 2,521,770 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | | 2,786,457 | 1,172,456 | 2,521,770 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]..... | | | | |
| 29. Aggregate write-ins for other income or expenses..... | | | | |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)..... | XXX | 2,975,346 | 1,835,194 | 2,469,977 |
| 31. Federal and foreign income taxes incurred..... | XXX | | | |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX | 2,975,346 | 1,835,194 | 2,469,977 |
| Details of Write-Ins | | | | |
| 0601..... | XXX | | | |
| 0602..... | XXX | | | |
| 0603..... | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX | | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX | | | |
| 0701. Proceeds from Sale of Fixed Assets..... | XXX | | | |
| 0702. Consulting Services..... | XXX | | | |
| 0703..... | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX | | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)..... | XXX | | | |
| 1401..... | | | | |
| 1402..... | | | | |
| 1403..... | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)..... | | | | |
| 2901. Penalties..... | | | | |
| 2902..... | | | | |
| 2903..... | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | | | | |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | | | | |

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

| | 1 | 2 | 3 |
|---|-------------------------|-----------------------|------------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 7,889,866 | 8,315,333 | 8,315,333 |
| 34. Net income or (loss) from Line 32..... | 2,975,346 | 1,835,194 | 2,469,977 |
| 35. Change in valuation basis of aggregate policy and claim reserves..... | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... | | | (751,965) |
| 37. Change in net unrealized foreign exchange capital gain or (loss)..... | | | |
| 38. Change in net deferred income tax..... | | | 427,948 |
| 39. Change in nonadmitted assets..... | (2,249,700) | (3,908,054) | (3,802,216) |
| 40. Change in unauthorized and certified reinsurance..... | | | |
| 41. Change in treasury stock..... | | | |
| 42. Change in surplus notes..... | | | |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in..... | | | |
| 44.2 Transferred from surplus (Stock Dividend)..... | | | |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in..... | - | - | - |
| 45.2 Transferred to capital (Stock Dividend)..... | | | |
| 45.3 Transferred from capital..... | | | |
| 46. Dividends to stockholders..... | (1,000,000) | (2,250,000) | (2,350,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus..... | 2,090,052 | 3,661,351 | 3,580,789 |
| 48. Net change in capital and surplus (Lines 34 to 47)..... | 1,815,698 | (661,509) | (425,467) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)..... | 9,705,564 | 7,653,824 | 7,889,866 |
| Details of Write-Ins | | | |
| 4701. PY Audit Adj Affiliate Investment..... | 2,090,052 | 3,661,354 | 3,580,786 |
| 4702. Rounding..... | | (3) | 3 |
| 4703..... | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page..... | | | |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)..... | 2,090,052 | 3,661,351 | 3,580,789 |

CASH FLOW

| | 1 | 2 | 3 |
|--|----------------------|--------------------|------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 17,672,890 | 32,553,524 | 53,958,104 |
| 2. Net investment income | 2,786,457 | 1,172,456 | 2,521,770 |
| 3. Miscellaneous income | 172,642 | (20,967) | (123,102) |
| 4. Total (Lines 1 to 3) | 20,631,989 | 33,705,013 | 56,356,772 |
| 5. Benefit and loss related payments | 19,753,125 | 16,557,883 | 34,264,240 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 8,639,507 | 6,601,962 | 14,440,823 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses) | (488,449) | 80,567 | (1) |
| 10. Total (Lines 5 through 9) | 27,904,183 | 23,240,412 | 48,705,062 |
| 11. Net cash from operations (Line 4 minus Line 10) | (7,272,194) | 10,464,601 | 7,651,710 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | | | |
| 12.2 Stocks | | | |
| 12.3 Mortgage loans | | | |
| 12.4 Real estate | | | |
| 12.5 Other invested assets | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| 12.7 Miscellaneous proceeds | - | - | - |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | - | - | - |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | | | |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | 2,678,501 | 3,840,787 | 3,840,788 |
| 13.6 Miscellaneous applications | - | - | - |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 2,678,501 | 3,840,787 | 3,840,788 |
| 14. Net increase (or decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (2,678,501) | (3,840,787) | (3,840,788) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | - | - | - |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | 1,000,000 | 2,250,000 | 2,350,000 |
| 16.6 Other cash provided (applied) | 10,144,639 | 4,190,010 | 4,109,988 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 9,144,639 | 1,940,010 | 1,759,988 |
| Reconciliation of Cash, Cash Equivalents and Short-Term Investments | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (806,056) | 8,563,824 | 5,570,910 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 20,582,075 | 15,011,165 | 15,011,165 |
| 19.2 End of period (Line 18 plus Line 19.1) | 19,776,019 | 23,574,989 | 20,582,075 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | | |
| 20.0001. | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|------------|---------------------------------------|------------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|----------------------|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non- Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year..... | 6,268 | | | | 1,002 | 2,452 | | 1,692 | | | | | 1,122 | |
| 2. First Quarter..... | 6,501 | | | | 1,180 | 2,498 | | 1,691 | | | | | 1,132 | |
| 3. Second Quarter..... | 7,026 | | | | 1,419 | 2,610 | | 1,794 | | | | | 1,203 | |
| 4. Third Quarter..... | | | | | | | | | | | | | | |
| 5. Current Year..... | | | | | | | | | | | | | | |
| 6. Current Year Member Months..... | 39,697 | | | | 7,348 | 15,160 | | 10,302 | | | | | 6,887 | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician..... | 6,970 | | | | | | | 6,970 | | | | | | |
| 8. Non-Physician..... | 20,344 | | | | 2,599 | 5,108 | | 10,302 | | | | | 2,335 | |
| 9. Total..... | 27,314 | | | | 2,599 | 5,108 | | 17,272 | | | | | 2,335 | |
| 10. Hospital Patient Days Incurred..... | 2,055 | | | | | | | 2,055 | | | | | | |
| 11. Number of Inpatient Admissions..... | 364 | | | | | | | 364 | | | | | | |
| 12. Health Premiums Written (a)..... | 26,553,127 | | | | 257,503 | 1,396,746 | | 24,375,995 | | | | | 522,883 | |
| 13. Life Premiums Direct..... | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | | | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | 26,553,127 | | | | 257,503 | 1,396,746 | | 24,375,995 | | | | | 522,883 | |
| 16. Property/Casualty Premiums Earned..... | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 19,753,124 | | | | 179,879 | 1,228,415 | | 17,967,012 | | | | | 377,818 | |
| 18. Amount Incurred for Provision of Health Care Services..... | 18,104,559 | | | | 179,879 | 1,228,415 | | 16,318,447 | | | | | 377,818 | |

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

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) | | | | | | |
| 0399999 – Aggregate accounts not individually listed-covered..... | 239,970 | 205,603 | 122,575 | 92,683 | 298,294 | 959,125 |
| 0499999 – Subtotals..... | 239,970 | 205,603 | 122,575 | 92,683 | 298,294 | 959,125 |
| 0599999 – Unreported claims and other claim reserves..... | | | | | | 2,466,320 |
| 0799999 – Total claims unpaid..... | | | | | | 3,425,445 |
| 0899999 – Accrued medical incentive pool and bonus amounts..... | | | | | | 8,884,680 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|---|---|------------------------------------|--|------------------------------------|--|---|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec. 31 of Prior Year | On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) individual..... | | | | | | |
| 2. Comprehensive (hospital and medical) group..... | | | | | | |
| 3. Medicare Supplement..... | | | | | | |
| 4. Vision only..... | | 179,879 | | | | |
| 5. Dental only..... | | 1,228,415 | | | | |
| 6. Federal Employees Health Benefits Plan..... | | | | | | |
| 7. Title XVIII – Medicare..... | 5,317,149 | 12,649,864 | 690,107 | 2,735,338 | 6,007,256 | 3,569,836 |
| 8. Title XIX – Medicaid..... | | | | | | |
| 9. Credit A&H..... | | | | | | |
| 10. Disability income..... | | | | | | |
| 11. Long-term care..... | | | | | | |
| 12. Other health..... | | 377,818 | | | | |
| 13. Health subtotal (Lines 1 to 12)..... | 5,317,149 | 14,435,976 | 690,107 | 2,735,338 | 6,007,256 | 3,569,836 |
| 14. Health care receivables (a)..... | 274,866 | | | | 274,866 | 274,866 |
| 15. Other non-health..... | 6,590 | | | | 6,590 | 6,590 |
| 16. Medical incentive pools and bonus amounts..... | | | | 8,884,680 | | 10,388,855 |
| 17. Totals (Lines 13-14+15+16)..... | 5,048,873 | 14,435,976 | 690,107 | 11,620,018 | 5,738,980 | 13,690,415 |

(a) Excludes \$... loans or advances to providers not yet expensed.

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Arkansas Superior Select, Inc. ("ASSI" or the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Arkansas Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Arkansas.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Arkansas is shown below:

| | SSAP # | F/S Page | F/S Line # | 06/30/2024 | 12/31/2023 |
|---|--------|----------|------------|---------------------|---------------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ 2,975,346 | \$ 2,469,977 |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | <u>\$ 2,975,346</u> | <u>\$ 2,469,977</u> |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 9,705,564 | \$ 7,889,866 |
| (6) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (7) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | <u>\$ 9,705,564</u> | <u>\$ 7,889,866</u> |

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) The Company had no bonds, mandatory convertible securities and SVO-identified investments.
- (3) The Company had no common stock.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan-backed securities.
- (7) The Company had 1 affiliated investment in Access Medical Clinic Arkansas reported using the GAAP equity method. However, the Company chose to non-admit the asset value of this investment.
- (8) The Company had no investments in joint ventures, partnership, or limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability, are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company capitalizes, depreciates or amortizes, and admits EDP equipment and operating software in accordance with SSAP No. 16R. The Company also capitalizes furniture, fixtures and equipment, and leasehold improvements, and nonadmits them in accordance with SSAP No. 19.
- (13) Pharmacy rebates are recorded based on the estimate letter provided by the pharmacy benefit manager, Elixir.

D. Going Concern

After management's evaluation of the company's ability to continue as a going concern, there is no substantial doubt pertaining to the company's ability to meet its obligations. While administrative expenses remain high, organizational changes continue to be put into place that have shown to be more efficient and cost-effective. These changes include value based contracting with providers and effective management of care.

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

Notes to the Financial Statements

5. Investments (Continued)

- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets

As of June 30, 2024, the Company maintained on deposit with the Arkansas Insurance Department \$345,606 in the Invesco Treasury Portfolio Short-term Investments Trust fund.

(1) Restricted assets (including pledged)

| Restricted Asset Category | (1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year | (2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year | (3) Increase / (Decrease) (1 - 2) | (4) Total Current Year Nonadmitted Restricted | (5) Total Current Year Admitted Restricted (1 - 4) | (6) Gross (Admitted & Nonadmitted) Restricted to Total Assets | (7) Admitted to Total Admitted Assets |
|--|---|---|--|---|--|---|---|
| a. Subject to contractual obligation for which liability is not shown | \$ | \$ | \$ | \$ | \$ | % | % |
| b. Collateral held under security lending agreements | | | | | | | |
| c. Subject to repurchase agreements | | | | | | | |
| d. Subject to reverse repurchase agreements | | | | | | | |
| e. Subject to dollar repurchase agreements | | | | | | | |
| f. Subject to dollar reverse repurchase agreements | | | | | | | |
| g. Placed under option contracts | | | | | | | |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | | | | | | | |
| i. FHLB capital stock | | | | | | | |
| j. On deposit with states | 345,606 | 336,879 | 8,727 | | 345,606 | 0.708 | 1.081 |
| k. On deposit with other regulatory bodies | | | | | | | |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | | | | | | | |
| m. Pledged as collateral not captured in other categories | | | | | | | |
| n. Other restricted assets | | | | | | | |
| o. Total restricted assets (Sum of a through n) | \$ 345,606 | \$ 336,879 | \$ 8,727 | \$ | \$ 345,606 | 0.708 % | 1.081 % |

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(4) Collateral received and reflected as assets within the reporting entity's financial statements - None

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None
- R. Reporting Entity's Share of Cash Pool by Asset type

None

| Asset Type | Percent Share |
|-----------------------------|---------------|
| (1) Cash | % |
| (2) Cash Equivalents | % |
| (3) Short-Term Investments | % |
| (4) Total (Must equal 100%) | % |

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets

In the fourth quarter of 2016, ASSI invested \$50,000 for a 49% member ownership of Access Medical Clinic Arkansas, LLC. ASSI contributed additional amounts throughout 2017 through 2021. The principal purpose of the LLC is to develop and manage medical clinics, primarily in rural areas of Arkansas.

The Company accounts for the investment under the equity method. The non-admitted carrying value at June 30, 2024 is reported at \$16,657,294, which is 49% of the LLC's equity at June 30, 2024. The Company chose to non-admit the asset value of this investment.

Notes to the Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies (Continued)

For 2024, the Company requested and gained approval of the Arkansas Insurance Department for an investment in Access Medical Clinic Arkansas, LLC of \$100,000 in January. This investment was processed.

In the second quarter of 2024, ASSI requested approval of the Arkansas Insurance Department for an investment in a new entity called Appello Health and Wellness Clinic, LLC of \$100,000.

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

B. Total Amount Excluded - None

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

| Interest Income Due and Accrued | | Amount |
|---------------------------------|-------|----------|
| 1. Gross | | \$ |
| 2. Nonadmitted | | \$ |
| 3. Admitted | | \$ |

D. The aggregate deferred interest

| | Amount |
|-----------------------------|----------|
| Aggregate Deferred Interest | \$ |

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance

| | Amount |
|--|----------|
| Cumulative amounts of PIK interest included in the current principal balance | \$ |

8. Derivative Instruments - None

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

| | 06/30/2024 | | | 12/31/2023 | | | Change | | |
|--|------------|----------|--------------------|--------------|----------------|--------------------|-----------------------|----------------------|--------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Gross deferred tax assets | \$ | \$ | \$ | \$ 4,283,424 | \$ | \$ 4,283,424 | \$ (4,283,424) | \$ | \$ (4,283,424) |
| (b) Statutory valuation allowance adjustments | | | | | | | | | |
| (c) Adjusted gross deferred tax assets (1a - 1b) | | | | 4,283,424 | | 4,283,424 | (4,283,424) | | (4,283,424) |
| (d) Deferred tax assets nonadmitted | | | | 284,859 | | 284,859 | (284,859) | | (284,859) |
| (e) Subtotal net admitted deferred tax asset (1c - 1d) | \$ | \$ | \$ | \$ 3,998,565 | \$ | \$ 3,998,565 | \$ (3,998,565) | \$ | \$ (3,998,565) |
| (f) Deferred tax liabilities | | | | 1,365 | 2,791,052 | 2,792,417 | (1,365) | (2,791,052) | (2,792,417) |
| (g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f) | \$ | \$ | \$ | \$ 3,997,200 | \$ (2,791,052) | \$ 1,206,148 | \$ (3,997,200) | \$ 2,791,052 | \$ (1,206,148) |

Notes to the Financial Statements

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

| | 06/30/2024 | | | 12/31/2023 | | | Change | | |
|--|------------|---------|--------------------|------------|---------|--------------------|-----------------------|----------------------|--------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Federal income taxes paid in prior years recoverable through loss carrybacks | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| (b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below) | | | | 1,206,148 | | 1,206,148 | (1,206,148) | | (1,206,148) |
| 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date | | | | 1,231,935 | | 1,231,935 | (1,231,935) | | (1,231,935) |
| 2. Adjusted gross deferred tax assets allowed per limitation threshold | XXX | XXX | | XXX | XXX | | XXX | XXX | |
| (c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities | | | | 2,792,418 | | 2,792,418 | (2,792,418) | | (2,792,418) |
| (d) Deferred tax assets admitted as the result of application of SSAP No. 101. | | | | | | | | | |
| Total (2(a) + 2(b) + 2(c)) | \$ | \$ | \$ | 3,998,566 | \$ | 3,998,566 | (3,998,566) | \$ | (3,998,566) |

(3) Ratio used as basis of admissibility

| | 06/30/2024 | 12/31/2023 |
|--|------------|------------|
| (a) Ratio percentage used to determine recovery period and threshold limitation amount | % | 450.000 % |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above | \$ | 8,040,984 |

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

| | 06/30/2024 | | 12/31/2023 | | Change | |
|--|------------|---------|------------|---------|------------------------|-----------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| | Ordinary | Capital | Ordinary | Capital | Ordinary (Col. 1-3) | Capital (Col. 2-4) |
| 1. Adjusted gross DTAs amount from Note 9A1(c) | \$ | \$ | 4,283,424 | \$ | (4,283,424) | \$ |
| 2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies | % | % | % | % | % | % |
| 3. Net admitted adjusted gross DTAs amount from Note 9A1(e) | \$ | \$ | 3,998,565 | \$ | (3,998,565) | \$ |
| 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | % | % | % | % | % | % |

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? **NO**

B. Regarding Deferred Tax Liabilities That Are Not Recognized - None

C. Major Components of Current Income Taxes Incurred

| Current income taxes incurred consist of the following major components: | (1) | (2) | (3) |
|--|------------|------------|--------------|
| | 06/30/2024 | 12/31/2023 | Change (1-2) |
| 1. Current Income Tax | | | |
| (a) Federal | \$ | \$ | \$ |
| (b) Foreign | | | |
| (c) Subtotal (1a+1b) | \$ | \$ | \$ |
| (d) Federal income tax on net capital gains | | | |
| (e) Utilization of capital loss carry-forwards | | | |
| (f) Other | | | |
| (g) Federal and foreign income taxes incurred (1c+1d+1e+1f) | \$ | \$ | \$ |

Notes to the Financial Statements

9. Income Taxes (Continued)

| | (1) 06/30/2024 | (2) 12/31/2023 | (3) Change (1-2) |
|--|-------------------|-------------------|---------------------|
| 2. Deferred Tax Assets | | | |
| (a) Ordinary | | | |
| (1) Discounting of unpaid losses | \$ | \$ 42,167 | \$ (42,167) |
| (2) Unearned premium reserve | | | |
| (3) Policyholder reserves | | | |
| (4) Investments | | | |
| (5) Deferred acquisition costs | | | |
| (6) Policyholder dividends accrual | | | |
| (7) Fixed assets | | | |
| (8) Compensation and benefits accrual | | | |
| (9) Pension accrual | | | |
| (10) Receivables - nonadmitted | | 3,009,322 | (3,009,322) |
| (11) Net operating loss carry-forward | | 1,231,935 | (1,231,935) |
| (12) Tax credit carry-forward | | | |
| (13) Other | | | |
| (99) Subtotal (Sum of 2a1 through 2a13) | \$ | \$ 4,283,424 | \$ (4,283,424) |
| (b) Statutory valuation allowance adjustment | | | |
| (c) Nonadmitted | | 284,859 | (284,859) |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | \$ | \$ 3,998,565 | \$ (3,998,565) |
| (e) Capital | | | |
| (1) Investments | \$ | \$ | \$ |
| (2) Net capital loss carry-forward | | | |
| (3) Real estate | | | |
| (4) Other | | | |
| (99) Subtotal (2e1+2e2+2e3+2e4) | \$ | \$ | \$ |
| (f) Statutory valuation allowance adjustment | | | |
| (g) Nonadmitted | | | |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | | | |
| (i) Admitted deferred tax assets (2d + 2h) | \$ | \$ 3,998,565 | \$ (3,998,565) |
| | (1) 06/30/2024 | (2) 12/31/2023 | (3) Change (1-2) |
| 3. Deferred Tax Liabilities | | | |
| (a) Ordinary | | | |
| (1) Investments | \$ | \$ | \$ |
| (2) Fixed assets | | | |
| (3) Deferred and uncollected premium | | | |
| (4) Policyholder reserves | | | |
| (5) Other | | 1,365 | (1,365) |
| (99) Subtotal (3a1+3a2+3a3+3a4+3a5) | \$ | \$ 1,365 | \$ (1,365) |
| (b) Capital | | | |
| (1) Investments | \$ | \$ 270,980 | \$ (270,980) |
| (2) Real estate | | | |
| (3) Other | | 2,520,072 | (2,520,072) |
| (99) Subtotal (3b1+3b2+3b3) | \$ | \$ 2,791,052 | \$ (2,791,052) |
| (c) Deferred tax liabilities (3a99 + 3b99) | \$ | \$ 2,792,417 | \$ (2,792,417) |
| 4. Net deferred tax assets/liabilities (2i - 3c) | \$ | \$ 1,206,148 | \$ (1,206,148) |

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2023 and 2022 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2022 was \$0.

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this are as follows:

Notes to the Financial Statements

9. Income Taxes (Continued)

| | 06/30/2024 | Effective Tax Rate |
|--|-----------------|--------------------|
| Provision computed at statutory rate..... | \$ | % |
| Tax-Exempt Interest..... | | |
| Dividends Received Deductions..... | | |
| Proration..... | | |
| Meals & Entertainment, Lobbying Expenses, Etc..... | | |
| Statutory Valuation Allowance Adjustment..... | | |
| Deferred Taxes on Nonadmitted Assets..... | | |
| Change in Enacted Tax Rates..... | | |
| Other, Including Prior Year True-Up..... | | |
| Total..... | \$ | % |

| | 06/30/2024 | Effective Tax Rate |
|---|-----------------|--------------------|
| Federal income taxes expense/(benefit)..... | \$ | % |
| Tax on Capital gains/(losses)..... | | |
| Change in net deferred income tax..... | | |
| Total statutory income taxes..... | \$ | % |

E. Operating Loss and Tax Credit Carryforwards

- (1) As of December 31, 2023, the Company had net operating loss carryforwards expiring through the year 2043 of \$5,866,359.
- (2) Income tax expense available for recoupment - None
- (3) Deposits admitted under IRS Code Section 6603 - None

F. Consolidated Federal Income Tax Return

The Company’s federal income tax return is not consolidated with any other entity.

- (1)
- (2) The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return.

G. Federal or Foreign Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date. The Company is no longer subject to Federal or state examination prior to 2020.

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit

| | Amount |
|--|----------|
| (1) Gross AMT credit recognized as: | |
| a. Current year recoverable..... | \$ |
| b. Deferred tax asset (DTA)..... | |
| (2) Beginning balance of AMT credit carryforward..... | |
| (3) Amounts recovered..... | |
| (4) Adjustments..... | |
| (5) Ending balance of AMT credit carryforward (5=2-3-4)..... | \$ |
| (6) Reduction for sequestration..... | |
| (7) Nonadmitted by reporting entity..... | |
| (8) Reporting entity ending balance (8=5-6-7)..... | \$ |

The Inflation Reduction Act (Act) was enacted on August 16, 2022, and included a new corporate alternative minimum tax (CAMT). CAMT is in effect for the tax year ending December 31, 2023. The Company has determined it is a nonapplicable reporting entity.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. B. - The Company is 100% owned by Select Founders, LLC. During 2021-2024, the Company received no additional contributed surplus from parent Select Founders, LLC.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - None
- D. Amounts Due To or From Related Parties - None
- E. Management Service Contracts and Cost Sharing Arrangements - None
- F. Guarantees - As disclosed in Note 14A, for its investment in Access Medical Clinic Arkansas, LLC, the Company has agreed to contribute additional capital of \$100,000 to the LLC for each new clinic opened by the LLC. Also, in the event it is determined that additional capital is necessary for other reasons, the Company may contribute their proportionate share, but is not required to do so. The Company’s share of ownership may increase or decrease over time based on proportionate share of contributions made by all member owners. All additional contributions are submitted to the Arkansas Insurance Department for approval prior to transaction.
- G. The Company is a wholly-owned subsidiary of Select Founders, LLC.
- H. Amount Deducted for Investment in Upstream Company - None

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- I. The Company owns 49% of Access Medical Clinic Arkansas, LLC and 100% of Appello Health and Wellness Clinic, LLC. See Note 6.
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Company has 500,000 shares authorized, 300,000 shares issued and outstanding.
- B. Dividend Rate of Preferred Stock - None
- C. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Arkansas. These limitations are the greater of ten percent of capital or surplus as of the December 31 preceding year or the net income not including realized capital gains for the twelve month period ending on the preceding December 31.
- D. In 2024, the Company requested approval from the Arkansas Insurance Department to issue extraordinary shareholder distributions of \$1,000,000. This request was approved and the distribution was issued to shareholder.
- E. Company Profits Paid as Ordinary Dividends - None
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus) - None
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

- (1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company

As disclosed in Note 10E, the Company has an agreement with Access Medical Clinic Arkansas, LLC to contribute additional capital to the LLC for each new clinic opened. If additional capital is necessary for other reasons, the Company may or may not contribute their proportionate share, but their ownership share may change based on additional contributions relative to those made by all member owners.

- (2) Nature and circumstances of guarantee

| (1) | (2) | (3) | (4) | (5) |
|--|------------------------------------|---|--|---|
| Nature and Circumstances of Guarantee and Key Attributes | Liability Recognition of Guarantee | Ultimate Financial Statement Impact if Action Under the Guarantee is Required | Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor Could be Required to Make Under the Guarantee | Current Status of Payment or Performance Risk of Guarantees |
| Agreement to contribute additional capital to LLC for each new clinic they open..... | \$..... | Unknown. As of December 2023, the LLC estimates all further capital needs can be met by earnings..... | \$..... | LLC is currently operating clinics already opened. Additional clinic openings will be covered by the earnings of the LLC..... |
| Total..... | <u>\$.....</u> | | <u>\$.....</u> | |

As of December 31, 2023, the LLC estimates all further capital needs can be met by earnings.

- (3) Aggregate compilation of guarantee obligations - None

- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

Notes to the Financial Statements

15. Leases

A. Lessee Operating Lease

- (1) Leasing arrangements - None
- (2) For leases having initial or remaining noncancelable lease terms in excess of one year
 - (a) Minimum aggregate rental commitments at period end - None
 - (b) Sublease minimum rentals to be received - None
- (3) For sale-leaseback transactions - None

B. Lessor Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans - None

B. ASC Plans - None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) Reimbursements from the Centers for Medicare and Medicaid Services (CMS) for the Company's participation in the Medicare Part D program for the period ended June 30, 2024 were \$2,448,800. This amount represents pharmacy benefit cost reimbursements for the Reinsurance Subsidy and the Low-Income Cost Sharing Subsidy elements of the Medicare Part D program.
- (2) As of June 30, 2024 the Company had recorded receivables from the following payor whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000 - None
- (3) In connection with the Company's Medicare Part D cost based reimbursement portion of the contract, the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of \$0 at June 30, 2024.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactive traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

- (1) Fair value at reporting date - None
- (2) Fair value measurements in Level 3 of the fair value hierarchy - None
- (3) Policy on transfers into and out of Level 3 - None
- (4) Inputs and techniques used for Level 2 and Level 3 fair values - None
- (5) Derivatives - None

B. Other Fair Value Disclosures - None

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

| Type of Financial Instrument | Aggregate Fair Value | | | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|------------|---------|---------|---------|-----------------------|----------------------------------|
| | Value | Admitted Assets | | | | | | |
| Cash Equivalents | \$ 345,606 | \$ 345,606 | \$ 345,606 | | | | | |
| Other Invested Assets | | | | | | | | |

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items - None

Notes to the Financial Statements

22. Events Subsequent

Type I. – Recognized Subsequent Events:

None

Type II. – Nonrecognized Subsequent Events:

None.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes () No (X)
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes () No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes () No (X)

B. Uncollectible Reinsurance - None

C. Commutation of Reinsurance Reflected in Income and Expenses - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

E. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The company estimates accrued retrospective premiums of the Medicare Advantage insurance business based on calculations outlined by CMS for the Medicare Part D Annual Settlement. The calculation is reviewed by external actuaries and submitted to CMS for review annually.

B. Method Used to Record

The Company records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Company by June 30, 2024 is \$26,553,127. The amount of net written premiums subject to redetermination is \$0. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - None

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(5) ACA risk corridors receivable as of reporting date - None

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2023 were \$3,569,836. As of June 30, 2024, \$2,507,116 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$690,107 as a result of re-estimation of unpaid claims and claim adjustment expenses.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|--|---|---|--|--|
| 06/30/2024 | \$ 102,224 | \$ 102,224 | \$ | \$ | \$ |
| 03/31/2024 | 98,115 | 98,115 | 98,115 | | |
| 12/31/2023 | 274,866 | 274,866 | 274,866 | | |
| 09/30/2023 | 182,234 | 182,234 | 182,234 | | |
| 06/30/2023 | 172,731 | 172,731 | 172,731 | | |
| 03/31/2023 | 165,262 | 165,262 | 165,262 | | |
| 12/31/2022 | 151,764 | 151,764 | 151,764 | | |
| 09/30/2022 | 451,291 | 451,291 | 451,291 | | |
| 06/30/2022 | 406,567 | 406,567 | 406,567 | | |
| 03/31/2022 | 358,828 | 358,828 | 358,828 | | |

B. Risk-Sharing Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves - None

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?.....
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2021
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released..... 12/31/2021
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date)..... 03/13/2023
- 6.4 By what department or departments?
Arkansas Insurance Department.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... YES
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 7.2 If yes, give full information
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... YES
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$ -

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) NO

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? YES

14.2 If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book / Adjusted Carrying Value | Current Quarter Book / Adjusted Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | | |
| 14.23 Common Stock | | |
| 14.24 Short-Term Investments | | |
| 14.25 Mortgage Loans on Real Estate | | |
| 14.26 All Other | | 16,657,294 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | 16,657,294 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? NO

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

16.3 Total payable for securities lending reported on the liability page \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? NO

17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:

| 1 | 2 |
|----------------------|-------------------|
| Name of Custodian(s) | Custodian Address |
| | |

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1 | 2 | 3 |
|-------------------------|-------------|----------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| Arvest Asset Management | Arkansas | Cash and Statutory Deposit |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? NO

17.4 If yes, give full and complete information relating thereto:

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
| | | | |

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| | |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? NO

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? NO

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| | | | | |

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?YES.....
- 18.2 If no, list exceptions:
.....
19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?.....NO.....
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?.....NO.....
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....NO.....

GENERAL INTERROGATORIES

PART 2 – HEALTH

| | | |
|-----|--|----------|
| 1. | Operating Percentages: | |
| 1.1 | A&H loss percent..... | 70.690 % |
| 1.2 | A&H cost containment percent..... | 2.508 % |
| 1.3 | A&H expense percent excluding cost containment expenses..... | 28.598 % |
| 2.1 | Do you act as a custodian for health savings accounts?..... | NO..... |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date..... | \$..... |
| 2.3 | Do you act as an administrator for health savings accounts?..... | NO..... |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date..... | \$..... |
| 3. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... | NO..... |
| 3.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... | NO..... |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|--|----------------|---------------------|------------------------|-------------------------------|--------------------------------|-----------------------------|------------------------|---|--|
| Life & Annuity - Non-Affiliates | | | | | | | | | |
| 11835 | 04-1590940 | 01/01/2018 | PARTNERRE AMER INS CO | DE | | MR | | | |

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

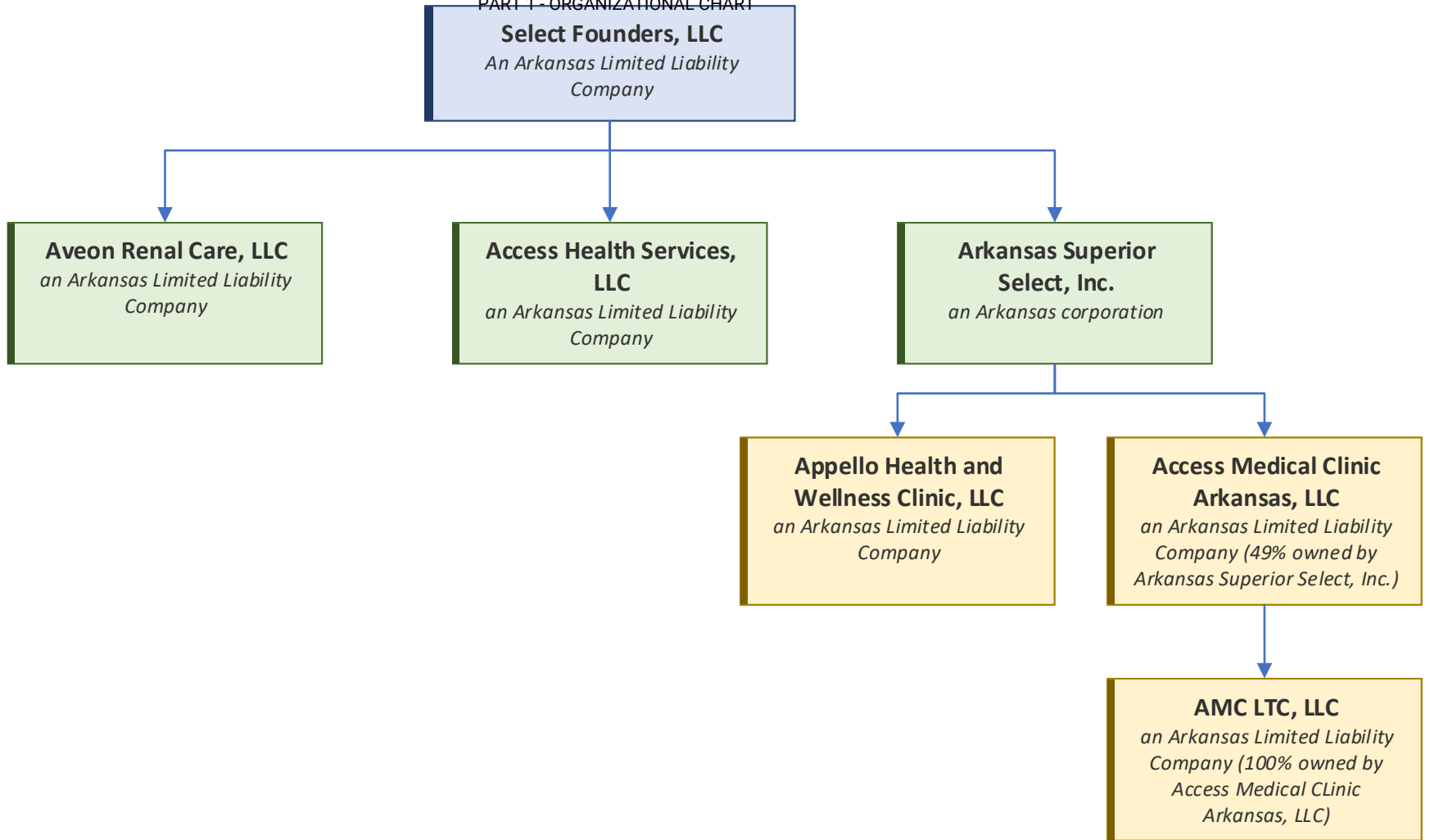
| | | Direct Business Only | | | | | | | | |
|--|-------------------|----------------------------|----------------------|--------------------|----------------|--|--|----------------------------|---------------------------|------------------------|
| States, Etc. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Active Status (a) | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life & Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts |
| 1. Alabama | AL | N | | | | | | | | |
| 2. Alaska | AK | N | | | | | | | | |
| 3. Arizona | AZ | N | | | | | | | | |
| 4. Arkansas | AR | L | 2,177,132 | 24,375,995 | | | | | 26,553,127 | |
| 5. California | CA | N | | | | | | | | |
| 6. Colorado | CO | N | | | | | | | | |
| 7. Connecticut | CT | N | | | | | | | | |
| 8. Delaware | DE | N | | | | | | | | |
| 9. District of Columbia | DC | N | | | | | | | | |
| 10. Florida | FL | N | | | | | | | | |
| 11. Georgia | GA | N | | | | | | | | |
| 12. Hawaii | HI | N | | | | | | | | |
| 13. Idaho | ID | N | | | | | | | | |
| 14. Illinois | IL | N | | | | | | | | |
| 15. Indiana | IN | N | | | | | | | | |
| 16. Iowa | IA | N | | | | | | | | |
| 17. Kansas | KS | N | | | | | | | | |
| 18. Kentucky | KY | N | | | | | | | | |
| 19. Louisiana | LA | N | | | | | | | | |
| 20. Maine | ME | N | | | | | | | | |
| 21. Maryland | MD | N | | | | | | | | |
| 22. Massachusetts | MA | N | | | | | | | | |
| 23. Michigan | MI | N | | | | | | | | |
| 24. Minnesota | MN | N | | | | | | | | |
| 25. Mississippi | MS | N | | | | | | | | |
| 26. Missouri | MO | N | | | | | | | | |
| 27. Montana | MT | N | | | | | | | | |
| 28. Nebraska | NE | N | | | | | | | | |
| 29. Nevada | NV | N | | | | | | | | |
| 30. New Hampshire | NH | N | | | | | | | | |
| 31. New Jersey | NJ | N | | | | | | | | |
| 32. New Mexico | NM | N | | | | | | | | |
| 33. New York | NY | N | | | | | | | | |
| 34. North Carolina | NC | N | | | | | | | | |
| 35. North Dakota | ND | N | | | | | | | | |
| 36. Ohio | OH | N | | | | | | | | |
| 37. Oklahoma | OK | N | | | | | | | | |
| 38. Oregon | OR | N | | | | | | | | |
| 39. Pennsylvania | PA | N | | | | | | | | |
| 40. Rhode Island | RI | N | | | | | | | | |
| 41. South Carolina | SC | N | | | | | | | | |
| 42. South Dakota | SD | N | | | | | | | | |
| 43. Tennessee | TN | N | | | | | | | | |
| 44. Texas | TX | N | | | | | | | | |
| 45. Utah | UT | N | | | | | | | | |
| 46. Vermont | VT | N | | | | | | | | |
| 47. Virginia | VA | N | | | | | | | | |
| 48. Washington | WA | N | | | | | | | | |
| 49. West Virginia | WV | N | | | | | | | | |
| 50. Wisconsin | WI | N | | | | | | | | |
| 51. Wyoming | WY | N | | | | | | | | |
| 52. American Samoa | AS | N | | | | | | | | |
| 53. Guam | GU | N | | | | | | | | |
| 54. Puerto Rico | PR | N | | | | | | | | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | | |
| 56. Northern Mariana Islands | MP | N | | | | | | | | |
| 57. Canada | CAN | N | | | | | | | | |
| 58. Aggregate Other Alien | OT | XXX | | | | | | | | |
| 59. Subtotal | XXX | 2,177,132 | 24,375,995 | | | | | | 26,553,127 | |
| 60. Reporting entity contributions for employee benefits plans | XXX | | | | | | | | | |
| 61. Total (Direct Business) | XXX | 2,177,132 | 24,375,995 | | | | | | 26,553,127 | |
| Details of Write-Ins | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | |
| 58002. | XXX | | | | | | | | | |
| 58003. | XXX | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | | | | |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | | | | | | | | | |

(a) Active Status Counts

| | | | |
|---|---|---|----|
| 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG | 1 | 4. Q – Qualified - Qualified or accredited reinsurer | – |
| 2. R – Registered – Non-domiciled RRGs | – | 5. N – None of the above - Not allowed to write business in the state | 56 |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state | – | | |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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? (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 | |
| | | | 85-4599180 | | | | Access Medical Clinic Arkansas, LLC | AR | DS | Select Founders, LLC | Ownership | 49.000 | Select Founders, LLC | NO | |
| | | | 61-1843259 | | | | Access Health Services, LLC | AR | NIA | Select Founders, LLC | Ownership | 100.000 | Select Founders, LLC | NO | |
| Asterisk | Explanation | | | | | | | | | | | | | | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | Response |
|--|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?..... | NO |

August Filing

| | |
|---|-----------|
| 2. 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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter..... | YES |
|---|-----------|

EXPLANATION:

- 1.
- 2.

BARCODES:



2.

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

| | 1 | 2 |
|---|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition..... | | |
| 2.2 Additional investment made after acquisition..... | | |
| 3. Current year change in encumbrances..... | | |
| 4. Total gain (loss) on disposals..... | | |
| 5. Deduct amounts received on disposals..... | | |
| 6. Total foreign exchange change in book / adjusted carrying value..... | | |
| 7. Deduct current year's other-than-temporary impairment recognized..... | | |
| 8. Deduct current year's depreciation..... | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)..... | | |
| 10. Deduct total nonadmitted amounts..... | | |
| 11. Statement value at end of current period (Line 9 minus Line 10)..... | | |

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

| | 1 | 2 |
|--|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year..... | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition..... | | |
| 2.2 Additional investment made after acquisition..... | | |
| 3. Capitalized deferred interest and other..... | | |
| 4. Accrual of discount..... | | |
| 5. Unrealized valuation increase / (decrease)..... | | |
| 6. Total gain (loss) on disposals..... | | |
| 7. Deduct amounts received on disposals..... | | |
| 8. Deduct amortization of premium and mortgage interest points and comm. fees..... | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest..... | | |
| 10. Deduct current year's other-than-temporary impairment recognized..... | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | | |
| 12. Total valuation allowance..... | | |
| 13. Subtotal (Line 11 plus Line 12)..... | | |
| 14. Deduct total nonadmitted amounts..... | | |
| 15. Statement value at end of current period (Line 13 minus Line 14)..... | | |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|---|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 13,978,793 | 10,138,005 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition..... | | |
| 2.2 Additional investment made after acquisition..... | 100,000 | |
| 3. Capitalized deferred interest and other..... | | |
| 4. Accrual of discount..... | | |
| 5. Unrealized valuation increase / (decrease)..... | 2,578,501 | 3,840,788 |
| 6. Total gain (loss) on disposals..... | | |
| 7. Deduct amounts received on disposals..... | | |
| 8. Deduct amortization of premium and depreciation..... | | |
| 9. Total foreign exchange change in book / adjusted carrying value..... | | |
| 10. Deduct current year's other-than-temporary impairment recognized..... | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | 16,657,294 | 13,978,793 |
| 12. Deduct total nonadmitted amounts..... | 16,657,294 | 13,978,793 |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | - | - |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|--|--------------|------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year..... | | |
| 2. Cost of bonds and stocks acquired..... | | |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase / (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration for bonds and stocks disposed of..... | | |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book / adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)..... | | |
| 12. Deduct total nonadmitted amounts..... | | |
| 13. Statement value at end of current period (Line 11 minus Line 12)..... | | |

NONE

(SI-02) Schedule D - Part 1B

NONE

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year..... | 336,879 | 320,755 |
| 2. Cost of cash equivalents acquired..... | 8,727 | 16,124 |
| 3. Accrual of discount..... | | |
| 4. Unrealized valuation increase / (decrease)..... | | |
| 5. Total gain (loss) on disposals..... | | |
| 6. Deduct consideration received on disposals..... | | |
| 7. Deduct amortization of premium..... | | |
| 8. Total foreign exchange change in book / adjusted carrying value..... | | |
| 9. Deduct current year's other-than-temporary impairment recognized..... | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 345,606 | 336,879 |
| 11. Deduct total nonadmitted amounts..... | | |
| 12. Statement value at end of current period (Line 10 minus Line 11)..... | 345,606 | 336,879 |

(E-01) Schedule A - Part 2

NONE

(E-01) Schedule A - Part 3

NONE

(E-02) Schedule B - Part 2

NONE

(E-02) Schedule B - Part 3

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 CUSIP | 2 Name or Description | Location | | 5 Name of Vendor or General Partner | 6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | 7 Date Originally Acquired | 8 Type and Strategy | 9 Actual Cost at Time of Acquisition | 10 Additional Investment Made After Acquisition | 11 Amount of Encumbrances | 12 Commitment for Additional Investment | 13 Percentage of Ownership |
|--|-------------------------------------|-----------|------------|--|--|-------------------------------|------------------------|---|--|------------------------------|--|-------------------------------|
| | | 3 City | 4 State | | | | | | | | | |
| Joint Venture, Partnership or Limited Liability Company Interests with Underlying Assets having the Characteristics of: Other, Affiliated | | | | | | | | | | | | |
| 000000-00-0 | Access Medical Clinic Arkansas, LLC | Jonesboro | AR | | | 11/21/2016 | | | | | | 49.000 |
| 6299999 - Totals | | | | | | | | | | | | XXX |

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred, Repaid During the Current Quarter

| 1 CUSIP | 2 Name or Description | Location | | 5 Name of Purchaser or Nature of Disposal | 6 Date Originally Acquired | 7 Disposal Date | 8 Book / Adjusted Carrying Value Less Encumbrances, Prior Year | Change in Book / Adjusted Carrying Value | | | | | | 15 Book / Adjusted Carrying Value Less Encumbrances on Disposal | 16 Consideration | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Investment Income | | | |
|------------------|--------------------------|-----------|------------|--|-------------------------------|--------------------|---|---|---|---|---|--|--|--|---------------------|--|--|-------------------------------------|-------------------------|--|--|--|
| | | 3 City | 4 State | | | | | 9 Unrealized Valuation Increase / (Decrease) | 10 Current Year's (Depreciation) or (Amortization) / Accretion | 11 Current Year's Other-Than-Temporary Impairment Recognized | 12 Capitalized Deferred Interest and Other | 13 Total Change in B./A.C.V. (9+10-11+12) | 14 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | | |
| 6299999 - Totals | | | | | | | | | | | | | | | | | | | | | | |

NONE

(E-04) Schedule D - Part 3

NONE

(E-05) Schedule D - Part 4

NONE

(E-06) Schedule DB - Part A - Section 1

NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-07) Schedule DB - Part B - Section 1

NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name

NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

NONE

(E-08) Schedule DB - Part D - Section 1

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

NONE

(E-10) Schedule DB - Part E

NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|---|-----------|-----------------------|---|---|--|--------------|-------------|--------|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| Arvest Bank – Lowell, AR | | 2.250 | | | 3,246,284 | 7,075,739 | 1,382,407 | XXX |
| FNBC Bank – Ash Flat, AR | | | | | 20,587 | 16,765 | 12,326 | XXX |
| US Bank - Admin – North Little Rock, AR | | | | | 2,066 | 2,066 | 2,066 | XXX |
| US Bank - Dental – North Little Rock, AR | | | | | 633,353 | 762,132 | 822,667 | XXX |
| Bento – San Francisco, CA | | | | | 1,226 | 507 | – | XXX |
| Arvest Bank - MM – Lowell, AR | | 4.000 | | | 7,715,407 | 7,730,806 | 7,745,738 | XXX |
| Panacea Financial - MM – Memphis, TN | | 4.500 | | | 5,236,891 | 5,256,906 | 5,275,053 | XXX |
| Regions Bank - MM – Birmingham, AL | | 4.300 | | | 2,099,765 | 2,108,242 | 2,115,913 | XXX |
| Arvest Bank - Cert of Dep – Lowell, AR | | 4.000 | | | 1,068,989 | 1,068,989 | 1,080,449 | XXX |
| FNBC Bank - Cert of Dep – Ash Flat, AR | | 4.000 | | | 987,201 | 990,438 | 993,794 | XXX |
| 0199998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories | | | | | | | | XXX |
| 0199999 – Total Open Depositories | | | | | 21,011,769 | 25,012,590 | 19,430,413 | XXX |
| 0299998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories | | | | | | | | XXX |
| 0299999 – Total Suspended Depositories | | | | | | | | XXX |
| 0399999 – Total Cash on Deposit | | | | | 21,011,769 | 25,012,590 | 19,430,413 | XXX |
| 0499999 – Cash in Company's Office | | | XXX | XXX | | | | XXX |
| 0599999 – Total | | | | | 21,011,769 | 25,012,590 | 19,430,413 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book / Adjusted Carrying Value | 8 Amount of Interest Due and Accrued | 9 Amount Received During Year |
|--|----------------------------|-----------|--------------------|-----------------------|--------------------|--|--|-------------------------------------|
| All Other Money Market Mutual Funds | | | | | | | | |
| 825252-40-6 | Invesco Treasury Portfolio | %SD | 03/31/2018 | 0.040 | XXX | 345,606 | | 8,727 |
| 8309999999 – All Other Money Market Mutual Funds | | | | | | 345,606 | | 8,727 |
| 8609999999 – Total Cash Equivalents | | | | | | 345,606 | | 8,727 |