



ANNUAL STATEMENT

For the Year Ended December 31, 2020
of the Condition and Affairs of the

HMO Partners, Inc

NAIC Group Code..... 876, 876 (Current Period) (Prior Period) NAIC Company Code..... 95442 Employer's ID Number..... 71-0747497

Organized under the Laws of Arkansas State of Domicile or Port of Entry Arkansas Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized..... November 8, 1993 Commenced Business..... January 1, 1994

Statutory Home Office 320 West Capitol .. Little Rock .. AR .. US .. 72203-8069
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 320 West Capitol .. Little Rock .. AR .. US .. 72203-8069 501-221-1800
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 320 West Capitol .. Little Rock .. AR .. US .. 72203-8069
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 601 S. Gaines .. Little Rock .. AR .. US .. 72201 501-378-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address healthadvantage-hmo.com

Statutory Statement Contact Scott Bradley Winter 501-399-3951
(Name) (Area Code) (Telephone Number) (Extension)
sbwinter@arkbluecross.com 501-378-3258
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Gray Donald Dillard	Treasurer/CFO	2. Scott Bradley Winter	Assistant Treasurer
3. Timothy Gerard Gauger	Secretary	4.	

OTHER

Troy Russell Wells	Vice Chairman	Steven Aaron Spaulding	Chairman
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DIRECTORS OR TRUSTEES

James Robert Bailey	Curtis Edwin Barnett	Brent William Beaulieu	Gray Donald Dillard
Lavanda Moore Gangluff APN	Richard Loyd Gore DDS	Matthew Ridgway Jones	Calvin Eugene Kellogg
Charles Edgar Phillips MD	Tonya Renee Robertson	Steven Aaron Spaulding	Sherman Ellis Tate
Troy Russell Wells			

State of..... Arkansas
County of..... Pulaski

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.

_____ (Signature) Gray Donald Dillard	_____ (Signature) Scott Bradley Winter	_____ (Signature) Timothy Gerard Gauger
1. (Printed Name) Treasurer/CFO	2. (Printed Name) Assistant Treasurer	3. (Printed Name) Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2021

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number	_____
2. Date filed	_____
3. Number of pages attached	_____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed.....	5,555,497		638,481	1,368	1,368	6,193,978
0299999. Total group.....	5,555,497	0	638,481	1,368	1,368	6,193,978
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	5,555,497	0	638,481	1,368	1,368	6,193,978

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually.....	1,995,515	1,995,515	1,995,515	2,916,170	2,916,170	5,986,546
0199999. Total Pharmaceutical Rebate Receivables.....	1,995,515	1,995,515	1,995,515	2,916,170	2,916,170	5,986,546
Other Receivables						
0699998. Other Receivables Not Listed Individually.....	523,912	523,912	523,912	467,390	467,390	1,571,737
0699999. Total Other Receivables.....	523,912	523,912	523,912	467,390	467,390	1,571,737
0799999. Gross Health Care Receivables.....	2,519,428	2,519,428	2,519,428	3,383,561	3,383,561	7,558,283

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	9,782,302	16,333,636		8,902,716	9,782,302	6,159,213
2. Claim overpayment receivables.....					0	
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....	1,364,538			2,039,128	1,364,538	1,364,538
7. Totals (Lines 1 through 6).....	11,146,840	16,333,636	0	10,941,844	11,146,840	7,523,750

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered.....	5,648,716	1,380,752	480,136	4,062		7,513,666
0499999. Subtotals.....	5,648,716	1,380,752	480,136	4,062	0	7,513,666
0599999. Unreported claim and other claim reserves.....						19,664,503
0799999. Total claims unpaid.....						27,178,169
0899999. Accrued medical incentive pool and bonus amounts.....						4,544,497

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Arkansas Blue Cross & Blue Shield.....		11,841,667	11,841,667	
US Able Life.....		91,215	91,215	
0199999. Individually listed payables.....		11,932,881	11,932,881	0
0399999. Total gross payables.....		11,932,881	11,932,881	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	0	0.0				
2. Intermediaries.....	0	0.0				
3. All other providers.....	1,075	0.0	5,105	9.6	1,075	
4. Total capitation payments.....	1,075	0.0	5,105	9.6	1,075	0
Other Payments:						
5. Fee-for-service.....	1,521,331	0.7	XXX	XXX		1,521,331
6. Contractual fee payments.....	75,565,989	32.7	XXX	XXX	75,565,989	
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	154,064,265	66.7	XXX	XXX	154,064,265	
9. Non-contingent salaries.....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	0	0.0	XXX	XXX		
11. All other payments.....	0	0.0	XXX	XXX		
12. Total other payments.....	231,151,585	100.0	XXX	XXX	229,630,254	1,521,331
13. Total (Line 4 plus Line 12).....	231,152,660	100.0	XXX	XXX	229,631,329	1,521,331

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	58,525			58,525	58,525	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....						.0
6. Total.....	58,525	.0	.0	58,525	58,525	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HMO Partners, Inc 2. Little Rock, AR

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....95442

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	58,633		53,256					5,377		
2. First quarter.....	54,834		49,690					5,144		
3. Second quarter.....	53,966		48,846					5,120		
4. Third quarter.....	53,039		47,944					5,095		
5. Current year.....	53,029		47,925					5,104		
6. Current year member months.....	647,450		586,021					61,429		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	45,830		45,830							
8. Non-physician.....	68,339		68,339							
9. Totals.....	114,169	0	114,169	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	9,223		9,223							
11. Number of inpatient admissions.....	2,372		2,372							
12. Health premiums written (b).....	282,179,354		234,456,758					47,722,596		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	282,179,354		234,456,758					47,722,596		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	231,152,660		191,934,524					39,218,136		
18. Amount incurred for provision of health care services.....	227,029,853		185,364,310					41,665,543		

30-AR

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....47,722,596



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HMO Partners, Inc 2. Little Rock, AR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....95442

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	58,633		53,256					5,377		
2. First quarter.....	54,834		49,690					5,144		
3. Second quarter.....	53,966		48,846					5,120		
4. Third quarter.....	53,039		47,944					5,095		
5. Current year.....	53,029		47,925					5,104		
6. Current year member months.....	647,450		586,021					61,429		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	45,830		45,830							
8. Non-physician.....	68,339		68,339							
9. Totals.....	114,169	0	114,169	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	9,223		9,223							
11. Number of inpatient admissions.....	2,372		2,372							
12. Health premiums written (b).....	282,179,354		234,456,758					47,722,596		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	282,179,354		234,456,758					47,722,596		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	231,152,660		191,934,524					39,218,136		
18. Amount incurred for provision of health care services.....	227,029,853		185,364,310					41,665,543		

30-GT

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....47,722,596

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
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NONE

Statement as of December 31, 2020 of the **HMO Partners, Inc**
SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Affiliates - U.S. - Other						
83470.....	71-0226428....	01/01/1996	Arkansas Blue Cross & Blue Shield.....	AR.....	.....	.....8,312,784
1399999.	Total - Accident and Health Affiliates - U.S. - Other.....				.....0	.....8,312,784
1499999.	Total - Accident and Health Affiliates - U.S. - Total.....				.....0	.....8,312,784
1899999.	Total - Accident and Health Affiliates.....				.....0	.....8,312,784
2299999.	Total - Accident and Health.....				.....0	.....8,312,784
2399999.	Total U.S.....				.....0	.....8,312,784
9999999.	Total.....				.....0	.....8,312,784

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
37273....	39-1338397....	.01/01/2020	Axis Reinsurance Company.....	IL.....	ASL/G.....	CMM.....	1,002,931						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other.....						1,002,931	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total.....						1,002,931	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates.....						1,002,931	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						1,002,931	0	0	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....						1,002,931	0	0	0	0	0	0
Separate Accounts - Authorized - Affiliates - U.S. - Other													
83470....	71-0226428....	.01/01/1996	Arkansas Blue Cross & Blue Shield.....	AR.....	OTH/G.....	CMM.....	67,291,835		5,087,500				
83470....	71-0226428....	.01/01/1996	Arkansas Blue Cross & Blue Shield.....	AR.....	OTH/I.....	MR.....	26,285,013		3,225,284				
4799999.	Total - Separate Accounts - Authorized - Affiliates - U.S. - Other.....						93,576,848	0	8,312,784	0	0	0	0
4899999.	Total - Separate Accounts - Authorized - Affiliates - U.S. - Total.....						93,576,848	0	8,312,784	0	0	0	0
5299999.	Total - Separate Accounts - Authorized - Affiliates.....						93,576,848	0	8,312,784	0	0	0	0
5699999.	Total - Separate Accounts - Authorized.....						93,576,848	0	8,312,784	0	0	0	0
9099999.	Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....						93,576,848	0	8,312,784	0	0	0	0
9199999.	Total - U.S.....						94,579,779	0	8,312,784	0	0	0	0
9999999.	Total.....						94,579,779	0	8,312,784	0	0	0	0

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Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Statement as of December 31, 2020 of the **HMO Partners, Inc**
SCHEDULE S - PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums.....	68,295	71,322	77,697	86,764	89,415
2. Title XVIII - Medicare.....	26,285	25,052	23,812	17,419	12,527
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	75,566	78,110	88,174	91,442	86,099
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....	8,313	7,003	8,749	12,417	7,903
8. Reinsurance recoverable on paid losses.....		320	1,731	2,142	485
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

Statement as of December 31, 2020 of the **HMO Partners, Inc**
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	90,685,550		90,685,550
2. Accident and health premiums due and unpaid (Line 15).....	6,193,978		6,193,978
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX	8,312,784	8,312,784
5. All other admitted assets (balance).....	25,585,537		25,585,537
6. Totals assets (Line 28).....	122,465,065	8,312,784	130,777,849
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	18,865,385	8,312,784	27,178,169
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,544,497		4,544,497
9. Premiums received in advance (Line 8).....	2,505,259		2,505,259
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	32,339,640		32,339,640
15. Total liabilities (Line 24).....	58,254,782	8,312,784	66,567,566
16. Total capital and surplus (Line 33).....	64,210,280	XXX	64,210,280
17. Total liabilities, capital and surplus (Line 34).....	122,465,062	8,312,784	130,777,846
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	8,312,784		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	8,312,784		
24. Premiums receivable.....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
26. Unauthorized reinsurance.....	0		
27. Reinsurance with certified reinsurers.....	0		
28. Funds held under reinsurance treaties with certified reinsurers.....	0		
29. Other ceded reinsurance payables/offsets.....	0		
30. Total ceded reinsurance payables/offsets.....	0		
31. Total net credit for ceded reinsurance.....	8,312,784		

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						.0
2. Alaska.....AK						.0
3. Arizona.....AZ						.0
4. Arkansas.....AR						.0
5. California.....CA						.0
6. Colorado.....CO						.0
7. Connecticut.....CT						.0
8. Delaware.....DE						.0
9. District of Columbia.....DC						.0
10. Florida.....FL						.0
11. Georgia.....GA						.0
12. Hawaii.....HI						.0
13. Idaho.....ID						.0
14. Illinois.....IL						.0
15. Indiana.....IN						.0
16. Iowa.....IA						.0
17. Kansas.....KS						.0
18. Kentucky.....KY						.0
19. Louisiana.....LA						.0
20. Maine.....ME						.0
21. Maryland.....MD						.0
22. Massachusetts.....MA						.0
23. Michigan.....MI						.0
24. Minnesota.....MN						.0
25. Mississippi.....MS						.0
26. Missouri.....MO						.0
27. Montana.....MT						.0
28. Nebraska.....NE						.0
29. Nevada.....NV						.0
30. New Hampshire.....NH						.0
31. New Jersey.....NJ						.0
32. New Mexico.....NM						.0
33. New York.....NY						.0
34. North Carolina.....NC						.0
35. North Dakota.....ND						.0
36. Ohio.....OH						.0
37. Oklahoma.....OK						.0
38. Oregon.....OR						.0
39. Pennsylvania.....PA						.0
40. Rhode Island.....RI						.0
41. South Carolina.....SC						.0
42. South Dakota.....SD						.0
43. Tennessee.....TN						.0
44. Texas.....TX						.0
45. Utah.....UT						.0
46. Vermont.....VT						.0
47. Virginia.....VA						.0
48. Washington.....WA						.0
49. West Virginia.....WV						.0
50. Wisconsin.....WI						.0
51. Wyoming.....WY						.0
52. American Samoa.....AS						.0
53. Guam.....GU						.0
54. Puerto Rico.....PR						.0
55. US Virgin Islands.....VI						.0
56. Northern Mariana Islands.....MP						.0
57. Canada.....CAN						.0
58. Aggregate Other Alien.....OT						.0
59. Totals.....	.0	.0	.0	.0	.0	.0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0876	USable Mutual Insurance Company	83470..	71-0226428..				USable Mutual Insurance Company.....	AR.....		USable Mutual Insurance Company.....	Board.....		USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company		71-0862108..				Blue & You Foundation.....	AR.....	NIA.....	USable Mutual Insurance Company.....	Ownership, Board, Influence		USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company		71-0246079..				USable Corporation.....	AR.....	DS.....	USable Mutual Insurance Company.....	Ownership, Board, Influence	...100.000	USable Mutual Insurance Company.....	..Y.....	
0876	USable Mutual Insurance Company		47-5462795..				Partnership for a Health Arkansas LLC.....	AR.....	DS.....	USable Mutual Insurance Company.....	Ownership, Influence, Board	....20.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company	95442..	71-0747497..				HMO Partners, Inc.....	AR.....	DS.....	USable Mutual Insurance Company.....	Ownership, Board, Influence	....50.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company		80-0233147..				Life & Specialty Ventures, Inc.....	DE.....	NIA.....	USable Mutual Insurance Company.....	Ownership, Board, Influence	....40.750	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company		71-0628367..				Group Service Underwriters, Inc.....	AR.....	DS.....	USable Corporation.....	Ownership, Influence	...100.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company		27-3645332..				MedSite Health Management, LLC.....	AR.....	DS.....	USable Corporation.....	Ownership, Board, Influence	....50.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company	15225..	46-2015297..				USable Partners, LLC.....	AR.....	DS.....	USable Corporation.....	Ownership, Board, Influence	...100.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company		45-1062167..				NDBH Holding Company, LLC.....	AR.....	DS.....	USable Corporation.....	Ownership, Influence	....10.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company	94358..	71-0505232..				USable Life.....	AR.....	IA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company	16751..	84-4571869..				USable HMO.....	AR.....	DS.....	USable Corporation.....	Ownership, Board, Influence	...100.000	USable Mutual Insurance Company.....	..N.....	
0876	USable Mutual Insurance Company	16750..	84-4586338..				USable PPO.....	AR.....	DS.....	USable Corporation.....	Ownership, Board, Influence	...100.000	USable Mutual Insurance Company.....	..N.....	

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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
83470.....	71-0226428.....	USAble Mutual Insurance Company.....	(4,738,208)	(50,000,000)			79,806,295	(1,383,321)			23,684,766	(2,495,425)
95442.....	71-0747497.....	HMO Partners Inc.....					(57,314,895)	1,383,321			(55,931,574)	8,312,784
	71-0246079.....	USAble Corporation.....		(70,000,000)			(4,551,379)				(74,551,379)	
94358.....	71-0505232.....	USAble Life.....									0	(5,817,359)
15225.....	46-2015297.....	USAble Partners LLC.....		20,000,000			(63,899)				19,936,101	
	80-0233147.....	Life & Specialty Ventures, Inc.....	4,738,208								4,738,208	
16751.....	84-4571869.....	USAble HMO.....		50,000,000			(8,797,112)				41,202,888	
16750.....	84-4586338.....	USAble PPO.....		50,000,000			(9,079,010)				40,920,990	
9999999.	Control Totals.....		0	0	0	0	(0)	0	XXX	0	0	0

Statement as of December 31, 2020 of the **HMO Partners, Inc**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

JUNE FILING

8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	NO
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The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Statement as of December 31, 2020 of the **HMO Partners, Inc**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.



11. The data for this supplement is not required to be filed.



12. The data for this supplement is not required to be filed.



13. The data for this supplement is not required to be filed.



14. The data for this supplement is not required to be filed.



15. The data for this supplement is not required to be filed.



16. The data for this supplement is not required to be filed.



17. The data for this supplement is not required to be filed.



18. The data for this supplement is not required to be filed.



19. The data for this supplement is not required to be filed.



20. The data for this supplement is not required to be filed.



21. The data for this supplement is not required to be filed.



22.

23.

24. The data for this supplement is not required to be filed.



25. The data for this supplement is not required to be filed.



26. The data for this supplement is not required to be filed.



Statement as of December 31, 2020 of the **HMO Partners, Inc**
Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Contributions.....	2,140		443,704		445,844
2505. JV Product Results.....					0
2506. Miscellaneous.....	53,169	95	639,301		692,565
2507. AR Works.....					0
2597. Summary of remaining write-ins for Line 25.....	55,309	95	1,083,005	0	1,138,409

Overflow Page for Write-Ins

44L

NONE