



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

## HMO Partners, Inc

NAIC Group Code 0876 0876 NAIC Company Code 95442 Employer's ID Number 71-0747497  
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 11/08/1993 Commenced Business 01/01/1994

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  
(Street and Number)  
Little Rock, AR, US 72203-8069 501-221-1800  
(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  
(Street and Number)  
Little Rock, AR, US 72201 501-378-2000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address healthadvantage-hmo.com

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

### OFFICERS

CFO/Treasurer Gray Donald Dillard Secretary Timothy Gerard Gauger  
Assistant Treasurer Scott Bradley Winter President/CEO John Robert Brineman MD

### OTHER

Brent William Beaulieu, Chairman

### DIRECTORS OR TRUSTEES

<u>Curtis Edwin Barnett</u>	<u>Brent William Beaulieu</u>	<u>Alicia Marie Berkemeyer #</u>
<u>John Robert Brineman MD</u>	<u>Gray Donald Dillard</u>	<u>Lavanda Moore Gangluff APN</u>
<u>Richard Loyd Gore DDS</u>	<u>Matthew Ridgway Jones</u>	<u>Calvin Eugene Kellogg</u>
<u>Charles Edgar Phillips MD</u>	<u>Tonya Renee Robertson</u>	<u>Sherman Ellis Tate</u>
<u>Troy Russell Wells</u>		

State of Arkansas SS  
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.

Gray Donald Dillard  
CFO/Treasurer

Scott Bradley Winter  
Assistant Treasurer

Timothy Gerard Gauger  
Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? ..... Yes [  ] 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
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	2,004,102	255,915	74,466	275,204	275,204	2,334,484
0299999. Total group	2,004,102	255,915	74,466	275,204	275,204	2,334,484
0399999. Premiums due and unpaid from Medicare entities	1,808,756					1,808,756
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	3,812,858	255,915	74,466	275,204	275,204	4,143,240



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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from 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 .....	9,413,037	18,625,169	693,722	11,332,329	10,106,759	8,902,716
2. Claim overpayment receivables .....	1,838,985	3,677,969	413,227	126,559	2,252,212	0
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables.....	29,860	385,610		171,099	29,860	2,039,128
7. Totals (Lines 1 through 6)	11,281,882	22,688,747	1,106,949	11,629,987	12,388,831	10,941,844

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







**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	285,139	0.1	3,719	4.9	285,139	
4. Total capitation payments .....	285,139	0.1	3,719	4.9	285,139	0
<b>Other Payments:</b>						
5. Fee-for-service .....	4,670,057	1.7	XXX	XXX		4,670,057
6. Contractual fee payments .....	114,849,309	41.4	XXX	XXX	114,849,309	
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	157,508,640	56.8	XXX	XXX	157,508,640	
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 .....	277,028,006	99.9	XXX	XXX	272,357,949	4,670,057
13. TOTAL (Line 4 plus Line 12)	277,313,145	100%	XXX	XXX	272,643,088	4,670,057

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

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

REPORT FOR: 1. CORPORATION

HMO Partners, Inc

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arkansas		2021							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	53,029	0	47,925	0	0	0	0	5,104	0	0		
2. First Quarter .....	56,654	7,459	45,180					4,015				
3. Second Quarter .....	68,354	20,566	43,934					3,854				
4. Third Quarter .....	75,002	28,682	42,543					3,777				
5. Current Year	75,606	29,965	41,922					3,719				
6. Current Year Member Months	799,877	227,946	525,256					46,675				
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	116,344	31,261	33,212					51,871				
8. Non-Physician .....	115,156	38,831	52,587					23,738				
9. Total	231,500	70,092	85,799	0	0	0	0	75,609	0	0		
10. Hospital Patient Days Incurred	21,473	12,584	7,754					1,135				
11. Number of Inpatient Admissions	4,180	2,515	1,665									
12. Health Premiums Written (b) .....	346,067,007	86,619,576	220,158,869					39,288,562				
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	346,067,007	86,619,576	220,158,869					39,288,562				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services .....	277,313,145	46,248,692	196,524,091					34,540,362				
18. Amount Incurred for Provision of Health Care Services	298,925,448	61,093,198	202,036,211					35,796,039				

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....39,288,562

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ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

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

REPORT FOR: 1. CORPORATION

HMO Partners, Inc

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2021	NAIC Company Code		95442
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
<b>Total Members at end of:</b>													
1. Prior Year	53,029	0	47,925	0	0	0	0	5,104	0	0			
2. First Quarter	56,654	7,459	45,180	0	0	0	0	4,015	0	0			
3. Second Quarter	68,354	20,566	43,934	0	0	0	0	3,854	0	0			
4. Third Quarter	75,002	28,682	42,543	0	0	0	0	3,777	0	0			
5. Current Year	75,606	29,965	41,922	0	0	0	0	3,719	0	0			
6. Current Year Member Months	799,877	227,946	525,256	0	0	0	0	46,675	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician	116,344	31,261	33,212	0	0	0	0	51,871	0	0			
8. Non-Physician	115,156	38,831	52,587	0	0	0	0	23,738	0	0			
9. Total	231,500	70,092	85,799	0	0	0	0	75,609	0	0			
10. Hospital Patient Days Incurred	21,473	12,584	7,754	0	0	0	0	1,135	0	0			
11. Number of Inpatient Admissions	4,180	2,515	1,665	0	0	0	0	0	0	0			
12. Health Premiums Written (b)	346,067,007	86,619,576	220,158,869	0	0	0	0	39,288,562	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	346,067,007	86,619,576	220,158,869	0	0	0	0	39,288,562	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	277,313,145	46,248,692	196,524,091	0	0	0	0	34,540,362	0	0			
18. Amount Incurred for Provision of Health Care Services	298,925,448	61,093,198	202,036,211	0	0	0	0	35,796,039	0	0			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....39,288,562

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ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

**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 Domi- ciliary Juris- diction	6 Type of Reinsur- ance 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		
0399999			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0
0699999			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0
37273	39-1338397	01/01/2020	Axis Insurance Company	IL	ASL/G	CIM	966,617						
0899999			General Account - Authorized U.S. Non-Affiliates				966,617	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				966,617	0	0	0	0	0	0
1199999			Total General Account Authorized				966,617	0	0	0	0	0	0
1499999			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999			Total General Account Unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999			Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999			Total General Account Certified				0	0	0	0	0	0	0
3699999			Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
4099999			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
4499999			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				966,617	0	0	0	0	0	0
83470	71-0226428	01/01/1996	Arkansas Blue Cross & Blue Shield	AR	OTH/G	CIM	64,055,697		7,191,000				
83470	71-0226428	01/01/1996	Arkansas Blue Cross & Blue Shield	AR	OTH/I	CIM	59,641,559		10,956,700				
83470	71-0226428	01/01/1996	Arkansas Blue Cross & Blue Shield	AR	OTH/I	MR	18,398,603		2,188,024				
4799999			Separate Accounts - Authorized U.S. Affiliates - Other				142,095,859	0	20,335,724	0	0	0	0
4899999			Total Separate Accounts - Authorized U.S. Affiliates				142,095,859	0	20,335,724	0	0	0	0
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - Authorized Affiliates				142,095,859	0	20,335,724	0	0	0	0
5599999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts Authorized				142,095,859	0	20,335,724	0	0	0	0
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts Certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				142,095,859	0	20,335,724	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				143,062,476	0	20,335,724	0	0	0	0
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
9999999			Totals				143,062,476	0	20,335,724	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	124,664	68,295	71,322	77,697	86,764
2. Title XVIII - Medicare .....	18,399	26,285	25,052	23,812	17,419
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	114,849	75,566	78,110	88,174	91,442
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	20,336	8,313	7,003	8,749	12,417
8. Reinsurance recoverable on paid losses .....	0	0	320	1,731	2,142
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 .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....		0	0	0	0
18. Funds deposited by and withheld from (F) .....		0	0	0	0
19. Letters of credit (L) .....		0	0	0	0
20. Trust agreements (T) .....		0	0	0	0
21. Other (O) .....		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	101,983,000		101,983,000
2. Accident and health premiums due and unpaid (Line 15) .....	4,143,238		4,143,238
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	20,335,724	20,335,724
5. All other admitted assets (Balance) .....	16,463,668		16,463,668
6. Total assets (Line 28)	122,589,906	20,335,724	142,925,630
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	26,435,120	20,335,724	46,770,844
8. Accrued medical incentive pool and bonus payments (Line 2) .....	3,760,090		3,760,090
9. Premiums received in advance (Line 8) .....	3,737,596		3,737,596
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		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		0
14. All other liabilities (Balance) .....	43,684,954		43,684,954
15. Total liabilities (Line 24) .....	77,617,760	20,335,724	97,953,484
16. Total capital and surplus (Line 33) .....	44,972,155	XXX	44,972,155
17. Total liabilities, capital and surplus (Line 34)	122,589,915	20,335,724	142,925,639
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	20,335,724		
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 .....	20,335,724		
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	20,335,724		

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0876	Arkansas BCBS Group	83470	71-0226428				USAbLe Mutal Insurance Company	AR	UDP	USAbLe Mutual Insurance Company	Board of Directors		USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		71-0862108				Blue & You Foundation	AR	NIA	USAbLe Mutual Insurance Company	Board, Influence		USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		71-0246079				USAbLe Corporation	AR	NIA	USAbLe Mutual Insurance Company	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	YES	
.0876	Arkansas BCBS Group		47-5462795				Partnership for a Healthy Arkansas LLC	AR	NIA	USAbLe Mutual Insurance Company	Ownership, Board, Influence	20.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	95442	71-0747497				HMO Partners, Inc.	AR	RE	USAbLe Mutual Insurance Company	Ownership, Board, Influence	50.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		80-0233147				Life & Specialty Ventures, LLC	DE	NIA	USAbLe Mutual Insurance Company	Ownership, Board	35.493	Life & Specialty Ventures, LLC	NO	
.0876	Arkansas BCBS Group		71-0628367				Group Service Underwriters, Inc	AR	NIA	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		46-2015297				USAbLe Partners, LLC	AR	IA	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		45-1062167				NDBH Holding Company, LLC	AR	NIA	USAbLe Corporation	Ownership, Board, Influence	10.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	16751	84-4571869				USAbLe HMO, Inc.	AR	IA	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	16750	84-4586338				USAbLe PPO Insurance Company	AR	IA	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	94358	71-0505232				USAbLe Life	AR	IA	Life & Specialty Ventures, LLC	Ownership	100.000	Life & Specialty Ventures, LLC	NO	
.0876	Arkansas BCBS Group	97985	93-6030398				Lifemap Assurance Company	OR	IA	Life & Specialty Ventures, LLC	Ownership	100.000	Life & Specialty Ventures, LLC	NO	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2021 OF HMO PARTNERS, INC

**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)
83470	71-0226428	USable Mutual Insurance Company DBA Arkansas Blue Cross and Blue Shield					81,695,465	2,885,945			84,581,410	(25,561,888)
95442	71-0747497	HMO Partners Inc.					(59,843,805)	(2,885,945)			(62,729,750)	20,335,724
	71-0246079	USable Corporation		(15,000,000)			(4,994,318)				(19,994,318)	
94358	71-0505232	USable Life									0	5,226,164
15225	46-2015297	USable Partners		15,000,000			(712,362)				14,287,638	
	80-0233147	Life & Specialty Ventures									0	
16751	84-4571869	USable HMO					(12,038,950)				(12,038,950)	
16750	84-4586338	USable PPO					(4,106,029)				(4,106,029)	
9999999 Control Totals			0	0	0	0	1	0	XXX	0	1	0



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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










	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will an actuarial opinion be filed by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
21. 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
22. 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
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	YES

<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:	
10. The data for this supplement is not required to be filed.	
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.	
24. The data for this supplement is not required to be filed.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

