



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

USAbLe Mutual Insurance Company

NAIC Group Code 0876 0876 NAIC Company Code 83470 Employer's ID Number 71-0226428
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 12/10/1948 Commenced Business 03/02/1949

Statutory Home Office 601 S. Gaines, Little Rock, AR, US 72201
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 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)

Mail Address 601 S. Gaines, Little Rock, AR, US 72201
(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 www.arkansasbluecross.com

Statutory Statement Contact Samuel Patterson Wenger, 501-294-5030
(Name) (Area Code) (Telephone Number)
SPWenger@arkbluecross.com, 501-378-3258
(E-mail Address) (FAX Number)

OFFICERS

President / CEO Curtis Edwin Barnett Chief Operating Officer Gray Donald Dillard
Treasurer / CFO Scott Bradley Winter Secretary Timothy Gerard Gauger

OTHER

<u>Alicia Marie Berkemeyer</u>	<u>Victor Pratt Davis</u>	<u>Bryan Keith Dorathy</u>
<u>Martine Lucette Downs Pollard</u>	<u>Matthew Richard Flora</u>	<u>Christina Powell Hockaday</u>
<u>Harvey David Jacobson</u>	<u>Anthony Marcus James</u>	<u>Mark Thomas Jansen</u>
<u>Wanda Denise King</u>	<u>David Wayne Manns</u>	<u>David Bryan Martin</u>
<u>Erin Katrina Maxwell</u>	<u>Mary Alison Melson</u>	<u>Odell Calvin Nickelberry</u>
<u>Rebecca Ann Pittillo</u>	<u>Deborah Leann Rogers</u>	<u>Wendy Womack See</u>
<u>Philip Eugene Sherrill</u>	<u>Joanna Maria Thomas</u>	<u>Jason Dwain Treece</u>
<u>Matthew Dennis Vannatta</u>		

DIRECTORS OR TRUSTEES

<u>Curtis Edwin Barnett</u>	<u>Susan Glover Brittain</u>	<u>Sheila Diane Colclasure</u>
<u>Dalton Alec Farmer Jr.</u>	<u>Mark William Greenway</u>	<u>Marla Kay Johnson</u>
<u>Mahlon Ogden Maris MD</u>	<u>Carla Marie Martin</u>	<u>Robert Daniel Nabholz</u>
<u>Lonnie Stewart Robinson MD</u>	<u>Sherman Ellis Tate</u>	<u>Rex Moreland Terry</u>
<u>Matthew Alan Waller</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.

Curtis Edwin Barnett
President / CEO

Scott Bradley Winter
Treasurer / CFO

Gray Donald Dillard
Executive VP / COO

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

EXHIBIT 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	972,284,439	209,531,711	22,809,931	91,839,010	995,094,370	117,585,554
2. Claim overpayment receivables	6,472,433	6,699,325	2,176,827	1,534,308	8,649,260	4,218,494
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	80,213		95,411	43,327	175,624	127,368
6. Other health care receivables.....	339,580	359,393	(159,169)	3,938,465	180,411	3,727,651
7. Totals (Lines 1 through 6)	979,176,665	216,590,429	24,923,000	97,355,110	1,004,099,665	125,659,067

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HMO Partners, Inc.	Intercompany	19,049	19,049	
0199999. Individually listed payables		19,049	19,049	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		19,049	19,049	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	10,051,342	0.4	89,285	15.9	10,051,342	
4. Total capitation payments	10,051,342	0.4	89,285	15.9	10,051,342	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	770,111,589	34.1	XXX	XXX	770,111,589	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,479,156,798	65.5	XXX	XXX	1,479,156,798	
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	2,249,268,387	99.6	XXX	XXX	2,249,268,387	0
13. TOTAL (Line 4 plus Line 12)	2,259,319,729	100%	XXX	XXX	2,259,319,729	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

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	33,127,860		25,344,854	7,783,005	7,783,005	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	33,127,860	0	25,344,854	7,783,005	7,783,005	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USable Mutual Insurance Company
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USable Mutual Insurance Company

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF Arkansas												DURING THE YEAR 2025		(LOCATION)	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	83470	
		2	3														
Total	Individual	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	592,829	128,729	147,714	106,696	42,159	67,052	85,754	1,996	0	0	0	0	12,729	0			
2. First quarter	574,357	121,822	134,113	105,268	43,811	69,316	87,250	1,896	0	0	0	0	10,881	0			
3. Second quarter	570,337	119,202	131,322	104,899	46,529	69,527	86,740	1,841	0	0	0	0	10,277	0			
4. Third quarter	563,958	116,225	129,638	104,712	47,088	69,916	86,179	1,801	0	0	0	0	8,399	0			
5. Current year	559,867	113,002	130,613	104,054	47,207	69,642	85,013	1,757	0	0	0	0	8,579	0			
6. Current year member months	6,819,241	1,416,609	1,580,460	1,259,459	549,952	834,685	1,038,439	22,050	0	0	0	0	117,587	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	1,283,939	316,999	16,464	940,450	0	0	0	5,424	0	0	0	0	4,602	0			
8. Non-physician	789,964	439,602	24,958	3,489	0	312,348	0	3,128	0	0	0	0	6,439	0			
9. Total	2,073,903	756,601	41,422	943,939	0	312,348	0	8,552	0	0	0	0	11,041	0			
10. Hospital patient days incurred	1,772,702	55,495	24,604	1,689,985	0	0	0	2,117	0	0	0	0	501	0			
11. Number of inpatient admissions	37,358	10,907	5,989	19,911	0	0	0	450	0	0	0	0	101	0			
12. Health premiums written (b)	2,534,915,625	830,361,150	791,684,518	309,853,283	10,899,300	73,444,391	410,264,386	28,596,192					79,812,405				
13. Life premiums direct	0																
14. Property/casualty premiums written	0																
15. Health premiums earned	2,566,940,447	865,041,105	791,528,631	309,887,400	10,899,300	73,444,391	407,721,018	28,606,197					79,812,405				
16. Property/casualty premiums earned	0																
17. Amount paid for provision of health care services	2,259,319,729	793,796,637	693,440,004	252,329,394	7,774,811	51,487,754	365,983,046	32,194,947					62,313,135				
18. Amount incurred for provision of health care services	2,195,426,849	732,522,669	682,349,131	261,985,457	7,774,811	51,162,000	371,137,389	26,033,308					62,462,084				

(a) For health business: number of persons insured under PPO managed care products 334,574 and number of persons insured under indemnity only products 225,293 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 28,596,192

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USable Mutual Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USable Mutual Insurance Company

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF		4	5	6	7	8	9	10	11	12	13	14										
		Florida													DURING THE YEAR									
															2025									
		NAIC Company Code																						
												83470												
		Comprehensive (Hospital & Medical)		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										
1		2	3																					
Total		Individual	Group																					
Total Members at end of:																								
1. Prior year	3				1	0								2										
2. First quarter	2				1	0								1										
3. Second quarter	2				1	0								1										
4. Third quarter	0				0	0								0										
5. Current year	0				0	0								0										
6. Current year member months	12				6	6																		
Total Member Ambulatory Encounters for Year:																								
7. Physician	0																							
8. Non-physician	0																							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
10. Hospital patient days incurred	0																							
11. Number of inpatient admissions	0																							
12. Health premiums written (b)	477				134								343											
13. Life premiums direct	0																							
14. Property/casualty premiums written	0																							
15. Health premiums earned	477				134								343											
16. Property/casualty premiums earned	0																							
17. Amount paid for provision of health care services	0																							
18. Amount incurred for provision of health care services	0																							

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE US Able Mutual Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

US Able Mutual Insurance Company

2. Little Rock, AR

(LOCATION)

NAIC Group Code 0876

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 83470

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	40				0	0								40
2. First quarter	0				0	0								0
3. Second quarter	0				0	0								0
4. Third quarter	0				0	0								0
5. Current year	0				0	0								0
6. Current year member months	0													
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0													
11. Number of inpatient admissions	0													
12. Health premiums written (b)	0													
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned	0													
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	0													
18. Amount incurred for provision of health care services	0													

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USable Mutual Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USable Mutual Insurance Company

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)	
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	
		2	3													2025
	Total	Individual	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	592,872	128,729	147,714	106,696	42,160	67,052	85,754	1,996	0	0	0	0	12,771	0		
2. First quarter	574,359	121,822	134,113	105,268	43,812	69,316	87,250	1,896	0	0	0	0	10,882	0		
3. Second quarter	570,339	119,202	131,322	104,899	46,530	69,527	86,740	1,841	0	0	0	0	10,278	0		
4. Third quarter	563,958	116,225	129,638	104,712	47,088	69,916	86,179	1,801	0	0	0	0	8,399	0		
5. Current year	559,867	113,002	130,613	104,054	47,207	69,642	85,013	1,757	0	0	0	0	8,579	0		
6. Current year member months	6,819,253	1,416,609	1,580,460	1,259,459	549,958	834,691	1,038,439	22,050	0	0	0	0	117,587	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	1,283,939	316,999	16,464	940,450	0	0	0	5,424	0	0	0	0	4,602	0		
8. Non-physician	789,964	439,602	24,958	3,489	0	312,348	0	3,128	0	0	0	0	6,439	0		
9. Total	2,073,903	756,601	41,422	943,939	0	312,348	0	8,552	0	0	0	0	11,041	0		
10. Hospital patient days incurred	1,772,702	55,495	24,604	1,689,985	0	0	0	2,117	0	0	0	0	501	0		
11. Number of inpatient admissions	37,358	10,907	5,989	19,911	0	0	0	450	0	0	0	0	101	0		
12. Health premiums written (b)	2,534,916,102	830,361,150	791,684,518	309,853,283	10,899,434	73,444,391	410,264,386	28,596,192	0	0	0	0	79,812,748	0		
13. Life premiums direct	0	0	0	0	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	0	0	0	0		
15. Health premiums earned	2,566,940,924	865,041,105	791,528,631	309,887,400	10,899,434	73,444,391	407,721,018	28,606,197	0	0	0	0	79,812,748	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	2,259,319,729	793,796,637	693,440,004	252,329,394	7,774,811	51,487,754	365,983,046	32,194,947	0	0	0	0	62,313,135	0		
18. Amount incurred for provision of health care services	2,195,426,849	732,522,669	682,349,131	261,985,457	7,774,811	51,162,000	371,137,389	26,033,308	0	0	0	0	62,462,084	0		

(a) For health business: number of persons insured under PPO managed care products 334,574 and number of persons insured under indemnity only products 225,293 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 28,596,192

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USAble Mutual Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/G	CMM	66,402,810		10,773,943			
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/I	CMM	124,416,706		25,819,974			
16751	84-4571869	01/01/2022	USAbble HMO	AR	OTH/I	MR	176,915,183		28,254,346			
16750	84-4586338	01/01/2022	USAbble PPO	AR	OTH/G	MR	2,592,279		263,593			
16750	84-4586338	01/01/2022	USAbble PPO	AR	OTH/I	MR	110,918,279		19,830,533			
		11/01/2024	Arkansas Farm Bureau Health Plan	AR	OTH/I	OH	3,799,052		316,250			
0299999. U.S. affiliates - other							485,044,309	0	85,258,639	0	0	0
0399999. Total - U.S. affiliates							485,044,309	0	85,258,639	0	0	0
0699999. Total - non-U.S. affiliates							0	0	0	0	0	0
0799999. Total - affiliates							485,044,309	0	85,258,639	0	0	0
1099999. Total - non-affiliates							0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							485,044,309	0	85,258,639	0	0	0
1299999. Total non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							485,044,309	0	85,258,639	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company

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 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		
94358	71-0505232	01/01/2007	USABLE Life	AR	OTH/G	D	41,310,179		928,161				
94358	71-0505232	01/01/2007	USABLE Life	AR	OTH/I	D	31,965,581		613,533				
0299999. General Account - authorized U.S. affiliates - other							73,275,760	0	1,541,694	0	0	0	0
0399999. Total General Account - authorized U.S. affiliates							73,275,760	0	1,541,694	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							73,275,760	0	1,541,694	0	0	0	0
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/G	OH	7,590,110						
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/I	OH	3,036,606						
0899999. General Account - authorized U.S. non-affiliates							10,626,716	0	0	0	0	0	0
1099999. Total General Account - authorized non-affiliates							10,626,716	0	0	0	0	0	0
1199999. Total General Account authorized							83,902,476	0	1,541,694	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							83,902,476	0	1,541,694	0	0	0	0
4899999. Total Separate Accounts - authorized U.S. affiliates							0	0	0	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							0	0	0	0	0	0	0
5599999. Total Separate Accounts - authorized non-affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts authorized							0	0	0	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							0	0	0	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)							83,902,476	0	1,541,694	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							83,902,476	0	1,541,694	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 2025 OF THE USABLE Mutual Insurance Company

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	83,902	81,113	77,063	68,310	64,804
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	6,520	6,236			
5. Total hospital and medical expenses	58,937	56,233			39,765
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0				
7. Claims payable	1,542	1,867	1,937	2,197	1,892
8. Reinsurance recoverable on paid losses	3,570	4,666	4,761	3,722	3,334
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	(5,623)	(5,957)		(5,183)	
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)	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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					0
18. Funds deposited by and withheld from (F)					0
19. Letters of credit (L)					0
20. Trust agreements (T)					0
21. Other (O)					0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company

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)	1,699,707,968		1,699,707,968
2. Accident and health premiums due and unpaid (Line 15)	169,202,389		169,202,389
3. Amounts recoverable from reinsurers (Line 16.1)	3,569,512	(3,569,512)	0
4. Net credit for ceded reinsurance	XXX	10,734,684	10,734,684
5. All other admitted assets (Balance)	371,330,444	0	371,330,444
6. Total assets (Line 28)	2,243,810,313	7,165,172	2,250,975,485
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	374,468,025	1,541,694	376,009,719
8. Accrued medical incentive pool and bonus payments (Line 2)	9,449,781		9,449,781
9. Premiums received in advance (Line 8)	30,238,876		30,238,876
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		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	851,318,145	5,623,478	856,941,623
15. Total liabilities (Line 24)	1,265,474,827	7,165,172	1,272,639,999
16. Total capital and surplus (Line 33)	978,335,489	XXX	978,335,489
17. Total liabilities, capital and surplus (Line 34)	2,243,810,316	7,165,172	2,250,975,488
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	1,541,694		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	3,569,512		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	5,111,206		
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	(5,623,478)		
30. Total ceded reinsurance payables/offsets	(5,623,478)		
31. Total net credit for ceded reinsurance	10,734,684		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USAbLe Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0876	Arkansas BCBS Group	83470	71-0226428				USAbLe Mutal Insurance Company	AR	RE	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	DS	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	DS	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	DS	USAbLe Mutual Insurance Company	Ownership, Board, Influence	50.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		71-0628367				Group Service Underwriters, Inc	AR	DS	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		46-2015297				USAbLe Partners, LLC	AR	DS	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	DS	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	16750	84-4586338				USAbLe PPO Insurance Company	AR	DS	USAbLe Corporation	Ownership, Board, Influence	100.000	USAbLe Mutual Insurance Company	NO	

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company

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		133,331,842			196,343,201	(66,000,048)			263,674,995	(84,942,389)
95442	71-0747497	HMO Partners Inc. (See HMOP tab)					(97,628,502)	26,052,897			(71,575,605)	36,593,917
	71-0246079	USABLE Corporation		(135,926,101)			(765,748)				(136,691,849)	
16751	84-4571869	USABLE HMO		15,194,260			(75,880,467)	24,626,982			(36,059,225)	28,254,346
16750	84-4586338	USABLE PPO		(15,000,000)			(22,853,747)	15,320,168			(22,533,579)	20,094,126
15225	46-2015297	USABLE Partners					770,238				770,238	
	71-0628367	Group Service Underwriters, Inc.		2,400,000			15,024				2,415,024	
9999999 Control Totals			0	1	0	0	(1)	(1)	XXX	0	(1)	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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










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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
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?.....	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
21. The data for this supplement is not required to be filed.	

Bar Codes:

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]	
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]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
21. Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
 NAIC Group Code 0876 NAIC Company Code 83470
 ADDRESS (City, State and Zip Code) Little Rock , AR 72201
 Person Completing This Exhibit Jeremy Partin
 Title Actuary Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023; 2024; 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	A71-MP 1/90	P	NO	0030500	01/01/1984			12/31/1992	Medi-Pak Plus	341,369	226,758	66.4	107	0	0	0.0	0
YES	A71-MS 1/90	P	NO	0030500	01/01/1966			12/31/1992	Medi-Pak Standard	0	0	0.0	0	0	0	0.0	0
YES	A71-MO 1/89	P	NO	0030500	01/01/1989			12/31/1992	Medi-Pak Lo Option	2,746	1,524	55.5	4	0	0	0.0	0
YES	71-MPA	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN A	104,504	106,351	101.8	44	0	0	0.0	0
YES	71-MPB	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN B	802,024	530,856	66.2	269	0	0	0.0	0
YES	71-MPC	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN C	18,293,123	14,122,938	77.2	4,424	0	0	0.0	0
YES	71-MPD	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN D	2,412,225	1,690,471	70.1	612	0	0	0.0	0
YES	71-MPF	P	NO	1234060	01/01/1992			05/31/2010	MEDI PAK PLAN F	30,991,234	24,352,010	78.6	7,314	0	0	0.0	0
YES	71-MPG	P	NO	1234060	01/01/1992			05/31/2010	MEDI PAK PLAN G	3,087,445	2,411,319	78.1	925	0	0	0.0	0
YES	71-MPI	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN I	70,479	27,949	39.7	16	0	0	0.0	0
YES	71-MPINRX 1/06	P	NO	1234060	01/01/1992			05/31/2010	MEDI PAK PLAN I - NRX	63,354	31,456	49.7	14	0	0	0.0	0
YES	72-MPA 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN A	28,791	13,684	47.5	15	0	0	0.0	0
YES	72-MPB 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN B	158,664	151,151	95.3	61	0	0	0.0	0
YES	72-MPC 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN C	2,481,624	2,210,175	89.1	729	0	0	0.0	0
YES	72-MPD 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN D	60,162	41,124	68.4	20	0	0	0.0	0
YES	72-MPJ 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN J	27,904,109	23,008,705	82.5	7,474	0	0	0.0	0
YES	73-MPA 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN A	51,162	56,993	111.4	30	1,732	2,047	118.2	1
YES	73-MPB 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN B	99,476	85,728	86.2	8	22,106	18,713	84.7	3
YES	73-MPC 6/10	P	NO	1234060	01/01/2016				MEDI PAK PLAN C	1,812,380	1,701,095	93.9	479	15,886	4,820	30.3	4
YES	73-MPF 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN F	80,494,405	66,186,558	82.2	21,875	1,867,346	1,787,519	95.7	567
									MEDI PAK PLAN F - High Ded								
YES	73-MPFHD	P	NO	1234060	01/01/2015				MEDI PAK PLAN G	632,017	487,121	77.1	991	112,359	125,022	111.3	196
YES	73-MPG 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN G	78,470,233	73,831,355	94.1	31,938	2,941,144	2,876,322	97.8	1,315
YES	73-MPN 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN N	4,404,142	4,044,786	91.8	2,278	291,045	187,721	64.5	168
YES	75-MPG	P	NO	1234007	01/01/2020				MEDI PAK PLAN G	23,015,583	20,985,387	91.2	11,674	22,644,649	20,400,368	90.1	13,335
									MEDI PAK PLAN G - High Ded								
YES	75-MPGHD	P	NO	1234060	01/01/2020				MEDI PAK PLAN G	270,941	109,689	40.5	362	315,318	161,196	51.1	515
YES	EEPMA5-86, 870 and 891	P	NO	0000007				05/31/2010	Employer's Equitable	6,102	6,546	107.3	3	0	0	0.0	0
0199999. Total experience on individual policies										276,058,294	236,421,729	85.6	91,666	28,211,585	25,563,728	90.6	16,104

360.AR

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 5 Allied Drive Little Rock , AR 72202
 - Contact Person and Phone Number: Carroll Rhonda 501-378-2000
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 5 Allied Drive Little Rock , AR 72202
 - Contact Person and Phone Number: Carroll Rhonda 501-399-3989
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0876

(To Be Filed by March 1)

NAIC Company Code 83470

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With reinsurance coverage	33,172,938	XXX	4,501,777	XXX	37,674,715
1.12 Without reinsurance coverage		XXX		XXX	0
1.13 Risk-corridor payment adjustments	5,924,978	XXX		XXX	5,924,978
1.2 Supplemental benefits	14,547,024	XXX	1,974,123	XXX	16,521,147
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With reinsurance coverage	(322,151)	XXX	16,466	XXX	XXX
2.12 Without reinsurance coverage		XXX		XXX	XXX
2.2 Supplemental benefits	(141,270)	XXX	7,221	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With reinsurance coverage	60,215	XXX	8,347	XXX	XXX
3.12 Without reinsurance coverage		XXX		XXX	XXX
3.2 Supplemental benefits	26,406	XXX	3,660	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	(1,683,506)	XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With reinsurance coverage	32,790,572	XXX	4,509,896	XXX	XXX
5.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
5.13 Risk-corridor payment adjustments	4,241,472	XXX	0	XXX	XXX
5.2 Supplemental benefits	14,379,348	XXX	1,977,684	XXX	XXX
6. Total premiums	51,411,392	XXX	6,487,580	XXX	60,120,840
7. Claims Paid					
7.1 Standard Coverage					
7.11 With reinsurance coverage	31,616,698	XXX	4,213,539	XXX	35,830,237
7.12 Without reinsurance coverage		XXX		XXX	0
7.2 Supplemental benefits	2,048,495	XXX	273,002	XXX	2,321,497
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With reinsurance coverage	(235,860)	XXX	(53,690)	XXX	XXX
8.12 Without reinsurance coverage		XXX		XXX	XXX
8.2 Supplemental benefits	(15,282)	XXX	(3,479)	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With reinsurance coverage	(8,562,966)	XXX	(905,558)	XXX	XXX
9.12 Without reinsurance coverage		XXX		XXX	XXX
9.2 Supplemental benefits	(554,808)	XXX	(58,673)	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With reinsurance coverage	39,943,804	XXX	5,065,407	XXX	XXX
10.12 Without reinsurance coverage	0	XXX	0	XXX	XXX
10.2 Supplemental benefits	2,588,021	XXX	328,196	XXX	XXX
11. Total claims	42,531,825	XXX	5,393,603	XXX	38,151,734
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims paid - net of reimbursements applied	XXX		XXX		0
12.2 Reimbursements received but not applied-change	XXX	8,136,395	XXX	743,587	8,879,982
12.3 Reimbursements receivable-change	XXX	(12,628,148)	XXX	(975,208)	XXX
12.4 Health care receivables-change	XXX		XXX		XXX
13. Aggregate policy reserves-change					XXX
14. Expenses paid	4,881,555	XXX	365,565	XXX	5,247,120
15. Expenses incurred	5,112,803	XXX	326,624	XXX	XXX
16. Underwriting gain/loss	3,766,764	XXX	767,353	XXX	XXX
17. Cash flow result	XXX	XXX	XXX	XXX	25,601,968



SUPPLEMENT FOR THE YEAR 2025 OF THE USABLE Mutual Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
 (To Be Filed by March 1)

FOR THE STATE OF: Arkansas

NAIC Group Code 0876

NAIC Company Code 83470

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income	NO
2. Health	YES
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	NO
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	YES
12. Travel	NO
13. Pet insurance plans	NO