



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

USable HMO, Inc.

NAIC Group Code 0876 0876 NAIC Company Code 16751 Employer's ID Number 84-4571869
(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: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 10/19/2015 Commenced Business 01/01/2021

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.arkbluemedicare.com

Statutory Statement Contact Samuel Patterson Wenger, 501-399-3953
(Name) (Area Code) (Telephone Number)
SPWenger@arkbluecross.com, 501-378-3258
(E-mail Address) (FAX Number)

OFFICERS

President Gray Donald Dillard Secretary Timothy Gerard Gauger
Treasurer Scott Bradley Winter

OTHER

Calvin Eugene Kellogg

DIRECTORS OR TRUSTEES

Gray Donald Dillard Calvin Eugene Kellogg Kathleen O'Dea Ryan
Philip Eugene Sherrill Scott Bradley Winter

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
President

Scott Bradley Winter
Treasurer

Timothy Gerard Gauger
Secretary

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 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.....	11,511	2,591	2,520	0	0	16,621
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	4,681,938	0	0	0	0	4,681,938
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,693,449	2,591	2,520	0	0	4,698,560

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	7,123,962	12,463,207	(17,783)	9,175,292	7,106,179	5,759,392
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	0	0	212,544	299,943	212,544	234,652
6. Other health care receivables.....	98,528	806,046	230	240,070	98,758	102,745
7. Totals (Lines 1 through 6)	7,222,490	13,269,253	194,991	9,715,305	7,417,481	6,096,789

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

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							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
USAbLe Mutual Insurance Company		3,756,374	3,756,374	
0199999. Individually listed payables		3,756,374	3,756,374	0
0299999. Payables not individually listed		0		
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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	2,623,098	1.9	13,575	100.0	2,623,098	
4. Total capitation payments	2,623,098	1.9	13,575	100.0	2,623,098	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	41,254,474	29.3	XXX	XXX	41,254,474	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	97,075,369	68.9	XXX	XXX	97,075,369	
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	138,329,843	98.1	XXX	XXX	138,329,843	0
13. TOTAL (Line 4 plus Line 12)	140,952,941	100%	XXX	XXX	140,952,941	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	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE USAbLe HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USAbLe HMO, Inc.

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)									
		Arkansas		2023										NAIC Company Code									
		1		4		5		6		7		8		9		10		11		12		13	
Comprehensive (Hospital & Medical)								Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
2		3																					
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only													
Total Members at end of:																							
1. Prior Year		10,177																					
2. First Quarter		13,454																					
3. Second Quarter		13,427																					
4. Third Quarter		13,496																					
5. Current Year		13,575																					
6. Current Year Member Months		161,742																					
Total Member Ambulatory Encounters for Year:																							
7. Physician		30,401																					
8. Non-Physician		11,828																					
9. Total		42,229																					
10. Hospital Patient Days Incurred		6,131																					
11. Number of Inpatient Admissions		1,603																					
12. Health Premiums Written (b)		148,578,457																					
13. Life Premiums Direct		0																					
14. Property/Casualty Premiums Written		0																					
15. Health Premiums Earned		148,695,351																					
16. Property/Casualty Premiums Earned		0																					
17. Amount Paid for Provision of Health Care Services		140,952,941																					
18. Amount Incurred for Provision of Health Care Services		150,429,495																					

(a) For health business: number of persons insured under PPO managed care products 13,575 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 \$ 148,578,457

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USAbLe HMO, Inc.

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF											Grand Total		DURING THE YEAR											2023	(LOCATION)										
		1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code											16751									
		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	10,177	0	0	0	0	0	0	0	10,177	0	0	0	0	0	0	0	0																				
2. First Quarter	13,454	0	0	0	0	0	0	0	13,454	0	0	0	0	0	0	0	0																				
3. Second Quarter	13,427	0	0	0	0	0	0	0	13,427	0	0	0	0	0	0	0	0																				
4. Third Quarter	13,496	0	0	0	0	0	0	0	13,496	0	0	0	0	0	0	0	0																				
5. Current Year	13,575	0	0	0	0	0	0	0	13,575	0	0	0	0	0	0	0	0																				
6. Current Year Member Months	161,742	0	0	0	0	0	0	0	161,742	0	0	0	0	0	0	0	0																				
Total Member Ambulatory Encounters for Year:																																					
7. Physician	30,401	0	0	0	0	0	0	0	30,401	0	0	0	0	0	0	0	0																				
8. Non-Physician	11,828	0	0	0	0	0	0	0	11,828	0	0	0	0	0	0	0	0																				
9. Total	42,229	0	0	0	0	0	0	0	42,229	0	0	0	0	0	0	0	0																				
10. Hospital Patient Days Incurred	6,131	0	0	0	0	0	0	0	6,131	0	0	0	0	0	0	0	0																				
11. Number of Inpatient Admissions	1,603	0	0	0	0	0	0	0	1,603	0	0	0	0	0	0	0	0																				
12. Health Premiums Written (b)	148,578,457	0	0	0	0	0	0	0	148,578,457	0	0	0	0	0	0	0	0																				
13. Life Premiums Direct	0	0	0	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	0	0	0																				
15. Health Premiums Earned	148,695,351	0	0	0	0	0	0	0	148,695,351	0	0	0	0	0	0	0	0																				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																				
17. Amount Paid for Provision of Health Care Services	140,952,941	0	0	0	0	0	0	0	140,952,941	0	0	0	0	0	0	0	0																				
18. Amount Incurred for Provision of Health Care Services	150,429,495	0	0	0	0	0	0	0	150,429,495	0	0	0	0	0	0	0	0																				

(a) For health business: number of persons insured under PPO managed care products 13,575 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 \$ 148,578,457

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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
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE USAbLe HMO, 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 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		
83470	71-0226428	01/01/2022	USAbLe Mutual Insurance Company	AR	OTH/I	MR	148,578,457	116,894	26,279,821	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other													
0399999. Total General Account - Authorized U.S. Affiliates							148,578,457	116,894	26,279,821	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							148,578,457	116,894	26,279,821	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							148,578,457	116,894	26,279,821	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							148,578,457	116,894	26,279,821	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)							148,578,457	116,894	26,279,821	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							148,578,457	116,894	26,279,821	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

SCHEDULE S - PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	0	0			
2. Title XVIII - Medicare	148,578	94,781			
3. Title XIX - Medicaid	0	0			
4. Commissions and reinsurance expense allowance	28,282				
5. Total hospital and medical expenses	150,707				
B. BALANCE SHEET ITEMS					
6. Premiums receivable	4,698				
7. Claims payable	26,280	16,801			
8. Reinsurance recoverable on paid losses	6,217	5,191			
9. Experience rating refunds due or unpaid	0				
10. Commissions and reinsurance expense allowances due	1,215	1,890			
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			
14. Letters of credit (L)	0	0			
15. Trust agreements (T)	0	0			
16. Other (O)	0	0			
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 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)	27,009,327		27,009,327
2. Accident and health premiums due and unpaid (Line 15)	0	4,698,560	4,698,560
3. Amounts recoverable from reinsurers (Line 16.1)	6,216,569	(6,216,569)	0
4. Net credit for ceded reinsurance	XXX	24,878,745	24,878,745
5. All other admitted assets (Balance)	1,290,858	20,841,954	22,132,812
6. Total assets (Line 28)	34,516,754	44,202,690	78,719,444
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	0	26,079,496	26,079,496
8. Accrued medical incentive pool and bonus payments (Line 2)	0	200,325	200,325
9. Premiums received in advance (Line 8)	504,725	14,864	519,589
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)	3,863,037	17,908,005	21,771,042
15. Total liabilities (Line 24)	4,367,762	44,202,690	48,570,452
16. Total capital and surplus (Line 33)	30,148,992	XXX	30,148,992
17. Total liabilities, capital and surplus (Line 34)	34,516,754	44,202,690	78,719,444
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	26,079,496		
19. Accrued medical incentive pool	200,325		
20. Premiums received in advance	14,864		
21. Reinsurance recoverable on paid losses	6,216,569		
22. Other ceded reinsurance recoverables	(20,841,954)		
23. Total ceded reinsurance recoverables	11,669,300		
24. Premiums receivable	4,698,560		
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	(17,908,005)		
30. Total ceded reinsurance payables/offsets	(13,209,445)		
31. Total net credit for ceded reinsurance	24,878,745		

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE USAbLe HMO, 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	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	UIP	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	UDP	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	IA	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	RE	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	

Asterisk	Explanation
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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)
83470	71-0226428	USAbLe Mutual Insurance Company DBA Arkansas Blue Cross and Blue Shield	7,000,000				167,452,233	(52,711,207)			121,741,026	(99,789,332)
95442	71-0747497	HMO Partners Inc. (See HMOP tab)	(7,000,000)				(115,109,946)	11,676,409			(110,433,537)	49,976,744
	71-0246079	USAbLe Corporation	2,000,000				2,039,447				4,039,447	
15225	46-2015297	USAbLe Partners					481,385				481,385	
	45-1062167	NDBH Holding Company	(2,000,000)								(2,000,000)	
16751	84-4571869	USAbLe HMO					(36,285,533)	31,759,180			(4,526,353)	32,496,390
16750	84-4586338	USAbLe PPO					(17,920,768)	9,275,618			(8,645,150)	17,316,198
	71-0628367	Group Service Underwriters, Inc.					(656,818)				(656,818)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your annual 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?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19. Only MA business is written by the Company.	
20.	
21.	

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. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year
[Document Identifier 600]



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



21. Life Supplement [Document Identifier 211]

