







**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 .....	65,043,263	123,514,953	4,129,790	77,733,053	69,173,053	66,662,788
2. Claim overpayment receivables .....	3,842,547	5,858,393	393,519	1,239,867	4,236,066	1,633,541
3. Loans and advances to providers .....					0	16,708,500
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables.....	901,470	906,114	(1)	269,145	901,469	4,769,426
7. Totals (Lines 1 through 6)	69,787,281	130,279,460	4,523,308	79,242,065	74,310,588	89,774,255

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
USAbLe Corporation .....	Intercompany .....	444,236	444,236	0
HMO Partners, Inc .....	Intercompany .....	896,560	896,560	0
USAbLe UHMO .....	Intercompany .....	1,308,665	1,308,665	0
0199999. Individually listed payables		2,649,461	2,649,461	0
0299999. Payables not individually listed		109,927	109,927	0
0399999 Total gross payables		2,759,388	2,759,388	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF USABLE MUTUAL INSURANCE COMPANY  
**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 .....	94,015	0.0	57,351	9.0	94,015	
4. Total capitation payments .....	94,015	0.0	57,351	9.0	94,015	0
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	2,021,160,706	99.2	XXX	XXX	1,976,060,150	45,100,556
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	15,520,397	0.8	XXX	XXX	15,520,397	
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 .....	2,036,681,103	100.0	XXX	XXX	1,991,580,547	45,100,556
13. TOTAL (Line 4 plus Line 12)	2,036,775,118	100%	XXX	XXX	1,991,674,562	45,100,556

**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, 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 .....	60,500,649		43,637,568	16,863,081	16,863,081	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	60,500,649	0	43,637,568	16,863,081	16,863,081	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF 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		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		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year .....	630,149	195,914	114,430	119,000	36,913	59,587	73,762	7,231	0	23,312		
2. First Quarter .....	623,505	200,140	120,055	115,396	36,216	58,902	76,119	4,951		11,726		
3. Second Quarter .....	627,580	199,906	121,764	115,034	37,258	60,274	76,001	4,781		12,562		
4. Third Quarter .....	633,784	200,010	123,371	115,103	38,068	61,284	76,421	4,641		14,886		
5. Current Year .....	635,425	199,509	126,306	114,570	38,031	60,863	76,542	4,539		15,065		
6. Current Year Member Months	7,559,023	2,399,855	1,467,247	1,384,356	449,271	725,754	914,621	57,351	0	160,568		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	1,299,195	329,076	109,676	860,443								
8. Non-Physician .....	633,994	421,886	199,886	12,222								
9. Total .....	1,933,189	750,962	309,562	872,665	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	348,950	91,131	23,810	234,009								
11. Number of Inpatient Admissions	45,805	18,346	5,724	21,735								
12. Health Premiums Written (b) .....	2,442,637,842	1,076,164,153	595,760,240	283,542,159	7,348,126	57,543,095	309,199,546	64,058,795		49,021,728		
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	2,446,749,843	1,076,169,577	595,760,240	283,558,095	7,348,126	57,543,095	313,290,187	64,058,795		49,021,728		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services .....	2,036,775,117	899,583,247	504,233,297	214,596,675	5,595,152	39,816,336	282,863,404	54,562,320		35,524,686		
18. Amount Incurred for Provision of Health Care Services	2,054,074,315	899,851,834	518,992,971	216,120,646	5,595,152	39,690,828	284,407,974	56,267,566		33,147,344		

(a) For health business: number of persons insured under PPO managed care products .....411,325 and number of persons insured under indemnity only products .....224,100 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....64,058,795

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ANNUAL STATEMENT FOR THE YEAR 2021 OF 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		DURING THE YEAR							(LOCATION)	
		Georgia		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 .....	0											
2. First Quarter .....	0											
3. Second Quarter .....	0											
4. Third Quarter .....	0											
5. Current Year	0											
6. Current Year Member Months	0											
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	0											
8. Non-Physician .....	0											
9. Total	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 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 2021 OF 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		DURING THE YEAR							(LOCATION)	
		Texas		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 .....	154	0	154	0	0	0	0	0	0	0		
2. First Quarter .....	71		71									
3. Second Quarter .....	0		0									
4. Third Quarter .....	0		0									
5. Current Year	0		0									
6. Current Year Member Months	324		324									
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	0											
8. Non-Physician .....	0											
9. Total	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) .....	66,858		66,858									
13. Life Premiums Direct .....	0											
14. Property/Casualty Premiums Written .....	0											
15. Health Premiums Earned .....	66,858		66,858									
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 .....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 \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF 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							(LOCATION)			
				Comprehensive (Hospital & Medical)			DURING THE YEAR				2021		NAIC Company Code	
				1	2	3	4	5	6	7	8	9	10	
Total	Individual	Group	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	630,303	195,914	114,584	119,000	36,913	59,587	73,762	7,231	0	23,312				
2. First Quarter	623,576	200,140	120,126	115,396	36,216	58,902	76,119	4,951	0	11,726				
3. Second Quarter	627,580	199,906	121,764	115,034	37,258	60,274	76,001	4,781	0	12,562				
4. Third Quarter	633,784	200,010	123,371	115,103	38,068	61,284	76,421	4,641	0	14,886				
5. Current Year	635,425	199,509	126,306	114,570	38,031	60,863	76,542	4,539	0	15,065				
6. Current Year Member Months	7,559,347	2,399,855	1,467,571	1,384,356	449,271	725,754	914,621	57,351	0	160,568				
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician	1,299,195	329,076	109,676	860,443	0	0	0	0	0	0				
8. Non-Physician	633,994	421,886	199,886	12,222	0	0	0	0	0	0				
9. Total	1,933,189	750,962	309,562	872,665	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	348,950	91,131	23,810	234,009	0	0	0	0	0	0				
11. Number of Inpatient Admissions	45,805	18,346	5,724	21,735	0	0	0	0	0	0				
12. Health Premiums Written (b)	2,442,704,700	1,076,164,153	595,827,098	283,542,159	7,348,126	57,543,095	309,199,546	64,058,795	0	49,021,728				
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	2,446,816,701	1,076,169,577	595,827,098	283,558,095	7,348,126	57,543,095	313,290,187	64,058,795	0	49,021,728				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	2,036,775,117	899,583,247	504,233,297	214,596,675	5,595,152	39,816,336	282,863,404	54,562,320	0	35,524,686				
18. Amount Incurred for Provision of Health Care Services	2,054,074,315	899,851,834	518,992,971	216,120,646	5,595,152	39,690,828	284,407,974	56,267,566	0	33,147,344				

(a) For health business: number of persons insured under PPO managed care products .....411,325 and number of persons insured under indemnity only products .....224,100 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....64,058,795

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ANNUAL STATEMENT FOR THE YEAR 2021 OF 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	64,055,697		7,191,000			
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/I	CMM	59,641,559		10,956,700			
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/I	MR	18,398,603		2,188,024			
0299999. U.S. Affiliates - Other							142,095,859	0	20,335,724	0	0	0
0399999. Total - U.S. Affiliates							142,095,859	0	20,335,724	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							142,095,859	0	20,335,724	0	0	0
1099999. Total - Non-Affiliates							0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							142,095,859	0	20,335,724	0	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							142,095,859	0	20,335,724	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF 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/I	D	25,615,287						
94358	71-0505232	01/01/2007	USABLE Life	AR	OTH/G	D	31,864,870						
0299999. General Account - Authorized U.S. Affiliates - Other							57,480,157	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							57,480,157	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							57,480,157	0	0	0	0	0	0
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/I	OH	2,455,146						
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/G	OH	4,868,795						
0899999. General Account - Authorized U.S. Non-Affiliates							7,323,941	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							7,323,941	0	0	0	0	0	0
1199999. Total General Account Authorized							64,804,098	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							64,804,098	0	0	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)							64,804,098	0	0	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							64,804,098	0	0	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 USABLE MUTUAL INSURANCE COMPANY

**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 .....	64,804	61,367	52,194	49,676	48,734
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	39,765	39,728	37,222	35,092	39,763
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	1,892	7,538	6,601	6,239	5,789
8. Reinsurance recoverable on paid losses .....	3,334	3,812	3,703	3,912	9,942
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	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,689,711,534	0	1,689,711,534
2. Accident and health premiums due and unpaid (Line 15) .....	147,614,955	0	147,614,955
3. Amounts recoverable from reinsurers (Line 16.1) .....	3,334,419	(3,334,419)	0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	316,419,569	5,226,164	321,645,733
6. Total assets (Line 28)	2,157,080,477	1,891,745	2,158,972,222
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	148,223,161	0	148,223,161
8. Accrued medical incentive pool and bonus payments (Line 2) .....	7,091,660	0	7,091,660
9. Premiums received in advance (Line 8) .....	34,109,386	0	34,109,386
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	886,400,110	1,891,745	888,291,855
15. Total liabilities (Line 24) .....	1,075,824,317	1,891,745	1,077,716,062
16. Total capital and surplus (Line 33) .....	1,081,256,161	XXX	1,081,256,161
17. Total liabilities, capital and surplus (Line 34)	2,157,080,478	1,891,745	2,158,972,223
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	3,334,419		
22. Other ceded reinsurance recoverables .....	(5,226,164)		
23. Total ceded reinsurance recoverables .....	(1,891,745)		
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 .....	(1,891,745)		
30. Total ceded reinsurance payables/offsets .....	(1,891,745)		
31. Total net credit for ceded reinsurance	0		

**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 2021 OF USABLE MUTUAL INSURANCE COMPANY

**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 Mutual 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		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	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	
.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	

**NONE**

Asterisk	
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ANNUAL STATEMENT FOR THE YEAR 2021 OF 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					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	0	0	XXX	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF USABLE MUTUAL INSURANCE COMPANY**  
**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? .....	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	YES
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
<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? .....	YES
Explanations:	
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.	
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.	
20. The data for this supplement is not required to be filed.	

Bar Codes:

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



SUPPLEMENT FOR THE YEAR 2021 OF USABLE MUTUAL INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (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 .....  
 Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11	12		14	15	16		18
											Incurred Claims	13			Incurred Claims	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	A71-MP 1/90	P	NO	0030500	01/01/1984			12/31/1992	Medi-Pak Plus	2,572,832	1,801,509	70.0	744			0.0	0
YES	A71-MS 1/90	P	NO	0030500	01/01/1966			12/31/1992	Medi-Pak Standard	15,775	16,629	105.4	5			0.0	0
YES	A71-MO 1/89	P	NO	0030500	01/01/1989			12/31/1992	Medi-Pak Lo Option	38,537	44,107	114.5	27			0.0	0
YES	71-MPA	P	NO	1234000	01/01/1992			12/31/2006	MEDIPAK PLAN A	170,073	149,296	87.8	112			0.0	0
YES	71-MPB	P	NO	1234000	01/01/1992			12/31/2006	MEDIPAK PLAN B	1,192,599	864,555	72.5	500			0.0	0
YES	71-MPC	P	NO	1234000	01/01/1992			12/31/2006	MEDIPAK PLAN C	26,536,638	18,265,390	68.8	8,153			0.0	0
YES	71-MPD	P	NO	1234000	01/01/1992			12/31/2006	MEDIPAK PLAN D	5,175,704	3,358,403	64.9	1,596			0.0	0
YES	71-MPF	P	NO	1234060	01/01/1992			05/31/2010	MEDIPAK PLAN F	41,766,614	29,965,546	71.7	12,911			0.0	0
YES	71-MPG	P	NO	1234060	01/01/1992			05/31/2010	MEDIPAK PLAN G	3,678,872	2,776,697	75.5	1,493			0.0	0
YES	71-MPI	P	NO	1234000	01/01/1992			12/31/2006	MEDIPAK PLAN I	141,884	103,856	73.2	38			0.0	0
YES	71-MPINRX 1/06	P	NO	1234060	01/01/1992			05/31/2010	MEDIPAK PLAN I - NRX	134,831	68,872	51.1	40			0.0	0
YES	72-MPA 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDIPAK PLAN A	38,078	40,637	106.7	28			0.0	0
YES	72-MPB 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDIPAK PLAN B	176,070	129,146	73.3	86			0.0	0
YES	72-MPC 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDIPAK PLAN C	2,889,598	2,167,202	75.0	1,070			0.0	0
YES	72-MPD 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDIPAK PLAN D	119,500	95,608	80.0	47			0.0	0
YES	72-MPJ 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDIPAK PLAN J	27,852,122	21,096,906	75.7	10,354			0.0	0
YES	73-MPA 6/10	P	NO	1234060	01/01/2010				MEDIPAK PLAN A	67,010	45,886	68.5	42	7,323	562	7.7	6
YES	73-MPB 6/10	P	NO	1234060	01/01/2010				MEDIPAK PLAN B	93,217	89,310	95.8	11	137,910	197,793	143.4	17
YES	73-MPC 6/10	P	NO	1234060	01/01/2016				MEDIPAK PLAN C	1,446,971	1,196,152	82.7	535	680,984	639,799	94.0	253
YES	73-MPF 6/10	P	NO	1234060	01/01/2010				MEDIPAK PLAN F	75,720,859	56,598,854	74.7	27,753	4,922,943	4,790,710	97.3	1,950
									MEDIPAK PLAN F - High Ded								
YES	73-MPFHD	P	NO	1234060	01/01/2015				MEDIPAK PLAN F	486,687	415,989	85.5	762	235,536	97,164	41.3	391
YES	73-MPG 6/10	P	NO	1234060	01/01/2010				MEDIPAK PLAN G	52,113,338	44,182,840	84.8	29,283	16,148,054	12,112,123	75.0	9,547
YES	73-MPN 6/10	P	NO	1234060	01/01/2010				MEDIPAK PLAN N	2,712,130	2,460,796	90.7	1,904	1,323,743	821,046	62.0	1,011
YES	75-MPG	P	NO	1234007	01/01/2020				MEDIPAK PLAN G	0	0	0.0	0	10,648,058	8,348,063	78.4	8,601
									MEDIPAK PLAN G - High Ded								
YES	75-MPGHD	P	NO	1234060	01/01/2020				MEDIPAK PLAN G	0	0	0.0	0	121,598	128,122	105.4	269
YES	EEMIA5-86, 870 and 891	P	NO	0000007				05/31/2010	Employer's Equitable	26,403	15,952	60.4	10			0.0	0
0199999. Total Experience on Individual Policies										245,166,342	185,950,138	75.8	97,504	34,226,149	27,135,382	79.3	22,045

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.  
 2.1 Address: 5 Allied Drive Little Rock , AR 72202  
 2.2 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).  
 3.1 Address: 5 Allied Drive Little Rock , AR 72202  
 3.2 Contact Person and Phone Number: Carroll Rhonda 501-399-3989
- Explain any policies identified above as policy type "O".

360.AR



SUPPLEMENT FOR THE YEAR 2021 OF 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	19,409,858	XXX	2,788,588	XXX	22,198,446
1.12 Without Reinsurance Coverage	0	XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(6,742)	XXX		XXX	(6,742)
1.2 Supplemental Benefits	4,171,929	XXX	599,375	XXX	4,771,304
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	784,729	XXX	(218,625)	XXX	XXX
2.12 Without Reinsurance Coverage	0	XXX		XXX	XXX
2.2 Supplemental Benefits	168,669	XXX	(46,991)	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	79,354	XXX	(8,971)	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	17,056	XXX	(1,928)	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	101,155	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	20,115,233	XXX	2,578,934	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	94,413	XXX	0	XXX	XXX
5.2 Supplemental Benefits	4,323,542	XXX	554,312	XXX	XXX
6. Total Premiums	24,533,188	XXX	3,133,246	XXX	26,963,008
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	21,010,281	XXX	2,932,157	XXX	23,942,438
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	2,271,214	XXX	316,967	XXX	2,588,181
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(406,289)	XXX	(69,682)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	(43,920)	XXX	(7,533)	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(123,912)	XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(13,395)	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	20,727,904	XXX	2,862,475	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	2,240,689	XXX	309,434	XXX	XXX
11. Total Claims	22,968,593	XXX	3,171,909	XXX	26,530,619
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	2,173,223	XXX	(192,980)	1,980,243
12.3 Reimbursements Receivable-change	XXX	(949,446)	XXX	620,748	XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change	0				XXX
14. Expenses Paid	5,755,561	XXX	903,183	XXX	6,658,744
15. Expenses Incurred	5,707,474	XXX	597,566	XXX	XXX
16. Underwriting Gain/Loss	(4,142,879)	XXX	(636,229)	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(4,246,112)

Life Supplement Cover

**N O N E**

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

**N O N E**

Life Supplement - Exhibit 5 - Interrogatories

**N O N E**

Life Supplement - Exhibit 7 - Deposit-Type Contracts

**N O N E**

Life Supplement - Schedule S - Part 1 - Section 1

**N O N E**

Life Supplement - Schedule S - Part 3 - Section 1

**N O N E**



SUPPLEMENT FOR THE YEAR 2021 OF USABLE MUTUAL INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR 2021

NAIC Group Code 0876

LIFE INSURANCE

NAIC Company Code 83470

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...