



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022  
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, 501-399-3953  
(Name) (Area Code) (Telephone Number)  
SPWenger@arkbluecross.com, 501-378-3258  
(E-mail Address) (FAX Number)

### OFFICERS

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

### OTHER

<u>Alicia Marie Berkemeyer</u>	<u>Judy Dawn Blevins</u>	<u>Gary Hugh Boyd</u>
<u>George Hoyt Burks #</u>	<u>Victor Pratt Davis</u>	<u>Bryan Keith Dorathy</u>
<u>Martine Lucette Downs Pollard</u>	<u>Matthew Richard Flora</u>	<u>Maxine Arlene Greenwood</u>
<u>Christina Powell Hockaday</u>	<u>Harvey David Jacobson</u>	<u>Anthony Marcus James</u>
<u>Mark Thomas Jansen</u>	<u>Calvin Eugene Kellogg</u>	<u>Wanda Denise King</u>
<u>David Bryan Martin</u>	<u>Mary Alison Melson</u>	<u>Odell Calvin Nickelberry</u>
<u>Deborah Leann Rogers</u>	<u>Kathleen O'Dea Ryan</u>	<u>Wendy Womack See</u>
<u>Philip Eugene Sherrill</u>	<u>Joanna Maria Thomas</u>	<u>Jason Dwain Treece</u>
<u>Brett Allan Trelfa</u>	<u>Matthew Dennis Vannatta</u>	

### DIRECTORS OR TRUSTEES

<u>Curtis Edwin Barnett</u>	<u>Susan Glover Brittain</u>	<u>Robert Vincent Brothers</u>
<u>Sheila Diane Colclasure #</u>	<u>Dalton Alec Farmer Jr.</u>	<u>Mark William Greenway</u>
<u>Marla Kay Johnson</u>	<u>James Virgil Kelley</u>	<u>Mahlon Ogden Maris MD</u>
<u>Carla Marie Martin</u>	<u>James Thomas May</u>	<u>Robert Daniel Nabholz</u>
<u>Lonnie Stewart Robinson MD</u>	<u>Robert Lee Shoptaw</u>	<u>Sherman Ellis Tate</u>
<u>Rex Moreland Terry</u>	<u>Paul Mark White</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.

<u>Curtis Edwin Barnett</u> President / CEO	<u>Scott Bradley Winter</u> Treasurer / CFO	<u>Gray Donald Dillard</u> Executive VP / COO
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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.....	30,429,432			594,658	594,658	30,429,432
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	150,494,615	706,110	1,265,853	471,069	471,069	152,466,578
0299999. Total group	150,494,615	706,110	1,265,853	471,069	471,069	152,466,578
0399999. Premiums due and unpaid from Medicare entities	16,004,551	34,028	28,495			16,067,075
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	196,928,598	740,138	1,294,348	1,065,727	1,065,727	198,963,085



**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 .....	76,963,300	168,972,888	7,808,225	82,098,933	84,771,525	81,862,843
2. Claim overpayment receivables .....	2,524,358	4,451,711	375,310	1,416,857	2,899,668	1,633,386
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 .....	0	0	0	434,198	0	0
6. Other health care receivables.....	262,096	446,255	4,712	268,700	266,808	269,144
7. Totals (Lines 1 through 6)	79,749,754	173,870,854	8,188,247	84,218,688	87,938,001	83,765,373

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 .....	484,421	484,421	
HMO Partners, Inc. ....	Intercompany .....	949,196	949,196	
0199999. Individually listed payables		1,433,617	1,433,617	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		1,433,617	1,433,617	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
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	4,164,643	0.2	331,981	50.7	4,164,643	
4. Total capitation payments .....	4,164,643	0.2	331,981	50.7	4,164,643	0
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	1,908,842,164	98.6	XXX	XXX	1,871,298,250	37,543,914
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	23,667,266	1.2	XXX	XXX	23,667,266	
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 .....	1,932,509,430	99.8	XXX	XXX	1,894,965,516	37,543,914
13. TOTAL (Line 4 plus Line 12)	1,936,674,072	100%	XXX	XXX	1,899,130,159	37,543,914

**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 .....	69,675,595		43,515,887	26,159,708	26,159,708	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	69,675,595	0	43,515,887	26,159,708	26,159,708	0



ANNUAL STATEMENT FOR THE YEAR 2022 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							2022		(LOCATION)		NAIC Company Code		83470	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		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								
<b>Total Members at end of:</b>																					
1. Prior Year .....	635,425	199,509	126,306	114,570	38,031	60,863	76,542	4,539					15,065								
2. First Quarter .....	648,834	200,332	136,311	113,063	39,338	62,614	78,437	3,502	0				15,237								
3. Second Quarter .....	649,021	201,160	135,112	112,626	39,929	63,033	78,342	3,385	0				15,434								
4. Third Quarter .....	653,693	200,399	139,411	112,480	40,366	63,417	78,416	3,288	0				15,916								
5. Current Year .....	655,152	197,846	144,415	112,034	40,113	62,900	78,625	3,215	0				16,004								
6. Current Year Member Months	7,814,151	2,400,765	1,656,064	1,352,868	478,570	756,370	941,623	40,600	0				187,291								
<b>Total Member Ambulatory Encounters for Year:</b>																					
7. Physician .....	1,382,289	340,849	133,534	896,817				11,089													
8. Non-Physician .....	639,227	405,902	215,987	12,817				4,521													
9. Total .....	2,021,516	746,751	349,521	909,634	0	0	0	15,610	0	0	0	0	0	0							
10. Hospital Patient Days Incurred	342,352	80,162	4,582	253,575				4,033													
11. Number of Inpatient Admissions	40,120	15,771	1,076	22,484				789													
12. Health Premiums Written (b) .....	2,569,578,001	1,129,194,550	685,115,822	281,514,177	8,369,835	59,934,456	311,717,637	44,636,243					49,095,281								
13. Life Premiums Direct .....	0																				
14. Property/Casualty Premiums Written .....	0																				
15. Health Premiums Earned .....	2,564,455,080	1,129,194,550	685,115,822	281,596,563	8,369,835	59,934,456	306,512,330	44,636,243					49,095,281								
16. Property/Casualty Premiums Earned	0																				
17. Amount Paid for Provision of Health Care Services .....	1,936,674,072	741,955,404	572,726,683	224,320,503	6,195,386	40,738,096	272,031,002	38,133,591					40,573,408								
18. Amount Incurred for Provision of Health Care Services	2,073,189,038	879,928,256	580,782,692	227,318,048	6,195,386	41,044,896	275,627,411	27,246,620					35,045,729								

(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 \$ ..... 44,636,243

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ANNUAL STATEMENT FOR THE YEAR 2022 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

NAIC Group Code	0876		BUSINESS IN THE STATE OF		Florida		DURING THE YEAR							2022		(LOCATION)		NAIC Company Code		83470	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		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								
<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	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 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 2022 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		DURING THE YEAR										2022		NAIC Company Code		83470	
		Georgia		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14					
	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					
<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	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 2022 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		Texas		DURING THE YEAR							2022		(LOCATION)		NAIC Company Code		83470		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14								
		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									
<b>Total Members at end of:</b>																						
1. Prior Year .....	0		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	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 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 2022 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													NAIC Company Code
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			
<b>Total Members at end of:</b>																
1. Prior Year	635,425	199,509	126,306	114,570	38,031	60,863	76,542	4,539	0	0	0	0	15,065	0		
2. First Quarter	648,834	200,332	136,311	113,063	39,338	62,614	78,437	3,502	0	0	0	0	15,237	0		
3. Second Quarter	649,021	201,160	135,112	112,626	39,929	63,033	78,342	3,385	0	0	0	0	15,434	0		
4. Third Quarter	653,693	200,399	139,411	112,480	40,366	63,417	78,416	3,288	0	0	0	0	15,916	0		
5. Current Year	655,152	197,846	144,415	112,034	40,113	62,900	78,625	3,215	0	0	0	0	16,004	0		
6. Current Year Member Months	7,814,151	2,400,765	1,656,064	1,352,868	478,570	756,370	941,623	40,600	0	0	0	0	187,291	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	1,382,289	340,849	133,534	896,817	0	0	0	11,089	0	0	0	0	0	0		
8. Non-Physician	639,227	405,902	215,987	12,817	0	0	0	4,521	0	0	0	0	0	0		
9. Total	2,021,516	746,751	349,521	909,634	0	0	0	15,610	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	342,352	80,162	4,582	253,575	0	0	0	4,033	0	0	0	0	0	0		
11. Number of Inpatient Admissions	40,120	15,771	1,076	22,484	0	0	0	789	0	0	0	0	0	0		
12. Health Premiums Written (b)	2,569,578,001	1,129,194,550	685,115,822	281,514,177	8,369,835	59,934,456	311,717,637	44,636,243	0	0	0	0	49,095,281	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	2,564,455,080	1,129,194,550	685,115,822	281,596,563	8,369,835	59,934,456	306,512,330	44,636,243	0	0	0	0	49,095,281	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	1,936,674,072	741,955,404	572,726,683	224,320,503	6,195,386	40,738,096	272,031,002	38,133,591	0	0	0	0	40,573,408	0		
18. Amount Incurred for Provision of Health Care Services	2,073,189,038	879,928,256	580,782,692	227,318,048	6,195,386	41,044,896	275,627,411	27,246,620	0	0	0	0	35,045,729	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 \$ ..... 44,636,243

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ANNUAL STATEMENT FOR THE YEAR 2022 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	48,249,900			6,100,842		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/I	CMM	98,335,925			23,399,362		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/I	MR	12,931,044			1,959,945		
16751		01/01/2022	USABLE HMO	AR	OTH/I	MR	94,781,298			21,992,560		
16750		01/01/2022	USABLE PPO	AR	OTH/G	MR	903,019			461,271		
16750		01/01/2022	USABLE PPO	AR	OTH/I	MR	57,301,101			14,351,788		
0299999. U.S. Affiliates - Other							312,502,287	0	0	68,265,768	0	0
0399999. Total - U.S. Affiliates							312,502,287	0	0	68,265,768	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							312,502,287	0	0	68,265,768	0	0
1099999. Total - Non-Affiliates							0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							312,502,287	0	0	68,265,768	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							312,502,287	0	0	68,265,768	0	0



ANNUAL STATEMENT FOR THE YEAR 2022 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	32,720,055		1,272,269				
94358	71-0505232	01/01/2007	USABLE Life	AR	OTH/I	D	27,214,401		924,643				
0299999. General Account - Authorized U.S. Affiliates - Other							59,934,456	0	2,196,912	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							59,934,456	0	2,196,912	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							59,934,456	0	2,196,912	0	0	0	0
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/G	OH	5,770,876						
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/I	OH	2,604,348						
0899999. General Account - Authorized U.S. Non-Affiliates							8,375,224	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							8,375,224	0	0	0	0	0	0
1199999. Total General Account Authorized							68,309,680	0	2,196,912	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							68,309,680	0	2,196,912	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)							68,309,680	0	2,196,912	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							68,309,680	0	2,196,912	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 2022 OF THE USABLE Mutual Insurance Company

**SCHEDULE S - PART 6**

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

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	68,310	64,804	61,367	52,194	49,676
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
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	2,197	1,892	7,538	6,601	6,239
8. Reinsurance recoverable on paid losses .....	3,722	3,334	3,812	3,703	3,912
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....	(5,182,786)				
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....		0	0	0	0
18. Funds deposited by and withheld from (F) .....		0	0	0	0
19. Letters of credit (L) .....		0	0	0	0
20. Trust agreements (T) .....		0	0	0	0
21. Other (O) .....		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,875,631,461		1,875,631,461
2. Accident and health premiums due and unpaid (Line 15) .....	198,963,085		198,963,085
3. Amounts recoverable from reinsurers (Line 16.1) .....	3,722,330	(3,722,330)	0
4. Net credit for ceded reinsurance .....	XXX	11,102,028	11,102,028
5. All other admitted assets (Balance) .....	316,166,289		316,166,289
6. Total assets (Line 28)	2,394,483,165	7,379,698	2,401,862,863
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	349,221,928	2,196,912	351,418,840
8. Accrued medical incentive pool and bonus payments (Line 2) .....	7,445,646		7,445,646
9. Premiums received in advance (Line 8) .....	28,993,319		28,993,319
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) .....	872,030,367	5,182,786	877,213,153
15. Total liabilities (Line 24) .....	1,257,691,260	7,379,698	1,265,070,958
16. Total capital and surplus (Line 33) .....	1,136,791,910	XXX	1,136,791,910
17. Total liabilities, capital and surplus (Line 34)	2,394,483,170	7,379,698	2,401,862,868
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	2,196,912		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	3,722,330		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	5,919,242		
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 .....	(5,182,786)		
30. Total ceded reinsurance payables/offsets .....	(5,182,786)		
31. Total net credit for ceded reinsurance	11,102,028		

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE 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	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		80-0233147				Life & Specialty Ventures, LLC	DE	NIA	USAbLe Mutual Insurance Company	Ownership, Board	35.494	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	

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2022 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		(5,000,000)			134,924,903	(39,845,125)			90,079,778	(62,316,526)
95442	71-0747497	HMO Partners Inc.					(104,471,159)	(24,068,156)			(128,539,315)	31,430,149
	71-0246079	USABLE Corporation					2,902,091				2,902,091	
94358	71-0505232	USABLE Life						14,076,974			14,076,974	(5,919,242)
15225	46-2015297	USABLE Partners					950,800				950,800	
	45-1062167	NDBH Holding Company		5,000,000							5,000,000	
16751	84-4571869	USABLE HMO					(20,377,858)	33,439,325			13,061,467	21,992,560
16750	84-4586338	USABLE PPO					(13,586,957)	16,396,982			2,810,025	14,813,059
	71-0628367	Group Service Underwriters, Inc.					(341,820)				(341,820)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2022 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
<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

**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.

<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? .....	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
<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:	
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.	

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



SUPPLEMENT FOR THE YEAR 2022 OF THE USABLE Mutual Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022  
 (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 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 2019				Policies Issued in 2020; 2021; 2022			
										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	1,182,743	834,003	70.5	343			0.0	0
YES	A71-MS 1/90	P	NO	0030500	01/01/1966			12/31/1992	Medi-Pak Standard	6,793	11,699	172.2	3			0.0	0
YES	A71-MO 1/89	P	NO	0030500	01/01/1989			12/31/1992	Medi-Pak Lo Option	19,883	21,693	109.1	14			0.0	0
YES	71-MPA	P	NO	1234000	01/01/1992			12/31/2006	MEDI-PAK PLAN A	158,204	112,035	70.8	85			0.0	0
YES	71-MPB	P	NO	1234000	01/01/1992			12/31/2006	MEDI-PAK PLAN B	1,063,516	825,504	77.6	426			0.0	0
YES	71-MPC	P	NO	1234000	01/01/1992			12/31/2006	MEDI-PAK PLAN C	24,000,950	17,590,875	73.3	7,043			0.0	0
YES	71-MPD	P	NO	1234000	01/01/1992			12/31/2006	MEDI-PAK PLAN D	4,176,990	2,905,957	69.6	1,260			0.0	0
YES	71-MPF	P	NO	1234060	01/01/1992			05/31/2010	MEDI-PAK PLAN F	38,289,107	29,104,878	76.0	11,311			0.0	0
YES	71-MPG	P	NO	1234060	01/01/1992			05/31/2010	MEDI-PAK PLAN G	3,443,439	2,658,677	77.2	1,336			0.0	0
YES	71-MPI	P	NO	1234000	01/01/1992			12/31/2006	MEDI-PAK PLAN I	111,099	100,401	90.4	29			0.0	0
YES	71-MPINRX 1/06	P	NO	1234060	01/01/1992			05/31/2010	MEDI-PAK PLAN I - NRX	112,585	67,722	60.2	31			0.0	0
YES	72-MPA 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI-PAK PLAN A	39,835	81,623	204.9	24			0.0	0
YES	72-MPB 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI-PAK PLAN B	176,621	176,424	99.9	85			0.0	0
YES	72-MPC 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI-PAK PLAN C	2,755,065	2,273,365	82.5	970			0.0	0
YES	72-MPD 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI-PAK PLAN D	95,841	85,087	88.8	40			0.0	0
YES	72-MPJ 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI-PAK PLAN J	27,788,930	22,511,023	81.0	9,540			0.0	0
YES	73-MPA 6/10	P	NO	1234060	01/01/2010				MEDI-PAK PLAN A	60,942	26,000	42.7	38	5,048	157	3.1	3
YES	73-MPB 6/10	P	NO	1234060	01/01/2010				MEDI-PAK PLAN B	96,158	108,067	112.4	10	70,749	85,164	120.4	10
YES	73-MPC 6/10	P	NO	1234060	01/01/2016				MEDI-PAK PLAN C	2,028,749	1,774,032	87.4	650	151,003	81,511	54.0	51
YES	73-MPF 6/10	P	NO	1234060	01/01/2010				MEDI-PAK PLAN F	79,290,648	60,150,986	75.9	26,552	3,171,569	2,851,860	89.9	1,174
									MEDI-PAK PLAN F - High Ded								
YES	73-MPFHD	P	NO	1234060	01/01/2015				MEDI-PAK PLAN G	594,836	335,940	56.5	914	133,656	31,191	23.3	223
YES	73-MPG 6/10	P	NO	1234060	01/01/2010				MEDI-PAK PLAN G	62,650,901	54,380,759	86.8	33,611	7,274,352	5,944,698	81.7	4,217
YES	73-MPN 6/10	P	NO	1234060	01/01/2010				MEDI-PAK PLAN N	3,230,451	2,974,030	92.1	2,160	978,354	647,025	66.1	708
YES	75-MPG	P	NO	1234007	01/01/2020				MEDI-PAK PLAN G			0.0	0	18,207,607	14,614,983	80.3	13,114
									MEDI-PAK PLAN G - High Ded								
YES	75-MPGHD	P	NO	1234060	01/01/2020							0.0	0	213,932	177,234	82.8	410
YES	EEMAS-86, 870 and 891	P	NO	0000007				05/31/2010	Employer's Equitable	16,006	4,575	28.6	5			0.0	0
0199999. Total Experience on Individual Policies										251,390,292	199,115,355	79.2	96,480	30,206,270	24,433,823	80.9	19,910

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GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. 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 .....
3. 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 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2022 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 .....	19,364,429	XXX	2,777,350	XXX	22,141,779
1.12 Without Reinsurance Coverage .....	0	XXX	0	XXX	0
1.13 Risk-Corridor Payment Adjustments .....	2,005,075	XXX	0	XXX	2,005,075
1.2 Supplemental Benefits .....	5,224,837	XXX	749,374	XXX	5,974,211
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage .....	(3,378,464)	XXX	(316,692)	XXX	XXX
2.12 Without Reinsurance Coverage .....	0	XXX	0	XXX	XXX
2.2 Supplemental Benefits .....	(911,564)	XXX	(85,449)	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage .....	61,810	XXX	57,147	XXX	XXX
3.12 Without Reinsurance Coverage .....		XXX	0	XXX	XXX
3.2 Supplemental Benefits .....	16,677	XXX	15,419	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....		XXX		XXX	XXX
4.2 Payable .....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage .....	15,924,155	XXX	2,403,511	XXX	XXX
5.12 Without Reinsurance Coverage .....	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments .....	2,005,075	XXX	0	XXX	XXX
5.2 Supplemental Benefits .....	4,296,596	XXX	648,506	XXX	XXX
6. Total Premiums .....	22,225,826	XXX	3,052,017	XXX	30,121,065
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage .....	20,190,086	XXX	2,551,588	XXX	22,741,674
7.12 Without Reinsurance Coverage .....	0	XXX	0	XXX	0
7.2 Supplemental Benefits .....	2,384,380	XXX	301,334	XXX	2,685,714
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage .....	391,826	XXX	(109)	XXX	XXX
8.12 Without Reinsurance Coverage .....	0	XXX	0	XXX	XXX
8.2 Supplemental Benefits .....	46,273	XXX	(12)	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage .....	3,730,644	XXX		XXX	XXX
9.12 Without Reinsurance Coverage .....	0	XXX		XXX	XXX
9.2 Supplemental Benefits .....	440,576	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....	16,851,268	XXX	2,551,479	XXX	XXX
10.12 Without Reinsurance Coverage .....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits .....	1,990,077	XXX	301,322	XXX	XXX
11. Total Claims .....	18,841,345	XXX	2,852,801	XXX	25,427,388
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	(1,691,751)	XXX	(343,806)	(2,035,557)
12.3 Reimbursements Receivable-change .....	XXX	(1,117,554)	XXX	(136,086)	XXX
12.4 Health Care Receivables-change .....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change .....					XXX
14. Expenses Paid .....	6,583,077	XXX	290,808	XXX	6,873,885
15. Expenses Incurred .....	6,431,458	XXX	281,284	XXX	XXX
16. Underwriting Gain/Loss .....	(3,046,977)	XXX	(82,068)	XXX	XXX
17. Cash Flow Results .....	XXX	XXX	XXX	XXX	(4,215,765)