



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
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 Chief Operating Officer Gray Donald Dillard
Treasurer / CFO Scott Bradley Winter Secretary Timothy Gerard Gauger

OTHER

<u>Alicia Marie Berkemeyer</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>Erin Katrina Maxwell #</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>Robert Daniel Nabholz</u>	<u>Lonnie Stewart Robinson MD</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.

Curtis Edwin Barnett
President / CEO

Scott Bradley Winter
Treasurer / CFO

Gray Donald Dillard
Executive VP / COO

Subscribed and sworn to before me this _____ day of _____

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

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	128,178,824	207,061,409	13,010,764	91,794,621	141,189,588	89,907,158
2. Claim overpayment receivables	4,727,562	8,267,404	872,697	1,294,007	5,600,259	1,792,167
3. Loans and advances to providers	0	0	0	25,000	0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	0	0	0	1,072,709	0	434,198
6. Other health care receivables.....	47,379	491,085	6,227	164,268	53,607	273,412
7. Totals (Lines 1 through 6)	132,953,765	215,819,897	13,889,689	94,350,605	146,843,454	92,406,935

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	483,251	483,251	
HMO Partners, Inc.	Intercompany	34,026	34,026	
0199999. Individually listed payables		517,277	517,277	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		517,277	517,277	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	4,718,997	0.2	37,217	5.9	4,718,997	
4. Total capitation payments	4,718,997	0.2	37,217	5.9	4,718,997	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	961,119,059	43.8	XXX	XXX	911,453,909	49,665,150
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,230,140,596	56.0	XXX	XXX	1,230,140,596	
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	2,191,259,655	99.8	XXX	XXX	2,141,594,505	49,665,150
13. TOTAL (Line 4 plus Line 12)	2,195,978,652	100%	XXX	XXX	2,146,313,502	49,665,150

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	75,225,995		45,969,096	29,256,900	29,256,900	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	75,225,995	0	45,969,096	29,256,900	29,256,900	0



ANNUAL STATEMENT FOR THE YEAR 2023 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							2023		(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								
Total Members at end of:																					
1. Prior Year	655,152	197,846	144,415	112,034	40,113	62,900	78,625	3,215	0				16,004								
2. First Quarter	661,373	200,000	148,128	110,063	41,623	64,825	80,756	2,708					13,270								
3. Second Quarter	644,558	179,674	150,988	109,705	41,950	65,188	81,132	2,623					13,298								
4. Third Quarter	631,686	163,420	153,030	109,672	42,550	65,710	81,799	2,553					12,952								
5. Current Year	630,412	159,625	155,776	109,284	42,513	65,400	82,276	2,506					13,032								
6. Current Year Member Months	7,743,600	2,152,294	1,816,801	1,319,120	505,494	783,623	975,800	31,452					159,016								
Total Member Ambulatory Encounters for Year:																					
7. Physician	1,332,966	296,667	142,365	887,184				6,750													
8. Non-Physician	879,656	351,152	229,278	10,713		285,021		3,492													
9. Total	2,212,622	647,819	371,643	897,897	0	285,021	0	10,242	0	0	0	0	0	0							
10. Hospital Patient Days Incurred	280,375	72,445	24,278	181,355				2,297													
11. Number of Inpatient Admissions	41,364	14,264	6,517	20,063				520													
12. Health Premiums Written (b)	2,707,670,040	1,132,883,358	788,098,342	280,058,215	9,758,345	67,303,357	341,804,691	39,965,675					47,798,056								
13. Life Premiums Direct	0																				
14. Property/Casualty Premiums Written	0																				
15. Health Premiums Earned	2,779,817,051	1,197,384,735	788,098,342	280,093,433	9,758,345	67,303,357	349,415,108	39,965,675					47,798,056								
16. Property/Casualty Premiums Earned	0																				
17. Amount Paid for Provision of Health Care Services	2,195,978,466	858,558,590	667,642,984	235,827,316	7,258,128	46,060,923	316,516,651	35,581,125					28,532,749								
18. Amount Incurred for Provision of Health Care Services	2,257,188,184	915,686,577	665,390,103	240,529,193	7,258,128	45,800,600	320,533,712	29,434,247					32,555,624								

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 39,965,675

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ANNUAL STATEMENT FOR THE YEAR 2023 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															
		Florida		2023															
		Comprehensive (Hospital & Medical)		NAIC Company Code															
		2 3		83470															
		4		14															
		5		6															
		7		11															
		8		12															
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		97		14															
		98		12															
		99		13															
		100		14															
Total Members at end of:																			
1. Prior Year	0																		
2. First Quarter	0					0													
3. Second Quarter	0					0													
4. Third Quarter	2				1	0												1	
5. Current Year	23				5	0													18
6. Current Year Member Months	47				13	0													34
Total Member Ambulatory Encounters for Year:																			
7. Physician	0																		
8. Non-Physician	0																		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0																		
11. Number of Inpatient Admissions	0																		
12. Health Premiums Written (b)	2,037				279													1,758	
13. Life Premiums Direct	0																		
14. Property/Casualty Premiums Written	0																		
15. Health Premiums Earned	2,037				279													1,758	
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	1,324				181													1,143	

(a) For health business: number of persons insured under PPO managed care products0 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 \$0

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE US Able Mutual Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

US Able Mutual Insurance Company

2. Little Rock, AR

(LOCATION)

NAIC Group Code	0876		BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2023										NAIC Company Code 83470	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health		
		2 Individual	3 Group													
Total Members at end of:																
1. Prior Year	0															
2. First Quarter	0					0										
3. Second Quarter	0					0										
4. Third Quarter	1					0							1			
5. Current Year	9				1	0							8			
6. Current Year Member Months	20				5	0							15			
Total Member Ambulatory Encounters for Year:																
7. Physician	0															
8. Non-Physician	0															
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0															
11. Number of Inpatient Admissions	0															
12. Health Premiums Written (b)	1,029				62								967			
13. Life Premiums Direct	0															
14. Property/Casualty Premiums Written	0															
15. Health Premiums Earned	1,029				62								967			
16. Property/Casualty Premiums Earned	0															
17. Amount Paid for Provision of Health Care Services	186												186			
18. Amount Incurred for Provision of Health Care Services	707				37								670			

(a) For health business: number of persons insured under PPO managed care products0 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 \$0

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ANNUAL STATEMENT FOR THE YEAR 2023 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							2023		(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								
Total Members at end of:																					
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																				
Total Member Ambulatory Encounters for Year:																					
7. Physician	0																				
8. Non-Physician	0																				
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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 2023 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													2023
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:																
1. Prior Year	655,152	197,846	144,415	112,034	40,113	62,900	78,625	3,215	0	0	0	0	16,004	0		
2. First Quarter	661,373	200,000	148,128	110,063	41,623	64,825	80,756	2,708	0	0	0	0	13,270	0		
3. Second Quarter	644,558	179,674	150,988	109,705	41,950	65,188	81,132	2,623	0	0	0	0	13,298	0		
4. Third Quarter	631,689	163,420	153,030	109,672	42,551	65,710	81,799	2,553	0	0	0	0	12,954	0		
5. Current Year	630,444	159,625	155,776	109,284	42,519	65,400	82,276	2,506	0	0	0	0	13,058	0		
6. Current Year Member Months	7,743,667	2,152,294	1,816,801	1,319,120	505,512	783,623	975,800	31,452	0	0	0	0	159,065	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	1,332,966	296,667	142,365	887,184	0	0	0	6,750	0	0	0	0	0	0		
8. Non-Physician	879,656	351,152	229,278	10,713	0	285,021	0	3,492	0	0	0	0	0	0		
9. Total	2,212,622	647,819	371,643	897,897	0	285,021	0	10,242	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	280,375	72,445	24,278	181,355	0	0	0	2,297	0	0	0	0	0	0		
11. Number of Inpatient Admissions	41,364	14,264	6,517	20,063	0	0	0	520	0	0	0	0	0	0		
12. Health Premiums Written (b)	2,707,673,106	1,132,883,358	788,098,342	280,058,215	9,758,686	67,303,357	341,804,691	39,965,675	0	0	0	0	47,800,781	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	2,779,820,117	1,197,384,735	788,098,342	280,093,433	9,758,686	67,303,357	349,415,108	39,965,675	0	0	0	0	47,800,782	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,195,978,652	858,558,590	667,642,984	235,827,316	7,258,128	46,060,923	316,516,651	35,581,125	0	0	0	0	28,532,935	0		
18. Amount Incurred for Provision of Health Care Services	2,257,190,215	915,686,577	665,390,103	240,529,193	7,258,346	45,800,600	320,533,712	29,434,247	0	0	0	0	32,557,437	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$39,965,675

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ANNUAL STATEMENT FOR THE YEAR 2023 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	112,009,539			17,106,749		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/I	CMM	94,253,374			32,869,994		
16751	84-4571869	01/01/2022	USABLE HMO	AR	OTH/I	MR	148,578,457			32,496,390		
16750	84-4586338	01/01/2022	USABLE PPO	AR	OTH/G	MR	2,235,548			578,968		
16750	84-4586338	01/01/2022	USABLE PPO	AR	OTH/I	MR	76,742,010			16,737,230		
0299999. U.S. Affiliates - Other							433,818,928	0	0	99,789,331	0	0
0399999. Total - U.S. Affiliates							433,818,928	0	0	99,789,331	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							433,818,928	0	0	99,789,331	0	0
1099999. Total - Non-Affiliates							0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							433,818,928	0	0	99,789,331	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							433,818,928	0	0	99,789,331	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 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	37,768,671		1,190,347				
94358	71-0505232	01/01/2007	USABLE Life	AR	OTH/I	D	29,536,835		746,242				
0299999. General Account - Authorized U.S. Affiliates - Other							67,305,506	0	1,936,589	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							67,305,506	0	1,936,589	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							67,305,506	0	1,936,589	0	0	0	0
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/G	OH	7,009,214		0				
47029	75-1769288	01/01/2016	Vision Service Plan	AR	OTH/I	OH	2,748,556		0				
0899999. General Account - Authorized U.S. Non-Affiliates							9,757,770	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							9,757,770	0	0	0	0	0	0
1199999. Total General Account Authorized							77,063,276	0	1,936,589	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							77,063,276	0	1,936,589	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)							77,063,276	0	1,936,589	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							77,063,276	0	1,936,589	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 2023 OF THE USABLE Mutual Insurance Company

SCHEDULE S - PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums	77,063	68,310	64,804	61,367	52,194
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
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	1,937	2,197	1,892	7,538	6,601
8. Reinsurance recoverable on paid losses	4,761	3,722	3,334	3,812	3,703
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					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			0	0	0
18. Funds deposited by and withheld from (F)			0	0	0
19. Letters of credit (L)			0	0	0
20. Trust agreements (T)			0	0	0
21. Other (O)			0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE USABLE Mutual Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,978,474,439		1,978,474,439
2. Accident and health premiums due and unpaid (Line 15)	170,472,430		170,472,430
3. Amounts recoverable from reinsurers (Line 16.1)	4,760,894		4,760,894
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	370,151,580		370,151,580
6. Total assets (Line 28)	2,523,859,343	0	2,523,859,343
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	456,100,110		456,100,110
8. Accrued medical incentive pool and bonus payments (Line 2)	12,159,100		12,159,100
9. Premiums received in advance (Line 8)	29,134,257		29,134,257
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)	839,790,708		839,790,708
15. Total liabilities (Line 24)	1,337,184,175	0	1,337,184,175
16. Total capital and surplus (Line 33)	1,186,675,172	XXX	1,186,675,172
17. Total liabilities, capital and surplus (Line 34)	2,523,859,347	0	2,523,859,347
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		0
19. Accrued medical incentive pool	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	0		0
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	0		0
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	0		0

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE USAbLe 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	

NONE

Asterisk	
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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE USABLE Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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


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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
21. The data for this supplement is not required to be filed.	

Bar Codes:

11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
21. Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2023 OF THE USABLE Mutual Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
 (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 2020				Policies Issued in 2021; 2022; 2023			
										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	777,442	576,034	74.1	233	0	0	0.0	0
YES	A71-MS 1/90	P	NO	0030500	01/01/1966			12/31/1992	Medi-Pak Standard	925	429	46.4	1	0	0	0.0	0
YES	A71-MO 1/89	P	NO	0030500	01/01/1989			12/31/1992	Medi-Pak Lo Option	14,666	9,320	63.5	9	0	0	0.0	0
YES	71-MPA	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN A	133,557	81,241	60.8	67	0	0	0.0	0
YES	71-MPB	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN B	916,042	824,927	90.1	360	0	0	0.0	0
YES	71-MPC	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN C	20,767,480	16,665,077	80.2	6,065	0	0	0.0	0
YES	71-MPD	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN D	3,229,987	2,388,155	73.9	978	0	0	0.0	0
YES	71-MPF	P	NO	1234060	01/01/1992			05/31/2010	MEDI PAK PLAN F	34,125,506	27,936,423	81.9	9,815	0	0	0.0	0
YES	71-MPG	P	NO	1234060	01/01/1992			05/31/2010	MEDI PAK PLAN G	3,248,888	2,699,777	83.1	1,200	0	0	0.0	0
YES	71-MPI	P	NO	1234000	01/01/1992			12/31/2006	MEDI PAK PLAN I	93,335	74,430	79.7	22	0	0	0.0	0
YES	71-MPINRX 1/06	P	NO	1234060	01/01/1992			05/31/2010	MEDI PAK PLAN I - NRX	89,288	98,205	110.0	26	0	0	0.0	0
YES	72-MPA 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN A	33,860	14,589	43.1	20	0	0	0.0	0
YES	72-MPB 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN B	162,092	166,496	102.7	76	0	0	0.0	0
YES	72-MPC 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN C	2,509,339	2,103,192	83.8	896	0	0	0.0	0
YES	72-MPD 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN D	77,463	98,341	127.0	30	0	0	0.0	0
YES	72-MPJ 1/07	P	NO	1234060	01/01/2007			05/31/2010	MEDI PAK PLAN J	26,988,638	22,703,511	84.1	8,821	0	0	0.0	0
YES	73-MPA 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN A	57,586	58,351	101.3	34	5,043	6,110	121.2	3
YES	73-MPB 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN B	92,162	94,309	102.3	7	54,954	31,497	57.3	5
YES	73-MPC 6/10	P	NO	1234060	01/01/2016				MEDI PAK PLAN C	1,933,487	1,927,436	99.7	603	43,419	81,274	187.2	16
YES	73-MPF 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN F	77,581,007	62,925,905	81.1	24,954	2,459,682	2,352,283	95.6	862
YES	73-MPGHD	P	NO	1234060	01/01/2015				MEDI PAK PLAN F - High Ded	616,448	482,904	78.3	951	108,767	38,391	35.3	175
YES	73-MPG 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN G	68,360,670	61,036,029	89.3	33,694	4,992,419	4,497,020	90.1	2,673
YES	73-MPN 6/10	P	NO	1234060	01/01/2010				MEDI PAK PLAN N	3,752,798	3,446,406	91.8	2,284	682,629	511,617	74.9	447
YES	75-MPG	P	NO	1234007	01/01/2020				MEDI PAK PLAN G	6,448,724	5,594,921	86.8	3,775	19,421,423	16,670,454	85.8	13,516
YES	75-MPGHD	P	NO	1234060	01/01/2020				MEDI PAK PLAN G - High Ded	59,300	55,297	93.2	93	243,446	233,794	96.0	444
YES	EEPMA5-86, 870 and 891	P	NO	0000007				05/31/2010	Employer's Equitable	10,961	7,920	72.3	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										252,081,651	212,069,625	84.1	95,019	28,011,782	24,422,440	87.2	18,141

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GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2023 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	11,740,515	XXX	2,357,408	XXX	14,097,923
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	1,409,011	XXX		XXX	1,409,011
1.2 Supplemental Benefits	3,219,876	XXX	646,527	XXX	3,866,403
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	1,527,325	XXX	199,146	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	418,874	XXX	54,616	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	(7,811)	XXX	139,126	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	(2,142)	XXX	38,156	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	13,275,651	XXX	2,417,428	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	1,409,011	XXX	0	XXX	XXX
5.2 Supplemental Benefits	3,640,892	XXX	662,987	XXX	XXX
6. Total Premiums	18,325,554	XXX	3,080,415	XXX	19,373,337
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	9,716,604	XXX	2,854,620	XXX	12,571,224
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	898,817	XXX	264,061	XXX	1,162,878
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	54,432	XXX	(25,246)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	5,035	XXX	(2,335)	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(3,380,111)	XXX	182,541	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(312,671)	XXX	16,886	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	13,151,147	XXX	2,646,833	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	1,216,523	XXX	244,840	XXX	XXX
11. Total Claims	14,367,670	XXX	2,891,673	XXX	13,734,102
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	1,487,104	XXX	6,185	1,493,289
12.3 Reimbursements Receivable-change	XXX	(1,663,463)	XXX	59,144	XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	4,885,753	XXX	287,131	XXX	5,172,884
15. Expenses Incurred	5,224,317	XXX	264,386	XXX	XXX
16. Underwriting Gain/Loss	(1,266,433)	XXX	(75,644)	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	1,959,640



SUPPLEMENT FOR THE YEAR 2023 OF THE USABLE Mutual Insurance Company
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
 (To Be Filed by March 1)

FOR THE STATE OF: Arkansas

NAIC Group Code 0876

NAIC Company Code 83470

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	YES
12. Travel	NO