



ANNUAL STATEMENT

For the Year Ended December 31, 2020
of the Condition and Affairs of the

USable Mutual Insurance Company

NAIC Group Code..... All, 876 (Current Period) (Prior Period) NAIC Company Code..... 83470 Employer's ID Number..... 71-0226428

Organized under the Laws of Arkansas State of Domicile or Port of Entry Arkansas Country of Domicile US

Licensed as Business Type Life, Accident & Health Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized..... December 10, 1948 Commenced Business..... March 2, 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 .. Little Rock .. AR .. US .. 72201 501-378-2000
(Street and Number) (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 .. Little Rock .. AR .. US .. 72201 501-378-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.arkansasbluecross.com

Statutory Statement Contact Scott Bradley Winter 501-399-3951
(Name) (Area Code) (Telephone Number) (Extension)
sbwinter@arkbluecross.com 501-378-3258
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Curtis Edwin Barnett	President / CEO	2. Calvin Eugene Kellogg	EVP / Chief Strategy Officer
3. Gray Donald Dillard	Treasurer / COO	4. Timothy Gerard Gauger	Secretary

OTHER

Stephen William Abell	James Robert Bailey
Alicia Marie Berkemeyer	Judy Dawn Blevins
James Daniel Bloodworth	Victor Pratt Davis
Brian Keith Dorathy	Matthew Richard Flora
Maxine Arlene Greenwood	Kimberly Ann Henderson
Christina Powell Hockaday #	Harvey David Jacobson
Anthony Marcus James	Mark Thomas Jansen
Wanda Denise King	David Bryan Martin
Mary Alison Melson	Odell Calvin Nickelberry
Hal Jackson Norman	Kathleen O'Dea Ryan
Wendy Womack See	Philip Eugene Sherrill
Steven Aaron Spaulding	Joanna Maria Thomas
Brett Allan Trelfa #	Matthew Dennis Vannatta
Scott Bradley Winter	

DIRECTORS OR TRUSTEES

Curtis Edwin Barnett	Susan Glover Brittain	Robert Vincent Brothers	Mark William Greenway
Marla Kay Johnson	James Virgil Kelley	Mahlon Ogden Maris MD	Carla Marie Martin
James Thomas May	Robert Daniel Nabholz	Ben Edwin Owens	Lonnie Stewart Robinson MD #
Robert Lee Shoptaw	Sherman Ellis Tate	Rex Moreland Terry	Paul Mark White

State of..... Arkansas
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.

_____ (Signature) Curtis Edwin Barnett	_____ (Signature) Calvin Eugene Kellogg	_____ (Signature) Gray Donald Dillard
_____ 1. (Printed Name) President / CEO	_____ 2. (Printed Name) EVP / Chief Strategy Officer	_____ 3. (Printed Name) Treasurer / COO
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me This _____ day of _____ 2021

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
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed.....	154,525,772	205,794	2,512,261	1,665,583	1,665,583	157,243,827
0299999. Total group.....	154,525,772	205,794	2,512,261	1,665,583	1,665,583	157,243,827
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	154,525,772	205,794	2,512,261	1,665,583	1,665,583	157,243,827

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually.....	14,436,895	14,436,895	14,436,895	23,352,104	23,352,104	43,310,684
0199999. Total Pharmaceutical Rebate Receivables.....	14,436,895	14,436,895	14,436,895	23,352,104	23,352,104	43,310,684
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	413,362	97,942	169,970	952,268	952,268	681,273
0299999. Total Claim Overpayment Receivables.....	413,362	97,942	169,970	952,268	952,268	681,273
Loans and Advances to Providers						
0399998. Loans and Advances to Providers Not Listed Individually.....	16,708,500	-	-	-	-	16,708,500
0399999. Total Loans and Advances to Providers.....	16,708,500	0	0	0	0	16,708,500
Other Receivables						
0699998. Other Receivables Not Listed Individually.....	1,428,783	1,281,777	1,296,212	762,655	762,655	4,006,772
0699999. Total Other Receivables.....	1,428,783	1,281,777	1,296,212	762,655	762,655	4,006,772
0799999. Gross Health Care Receivables.....	32,987,540	15,816,613	15,903,076	25,067,027	25,067,027	64,707,229

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in 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.....	53,497,514	102,211,069	(135)	66,662,923	53,497,379	44,516,792
2. Claim overpayment receivables.....	4,843,517	7,844,243	144,391	1,489,150	4,987,908	2,495,060
3. Loans and advances to providers.....	-	21,463,500	-	16,708,500	.0	
4. Capitation arrangement receivables.....					.0	
5. Risk sharing receivables.....					.0	
6. Other health care receivables.....	3,067,017	8,106,355	386,409	4,383,017	3,453,426	3,852,586
7. Totals (Lines 1 through 6).....	61,408,048	139,625,167	530,666	89,243,591	61,938,713	50,864,438

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered.....	36,708,661	2,826,206	893,965	65,822		40,494,654
0499999. Subtotals.....	36,708,661	2,826,206	893,965	65,822	0	40,494,654
0599999. Unreported claim and other claim reserves.....						71,646,781
0799999. Total claims unpaid.....						112,141,434
0899999. Accrued medical incentive pool and bonus amounts.....						4,791,378

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
HMO Partners, Inc.....	11,822,378	12,340	(581)	7,529	7,529	11,834,138	
LSV.....	4,738,208	-	-	-	-	4,738,208	
0199999. Individually listed receivables.....	16,560,586	12,340	(581)	7,529	7,529	16,572,346	0
0299999. Receivables not individually listed.....	2,333,876	8,769,920	7,863,924	10,039	10,039	18,967,720	
0399999. Total gross amounts receivable.....	18,894,462	8,782,260	7,863,343	17,568	17,568	35,540,066	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
USAbled Corporation.....	Intercompany.....	143,318	143,318	0
0199999. Individually listed payables.....		143,318	143,318	0
0299999. Payables not individually listed.....		586	586	0
0399999. Total gross payables.....		143,905	143,905	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	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				
2. Intermediaries.....	0	0.0				
3. All other providers.....	5,746	0.0	89,614	14.2	5,746	
4. Total capitation payments.....	5,746	0.0	89,614	14.2	5,746	0
Other Payments:						
5. Fee-for-service.....	0	0.0	XXX	XXX		
6. Contractual fee payments.....	1,899,229,354	99.1	XXX	XXX	1,867,686,116	31,543,238
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	17,854,497	0.9	XXX	XXX	17,854,497	
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.....	1,917,083,851	100.0	XXX	XXX	1,885,540,613	31,543,238
13. Total (Line 4 plus Line 12).....	1,917,089,597	100.0	XXX	XXX	1,885,546,359	31,543,238

24

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
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NONE

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.....	62,952,838		41,201,763	21,751,075	21,751,075	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....						.0
6. Total.....	62,952,838	.0	41,201,763	21,751,075	21,751,075	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....USAbLe Mutual Insurance Company 2. Little Rock, AR

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code.....All

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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	616,324	198,764	115,084	120,054	31,915	54,490	70,819	8,990		16,208
2. First quarter.....	614,860	192,507	111,719	118,814	33,224	55,946	73,379	7,611		21,660
3. Second quarter.....	619,017	194,283	111,592	118,894	34,220	56,927	73,372	7,485		22,244
4. Third quarter.....	625,630	195,486	112,262	119,228	35,890	58,612	73,546	7,363		23,243
5. Current year.....	630,149	195,914	114,430	119,000	36,913	59,587	73,762	7,231		23,312
6. Current year member months.....	7,466,624	2,339,176	1,349,231	1,430,148	417,385	690,768	881,609	89,614		268,693
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,208,758	309,066	97,374	802,318						
8. Non-physician.....	576,982	390,018	175,467	11,497						
9. Totals.....	1,785,740	699,084	272,841	813,815	0	0	0	0	0	0
10. Hospital patient days incurred.....	407,410	83,142	20,625	303,643						
11. Number of inpatient admissions.....	45,699	17,442	5,219	23,038						
12. Health premiums written (b).....	2,401,843,931	1,080,219,429	536,078,123	283,821,727	6,694,076	54,018,574	305,461,760	92,108,996		43,441,247
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,389,233,840	1,080,214,005	536,084,769	283,829,944	6,694,076	54,018,574	292,842,230	92,108,996		43,441,247
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,912,170,064	876,739,206	431,334,977	208,131,075	4,399,917	34,206,801	256,744,588	67,238,209		33,375,291
18. Amount incurred for provision of health care services.....	1,807,649,941	777,354,220	431,097,324	206,522,321	4,399,917	34,873,062	255,597,302	64,035,503		33,770,292

30.AR

(a) For health business: number of persons insured under PPO managed care products.....391,908 and number of persons insured under indemnity only products.....238,241.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....92,108,996



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....USAbLe Mutual Insurance Company 2. Little Rock, AR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....All

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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	617,680	198,764	116,440	120,054	31,915	54,490	70,819	8,990		16,208
2. First quarter.....	615,202	192,507	112,061	118,814	33,224	55,946	73,379	7,611		21,660
3. Second quarter.....	619,350	194,283	111,925	118,894	34,220	56,927	73,372	7,485		22,244
4. Third quarter.....	625,854	195,486	112,486	119,228	35,890	58,612	73,546	7,363		23,243
5. Current year.....	630,303	195,914	114,584	119,000	36,913	59,587	73,762	7,231		23,312
6. Current year member months.....	7,470,965	2,339,176	1,353,572	1,430,148	417,385	690,768	881,609	89,614		268,693
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,208,758	309,066	97,374	802,318						
8. Non-physician.....	576,982	390,018	175,467	11,497						
9. Totals.....	1,785,740	699,084	272,841	813,815	0	0	0	0	0	0
10. Hospital patient days incurred.....	407,410	83,142	20,625	303,643						
11. Number of inpatient admissions.....	45,699	17,442	5,219	23,038						
12. Health premiums written (b).....	2,404,029,579	1,080,219,429	538,263,772	283,821,727	6,694,076	54,018,574	305,461,760	92,108,996		43,441,247
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,391,419,488	1,080,214,005	538,270,417	283,829,944	6,694,076	54,018,574	292,842,230	92,108,996		43,441,247
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,917,089,599	876,739,206	436,254,512	208,131,075	4,399,917	34,206,801	256,744,588	67,238,209		33,375,291
18. Amount incurred for provision of health care services.....	1,811,805,768	777,354,220	435,253,151	206,522,321	4,399,917	34,873,062	255,597,302	64,035,503		33,770,292

30.GT

(a) For health business: number of persons insured under PPO managed care products.....391,908 and number of persons insured under indemnity only products.....238,395.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....92,108,996



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....USAbLe Mutual Insurance Company 2. Little Rock, AR

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

(Location)

NAIC Group Code.....All

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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,356		1,356							
2. First quarter.....	342		342							
3. Second quarter.....	333		333							
4. Third quarter.....	224		224							
5. Current year.....	154		154							
6. Current year member months.....	4,341		4,341							
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	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).....	2,185,648		2,185,648							
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,185,648		2,185,648							
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	4,919,535		4,919,535							
18. Amount incurred for provision of health care services.....	4,155,827		4,155,827							

30.TX

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....154.

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

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
Affiliates - U.S. - Other												
95442....	71-0747497....	04/01/1996	HMO Partners, Inc.....	AR.....	OTH/G.....	CMM.....	67,291,835	.....	5,087,500	.....	.....	.....
95442....	71-0747497....	04/01/1996	HMO Partners, Inc.....	AR.....	OTH/I.....	MR.....	26,285,013	.....	3,225,284	.....	.....	.....
0299999.	Total - Affiliates - U.S. - Other.....						93,576,848	0	8,312,784	0	0	0
0399999.	Total - Affiliates - U.S. - Total.....						93,576,848	0	8,312,784	0	0	0
0799999.	Total Affiliates.....						93,576,848	0	8,312,784	0	0	0
1199999.	Total - U.S.....						93,576,848	0	8,312,784	0	0	0
9999999.	Total.....						93,576,848	0	8,312,784	0	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Affiliates - U.S. - Other						
94358.....	71-0505232...	01/01/2007	USAbLe Life.....	AR.....	.....3,800,106	.....2,017,253
1399999.	Total - Accident and Health Affiliates - U.S. - Other.....				.....3,800,106	.....2,017,253
1499999.	Total - Accident and Health Affiliates - U.S. - Total.....				.....3,800,106	.....2,017,253
1899999.	Total - Accident and Health Affiliates.....				.....3,800,106	.....2,017,253
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720.....	75-0956156...	10/01/2008	LifeSecure Insurance Company.....	MI.....	.....11,681	.....5,521,102
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....11,681	.....5,521,102
2199999.	Total - Accident and Health Non-Affiliates.....				.....11,681	.....5,521,102
2299999.	Total - Accident and Health.....				.....3,811,787	.....7,538,355
2399999.	Total U.S.....				.....3,811,787	.....7,538,355
9999999.	Total.....				.....3,811,787	.....7,538,355

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 Domiciliary Jurisdiction	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		
General Account - Authorized - Affiliates - U.S. - Other													
94358.....	71-0505232....	.01/01/2007	USAbLe Life.....	AR.....	OTH/I.....	D.....	.....23,682,135	.....	.....	.....	.....	.....	.....
94358.....	71-0505232....	.01/01/2007	USAbLe Life.....	AR.....	OTH/G.....	D.....	.....30,440,304	.....	.....	.....	.....	.....	.....
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other.....						.....54,122,439	.....0	.....0	.....0	.....0	.....0	.....0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total.....						.....54,122,439	.....0	.....0	.....0	.....0	.....0	.....0
0799999.	Total - General Account - Authorized - Affiliates.....						.....54,122,439	.....0	.....0	.....0	.....0	.....0	.....0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
77720.....	75-0956156....	.10/01/2008	LifeSecure Insurance Company.....	MI.....	OTH/I.....	LTC.....	.....224,947	.....	.....	.....	.....	.....	.....
77720.....	75-0956156....	.10/01/2008	LifeSecure Insurance Company.....	MI.....	OTH/G.....	LTC.....	.....220,018	.....	.....	.....	.....	.....	.....
47029.....	75-1769288....	.01/01/2016	Vision Service Plan.....	AR.....	OTH/I.....	OH.....	.....4,519,936	.....	.....	.....	.....	.....	.....
47029.....	75-1769288....	.01/01/2016	Vision Service Plan.....	AR.....	OTH/G.....	OH.....	.....2,279,758	.....	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....7,244,660	.....0	.....0	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....7,244,660	.....0	.....0	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....61,367,099	.....0	.....0	.....0	.....0	.....0	.....0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....						.....61,367,099	.....0	.....0	.....0	.....0	.....0	.....0
9199999.	Total - U.S.....						.....61,367,099	.....0	.....0	.....0	.....0	.....0	.....0
9999999.	Total.....						.....61,367,099	.....0	.....0	.....0	.....0	.....0	.....0

**Sch. S - Pt. 4
NONE**

**Sch. S - Pt. 5
NONE**

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums.....	61,367	52,194	49,676	48,734	51,573
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	39,728	37,222	35,092	39,763	34,690
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....	7,538	6,601	6,239	5,789	10,462
8. Reinsurance recoverable on paid losses.....	3,812	3,703	3,912	9,942	38,374
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	1,479,947,692		1,479,947,692
2. Accident and health premiums due and unpaid (Line 15).....	157,243,827		157,243,827
3. Amounts recoverable from reinsurers (Line 16.1).....	3,811,787	(3,811,787)	(0)
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	344,626,836	11,350,142	355,976,978
6. Totals assets (Line 28).....	1,985,630,142	7,538,355	1,993,168,497
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	104,603,081		104,603,081
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,791,378		4,791,378
9. Premiums received in advance (Line 8).....	27,681,746		27,681,746
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	855,863,432	7,538,355	863,401,787
15. Total liabilities (Line 24).....	992,939,638	7,538,355	1,000,477,993
16. Total capital and surplus (Line 33).....	992,690,504	XXX	992,690,504
17. Total liabilities, capital and surplus (Line 34).....	1,985,630,142	7,538,355	1,993,168,497
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.....	3,811,787		3,811,787
22. Other ceded reinsurance recoverables.....	0		0
23. Total ceded reinsurance recoverables.....	3,811,787		3,811,787
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.....	3,811,787		3,811,787
30. Total ceded reinsurance payables/offsets.....	3,811,787		3,811,787
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					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL							.0
2. Alaska.....AK							.0
3. Arizona.....AZ							.0
4. Arkansas.....AR				444,965			444,965
5. California.....CA							.0
6. Colorado.....CO							.0
7. Connecticut.....CT							.0
8. Delaware.....DE							.0
9. District of Columbia.....DC							.0
10. Florida.....FL							.0
11. Georgia.....GA							.0
12. Hawaii.....HI							.0
13. Idaho.....ID							.0
14. Illinois.....IL							.0
15. Indiana.....IN							.0
16. Iowa.....IA							.0
17. Kansas.....KS							.0
18. Kentucky.....KY							.0
19. Louisiana.....LA							.0
20. Maine.....ME							.0
21. Maryland.....MD							.0
22. Massachusetts.....MA							.0
23. Michigan.....MI							.0
24. Minnesota.....MN							.0
25. Mississippi.....MS							.0
26. Missouri.....MO							.0
27. Montana.....MT							.0
28. Nebraska.....NE							.0
29. Nevada.....NV							.0
30. New Hampshire.....NH							.0
31. New Jersey.....NJ							.0
32. New Mexico.....NM							.0
33. New York.....NY							.0
34. North Carolina.....NC							.0
35. North Dakota.....ND							.0
36. Ohio.....OH							.0
37. Oklahoma.....OK							.0
38. Oregon.....OR							.0
39. Pennsylvania.....PA							.0
40. Rhode Island.....RI							.0
41. South Carolina.....SC							.0
42. South Dakota.....SD							.0
43. Tennessee.....TN							.0
44. Texas.....TX							.0
45. Utah.....UT							.0
46. Vermont.....VT							.0
47. Virginia.....VA							.0
48. Washington.....WA							.0
49. West Virginia.....WV							.0
50. Wisconsin.....WI							.0
51. Wyoming.....WY							.0
52. American Samoa.....AS							.0
53. Guam.....GU							.0
54. Puerto Rico.....PR							.0
55. US Virgin Islands.....VI							.0
56. Northern Mariana Islands.....MP							.0
57. Canada.....CAN							.0
58. Aggregate Other Alien.....OT							.0
59. Totals.....		0	0	0	444,965	0	444,965

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0876	USAbLe Mutual Insurance Company	83470..	71-0226428..				USAbLe Mutual Insurance Company.....	AR.....		USAbLe Mutual Insurance Company.....	Board.....		USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company		71-0862108..				Blue & You Foundation.....	AR.....	NIA.....	USAbLe Mutual Insurance Company.....	Ownership, Board, Influence		USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company		71-0246079..				USAbLe Corporation.....	AR.....	DS.....	USAbLe Mutual Insurance Company.....	Ownership, Board, Influence	...100.000	USAbLe Mutual Insurance Company.....	..Y.....	
0876	USAbLe Mutual Insurance Company		47-5462795..				Partnership for a Health Arkansas LLC.....	AR.....	DS.....	USAbLe Mutual Insurance Company.....	Ownership, Influence, Board	....20.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company	95442..	71-0747497..				HMO Partners, Inc.....	AR.....	DS.....	USAbLe Mutual Insurance Company.....	Ownership, Board, Influence	....50.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company		80-0233147..				Life & Specialty Ventures, Inc.....	DE.....	NIA.....	USAbLe Mutual Insurance Company.....	Ownership, Board, Influence	....40.750	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company		71-0628367..				Group Service Underwriters, Inc.....	AR.....	DS.....	USAbLe Corporation.....	Ownership, Influence	...100.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company		27-3645332..				MedSite Health Management, LLC.....	AR.....	DS.....	USAbLe Corporation.....	Ownership, Board, Influence	....50.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company	15225..	46-2015297..				USAbLe Partners, LLC.....	AR.....	DS.....	USAbLe Corporation.....	Ownership, Board, Influence	...100.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company		45-1062167..				NDBH Holding Company, LLC.....	AR.....	DS.....	USAbLe Corporation.....	Ownership, Influence	....10.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company	94358..	71-0505232..				USAbLe Life.....	AR.....	IA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company	16751..	84-4571869..				USAbLe HMO.....	AR.....	DS.....	USAbLe Corporation.....	Ownership, Board, Influence	...100.000	USAbLe Mutual Insurance Company.....	..N.....	
0876	USAbLe Mutual Insurance Company	16750..	84-4586338..				USAbLe PPO.....	AR.....	DS.....	USAbLe Corporation.....	Ownership, Board, Influence	...100.000	USAbLe Mutual Insurance Company.....	..N.....	

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)
Affiliated Transactions												
83470.....	71-0226428.....	USAbLe Mutual Insurance Company.....	(4,738,208)	(50,000,000)			79,806,295	(1,383,321)			23,684,766	(2,495,425)
95442.....	71-0747497.....	HMO Partners Inc.....					(57,314,895)	1,383,321			(55,931,574)	8,312,784
	71-0246079.....	USAbLe Corporation.....		(70,000,000)			(4,551,379)				(74,551,379)	
94358.....	71-0505232.....	USAbLe Life.....									0	(5,817,359)
15225.....	46-2015297.....	USAbLe Partners LLC.....		20,000,000			(63,899)				19,936,101	
	80-0233147.....	Life & Specialty Ventures, Inc.....	4,738,208								4,738,208	
16751.....	84-4571869.....	USAbLe HMO.....		50,000,000			(8,797,112)				41,202,888	
16750.....	84-4586338.....	USAbLe PPO.....		50,000,000			(9,079,010)				40,920,990	
9999999.	Control Totals.....		0	0	0	0	(0)	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

	Responses
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 the Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risk 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 Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	NO
---	----

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

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17. 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
18. 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
19. 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

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
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, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	YES

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

- 1.
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- 26.



Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Contributions.....	7,524		11,251,184		11,258,708
2505. Exchange User Fee.....			5,760,978		5,760,978
2506. Misc.....	1,181,756	229,500	74,765,644		76,176,900
2597. Summary of remaining write-ins for Line 25.....	1,189,280	229,500	91,777,806	0	93,196,586

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2020

(To Be Filed by March 1)

FOR THE STATE OF.....Arkansas

NAIC Group Code.....All

NAIC Company Code.....83470

Address (City, State and Zip Code).....601 Gaines Street, Little Rock, AR 72201

Person Completing This Exhibit.....Holly Russell

Title.....Accountant.....Telephone Number.....501-399-3954

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018, 2019 & 2020			
										11	12		14	15	16		18
											Incurred Claims	13			Incurred Claims	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
Yes	A71-MP 1/90	P	NO	3, 5	.01/01/1984			.06/14/1905	Medi-Pak Plus	3,378,938	2,299,216	68.0	1,062	\$-	\$-	0.0	
Yes	A71-MS 1/90	P	NO	3, 5	.01/01/1966			.06/14/1905	Medi-Pak Standard	20,274	8,512	42.0	8	\$-	\$-	0.0	
Yes	A71-MO 1/89	P	NO	3, 5	.01/01/1989			.06/14/1905	Medi-Pak Lo Option	52,524	36,596	69.7	32	\$-	\$-	0.0	
Yes	71-MPA	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN A	238,470	164,774	69.1	158	\$-	\$-	0.0	
Yes	71-MPB	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN B	1,389,511	963,786	69.4	608	\$-	\$-	0.0	
Yes	71-MPC	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN C	30,541,299	20,156,116	66.0	9,767	\$-	\$-	0.0	
Yes	71-MPD	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN D	6,576,192	4,071,110	61.9	2,111	\$-	\$-	0.0	
Yes	71-MPF	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN F	46,410,214	30,478,631	65.7	14,972	\$-	\$-	0.0	
Yes	71-MPG	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN G	3,928,250	2,643,949	67.3	1,709	\$-	\$-	0.0	
Yes	71-MPI	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN I	196,875	122,434	62.2	50	\$-	\$-	0.0	
Yes	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN I - NRX	162,917	80,143	49.2	46	\$-	\$-	0.0	
Yes	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN A	44,157	72,600	164.4	34	\$-	\$-	0.0	
Yes	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN B	172,053	121,541	70.6	88	\$-	\$-	0.0	
Yes	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN C	2,932,552	2,226,660	75.9	1,150	\$-	\$-	0.0	
Yes	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN D	101,411	55,288	54.5	42	\$-	\$-	0.0	
Yes	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN J	27,214,484	20,475,737	75.2	11,256	\$-	\$-	0.0	
Yes	73-MPA 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN A	79,102	36,525	46.2	49	11,893	22,895	192.5	9
Yes	73-MPB 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN B	\$-	\$-	0.0		223,508	250,517	112.1	32
Yes	73-MPC 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2016				MEDIPAK PLAN C	659,078	510,849	77.5	273	1,475,243	1,398,586	94.8	617
Yes	73-MPF 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN F	73,962,143	53,639,748	72.5	29,099	7,234,277	6,538,873	90.4	3,030
Yes	73-MPFHD	P	NO	1, 2, 3, 4, 6	.01/01/2015				MEDIPAK PLAN F - High Ded	324,015	250,713	77.4	559	367,947	255,748	69.5	644
Yes	73-MPG 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN G	42,176,911	34,857,670	82.6	25,369	22,769,622	16,392,150	72.0	14,443
Yes	73-MPN 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN N	2,263,801	2,044,954	90.3	1,718	1,475,200	866,844	58.8	1,231
Yes	75-MPG	P	NO	1, 2, 3, 4, 7	.01/01/2020				MEDIPAK PLAN G	\$-	\$-	0.0		3,463,522	2,697,253	77.9	4,272
Yes	75-MPGHD	P	NO	1, 2, 3, 4, 8	.01/01/2020				MEDIPAK PLAN G - High Ded	\$-	\$-	0.0		34,950	34,909	99.9	112
Yes	EEPMA5-86, 870 and 891	P	NO	7				.05/31/2010	Employer's Equitable	29,400	11,103	37.8	10	\$-	\$-	0.0	
0199999	Total Policy Experience on Individual Policies									242,854,571	175,328,655	72.2	100,170	37,056,162	28,457,775	76.8	24,390

360.AR

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 as policy type "O".



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code....All

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.....	22,470,506	XXX	2,726,905	XXX	25,197,411
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	194,322	XXX		XXX	194,322
1.2 Supplemental Benefits.....	2,320,621	XXX	281,619	XXX	2,602,240
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage.....	44,066	XXX	90,752	XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....	4,551	XXX	9,372	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....	(286,305)	XXX	34,640	XXX	XXX
3.2 Supplemental Benefits.....	(29,568)	XXX	3,577	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable.....		XXX		XXX	XXX
4.2 Payable.....	(502,968)	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage.....	22,514,572	XXX	2,817,657	XXX	XXX
5.12 Without Reinsurance Coverage.....	286,305	XXX	(34,640)	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(308,646)	XXX	0	XXX	XXX
5.2 Supplemental Benefits.....	2,354,740	XXX	287,414	XXX	XXX
6. Total Premiums.....	24,846,971	XXX	3,070,430	XXX	27,993,973
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage.....	16,111,970	XXX	2,346,049	XXX	18,458,019
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....	1,294,114	XXX	188,435	XXX	1,482,548
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage.....	1,758,632	XXX	36,852	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....	141,253	XXX	2,960	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage.....	(652,133)	XXX	243,851	XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....	(52,379)	XXX	19,586	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage.....	18,522,735	XXX	2,139,049	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	1,487,746	XXX	171,808	XXX	XXX
11. Total Claims.....	20,010,481	XXX	2,310,858	XXX	19,940,567
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	(116,023)	XXX	(177,965)	(293,988)
12.3 Reimbursements Receivable-Change.....	XXX	465,249	XXX	(44,703)	XXX
12.4 Health Care Receivables-Change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change.....					XXX
14. Expenses Paid.....	6,130,251	XXX	2,522	XXX	6,132,773
15. Expenses Incurred.....	6,038,177	XXX	273,328	XXX	XXX
16. Underwriting Gain/Loss.....	(1,201,687)	XXX	486,244	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	1,626,645