



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## HMO Partners, Inc

NAIC Group Code 0876 0876 NAIC Company Code 95442 Employer's ID Number 71-0747497  
(Current) (Prior)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 11/08/1993 Commenced Business 01/01/1994

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 healthadvantage-hmo.com

Statutory Statement Contact Samuel Patterson Wenger, 501-294-5030  
(Name) (Area Code) (Telephone Number)  
SPWenger@arkbluecross.com, 501-378-3258  
(E-mail Address) (FAX Number)

### OFFICERS

Chairman of the Board Gray Donald Dillard Secretary Timothy Gerard Gauger  
Treasurer Scott Bradley Winter President / CEO Matthew Dennis Vannatta

### OTHER

Brent William Beaulieu, Vice Chairman

### DIRECTORS OR TRUSTEES

<u>Curtis Edwin Barnett</u>	<u>Brent William Beaulieu</u>	<u>Alicia Marie Berkemeyer</u>
<u>Gray Donald Dillard</u>	<u>Kelley Lyn Hamby #</u>	<u>Christina Powell Hockaday</u>
<u>Matthew Ridgway Jones</u>	<u>Calvin Eugene Kellogg</u>	<u>Charles Edgar Phillips MD</u>
<u>Tonya Renee Robertson</u>	<u>Sherman Ellis Tate</u>	<u>Matthew Dennis Vannatta</u>
<u>Troy Russell Wells</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.

Gray Donald Dillard  
Chairman of the Board

Scott Bradley Winter  
Treasurer

Timothy Gerard Gauger  
Secretary

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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





**EXHIBIT 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 .....	6,740,668	23,707,285	1,350,064	10,245,055	8,090,732	10,737,974
2. Claim overpayment receivables .....	326,022	2,890,685	228,359	571,209	554,381	639,878
3. Loans and advances to providers .....	0	0	0	0	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	11,466	0	0	0	11,466	5,155
6. Other health care receivables.....	0	0	0	2,770,673	0	1,536,777
7. Totals (Lines 1 through 6)	7,078,156	26,597,970	1,578,423	13,586,937	8,656,579	12,919,784

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 Mutual Insurance Company .....	Intercompany .....	12,127,465	12,127,465	
USAbLe HMO .....	Intercompany .....	19,397	19,397	
0199999. Individually listed payables		12,146,862	12,146,862	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		12,146,862	12,146,862	0

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	1,664,129	0.7	13,439	35.5	1,664,129	
4. Total capitation payments .....	1,664,129	0.7	13,439	35.5	1,664,129	0
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	76,675,199	33.9	XXX	XXX	76,675,199	
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	147,531,987	65.3	XXX	XXX	147,531,987	
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 .....	224,207,186	99.3	XXX	XXX	224,207,186	0
13. TOTAL (Line 4 plus Line 12)	225,871,315	100%	XXX	XXX	225,871,315	0

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HMO Partners, Inc

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

HMO Partners, Inc

2. Little Rock, AR

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	Arkansas			2025										NAIC Company Code	
	0876	1		4	5	6	7	8	9	10	11	12	13	14	95442
	Comprehensive (Hospital & Medical)														
	2	3													
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior year .....	38,762	25,086	13,676												
2. First quarter .....	40,088	28,562	11,526												
3. Second quarter .....	39,644	28,505	11,139												
4. Third quarter .....	38,696	27,989	10,707												
5. Current year .....	37,813	27,452	10,361												
6. Current year member months	469,811	335,855	133,956												
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	52,158	44,465	7,693												
8. Non-physician .....	69,469	59,373	10,096												
9. Total .....	121,627	103,838	17,789	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	14,592	13,037	1,555												
11. Number of inpatient admissions	3,114	2,788	326												
12. Health premiums written (b) .....	244,188,131	178,020,809	66,167,322												
13. Life premiums direct .....	0														
14. Property/casualty premiums written .....	0														
15. Health premiums earned .....	245,127,865	178,829,836	66,298,029												
16. Property/casualty premiums earned	0														
17. Amount paid for provision of health care services .....	225,871,315	167,971,541	57,899,774												
18. Amount incurred for provision of health care services	215,862,445	157,948,393	57,914,052												

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HMO Partners, Inc

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

HMO Partners, Inc

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	NAIC Company Code 95442			
		2	3													Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan
Total	Individual	Group																	
<b>Total Members at end of:</b>																			
1. Prior year	38,762	25,086	13,676	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First quarter	40,088	28,562	11,526	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second quarter	39,644	28,505	11,139	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third quarter	38,696	27,989	10,707	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current year	37,813	27,452	10,361	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Current year member months	469,811	335,855	133,956	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician	52,158	44,465	7,693	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-physician	69,469	59,373	10,096	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	121,627	103,838	17,789	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital patient days incurred	14,592	13,037	1,555	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of inpatient admissions	3,114	2,788	326	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health premiums written (b)	244,188,131	178,020,809	66,167,322	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	245,127,865	178,829,836	66,298,029	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	225,871,315	167,971,541	57,899,774	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	215,862,445	157,948,393	57,914,052	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

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

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

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**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	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
<b>NONE</b>												
9999999 - Totals												



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HMO Partners, Inc

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
83470	71-0226428	01/01/2023	USAbLe Mutual Insurance Company	AR	OTH/G	CMM	66,402,810		4,961,000				
83470	71-0226428	01/01/2023	USAbLe Mutual Insurance Company	AR	OTH/I	CMM	124,416,706		15,985,319				
			0299999. General Account - authorized U.S. affiliates - other				190,819,516	0	20,946,319	0	0	0	0
			0399999. Total General Account - authorized U.S. affiliates				190,819,516	0	20,946,319	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				190,819,516	0	20,946,319	0	0	0	0
			1099999. Total General Account - authorized non-affiliates				0	0	0	0	0	0	0
			1199999. Total General Account authorized				190,819,516	0	20,946,319	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				190,819,516	0	20,946,319	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)				190,819,516	0	20,946,319	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				190,819,516	0	20,946,319	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 2025 OF THE HMO Partners, Inc

**SCHEDULE S - PART 6**

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

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	190,820	181,960	206,263	147,423	124,664
2. Title XVIII - Medicare .....	0	0	0	12,931	18,399
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	97,895	96,288	93,754		
5. Total hospital and medical expenses .....	169,142	141,776	169,642		114,849
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0				
7. Claims payable .....	20,946	27,615	37,106	22,129	20,336
8. Reinsurance recoverable on paid losses .....	15,648	11,919	12,871	9,301	0
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....	75	6,481	4,063	(7,842)	
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HMO Partners, Inc

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	79,357,656		79,357,656
2. Accident and health premiums due and unpaid (Line 15) .....	237,213		237,213
3. Amounts recoverable from reinsurers (Line 16.1) .....	15,647,599	(15,647,599)	0
4. Net credit for ceded reinsurance .....	XXX	38,202,450	38,202,450
5. All other admitted assets (Balance) .....	17,022,232	0	17,022,232
6. Total assets (Line 28)	112,264,699	22,554,851	134,819,550
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	10,847,562	20,946,319	31,793,881
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,234,175		1,234,175
9. Premiums received in advance (Line 8) .....	2,914,355		2,914,355
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) .....	53,210,585	1,608,532	54,819,117
15. Total liabilities (Line 24) .....	68,206,677	22,554,851	90,761,528
16. Total capital and surplus (Line 33) .....	44,058,022	XXX	44,058,022
17. Total liabilities, capital and surplus (Line 34)	112,264,699	22,554,851	134,819,550
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	20,946,319		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	15,647,599		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	36,593,918		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	(1,608,532)		
30. Total ceded reinsurance payables/offsets .....	(1,608,532)		
31. Total net credit for ceded reinsurance	38,202,450		

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

Allocated by States and Territories

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

**NONE**

**SCHEDULE Y**  
**PART 1A - DETAILS 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0876	Arkansas BCBS Group	83470	71-0226428				USable Mutatal Insurance Company	AR	UDP	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	NIA	USable Mutual Insurance Company	Ownership, Board, Influence	100.000	USable Mutual Insurance Company	YES	
.0876	Arkansas BCBS Group		47-5462795				Partnership for a Healthy Arkansas LLC	AR	NIA	USable Mutual Insurance Company	Ownership, Board, Influence	20.000	USable Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	95442	71-0747497				HMO Partners, Inc.	AR	RE	USable Mutual Insurance Company	Ownership, Board, Influence	50.000	USable Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		71-0628367				Group Service Underwriters, Inc	AR	NIA	USable Corporation	Ownership, Board, Influence	100.000	USable Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		46-2015297				USable Partners, LLC	AR	IA	USable Corporation	Ownership, Board, Influence	100.000	USable Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group		45-1062167				NDBH Holding Company, LLC	AR	NIA	USable Corporation	Ownership, Board, Influence	10.000	USable Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	16751	84-4571869				USable HMO, Inc.	AR	IA	USable Corporation	Ownership, Board, Influence	100.000	USable Mutual Insurance Company	NO	
.0876	Arkansas BCBS Group	16750	84-4586338				USable PPO Insurance Company	AR	IA	USable Corporation	Ownership, Board, Influence	100.000	USable Mutual Insurance Company	NO	

Asterisk	Explanation
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**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
83470	71-0226428	USable Mutual Insurance Company DBA Arkansas Blue Cross and Blue Shield		133,331,842			196,343,201	(66,000,048)			263,674,995	(84,942,389)
95442	71-0747497	HMO Partners Inc. (See HMOP tab)					(97,628,502)	26,052,897			(71,575,605)	36,593,917
	71-0246079	USable Corporation		(135,926,101)			(765,748)				(136,691,849)	
16751	84-4571869	USable HMO		15,194,260			(75,880,467)	24,626,982			(36,059,225)	28,254,346
16750	84-4586338	USable PPO		(15,000,000)			(22,853,747)	15,320,168			(22,533,579)	20,094,126
15225	46-2015297	USable Partners					770,238				770,238	
	71-0628367	Group Service Underwriters, Inc.		2,400,000			15,024				2,415,024	
9999999 Control Totals			0	1	0	0	(1)	(1)	XXX	0	(1)	0



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## REQUIRED FILINGS

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










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

## SUPPLEMENTAL FILINGS

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

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

### Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



21. Life Supplement [Document Identifier 211]



24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]





SUPPLEMENT FOR THE YEAR 2025 OF THE HMO Partners, Inc  
**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

**FOR THE STATE OF: Arkansas**

NAIC Group Code 0876

NAIC Company Code 95442

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 .....	NO
12. Travel .....	NO
13. Pet insurance plans	NO