



HEALTH ANNUAL STATEMENT

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

USable HMO, Inc.

NAIC Group Code 0876 0876 NAIC Company Code 16751 Employer's ID Number 84-4571869
(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 [] No [X]

Incorporated/Organized 12/18/2019 Commenced Business 01/01/2021

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.arkbluemedicare.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

President Gray Donald Dillard Secretary Timothy Gerard Gauger
Treasurer Samuel Patterson Wenger #

OTHER

Calvin Eugene Kellogg, Chairman of the Board

DIRECTORS OR TRUSTEES

Gray Donald Dillard Calvin Eugene Kellogg Philip Eugene Sherrill
Matthew Dennis Vannatta Scott Bradley Winter

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
President

Samuel Patterson Wenger
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	9,742,399	37,226,622	1,152,798	18,342,718	10,895,197	11,909,212
2. Claim overpayment receivables	0	0	0	0	0	0
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	5,272	0	428,094	184,064	433,366	416,031
6. Other health care receivables.....	179,736	1,939,951	(159,469)	970,342	20,267	741,634
7. Totals (Lines 1 through 6)	9,927,407	39,166,573	1,421,423	19,497,124	11,348,830	13,066,876

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	9,243,575	9,243,575	
0199999. Individually listed payables		9,243,575	9,243,575	0
0299999. Payables not individually listed		3,124	3,124	
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0399999 Total gross payables		9,246,699	9,246,699	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	3,754,036	1.0	24,105	45.8	3,754,036	
4. Total capitation payments	3,754,036	1.0	24,105	45.8	3,754,036	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	118,188,091	30.1	XXX	XXX	118,188,091	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	270,722,327	68.9	XXX	XXX	270,722,327	
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	388,910,418	99.0	XXX	XXX	388,910,418	0
13. TOTAL (Line 4 plus Line 12)	392,664,454	100%	XXX	XXX	392,664,454	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
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	NONE					
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 USAbLe HMO, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USAbLe HMO, Inc.

2. Little Rock, AR

NAIC Group Code	0876		BUSINESS IN THE STATE OF		Arkansas		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		16751	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H
Total	Individual	Group																			
Total Members at end of:																					
1. Prior year	44,002	30,361						13,641													
2. First quarter	53,322	39,954						13,368													
3. Second quarter	53,817	40,447						13,370													
4. Third quarter	53,530	40,163						13,367													
5. Current year	52,630	39,306						13,324													
6. Current year member months	636,240	476,022						160,218													
Total Member Ambulatory Encounters for Year:																					
7. Physician	104,974	60,309						44,665													
8. Non-physician	97,049	76,020						21,029													
9. Total	202,023	136,329	0	0	0	0	0	65,694	0	0	0	0	0								
10. Hospital patient days incurred	27,971	16,411						11,560													
11. Number of inpatient admissions	6,025	3,448						2,577													
12. Health premiums written (b)	420,448,362	243,533,180						176,915,183													
13. Life premiums direct	0																				
14. Property/casualty premiums written	0																				
15. Health premiums earned	418,000,946	241,956,062						176,044,884													
16. Property/casualty premiums earned	0																				
17. Amount paid for provision of health care services	392,664,454	218,192,215						174,472,238													
18. Amount incurred for provision of health care services	388,988,725	215,728,595						173,260,130													

(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 \$ 176,915,183

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USAbLe HMO, 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			
		2	3													16751			
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	44,002	30,361	0	0	0	0	13,641	0	0	0	0	0	0	0					
2. First quarter	53,322	39,954	0	0	0	0	13,368	0	0	0	0	0	0	0					
3. Second quarter	53,817	40,447	0	0	0	0	13,370	0	0	0	0	0	0	0					
4. Third quarter	53,530	40,163	0	0	0	0	13,367	0	0	0	0	0	0	0					
5. Current year	52,630	39,306	0	0	0	0	13,324	0	0	0	0	0	0	0					
6. Current year member months	636,240	476,022	0	0	0	0	160,218	0	0	0	0	0	0	0					
Total Member Ambulatory Encounters for Year:																			
7. Physician	104,974	60,309	0	0	0	0	44,665	0	0	0	0	0	0	0					
8. Non-physician	97,049	76,020	0	0	0	0	21,029	0	0	0	0	0	0	0					
9. Total	202,023	136,329	0	0	0	0	65,694	0	0	0	0	0	0	0					
10. Hospital patient days incurred	27,971	16,411	0	0	0	0	11,560	0	0	0	0	0	0	0					
11. Number of inpatient admissions	6,025	3,448	0	0	0	0	2,577	0	0	0	0	0	0	0					
12. Health premiums written (b)	420,448,362	243,533,180	0	0	0	0	176,915,183	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					
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
15. Health premiums earned	418,000,946	241,956,062	0	0	0	0	176,044,884	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					
17. Amount paid for provision of health care services	392,664,454	218,192,215	0	0	0	0	174,472,238	0	0	0	0	0	0	0					
18. Amount incurred for provision of health care services	388,988,725	215,728,595	0	0	0	0	173,260,130	0	0	0	0	0	0	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 \$ 176,915,183

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE HMO, Inc.

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USAbLe HMO, 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	01/01/2022	USAbLe Mutual Insurance Company	AR	OTH/1	MR	176,915,183	0	18,409,598	0	0	0	0
0299999	General Account - authorized U.S. affiliates - other												
0399999	Total General Account - authorized U.S. affiliates												
0699999	Total General Account - authorized non-U.S. affiliates												
0799999	Total General Account - authorized affiliates												
1099999	Total General Account - authorized non-affiliates												
1199999	Total General Account authorized												
1499999	Total General Account - unauthorized U.S. affiliates												
1799999	Total General Account - unauthorized non-U.S. affiliates												
1899999	Total General Account - unauthorized affiliates												
2199999	Total General Account - unauthorized non-affiliates												
2299999	Total General Account unauthorized												
2599999	Total General Account - certified U.S. affiliates												
2899999	Total General Account - certified non-U.S. affiliates												
2999999	Total General Account - certified affiliates												
3299999	Total General Account - certified non-affiliates												
3399999	Total General Account certified												
3699999	Total General Account - reciprocal jurisdiction U.S. affiliates												
3999999	Total General Account - reciprocal jurisdiction non-U.S. affiliates												
4099999	Total General Account - reciprocal jurisdiction affiliates												
4399999	Total General Account - reciprocal jurisdiction non-affiliates												
4499999	Total General Account reciprocal jurisdiction												
4599999	Total General Account authorized, unauthorized, reciprocal jurisdiction and certified												
4899999	Total Separate Accounts - authorized U.S. affiliates												
5199999	Total Separate Accounts - authorized non-U.S. affiliates												
5299999	Total Separate Accounts - authorized affiliates												
5599999	Total Separate Accounts - authorized non-affiliates												
5699999	Total Separate Accounts authorized												
5999999	Total Separate Accounts - unauthorized U.S. affiliates												
6299999	Total Separate Accounts - unauthorized non-U.S. affiliates												
6399999	Total Separate Accounts - unauthorized affiliates												
6699999	Total Separate Accounts - unauthorized non-affiliates												
6799999	Total Separate Accounts unauthorized												
7099999	Total Separate Accounts - certified U.S. affiliates												
7399999	Total Separate Accounts - certified non-U.S. affiliates												
7499999	Total Separate Accounts - certified affiliates												
7799999	Total Separate Accounts - certified non-affiliates												
7899999	Total Separate Accounts certified												
8199999	Total Separate Accounts - reciprocal jurisdiction U.S. affiliates												
8499999	Total Separate Accounts - reciprocal jurisdiction non-U.S. affiliates												
8599999	Total Separate Accounts - reciprocal jurisdiction affiliates												
8899999	Total Separate Accounts - reciprocal jurisdiction non-affiliates												
8999999	Total Separate Accounts reciprocal jurisdiction												
9099999	Total Separate Accounts authorized, unauthorized, reciprocal jurisdiction and certified												
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)												
9299999	Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)												
9999999	Totals												

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	
2. Title XVIII - Medicare	176,915	164,817	148,578	94,781	
3. Title XIX - Medicaid	0	0	0	0	
4. Commissions and reinsurance expense allowance	27,452	26,923	28,282		
5. Total hospital and medical expenses	173,260	149,598	150,707		
B. BALANCE SHEET ITEMS					
6. Premiums receivable	5,789	5,504	4,698		
7. Claims payable	18,410	19,622	26,280	16,801	
8. Reinsurance recoverable on paid losses	9,845	9,709	6,217	5,191	
9. Experience rating refunds due or unpaid			0		
10. Commissions and reinsurance expense allowances due	(8,095)	(11,784)	1,215	1,890	
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	
14. Letters of credit (L)	0	0	0	0	
15. Trust agreements (T)	0	0	0	0	
16. Other (O)	0	0	0	0	
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)	94,717,358		94,717,358
2. Accident and health premiums due and unpaid (Line 15)	16,176	5,789,017	5,805,193
3. Amounts recoverable from reinsurers (Line 16.1)	9,844,747	(9,844,747)	0
4. Net credit for ceded reinsurance	XXX	9,063,894	9,063,894
5. All other admitted assets (Balance)	9,124,620	22,414,330	31,538,950
6. Total assets (Line 28)	113,702,901	27,422,494	141,125,395
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	30,604,291	18,409,598	49,013,889
8. Accrued medical incentive pool and bonus payments (Line 2)	1,227,668	0	1,227,668
9. Premiums received in advance (Line 8)	2,279,601	28,261	2,307,862
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)	49,818,526	8,984,635	58,803,161
15. Total liabilities (Line 24)	83,930,086	27,422,494	111,352,580
16. Total capital and surplus (Line 33)	29,772,814	XXX	29,772,814
17. Total liabilities, capital and surplus (Line 34)	113,702,900	27,422,494	141,125,394
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	18,409,598		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	28,261		
21. Reinsurance recoverable on paid losses	9,844,747		
22. Other ceded reinsurance recoverables	(22,414,330)		
23. Total ceded reinsurance recoverables	5,868,276		
24. Premiums receivable	5,789,017		
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	(8,984,635)		
30. Total ceded reinsurance payables/offsets	(3,195,618)		
31. Total net credit for ceded reinsurance	9,063,894		

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE HMO, Inc.

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 Percen-tage	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	UIP	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	UDP	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	IA	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	RE	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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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USAble HMO, Inc.

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
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?	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
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:	
10.	
11.	
12.	
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14.	
15.	
16.	
17.	
18.	
20.	
21.	

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]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 2025 OF THE USAble HMO, 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 16751

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