



HEALTH ANNUAL STATEMENT

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

USable PPO Insurance Company

NAIC Group Code 0876 0876 NAIC Company Code 16750 Employer's ID Number 84-4586338
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 12/04/2019 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	3,335,469	10,083,576	322,614	6,364,960	3,658,083	4,343,138
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	0	0	355,708	188,760	355,708	343,562
6. Other health care receivables.....	14,262	733,513	521	79,674	14,783	80,936
7. Totals (Lines 1 through 6)	3,349,731	10,817,089	678,843	6,633,394	4,028,574	4,767,636

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

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
NONE							
0399999 Total gross amounts receivable							

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	1,044,614	0.9	8,519	100.0	1,044,614	
4. Total capitation payments	1,044,614	0.9	8,519	100.0	1,044,614	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	30,490,935	27.3	XXX	XXX	30,490,935	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	80,331,737	71.8	XXX	XXX	80,331,737	
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	110,822,672	99.1	XXX	XXX	110,822,672	0
13. TOTAL (Line 4 plus Line 12)	111,867,286	100%	XXX	XXX	111,867,286	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 PPO Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

USAble PPO Insurance Company

2. Little Rock, AR

NAIC Group Code	0876	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Arkansas		2025										NAIC Company Code	
		16750		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan										
Total		Individual	Group												
Total Members at end of:															
1. Prior year	8,371									8,371					
2. First quarter	8,525									8,525					
3. Second quarter	8,555									8,555					
4. Third quarter	8,584									8,584					
5. Current year	8,519									8,519					
6. Current year member months	102,549									102,549					
Total Member Ambulatory Encounters for Year:															
7. Physician	27,735									27,735					
8. Non-physician	15,186									15,186					
9. Total	42,921	0	0	0	0	0	0	0	0	42,921	0	0	0	0	0
10. Hospital patient days incurred	6,310									6,310					
11. Number of inpatient admissions	1,485									1,485					
12. Health premiums written (b)	113,510,558									113,510,558					
13. Life premiums direct	0									0					
14. Property/casualty premiums written	0									0					
15. Health premiums earned	113,162,526									113,162,526					
16. Property/casualty premiums earned	0									0					
17. Amount paid for provision of health care services	111,867,286									111,867,286					
18. Amount incurred for provision of health care services	111,595,607									111,595,607					

(a) For health business: number of persons insured under PPO managed care products8,519 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 \$ 113,510,558

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE PPO Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1 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 PPO Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
83470	71-0226428	01/01/2022	USABLE Mutual Insurance Company	AR	OTH/G	MR	2,592,279		221,051				
83470	71-0226428	01/01/2022	USABLE Mutual Insurance Company	AR	OTH/I	MR	110,918,279		12,996,712				
0299999	General Account - authorized U.S. affiliates - other						113,510,558	0	13,217,763	0	0	0	0
0399999	Total General Account - authorized U.S. affiliates						113,510,558	0	13,217,763	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						113,510,558	0	13,217,763	0	0	0	0
1099999	Total General Account - authorized non-affiliates						0	0	0	0	0	0	0
1199999	Total General Account authorized						113,510,558	0	13,217,763	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						113,510,558	0	13,217,763	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)						113,510,558	0	13,217,763	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						113,510,558	0	13,217,763	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE PPO Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - life and annuity U.S. affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - life and annuity non-U.S. affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - life and annuity affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - life and annuity non-affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account life and annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - accident and health U.S. affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - accident and health non-U.S. affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - accident and health affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2199999. Total General Account - accident and health non-affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account accident and health				0	0	0	0	0	XXX	0	0	0	0	0
2399999. Total General Account				0	0	0	0	0	XXX	0	0	0	0	0
2699999. Total Separate Accounts - U.S. affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - non-U.S. affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - non-affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	XXX	0	0	0	0	0
3699999. Total non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	0	0	0	0	XXX	0	0	0	0	0

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE PPO Insurance Company

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	113,511	101,925	78,978	58,204	
3. Title XIX - Medicaid	0	0	0	0	
4. Commissions and reinsurance expense allowance	16,500	16,204	13,946		
5. Total hospital and medical expenses	111,596	100,532	74,048		
B. BALANCE SHEET ITEMS					
6. Premiums receivable	3,676	3,789	3,236		
7. Claims payable	13,218	13,489	12,106	9,389	
8. Reinsurance recoverable on paid losses	6,876	6,137	5,211	5,424	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	(5,510)	(7,333)	(668)	(2,601)	
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)					

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE PPO Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	26,831,287		26,831,287
2. Accident and health premiums due and unpaid (Line 15)	0	3,675,712	3,675,712
3. Amounts recoverable from reinsurers (Line 16.1)	6,876,363	(6,876,363)	0
4. Net credit for ceded reinsurance	XXX	4,075,228	4,075,228
5. All other admitted assets (Balance)	37,500	14,284,882	14,322,382
6. Total assets (Line 28)	33,745,150	15,159,459	48,904,609
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	0	13,217,763	13,217,763
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	0	12,587	12,587
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)	7,968,106	1,929,109	9,897,215
15. Total liabilities (Line 24)	7,968,106	15,159,459	23,127,565
16. Total capital and surplus (Line 33)	25,777,043	XXX	25,777,043
17. Total liabilities, capital and surplus (Line 34)	33,745,149	15,159,459	48,904,608
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	13,217,763		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	12,587		
21. Reinsurance recoverable on paid losses	6,876,363		
22. Other ceded reinsurance recoverables	(14,284,882)		
23. Total ceded reinsurance recoverables	5,821,831		
24. Premiums receivable	3,675,712		
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	(1,929,109)		
30. Total ceded reinsurance payables/offsets	1,746,603		
31. Total net credit for ceded reinsurance	4,075,228		

**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						
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 PPO Insurance Company

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	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? (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	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	RE	USable Corporation	Ownership, Board, Influence	100.000	USable Mutual Insurance Company	NO	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE USABLE PPO Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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










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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	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?.....	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?	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.	
13.	
14.	
15.	
16.	
17.	
18.	
19. Only MA business is written by the Company.	
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]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year
[Document Identifier 600]



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



21. Life Supplement [Document Identifier 211]

