



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022  
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, 501-399-3953  
(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>Lavanda Moore Gangluff APN</u>	<u>Richard Loyd Gore DDS</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 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	2,326,973					2,326,973
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	1,094,301	552,387				1,646,688
0299999. Total group	1,094,301	552,387	0	0	0	1,646,688
0399999. Premiums due and unpaid from Medicare entities	1,071,895	516	481	0	0	1,072,892
0499999. Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,493,169	552,903	481	0	0	5,046,553

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HMO Partners, Inc

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	2,431,238	2,431,238	2,431,238	3,461,722	3,461,722	7,293,714
0199999. Total Pharmaceutical Rebate Receivables	2,431,238	2,431,238	2,431,238	3,461,722	3,461,722	7,293,714
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	116,443	54,567	54,177	284,810	284,810	225,188
0299999. Total Claim Overpayment Receivables	116,443	54,567	54,177	284,810	284,810	225,188
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	46,265	0	0	0	0	46,265
0599999. Total Risk Sharing Receivables	46,265	0	0	0	0	46,265
0699998. Aggregate Other Health Care Receivables Not Individually Listed	1,913	6,690	5,279	64,740	64,740	13,882
0699999. Total Other Health Care Receivables	1,913	6,690	5,279	64,740	64,740	13,882
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0799999. Gross health care receivables	2,595,859	2,492,495	2,490,694	3,811,272	3,811,272	7,579,049

**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 .....	11,316,843	22,263,161	1,748,341	9,007,096	13,065,184	12,026,051
2. Claim overpayment receivables .....	2,071,791	4,143,582	64,916	445,082	2,136,707	539,786
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	0	46,265	0	0
6. Other health care receivables.....	20,721	171,419	(164)	78,786	20,557	171,099
7. Totals (Lines 1 through 6)	13,409,355	26,578,162	1,813,093	9,577,229	15,222,448	12,736,936

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	6,641,494	1,181,910	0	0	0	7,823,404
0499999. Subtotals	6,641,494	1,181,910	0	0	0	7,823,404
0599999. Unreported claims and other claim reserves						42,085,395
0699999. Total amounts withheld						132
0799999. Total claims unpaid						49,908,931
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0899999 Accrued medical incentive pool and bonus amounts						2,091,877

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HMO Partners, Inc

**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
USAbile Mutual Insurance .....	949,196					949,196	
0199999. Individually listed receivables .....	949,196	0	0	0	0	949,196	0
0299999. Receivables not individually listed .....							
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0399999 Total gross amounts receivable .....	949,196	0	0	0	0	949,196	0

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
USAbLe Mutual Insurance Company .....	.....	11,253,063	11,253,063	.....
USAbLe Life .....	.....	35,018	35,018	.....
0199999. Individually listed payables		11,288,081	11,288,081	0
0299999. Payables not individually listed		0		
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0399999 Total gross payables		11,288,081	11,288,081	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 .....	923,749	0.4	57,647	88.2	923,749	
4. Total capitation payments .....	923,749	0.4	57,647	88.2	923,749	0
<b>Other Payments:</b>						
5. Fee-for-service .....	7,520,679	2.9	XXX	XXX		7,520,679
6. Contractual fee payments .....	214,992,436	82.5	XXX	XXX	214,992,436	
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	37,215,973	14.3	XXX	XXX	37,215,973	
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 .....	259,729,088	99.6	XXX	XXX	252,208,409	7,520,679
13. TOTAL (Line 4 plus Line 12)	260,652,838	100%	XXX	XXX	253,132,158	7,520,679

**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 and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2022 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										
	Arkansas			2022										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	75,606	29,965	41,922					3,719						
2. First Quarter .....	68,885	29,937	36,131					2,817						
3. Second Quarter .....	69,123	31,847	34,554					2,722						
4. Third Quarter .....	68,090	32,587	32,850					2,653						
5. Current Year .....	65,371	32,151	30,594					2,626						
6. Current Year Member Months	818,208	375,705	409,762					32,741						
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	85,483	52,079	26,935					6,469						
8. Non-Physician .....	99,051	58,929	38,037					2,085						
9. Total .....	184,534	111,008	64,972	0	0	0	0	8,554	0	0	0	0	0	0
10. Hospital Patient Days Incurred	22,609	15,427	4,958					2,224						
11. Number of Inpatient Admissions	4,743	3,111	1,155					477						
12. Health Premiums Written (b) .....	351,238,089	145,845,003	177,201,053					28,192,034						
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	351,238,089	145,845,003	177,201,053					28,192,034						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	260,652,837	85,219,008	151,769,681					23,664,149						
18. Amount Incurred for Provision of Health Care Services	263,326,750	100,878,850	140,149,804					22,298,096						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 28,192,034

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ANNUAL STATEMENT FOR THE YEAR 2022 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	75,606	29,965	41,922	0	0	0	0	3,719	0	0	0	0	0	0	0	0	0		
2. First Quarter	68,885	29,937	36,131	0	0	0	0	2,817	0	0	0	0	0	0	0	0	0		
3. Second Quarter	69,123	31,847	34,554	0	0	0	0	2,722	0	0	0	0	0	0	0	0	0		
4. Third Quarter	68,090	32,587	32,850	0	0	0	0	2,653	0	0	0	0	0	0	0	0	0		
5. Current Year	65,371	32,151	30,594	0	0	0	0	2,626	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	818,208	375,705	409,762	0	0	0	0	32,741	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician	85,483	52,079	26,935	0	0	0	0	6,469	0	0	0	0	0	0	0	0	0		
8. Non-Physician	99,051	58,929	38,037	0	0	0	0	2,085	0	0	0	0	0	0	0	0	0		
9. Total	184,534	111,008	64,972	0	0	0	0	8,554	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	22,609	15,427	4,958	0	0	0	0	2,224	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	4,743	3,111	1,155	0	0	0	0	477	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	351,238,089	145,845,003	177,201,053	0	0	0	0	28,192,034	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	351,238,089	145,845,003	177,201,053	0	0	0	0	28,192,034	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	260,652,837	85,219,008	151,769,681	0	0	0	0	23,664,149	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	263,326,750	100,878,850	140,149,804	0	0	0	0	22,298,096	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 \$ .....28,192,034

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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 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
<b>NONE</b>												
9999999 - Totals												



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**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 Reinsur- ance 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		
0399999			Total General Account - Authorized U.S. Affiliates				0	0	0	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				0	0	0	0	0	0	0
37273	39-1338397	01/01/2020	Axis Insurance Company	IL	ASL/G	CIM	837,475						
0899999			General Account - Authorized U.S. Non-Affiliates				837,475	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				837,475	0	0	0	0	0	0
1199999			Total General Account Authorized				837,475	0	0	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				837,475	0	0	0	0	0	0
83470	71-0226428	01/01/1996	Arkansas Blue Cross & Blue Shield	AR	OTH/G	CIM	48,249,900		3,537,064				
83470	71-0226428	01/01/1996	Arkansas Blue Cross & Blue Shield	AR	OTH/I	CIM	98,335,925		17,331,021				
83470	71-0226428	01/01/1996	Arkansas Blue Cross & Blue Shield	AR	OTH/I	MR	12,931,044		1,261,084				
4799999			Separate Accounts - Authorized U.S. Affiliates - Other				159,516,869	0	22,129,169	0	0	0	0
4899999			Total Separate Accounts - Authorized U.S. Affiliates				159,516,869	0	22,129,169	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				159,516,869	0	22,129,169	0	0	0	0
5599999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts Authorized				159,516,869	0	22,129,169	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				159,516,869	0	22,129,169	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)				160,354,344	0	22,129,169	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				160,354,344	0	22,129,169	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 2022 OF THE HMO Partners, Inc

**SCHEDULE S - PART 6**

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

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	147,423	124,664	68,295	71,322	77,697
2. Title XVIII - Medicare .....	12,931	18,399	26,285	25,052	23,812
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....		114,849	75,566	78,110	88,174
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	22,129	20,336	8,313	7,003	8,749
8. Reinsurance recoverable on paid losses .....	9,301	0	0	320	1,731
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....	(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 .....			0	0	0
18. Funds deposited by and withheld from (F) .....			0	0	0
19. Letters of credit (L) .....			0	0	0
20. Trust agreements (T) .....			0	0	0
21. Other (O) .....			0	0	0



ANNUAL STATEMENT FOR THE YEAR 2022 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) .....	118,869,948		118,869,948
2. Accident and health premiums due and unpaid (Line 15) .....	5,046,553		5,046,553
3. Amounts recoverable from reinsurers (Line 16.1) .....	9,300,980	(9,300,980)	0
4. Net credit for ceded reinsurance .....	XXX	38,412,592	38,412,592
5. All other admitted assets (Balance) .....	30,992,316		30,992,316
6. Total assets (Line 28)	164,209,798	29,111,612	193,321,410
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	27,779,761	22,129,169	49,908,930
8. Accrued medical incentive pool and bonus payments (Line 2) .....	2,091,877		2,091,877
9. Premiums received in advance (Line 8) .....	1,931,097		1,931,097
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) .....	73,215,024	6,982,443	80,197,467
15. Total liabilities (Line 24) .....	105,017,759	29,111,612	134,129,371
16. Total capital and surplus (Line 33) .....	59,192,047	XXX	59,192,047
17. Total liabilities, capital and surplus (Line 34)	164,209,806	29,111,612	193,321,418
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	22,129,169		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	9,300,980		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	31,430,149		
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 .....	(6,982,443)		
30. Total ceded reinsurance payables/offsets .....	(6,982,443)		
31. Total net credit for ceded reinsurance	38,412,592		

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HMO Partners, Inc

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0876	Arkansas BCBS Group	83470	71-0226428				USAbLe Mutal Insurance Company	AR	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		80-0233147				Life & Specialty Ventures, LLC	DE	NIA	USAbLe Mutual Insurance Company	Ownership, Board	35.493	Life & Specialty Ventures, LLC	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	
.0876	Arkansas BCBS Group	94358	71-0505232				USAbLe Life	AR	IA	Life & Specialty Ventures, LLC	Ownership	100.000	Life & Specialty Ventures, LLC	NO	
.0876	Arkansas BCBS Group	97985	93-6030398				Lifemap Assurance Company	OR	IA	Life & Specialty Ventures, LLC	Ownership	100.000	Life & Specialty Ventures, LLC	NO	

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HMO Partners, 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		(5,000,000)			134,924,903	(39,845,125)			90,079,778	(62,316,526)
95442	71-0747497	HMO Partners Inc.					(104,471,159)	(24,068,156)			(128,539,315)	31,430,149
	71-0246079	USAble Corporation					2,902,091				2,902,091	
94358	71-0505232	USAble Life						14,076,974			14,076,974	(5,919,242)
15225	46-2015297	USAble Partners					950,800				950,800	
	45-1062167	NDBH Holding Company		5,000,000							5,000,000	
16751	84-4571869	USAble HMO					(20,377,858)	33,439,325			13,061,467	21,992,560
16750	84-4586338	USAble PPO					(13,586,957)	16,396,982			2,810,025	14,813,059
	71-0628367	Group Service Underwriters, Inc.					(341,820)				(341,820)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

Table with 8 columns: 1. Insurers in Holding Company, 2. Owners with Greater Than 10% Ownership, 3. Ownership Percentage, 4. Granted Disclaimer of Control, 5. Ultimate Controlling Party, 6. U.S. Insurance Groups or Entities Controlled, 7. Ownership Percentage, 8. Granted Disclaimer of Control. Rows include USable Mutual Insurance Company, HMO Partners, Inc., USable HMO, USable PPO, USable Life, and LifeMap Assurance 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
<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
<b>APRIL FILING</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
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.	
19. The data for this supplement is not required to be filed.	
20. 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

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



20. Life Supplement [Document Identifier 211]



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

