



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022  
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 01/17/2020 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, 501-399-3953  
(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 Scott Bradley Winter

### OTHER

Calvin Eugene Kellogg

### DIRECTORS OR TRUSTEES

Gray Donald Dillard Calvin Eugene Kellogg Kathleen O'Dea Ryan  
Philip Eugene Sherrill 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

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.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	54,465	3,558	2,781	0	0	60,804
0299999. Total group	54,465	3,558	2,781	0	0	60,804
0399999. Premiums due and unpaid from Medicare entities	1,132,608	0	0	0	0	1,132,608
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,187,073	3,558	2,781	0	0	1,193,412

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE USABLE PPO Insurance Company

**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	648,880	450,509	452,031	1,717,779	1,717,779	1,551,420
0199999. Total Pharmaceutical Rebate Receivables	648,880	450,509	452,031	1,717,779	1,717,779	1,551,420
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
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	289,018	0	0	0	0	289,018
0599999. Total Risk Sharing Receivables	289,018	0	0	0	0	289,018
0699998. Aggregate Other Health Care Receivables Not Individually Listed	5,539	0	399			5,937
0699999. Total Other Health Care Receivables	5,539	0	399	0	0	5,937
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0799999. Gross health care receivables	943,437	450,509	452,430	1,717,779	1,717,779	1,846,375

**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 .....	684,353	4,145,418	0	3,269,200	684,353	654,055
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	0	289,018	0	0
6. Other health care receivables.....	4,508	177,015	0	5,937	4,508	2,340
7. Totals (Lines 1 through 6)	688,861	4,322,433	0	3,564,155	688,861	656,395

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE USABLE PPO Insurance Company

## 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	1,097,773	25,855	1,072	6,595	75,407	1,206,702
0499999. Subtotals	1,097,773	25,855	1,072	6,595	75,407	1,206,702
0599999. Unreported claims and other claim reserves						8,131,005
0699999. Total amounts withheld						51,379
0799999. Total claims unpaid						9,389,086
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0899999 Accrued medical incentive pool and bonus amounts						

**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
<b>NONE</b>							
0399999 Total gross amounts receivable							

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
USAbLe Mutual Insurance Company .....		1,624,315	1,624,315	
0199999. Individually listed payables		1,624,315	1,624,315	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		1,624,315	1,624,315	0

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	1,141,551	2.0	6,000	100.0	1,141,551	
4. Total capitation payments .....	1,141,551	2.0	6,000	100.0	1,141,551	0
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	54,435,285	97.0	XXX	XXX	54,435,285	
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	518,881	0.9	XXX	XXX	518,881	
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 .....	54,954,166	98.0	XXX	XXX	54,954,166	0
13. TOTAL (Line 4 plus Line 12)	56,095,717	100%	XXX	XXX	56,095,717	0

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

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



Exhibit 8 - Furniture and Equipment Owned

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2022 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		2022										NAIC Company Code	
		16750		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 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 .....	1,870							1,870							
2. First Quarter .....	5,321							5,321							
3. Second Quarter .....	5,519							5,519							
4. Third Quarter .....	5,853							5,853							
5. Current Year	6,000							6,000							
6. Current Year Member Months	67,226							67,226							
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	17,868							17,868							
8. Non-Physician .....	7,529							7,529							
9. Total	25,397	0	0	0	0	0	0	25,397	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,039							5,039							
11. Number of Inpatient Admissions	1,102							1,102							
12. Health Premiums Written (b) .....	58,204,120							58,204,120							
13. Life Premiums Direct .....	0							0							
14. Property/Casualty Premiums Written .....	0							0							
15. Health Premiums Earned .....	58,204,120							58,204,120							
16. Property/Casualty Premiums Earned	0							0							
17. Amount Paid for Provision of Health Care Services .....	56,095,717							56,095,717							
18. Amount Incurred for Provision of Health Care Services	62,644,364							62,644,364							

(a) For health business: number of persons insured under PPO managed care products .....6,000 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 \$ .....58,204,120

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ANNUAL STATEMENT FOR THE YEAR 2022 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											Grand Total		DURING THE YEAR											(LOCATION)																														
																								2022											NAIC Company Code											16750										
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13		14																														
Total	2	3	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	1,870	0	0	0	0	0	0	0	0	0	0	0	0																																											
2. First Quarter	5,321	0	0	0	0	0	0	0	0	0	0	0	0																																											
3. Second Quarter	5,519	0	0	0	0	0	0	0	0	0	0	0	0																																											
4. Third Quarter	5,853	0	0	0	0	0	0	0	0	0	0	0	0																																											
5. Current Year	6,000	0	0	0	0	0	0	0	0	0	0	0	0																																											
6. Current Year Member Months	67,226	0	0	0	0	0	0	0	0	0	0	0	0																																											
<b>Total Member Ambulatory Encounters for Year:</b>																																																								
7. Physician	17,868	0	0	0	0	0	0	0	0	0	0	0	0																																											
8. Non-Physician	7,529	0	0	0	0	0	0	0	0	0	0	0	0																																											
9. Total	25,397	0	0	0	0	0	0	0	0	0	0	0	0																																											
10. Hospital Patient Days Incurred	5,039	0	0	0	0	0	0	0	0	0	0	0	0																																											
11. Number of Inpatient Admissions	1,102	0	0	0	0	0	0	0	0	0	0	0	0																																											
12. Health Premiums Written (b)	58,204,120	0	0	0	0	0	0	0	0	0	0	0	0																																											
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0																																											
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0																																											
15. Health Premiums Earned	58,204,120	0	0	0	0	0	0	0	0	0	0	0	0																																											
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0																																											
17. Amount Paid for Provision of Health Care Services	56,095,717	0	0	0	0	0	0	0	0	0	0	0	0																																											
18. Amount Incurred for Provision of Health Care Services	62,644,364	0	0	0	0	0	0	0	0	0	0	0	0																																											

(a) For health business: number of persons insured under PPO managed care products .....6,000 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 \$ .....58,204,120

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ANNUAL STATEMENT FOR THE YEAR 2022 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
<b>NONE</b>												
9999999 - Totals												



ANNUAL STATEMENT FOR THE YEAR 2022 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		
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
1099999	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999	Total General Account Authorized						0	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						0	0	0	0	0	0	0
83470	71-0226428	01/01/2022	Arkansas Blue Cross & Blue Shield	AR	OTH/G	MR	903,019		461,271				
83470	71-0226428	01/01/2022	Arkansas Blue Cross & Blue Shield	AR	OTH/I	MR	57,301,101		8,927,814				
4799999	Separate Accounts - Authorized U.S. Affiliates - Other						58,204,120	0	9,389,085	0	0	0	0
4899999	Total Separate Accounts - Authorized U.S. Affiliates						58,204,120	0	9,389,085	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						58,204,120	0	9,389,085	0	0	0	0
5599999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts Authorized						58,204,120	0	9,389,085	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						58,204,120	0	9,389,085	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)						58,204,120	0	9,389,085	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						58,204,120	0	9,389,085	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 USABLE PPO Insurance Company

**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 .....	0				
2. Title XVIII - Medicare .....	58,204				
3. Title XIX - Medicaid .....	0				
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	9,389				
8. Reinsurance recoverable on paid losses .....	5,424				
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....	(2,601)				
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				
14. Letters of credit (L) .....	0				
15. Trust agreements (T) .....	0				
16. Other (O) .....	0				
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					



ANNUAL STATEMENT FOR THE YEAR 2022 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	36,915,359		36,915,359
2. Accident and health premiums due and unpaid (Line 15) .....	0	1,193,412	1,193,412
3. Amounts recoverable from reinsurers (Line 16.1) .....	5,423,975	(5,423,975)	0
4. Net credit for ceded reinsurance .....	XXX	9,767,872	9,767,872
5. All other admitted assets (Balance) .....	82,073	7,541,219	7,623,292
6. Total assets (Line 28)	42,421,407	13,078,528	55,499,935
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	0	9,389,086	9,389,086
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0	348,631	348,631
9. Premiums received in advance (Line 8) .....	0	14,592	14,592
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) .....	4,356,088	3,326,219	7,682,307
15. Total liabilities (Line 24) .....	4,356,088	13,078,528	17,434,616
16. Total capital and surplus (Line 33) .....	38,065,319	XXX	38,065,319
17. Total liabilities, capital and surplus (Line 34)	42,421,407	13,078,528	55,499,935
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	9,389,086		
19. Accrued medical incentive pool .....	348,631		
20. Premiums received in advance .....	14,592		
21. Reinsurance recoverable on paid losses .....	5,423,975		
22. Other ceded reinsurance recoverables .....	(7,541,219)		
23. Total ceded reinsurance recoverables .....	7,635,065		
24. Premiums receivable .....	1,193,412		
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 .....	(3,326,219)		
30. Total ceded reinsurance payables/offsets .....	(2,132,807)		
31. Total net credit for ceded reinsurance	9,767,872		

Schedule T - Part 2 - Interstate Compact

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE USABLE PPO Insurance Company

**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 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		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	RE	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 USABLE PPO Insurance Company

**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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE USABLE PPO Insurance Company

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
USable Mutual Insurance Company .....	USable Mutual Insurance Company .....	100.000	NO	USable Mutual Insurance Company .....	Arkansas BCBS Group .....	100.000	NO
HMO Partners, Inc. ....	USable Mutual Insurance Company .....	50.000	NO	USable Mutual Insurance Company .....	Arkansas BCBS Group .....	100.000	NO
HMO Partners, Inc. ....	Baptist Medical System HMO .....	50.000	NO	Baptist Medical System HMO .....	HMO Partners, Inc. ....	50.000	NO
USable HMO .....	USable Corporation .....	100.000	NO	USable Mutual Insurance Company .....	Arkansas BCBS Group .....	100.000	NO
USable PPO .....	USable Corporation .....	100.000	NO	USable Mutual Insurance Company .....	Arkansas BCBS Group .....	100.000	NO
USable Life .....	Life and Specialty Ventures, LLC .....	100.000	NO	Life and Specialty Ventures, LLC .....	USable Life, LifeMap Assurance Company .....	100.000	NO
LifeMap Assurance Company .....	Life and Specialty Ventures, LLC .....	100.000	NO	Life and Specialty Ventures, LLC .....	LifeMap Assurance Company, USable Life .....	100.000	NO
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ANNUAL STATEMENT FOR THE YEAR 2022 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
<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? .....	YES
Explanations:	
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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]

