



HEALTH QUARTERLY STATEMENT

As of March 31, 2019
of the Condition and Affairs of the

HMO Partners, Inc

NAIC Group Code.....876, 876 (Current Period) (Prior Period) NAIC Company Code..... 95442 Employer's ID Number..... 71-0747497

Organized under the Laws of Arkansas State of Domicile or Port of Entry Arkansas Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized..... November 8, 1993 Commenced Business..... January 1, 1994

Statutory Home Office 320 West Capitol .. Little Rock .. AR .. US .. 72203-8069
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 320 West Capitol .. Little Rock .. AR .. US .. 72203-8069 501-221-1800
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 320 West Capitol .. Little Rock .. AR .. US .. 72203-8069
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 601 S. Gaines .. Little Rock .. AR .. US .. 72201 501-378-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address healthadvantage-hmo.com

Statutory Statement Contact Scott Bradley Winter 501-399-3951
(Name) (Area Code) (Telephone Number) (Extension)
sbwinter@arkbluecross.com 501-378-3258
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. John Charles Glassford Jr.	President/CEO	2. Gray Donald Dillard	Treasurer/CFO
3. Scott Bradley Winter	Assistant Treasurer	4.	

OTHER

Timothy Gerard Gauger #	Secretary	Troy Russell Wells #	Vice Chairman
Steven Aaron Spaulding	Chairman		

DIRECTORS OR TRUSTEES

James Robert Bailey	Curtis Edwin Barnett	Brent William Beaulieu #	Gray Donald Dillard
Lavanda Moore Gangluff APN	John Charles Glassford Jr.	Richard Loyd Gore DDS	Matthew Ridgway Jones
Calvin Eugene Kellogg	Charles Edgar Phillips MD	Tonya Renee Robertson	Steven Aaron Spaulding
Sherman Ellis Tate	Troy Russell Wells		

State of..... Arkansas
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.

_____ (Signature) John Charles Glassford Jr. _____ 1. (Printed Name) _____ President/CEO _____ (Title)	_____ (Signature) Gray Donald Dillard _____ 2. (Printed Name) _____ Treasurer/CFO _____ (Title)	_____ (Signature) Scott Bradley Winter _____ 3. (Printed Name) _____ Assistant Treasurer _____ (Title)
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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 _____

Statement as of March 31, 2019 of the **HMO Partners, Inc**
ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	53,677,470		53,677,470	52,973,802
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	6,508,351		6,508,351	6,204,484
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....33,136,748), cash equivalents (\$....2,749,999) and short-term investments (\$....2,487,428).....	38,374,174		38,374,174	34,119,227
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	10,641,967		10,641,967	9,714,189
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	109,201,962	0	109,201,962	103,011,702
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	421,411		421,411	399,707
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$....1,151,560) and contracts subject to redetermination (\$....1,024,991).....	2,176,551		2,176,551	3,360,120
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	1,598,817	933,789	665,028	1,730,951
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	7,978,360	16,335	7,962,025	11,921,302
18.1 Current federal and foreign income tax recoverable and interest thereon.....	1,823,274		1,823,274	1,823,274
18.2 Net deferred tax asset.....	947,992		947,992	880,502
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$....3,700,910) and other amounts receivable.....	4,685,438	984,527	3,700,910	4,685,976
25. Aggregate write-ins for other than invested assets.....	1,274,940	700,000	574,940	518,180
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	130,108,745	2,634,652	127,474,094	128,331,714
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	130,108,745	2,634,652	127,474,094	128,331,714

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Supplemental Savings Plan.....	484,770		484,770	440,948
2502. Other Assets.....	790,170	700,000	90,170	77,232
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,274,940	700,000	574,940	518,180

Statement as of March 31, 2019 of the **HMO Partners, Inc**
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....7,454,420 reinsurance ceded).....	24,001,350		24,001,350	23,565,491
2. Accrued medical incentive pool and bonus amounts.....	3,711,492		3,711,492	3,916,577
3. Unpaid claims adjustment expenses.....	444,826		444,826	471,728
4. Aggregate health policy reserves, including the liability of \$....445,146 for medical loss ratio rebate per the Public Health Service Act.....	445,146		445,146	445,146
5. Aggregate life policy reserves.....			.0	
6. Property/casualty unearned premium reserve.....			.0	
7. Aggregate health claim reserves.....			.0	
8. Premiums received in advance.....	4,487,937		4,487,937	3,442,031
9. General expenses due or accrued.....	3,302,250		3,302,250	3,313,477
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)).....	828,933		828,933	
10.2 Net deferred tax liability.....			.0	
11. Ceded reinsurance premiums payable.....	128,653		128,653	174,157
12. Amounts withheld or retained for the account of others.....	715,843		715,843	883,853
13. Remittances and items not allocated.....	354,632		354,632	873,065
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			.0	
15. Amounts due to parent, subsidiaries and affiliates.....	7,989,843		7,989,843	10,683,311
16. Derivatives.....			.0	
17. Payable for securities.....	99,991		99,991	298,864
18. Payable for securities lending.....			.0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and certified \$.....0 reinsurers).....			.0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			.0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			.0	
22. Liability for amounts held under uninsured plans.....	9,988,631		9,988,631	12,122,084
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	.0	.0	.0	.0
24. Total liabilities (Lines 1 to 23).....	56,499,527	.0	56,499,527	60,189,782
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	.0	.0
26. Common capital stock.....	XXX	XXX	10,000	10,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	1,919,153	1,919,153
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	.0	.0
31. Unassigned funds (surplus).....	XXX	XXX	69,045,414	66,212,781
32. Less treasury stock, at cost:				
32.1 .....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	70,974,567	68,141,934
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	127,474,094	128,331,716

DETAILS OF WRITE-INS

2301. ....			.0	
2302. ....			.0	
2303. ....			.0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	.0	.0	.0	.0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	XXX	XXX	.0	.0
3001.				
3002.				
3003.				
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above).....	XXX	XXX	.0	.0

Statement as of March 31, 2019 of the **HMO Partners, Inc**
STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	.XXX.....	138,202	157,373	617,868
2. Net premium income (including \$.....0 non-health premium income).....	.XXX.....	53,926,934	57,482,982	226,790,781
3. Change in unearned premium reserves and reserve for rate credits.....	.XXX.....			
4. Fee-for-service (net of \$.....0 medical expenses).....	.XXX.....			
5. Risk revenue.....	.XXX.....			
6. Aggregate write-ins for other health care related revenues.....	.XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	.XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	.XXX.....	53,926,934	57,482,982	226,790,781
Hospital and Medical:				
9. Hospital/medical benefits.....		37,926,097	36,624,455	170,240,268
10. Other professional services.....				
11. Outside referrals.....		504,604	491,384	1,985,383
12. Emergency room and out-of-area.....		9,179,658	13,795,382	46,128,993
13. Prescription drugs.....		14,653,827	16,354,044	67,051,988
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		565,533	(344,284)	(6,298,424)
16. Subtotal (Lines 9 to 15).....	0	62,829,719	66,920,981	279,108,208
Less:				
17. Net reinsurance recoveries.....		19,097,098	22,457,406	88,173,795
18. Total hospital and medical (Lines 16 minus 17).....	0	43,732,621	44,463,574	190,934,413
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....1,534,092 cost containment expenses.....		1,935,768	2,107,382	9,181,040
21. General administrative expenses.....		5,113,004	8,666,314	27,310,681
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....	0	50,781,393	55,237,270	227,426,134
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	.XXX.....	3,145,541	2,245,712	(635,353)
25. Net investment income earned.....		596,007	470,679	2,030,478
26. Net realized capital gains (losses) less capital gains tax of \$.....17,530.....		65,945	4,727,382	5,928,586
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	661,952	5,198,061	7,959,064
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....				
29. Aggregate write-ins for other income or expenses.....	0	25,058	(9,805)	221,690
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	.XXX.....	3,832,551	7,433,967	7,545,400
31. Federal and foreign income taxes incurred.....	.XXX.....	811,403	1,573,552	1,135,702
32. Net income (loss) (Lines 30 minus 31).....	.XXX.....	3,021,148	5,860,416	6,409,698

DETAILS OF WRITE-INS

0601. ....	.XXX.....			
0602. ....	.XXX.....			
0603. ....	.XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.XXX.....	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	.XXX.....	0	0	0
0701. ....	.XXX.....			
0702. ....	.XXX.....			
0703. ....	.XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	.XXX.....	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	.XXX.....	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Licensing fee income.....				160,000
2902. Miscellaneous Income.....		25,058	(9,805)	61,690
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	25,058	(9,805)	221,690

Statement as of March 31, 2019 of the **HMO Partners, Inc**
STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
33. Capital and surplus prior reporting year.....	68,141,933	67,535,434	67,535,434
34. Net income or (loss) from Line 32.....	3,021,148	5,860,416	6,409,698
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....	1,338,359	(4,767,973)	(6,481,030)
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....	(46,820)	(44,887)	(363,104)
39. Change in nonadmitted assets.....	(839,083)	988,962	1,713,661
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital changes:			
44.1 Paid in.....			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....			
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....	(640,968)		(672,727)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	2,832,636	2,036,518	606,499
49. Capital and surplus end of reporting period (Line 33 plus 48).....	70,974,569	69,571,952	68,141,933

DETAILS OF WRITE-INS

4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above).....	0	0	0

Statement as of March 31, 2019 of the **HMO Partners, Inc**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	56,123,365	62,355,039	226,689,541
2. Net investment income.....	612,091	540,897	2,301,750
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	56,735,456	62,895,937	228,991,291
5. Benefit and loss related payments.....	42,410,229	45,208,526	188,531,116
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	5,251,977	3,936,671	34,136,916
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.00 tax on capital gains (losses).....	(0)	(0)	2,500,001
10. Total (Lines 5 through 9).....	47,662,206	49,145,196	225,168,032
11. Net cash from operations (Line 4 minus Line 10).....	9,073,250	13,750,741	3,823,259
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,529,227	2,369,421	25,727,750
12.2 Stocks.....	143,526	8,550,930	11,293,698
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....	44,136		106,110
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			(541)
12.7 Miscellaneous proceeds.....			298,864
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,716,889	10,920,350	37,425,881
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,271,615	1,655,033	38,890,485
13.2 Stocks.....			208,097
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....	32,208	10,000,000	10,150,082
13.6 Miscellaneous applications.....	198,873		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,502,696	11,655,033	49,248,664
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(785,807)	(734,682)	(11,822,783)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....	640,968		672,727
16.6 Other cash provided (applied).....	(3,391,528)	14,355,229	(986,717)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(4,032,496)	14,355,229	(1,659,444)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	4,254,947	27,371,287	(9,658,968)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	34,119,231	43,778,198	43,778,198
19.2 End of period (Line 18 plus Line 19.1).....	38,374,178	71,149,486	34,119,231
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	68,995		63,985					5,010		
2. First Quarter.....	64,211		58,849					5,362		
3. Second Quarter.....	0									
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	193,967		177,829					16,138		
Total Member Ambulatory Encounters for Period:										
7. Physician.....	13,824		13,824							
8. Non-Physician.....	17,203		17,203							
9. Total.....	31,027	0	31,027	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	2,461		2,461							
11. Number of Inpatient Admissions.....	678		678							
12. Health Premiums Written (a).....	79,687,983		67,747,111					11,940,872		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	79,687,983		67,747,111					11,940,872		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services.....	62,213,527		53,174,456					9,039,071		
18. Amount Incurred for Provision of Health Care Services.....	62,829,719		52,866,014					9,963,705		

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....11,940,872.

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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)						
0399999. Aggregate Accounts Not Individually Listed-Covered.....	6,267,434	377,960	535	7,068		6,652,997
0499999. Subtotals.....	6,267,434	377,960	535	7,068	0	6,652,997
0599999. Unreported Claims and Other Claim Reserves.....						22,330,642
0699999. Total Amounts Withheld.....						2,472,131
0799999. Total Claims Unpaid.....						31,455,770
0899999. Accrued Medical Incentive Pool and Bonus Amounts.....						3,711,491

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....	16,439,722	22,426,468	1,600,420	20,441,840	18,040,142	21,837,347
2. Medicare Supplement.....					.0	
3. Dental only.....					.0	
4. Vision only.....					.0	
5. Federal Employees Health Benefits Plan.....					.0	
6. Title XVIII - Medicare.....	1,433,790	4,776,197	233,987	1,725,102	1,667,777	1,728,144
7. Title XIX - Medicaid.....					.0	
8. Other health.....					.0	
9. Health subtotal (Lines 1 to 8).....	17,873,512	27,202,665	1,834,407	22,166,942	19,707,919	23,565,491
10. Healthcare receivables (a).....		2,397,577			.0	
11. Other non-health.....					.0	
12. Medical incentive pools and bonus amounts.....	340,082	483,437	3,711,491		4,051,573	3,916,847
13. Totals (Lines 9-10+11+12).....	18,213,594	25,288,525	5,545,898	22,166,942	23,759,492	27,482,338

(a) Excludes \$.0 loans or advances to providers not yet expensed.

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NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of the company are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department.

The Arkansas Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Arkansas.

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2018
NET INCOME					
(1) HMO Partners, Inc Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 3,021,148	\$ 6,409,699
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 3,021,148	\$ 6,409,699
SURPLUS					
(5) HMO Partners, Inc Company state basis (Page 3, line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 70,974,567	\$ 68,141,934
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 70,974,567	\$ 68,141,934

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred.

In addition, the company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds and Amortization Schedule

Bonds not backed by other loans are stated at amortized cost using the interest method.

(3) Basis for Common Stocks

Common Stock is stated at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.

(4) Basis for Preferred Stocks

The Company does not have preferred stock.

(5) Basis for Mortgage Loans

The Company does not have mortgage loans.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

The Company does not have loan-backed securities

NOTES TO FINANCIAL STATEMENTS

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Company does not have any investments in subsidiaries.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company does not have any investments in subsidiaries.

(9) Accounting Policies for Derivatives

The Company does have any derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company does not anticipate investment income as a factor in the premium deficiency calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts

When setting reserves, the Company employs the 5 methods that are described below. Based on the estimates of these methods and also retrospective considerations, the company sets a best estimate and then an explicit margin is added to ensure that the estimate is sufficient. The average of the methods, as well as the spread of the estimates, is also considered when setting the respective liabilities. Aggregate liabilities are tested against other aggregate estimation methods to check for reasonableness, and any additional margin or adjustments are made.

- a. **Aggregate Method:** 12 months of paid claims are subtracted from 12 months of estimated incurred claims to get the liability estimate.
- b. **3 Month Average Method:** For the base liability estimate, the average liability of the third, fourth, and fifth month prior to the current month is used. Adjustments are made for trend, membership change, and backlog to determine the current month's estimate of liability.
- c. **Previous Year's IBNR Method:** This method is similar to the Three Month Average Method, except that the actual reserve from one year ago is used as the base estimate of liability. This is projected forward using adjustments for trend, membership change, and backlog.
- d. **CY Lag Method:** This method calculates completion factors by incurral year. Completion factors used for the current year are based on the previous year's experience. Completion factors for the most recent 3 years are set manually.
- e. **12 Month CF Method:** This method is identical to the CY Lag Method, except that historical completion factors are based on 12 months of rolling data.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Pharmacy rebate receivable estimates are based upon the prior quarter's invoiced amounts.

D. Going Concern

For the period ending March 31, 2019 management has evaluated the Company's ability to continue as a going concern. Management has concluded that there is not substantial doubt that the Company can continue as a going concern, therefore, there are no policies in place to alleviate such situations.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

D. Loan-Backed Securities

The Company has no loan-backed securities at this time.

NOTES TO FINANCIAL STATEMENTS

(2) Other-Than-Temporary Impairments

N/A

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
OTTI Recognized 1 st Quarter			
a. Intent to sell	\$	\$	\$
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c. Total 1 st Quarter	\$	\$	\$
OTTI Recognized 2 nd Quarter			
d. Intent to sell	\$	\$	\$
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f. Total 2 nd Quarter	\$	\$	\$
OTTI Recognized 3 rd Quarter			
g. Intent to sell	\$	\$	\$
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i. Total 3 rd Quarter	\$	\$	\$
OTTI Recognized 4 th Quarter			
j. Intent to sell	\$	\$	\$
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l. Total 4 th Quarter	\$	\$	\$
m. Annual aggregate total	XXX		XXX

(3) Recognized OTTI securities

N/A

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than- Temporary Impairment	Amortized Cost After Other-Than- Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
	\$	\$	\$	\$	\$	
Total			\$			

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$	335
	2. 12 Months or Longer	\$	
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	173,140
	2. 12 Months or Longer	\$	

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

N/A

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company has no repurchase agreements and/or security lending transactions at this time.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company has no Repurchase Agreements Transactions Accounted for as Secured Borrowing.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions

The Company has no Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing.

NOTES TO FINANCIAL STATEMENTS

- H. Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Taker – Overview of Sale Transactions

The Company has no Repurchase Agreements Transactions Accounted for as a Sale.

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Repurchase Transaction – Cash Provider – Overview of Sale Transactions

The Company has no Working Capital Finance Investments at this time.

- J. Real Estate

The Company has no investments in real estate at this time

- K. Low-Income Housing Tax Credits (LIHTC)

The Company has no investments in low-income housing tax credits.

- L. Restricted Assets

The Company has no restricted assets at this time.

- M. Working Capital Finance Investments

The Company has no Working Capital Finance Investments at this time.

- N. Offsetting and Netting of Assets and Liabilities

The Company does not offset or net Assets and Liabilities.

- O. Structured Notes

The Company does not hold Structured Notes at this time.

- P. 5GI Securities

The Company does not hold 5GI Securities at this time.

- Q. Short Sales

Not Applicable

- R. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs	0
(2) Aggregate Amount of Insurance Income	\$0.00

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

No significant changes

NOTES TO FINANCIAL STATEMENTS**Note 9 – Income Taxes**

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 1,628,058	\$	\$ 1,628,058	\$ 1,410,793	\$	\$ 1,410,793	\$ 217,265	\$	\$ 217,265
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	\$ 1,628,058	\$	\$ 1,628,058	\$ 1,410,793	\$	\$ 1,410,793	\$ 217,265	\$	\$ 217,265
d. Deferred tax assets nonadmitted				123,789		123,789	(123,789)		(123,789)
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ 1,628,058	\$	\$ 1,628,058	\$ 1,287,004	\$	\$ 1,287,004	\$ 341,054	\$	\$ 341,054
f. Deferred tax liabilities	1,264	678,803	680,067	1,264	405,238	406,502		273,565	273,565
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 1,626,794	\$ (678,803)	\$ 947,991	\$ 1,285,740	\$ (405,238)	\$ 880,502	\$ 341,054	\$ (273,565)	\$ 67,489

2. Admission Calculation Components SSAP No. 101

	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	1,107,249		1,107,249	880,502	880,502	1,761,004	226,747	(880,502)	(653,755)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below: Adjusted gross deferred tax assets expected to be realized following the balance sheet date Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	520,810		520,810	406,502	406,502	813,004	114,308	(406,502)	(292,194)
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	1,628,059		1,628,059	1,287,004	1,287,004	2,574,008	341,055	(1,287,004)	(945,949)

3. Other Admissibility Criteria

	2019	2018
a. Ratio percentage used to determine recovery period and threshold limitation amount	792.0%	792.0%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	65,264,790	65,208,490

NOTES TO FINANCIAL STATEMENTS

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/ 2019		12/31/ 2018		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	1,628,058		1,410,793		217,265	
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	1,628,058		1,287,004		341,054	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized

1. The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are:

N/A

2. The cumulative amount of each type of temporary difference is:

N/A

3. The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are:

N/A

4. The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is:

N/A

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2019	2 2018	3 (Col 1-2) Change
a. Federal	811,403	1,135,730	(324,327)
b. Foreign			
c. Subtotal	811,403	1,135,730	(324,327)
d. Federal income tax on net capital gains	17,530	1,575,955	(1,558,425)
e. Utilization of capital loss carry-forwards			
f. Other		(28)	28
g. Federal and Foreign income taxes incurred	828,933	2,711,657	(1,882,724)

2. Deferred Tax Assets

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	147,874	153,026	(5,152)
2. Unearned premium reserve	188,493	144,565	43,928
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual	697,184	702,711	(5,527)
9. Pension accrual			
10. Receivables - nonadmitted	553,277	351,074	202,203
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (items <5% of total ordinary tax assets)			
Other (items >=5% of total ordinary tax assets)		33,920	(33,920)
99. Subtotal	1,628,058	1,410,793	217,265

NOTES TO FINANCIAL STATEMENTS

b. Statutory valuation allowance adjustment			
c. Nonadmitted		123,789	(123,789)
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	1,628,058	1,287,004	341,054
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <5% of total capital tax assets)			
Other (items >=5% of total capital tax assets)			
99. Subtotal			
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	1,628,058	1,287,004	341,054

3. Deferred Tax Liabilities

	1	2	3
	2019	2018	(Col 1-2) Change
a. Ordinary:			
1. Investments	1,264	1,264	
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (items <5% of total ordinary tax liabilities)			
Other (items >=5% of total ordinary tax liabilities)			
99. Subtotal	1,264	1,264	
b. Capital:			
1. Investments	678,803	405,238	273,565
2. Real estate			
3. Other (Items <5% of total capital tax liabilities)			
Other (items >=5% of total capital tax liabilities)			
99. Subtotal	678,803	405,238	273,565
c. Deferred tax liabilities (3a99+3b99)	680,067	406,502	273,565
4. Net Deferred Tax Assets (2i – 3c)	947,991	880,502	67,489

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	808,516	21.0%
Proration of tax exempt investment income	980	%
Tax exempt income deduction		%
Dividends received deduction	(3,922)	(0.1)%
Disallowed travel and entertainment		%
Other permanent differences	(1,185)	%
Temporary Differences:		
Total ordinary DTAs		%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
Other:		
Statutory valuation allowance adjustment		%
Accrual adjustment – prior year		%
Other	71,362	1.9%
Totals	875,751	22.7%
Federal and foreign income taxes incurred	811,403	21.1%
Realized capital gains (losses) tax	17,530	0.5%
Change in net deferred income taxes	46,819	1.2%
Total statutory income taxes	\$ 875,752	22.7%

NOTES TO FINANCIAL STATEMENTS

E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
None			

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2019	828,933
2018	2,711,684

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code is 0.

F. Consolidated Federal Income Tax Return

The Company does not file a Consolidated Federal Income Tax Return.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 – Debt

B. A. Debt Including Capital Notes

As of March 31, 2019, the Company has no capital notes. As of March 31, 2019, the Company's liability for borrowed money was zero (\$-0-).

B. FHLB (Federal Home Loan Bank) Agreements

As of March 31, 2019, the Company has no FHLB agreements.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

N/A

B. Investment Policies and Strategies

N/A

C. Fair Value of Plan Assets

N/A

D. Basis Used to Determine Expected Long-Term Rate-of-Return

N/A

E. Defined Contribution Plans

No significant changes

F. Multiemployer Plans

The Company does not participate in multiemployer plans.

G. Consolidated/Holding Company Plans

N/A

H. Postemployment Benefits and Compensated Absences

The Company does not offer a postretirement benefit plan.

NOTES TO FINANCIAL STATEMENTS

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

N/A

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

Not Applicable

C. Wash Sales

Not Applicable

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant changes

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
Cash Equivalent	\$	\$ 2,749,999	\$	\$	\$ 2,749,999
Other Invested Assets	\$	\$	\$	\$ 10,641,967	\$ 10,641,967
Common Stock	\$ 5,292,046	\$ 1,216,305	\$	\$	\$ 6,508,351
Supplemental Savings Plan	\$ 484,541	\$	\$	\$	\$ 484,541
Total	\$ 5,776,587	\$ 3,966,304	\$	\$ 10,641,967	\$ 20,384,858
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company does not have fair value measurements in Level 3.

(3) Policies when Transfers Between Levels are Recognized

The Company does not have any transfers between levels of fair value measurement.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

As of March 31, 2019, the reported fair value of the reporting entities investments in Level 2 common stock was \$3,966,304. These securities are foreign common stock. To measure their fair value, the reporting entity used current market prices in U.S. dollars.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

N/A

NOTES TO FINANCIAL STATEMENTS

C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Other Invested Assets	\$ 10,641,967	\$	\$	\$	\$	\$ 10,641,967	\$
Bonds	\$ 56,164,898	\$ 56,164,898	\$	\$ 56,164,898	\$	\$	\$
Common Stock	\$ 9,258,350	\$ 9,258,350	\$ 5,292,046	\$ 3,966,304	\$	\$	\$
Supplemental Savings Plan	\$ 484,541	\$ 484,541	\$ 484,541	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

The Company does not have any of these securities at this time.

E. NAV Practical Expedient Investments

1. Martingale Investment Trust – Series 1 Low Volatility Large Cap+

This strategy seeks to meet or exceed equity market returns while realizing significantly less volatility. This investment focuses on identifying and investing in low risk companies with sound fundamental properties. The portfolio is considered to be a low risk portfolio with broad, stable sector diversification. The fund contains 218 individual holdings at 03/31/2019 with the top 10% of all holdings representing 11.8% of all fund holdings. Overall, the risk target of this portfolio is to perform with 70%-80% of the overall market volatility of the Russell 1000 Index.

The fund is able to be liquidated on a monthly basis. Because the underlying portfolio contains assets that are part of the Russell 1000 Index, it is very probable that the fund would not liquidate at the NAV of a prior month. It is possible the fund could be liquidated at a higher or lower price depending on overall market actions.

Barings U.S. Loan Fund Series – Tranche A

This Barings investment process is a focused and detailed fundamental bottom-up due diligence. The firm's investment philosophy is based on the belief that long-term, risk-adjusted returns can best be achieved through active portfolio management coupled with strong fundamental credit underwriting with the goal of minimizing principal losses. The firm takes a credit-intensive approach when selecting assets that seeks to determine where favorable value exists within companies on a relative basis to other investment alternatives.

The average number of loans in the portfolio is 148 at the end of the first quarter 2019, with 14.34% in the top ten holdings. The portfolio is diversified across eleven sectors, with six sectors containing more than 10% of all holdings. Average annualized default since inception is 0.50%, while the historical average is 2.96%.

The fund has daily liquidity but a 30 calendar day prior to withdraw notice is necessary. As of 03/31/19, there are \$1.3 Billion assets in the Commingled Fund.

2. Not Applicable (The investments can be redeemed on a monthly basis.)

3. Not Applicable (There is no required capital commitment for the investments in Martingale or Barings)

4. Redemption of shares of either holding are processed on a monthly basis at prevailing market NAV.

5. Not Applicable

6. Not Applicable (There are no restrictions to viewing the investments of the Martingale Investment Trust – Series 1 Low Volatility Large Cap+ or the Barings U.S. Loan Fund Series – Tranche A. The holdings are provided to the Investor in each of the fund's annual reports, and can be requested at any month end closing.)

7. Not Applicable (The investor has not made a decision to redeem shares of the Martingale Investment Trust – Series 1 Low Volatility Large Cap+ or the Barings U.S. Loan Fund Series – Tranche A at this time.)

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

No significant changes

Note 23 – Reinsurance

No significant changes

NOTES TO FINANCIAL STATEMENTS**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination****A. Method Used to Estimate Accrued Retrospective Premium Adjustments**

The company estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm of the company's underwriting rules and experience rating practices.

The company also has health insurance business that is subject to a medical loss ratio pursuant to the Public Health Service Act.

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium

The company records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features

The amount of net premiums written by the company at March 31, 2019 that are subject to retrospective rating features was \$53,926,934 that represented 100% of the total net premium written. No other net premiums written by the company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$ 73,946	\$ 73,946
(2) Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(3) Medical loss ratio rebates unpaid	\$	\$	\$	\$ 259,546	\$ 259,546
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$ 143,701
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 115,845
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$ 185,600	\$ 185,600
(8) Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(9) Medical loss ratio rebates unpaid	\$	\$	\$	\$ 445,146	\$ 445,146
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 445,146

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [X] No []

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Permanent ACA Risk Adjustment Program	AMOUNT
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 146,650
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 78,310
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$

b. Transitional ACA Reinsurance Program	AMOUNT
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9. ACA Reinsurance contributions – not reported as ceded premium	\$

c. Temporary ACA Risk Corridors Program	AMOUNT
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

NOTES TO FINANCIAL STATEMENTS

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

	Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 68,340				\$ 68,340		\$ 78,310		A	\$ 146,650	
2. Premium adjustments payable (including high risk pool premium)		78,310				78,310			B		78,310
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 68,340	\$ 78,310			\$ 68,340	\$ 78,310	\$ 78,310			\$ 146,650	\$ 78,310
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA Risk Sharing Provisions	\$ 68,340	\$ 78,310	\$	\$	\$ 68,340	\$ 78,310	\$ 78,310	\$		\$ 146,650	\$ 78,310

Explanations of Adjustments

- A. Remove Liability related to High Cost Risk Pool.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

NOTES TO FINANCIAL STATEMENTS**(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year**

	Accrued the Prior Year Written Dec. 31 of the	During on Business Before Prior Year	Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
			3	4	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)	
			1 Receivable	2 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Receivable	10 (Payable)	
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$	A \$	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	B \$	\$
b. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$	C \$	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	D \$	\$
c. 2019											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	\$	E \$	\$
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	\$	F \$	\$
d. Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

A.
B.
C.
D.
E.
F.**(5) ACA Risk Corridors Receivable as of Reporting Date**

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-Admissions) (1-2-3)	5 Non-Admitted Amount	5 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015						
c. 2016						
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

12/31/18 Reserves	23,565,491
2018 Claims paid in 2019	(17,873,512)
Claims due and unpaid at year-end 2018 – paid in 2019	<u>(5,350,748)</u>
Net	(341,231)
2018 Reserves Remaining	<u>1,834,407</u>
Favorable Development	<u>1,493,176</u>

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

Not Applicable for Health Companies

Note 28 – Health Care Receivables

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – Anticipated Salvage and Subrogation

No significant changes

Statement as of March 31, 2019 of the **HMO Partners, Inc**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period. Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [X] N/A []

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017

- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/20/2016

- 6.4 By what department or departments?
Arkansas Insurance Department

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

- 7.2 If yes, give full information:

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

- 9.11 If the response to 9.1 is No, please explain:

- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

Statement as of March 31, 2019 of the **HMO Partners, Inc**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
- 14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0
17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
US Bank Institutional Trust and Custody	St. Louis, MO

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["...that have access to the investment accounts", "handle securities"].

1 Name of Firm or Individual	2 Affiliation
Foundation Resource Management	U
Gray D. Dillard	I
Martingale Asset Management, LP	U
Barings, LLC	U
Pacific Investment Management Company, LLC	U

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No []
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
116359	Foundation Resource Management	N/A	SEC	No
108526	Martingale Asset Management, LP	549300GXM5ZGZJXZ1Y74	SEC	NO

Statement as of March 31, 2019 of the **HMO Partners, Inc**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
106006	Barings, LLC	ANDKRHQKPRRG4Q2KLR05	SEC, CFTC, NFA	NO
104559	Pacific Investment Management Company LLC	549300KGPYQZXGMYYN38	SEC	NO

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes No

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes No

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes No

HMO Partners, Inc
GENERAL INTERROGATORIES (continued)

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent		83.9 %
1.2 A&H cost containment percent		2.8 %
1.3 A&H expense percent excluding cost containment expenses		10.2 %
2.1 Do you act as a custodian for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.		0
2.3 Do you act as an administrator for health savings accounts?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.4 If yes, please provide the amount of funds administered as of the reporting date.		0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

HMO Partners, Inc

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
A&H Affiliates								
11835.....	041590940.....	01/01/2019	PartnerRe America Insurance Company.....	DE.....	ASL/G.....	Authorized.....	.....3.....	01/01/2011.....

Statement as of March 31, 2019 of the **HMO Partners, Inc**
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	Direct Business Only								
	2	3	4	5	6	7	8	9	
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama.....AL	N							0	
2. Alaska.....AK	N							0	
3. Arizona.....AZ	N							0	
4. Arkansas.....AR	L	66,999,606	11,940,872					78,940,478	
5. California.....CA	N							0	
6. Colorado.....CO	N							0	
7. Connecticut.....CT	N							0	
8. Delaware.....DE	N							0	
9. District of Columbia.....DC	N							0	
10. Florida.....FL	N							0	
11. Georgia.....GA	N							0	
12. Hawaii.....HI	N							0	
13. Idaho.....ID	N							0	
14. Illinois.....IL	N							0	
15. Indiana.....IN	N							0	
16. Iowa.....IA	N							0	
17. Kansas.....KS	N							0	
18. Kentucky.....KY	N							0	
19. Louisiana.....LA	N							0	
20. Maine.....ME	N							0	
21. Maryland.....MD	N							0	
22. Massachusetts.....MA	N							0	
23. Michigan.....MI	N							0	
24. Minnesota.....MN	N							0	
25. Mississippi.....MS	N							0	
26. Missouri.....MO	N							0	
27. Montana.....MT	N							0	
28. Nebraska.....NE	N							0	
29. Nevada.....NV	N							0	
30. New Hampshire.....NH	N							0	
31. New Jersey.....NJ	N							0	
32. New Mexico.....NM	N							0	
33. New York.....NY	N							0	
34. North Carolina.....NC	N							0	
35. North Dakota.....ND	N							0	
36. Ohio.....OH	N							0	
37. Oklahoma.....OK	N							0	
38. Oregon.....OR	N							0	
39. Pennsylvania.....PA	N							0	
40. Rhode Island.....RI	N							0	
41. South Carolina.....SC	N							0	
42. South Dakota.....SD	N							0	
43. Tennessee.....TN	N							0	
44. Texas.....TX	N							0	
45. Utah.....UT	N							0	
46. Vermont.....VT	N							0	
47. Virginia.....VA	N							0	
48. Washington.....WA	N							0	
49. West Virginia.....WV	N							0	
50. Wisconsin.....WI	N							0	
51. Wyoming.....WY	N							0	
52. American Samoa.....AS	N							0	
53. Guam.....GU	N							0	
54. Puerto Rico.....PR	N							0	
55. U.S. Virgin Islands.....VI	N							0	
56. Northern Mariana Islands.....MP	N							0	
57. Canada.....CAN	N							0	
58. Aggregate Other alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX	66,999,606	11,940,872	0	0	0	0	78,940,478	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX	747,504						747,504	
61. Total (Direct Business).....	XXX	67,747,111	11,940,872	0	0	0	0	79,687,983	0

DETAILS OF WRITE-INS

58001.....								0	
58002.....								0	
58003.....								0	
58998. Summary of remaining write-ins for line 58 from overflow page.....		0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		0	0	0	0	0	0	0	0

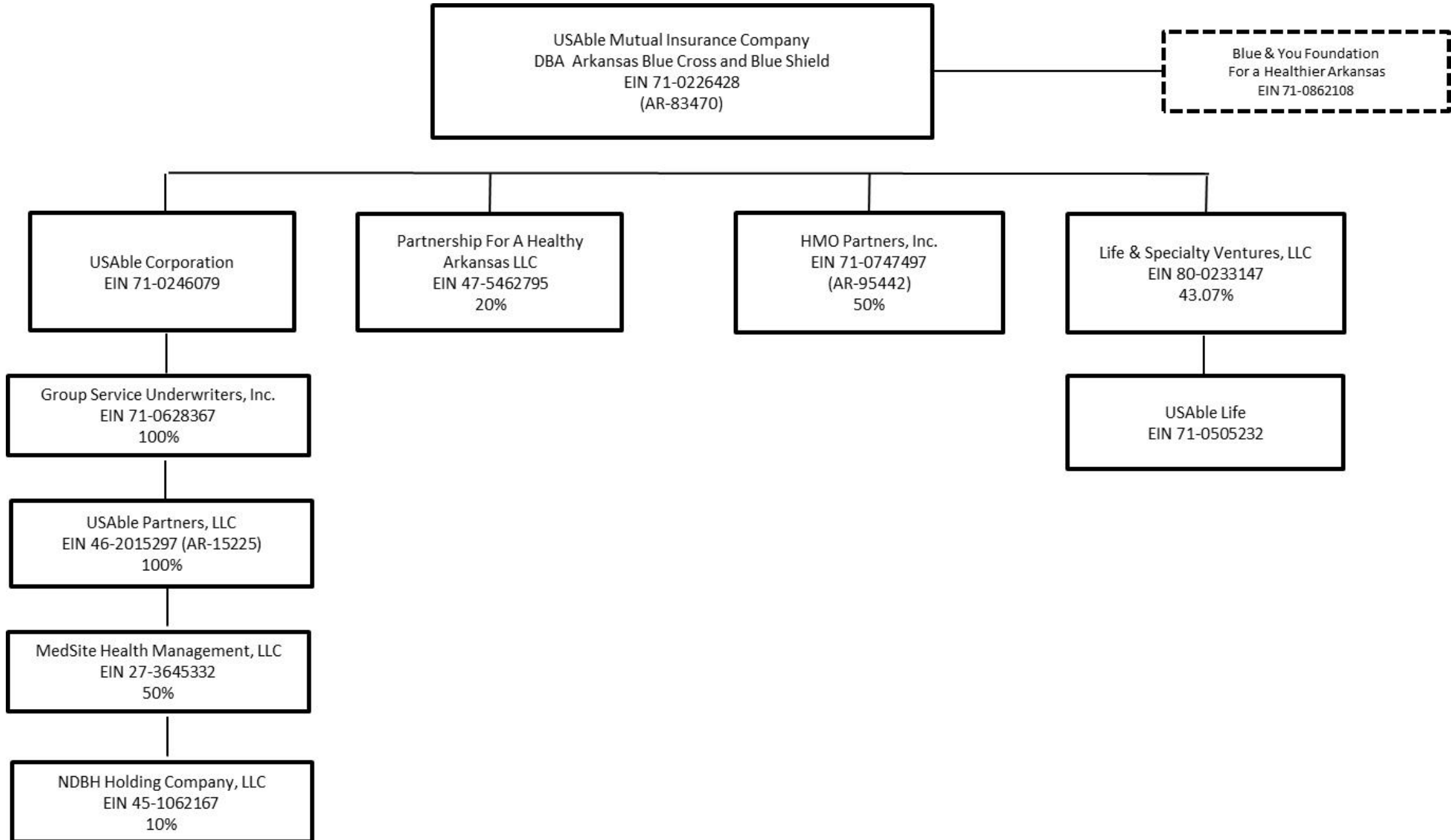
(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
		N - None of the above - Not allowed to write business in the state.....	56

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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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	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? (Y/N)	*
Members															
0876	USable Mutual Insurance Company	83470..	71-0226428..				USable Mutual Insurance Company.....	AR.....		USable Mutual Insurance Company.....	Board.....		USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company		71-0862108..				Blue & You Foundation.....	AR.....	NIA.....	USable Mutual Insurance Company.....	Ownership, Board, Influence		USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company		71-0246079..				USable Corporation.....	AR.....	DS.....	USable Mutual Insurance Company.....	Ownership, Board, Influence	100.000	USable Mutual Insurance Company.....	.....Y.....	
0876	USable Mutual Insurance Company		47-5462795..				Partnership for a Health Arkansas LLC.....	AR.....	DS.....	USable Mutual Insurance Company.....	Ownership, Influence, Board	20.000	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company	95442..	71-0747497..				HMO Partners, Inc.....	AR.....	DS.....	USable Mutual Insurance Company.....	Ownership, Board, Influence	50.000	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company		80-0233147..				Life & Specialty Ventures, Inc.....	DE.....	NIA.....	USable Mutual Insurance Company.....	Ownership, Board, Influence	43.070	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company		71-0628367..				Group Service Underwriters, Inc.....	AR.....	DS.....	USable Corporation.....	Ownership, Influence	100.000	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company		27-3645332..				MedSite Health Management, LLC.....	AR.....	DS.....	USable Corporation.....	Ownership, Board, Influence	50.000	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company	15225..	46-2015297..				USable Partners, LLC.....	VT.....	DS.....	USable Corporation.....	Ownership, Board, Influence	100.000	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company		45-1062167..				NDBH Holding Company, LLC.....	AR.....	DS.....	USable Corporation.....	Ownership, Influence	10.000	USable Mutual Insurance Company.....	.....N.....	
0876	USable Mutual Insurance Company	94358..	71-0505232..				USable Life.....	AR.....	IA.....	Life and Specialty Ventures, LLC.....	Ownership.....	100.000	USable Mutual Insurance Company.....N.....	

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Statement as of March 31, 2019 of the **HMO Partners, Inc**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:



NONE

Statement as of March 31, 2019 of the **HMO Partners, Inc**
SCHEDULE A - VERIFICATION
 Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

SCHEDULE B - VERIFICATION
 Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

SCHEDULE BA - VERIFICATION
 Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	9,714,189	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		10,000,000
2.2 Additional investment made after acquisition.....	32,208	150,082
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....	939,706	(310,180)
6. Total gain (loss) on disposals.....		(19,603)
7. Deduct amounts received on disposals.....	44,136	106,110
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	10,641,967	9,714,189
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	10,641,967	9,714,189

SCHEDULE D - VERIFICATION
 Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	59,178,286	57,752,734
2. Cost of bonds and stocks acquired.....	2,271,615	39,098,582
3. Accrual of discount.....	16,736	49,013
4. Unrealized valuation increase (decrease).....	362,991	(7,868,807)
5. Total gain (loss) on disposals.....	83,471	7,524,685
6. Deduct consideration for bonds and stocks disposed of.....	1,672,753	37,161,178
7. Deduct amortization of premium.....	54,525	356,474
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		139,730
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	60,185,820	59,178,286
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	60,185,820	59,178,286

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	49,704,621	1,506,393	2,080,239	(527,443)	48,603,332			49,704,621
2. NAIC 2 (a).....	6,339,955	765,222	49,919	506,308	7,561,565			6,339,955
3. NAIC 3 (a).....					0			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	56,044,576	2,271,615	2,130,158	(21,135)	56,164,897	0	0	56,044,576
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	56,044,576	2,271,615	2,130,158	(21,135)	56,164,897	0	0	56,044,576

QS102

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....2,487,428; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Statement as of March 31, 2019 of the **HMO Partners, Inc**
SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	2,487,428	XXX.....	2,468,656		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,471,928	4,479,758
2. Cost of short-term investments acquired.....		12,405,698
3. Accrual of discount.....	15,500	71,045
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(563)
6. Deduct consideration received on disposals.....		14,484,010
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	2,487,428	2,471,928
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	2,487,428	2,471,928

**Sch. DB - Pt. A - Verification
NONE**

**Sch. DB - Pt. B - Verification
NONE**

**Sch. DB - Pt. C - Sn. 1
NONE**

**Sch. DB - Pt. C - Sn. 2
NONE**

**Sch. DB - Verification
NONE**

QSI04, QSI05, QSI06, QSI07

HMO Partners, Inc

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	3,036,476	10,724,539
2. Cost of cash equivalents acquired.....	2,454,926	47,566,815
3. Accrual of discount.....	1,153	4,897
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		.27
6. Deduct consideration received on disposals.....	2,742,556	55,259,802
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	2,749,999	3,036,476
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	2,749,999	3,036,476

**Sch. A Pt. 2
NONE**

**Sch. A Pt. 3
NONE**

**Sch. B - Pt. 2
NONE**

**Sch. B - Pt. 3
NONE**

QE01, QE02

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation and Administrative Symbol/Market Indicator	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made after Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
Joint Venture or Partnership Interests That Have Underlying Characteristics of Mortgage Loans - Unaffiliated												
97MSCM 3D 9	BABSON CAPITAL FLOATING RATE INCOME FUND		USA	BABSON CAPITAL FLOATING RATE INCOME FUND		03/29/2018			32,208			
1999999. Total - Joint Venture or Partnership Interests That Have Underlying Characteristics of Mortgage Loans - Unaffiliated								0	32,208	0	0	XXX
4499999. Subtotal - Unaffiliated								0	32,208	0	0	XXX
4699999. Totals								0	32,208	0	0	XXX

QE03

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Changes in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization) / Accretion	11 Current Year's Other-Than-Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B./A.C.V.						
97MSCM 3D 9	BABSON CAPITAL FLOATING RATE INCOME FUND		USA	BABSON CAPITAL FLOATING RATE INCOME FUND	03/29/2018	02/05/2019	44,488					0		44,136	44,136	0	0	0	16,216
1999999. Total - Joint Venture or Partnership Interests That Have Underlying Characteristics of Mortgage Loans - Unaffiliated								44,488	0	0	0	0	0	44,136	44,136	0	0	0	16,216
4499999. Subtotal - Unaffiliated								44,488	0	0	0	0	0	44,136	44,136	0	0	0	16,216
4699999. Totals								44,488	0	0	0	0	0	44,136	44,136	0	0	0	16,216

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
Bonds - U.S. Government									
38378U 8L 4	GNR 15H04B FA - CMO		02/20/2019	Direct		128	128		1
0599999	Total - Bonds - U.S. Government					128	128	0	XXX
Bonds - U.S. Special Revenue and Special Assessment									
64971X JD 1	NEW YORK N Y CITY TRANSITIONAL FIN AUTH		03/27/2019	JP MORGAN SECURITIES LLC		99,991	100,000		1FE
914115 P2 0	UNIVERSITY CENT ARK REV		01/30/2019	130		150,000	150,000		1FE
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					249,991	250,000	0	XXX
Bonds - Industrial and Miscellaneous									
02377A AA 6	AMERICAN AIRLINES PASS THROUGH TRUST SER		01/11/2019	BARCLAYS CAPITAL INC FIXED INC		75,783	77,775	.831	1FE
05972M AA 2	BCMT 19CRE5 A - CMBS		03/08/2019	WELLS FARGO SECURITIES LLC		100,000	100,000		1FE
219350 AZ 8	CORNING INC		02/07/2019	Southwest Securities		202,240	200,000	1,768	2FE
260543 CJ 0	DOW CHEMICAL CO		03/15/2019	RAYMOND JAMES/FI		251,228	250,000	4,083	2FE
29374A AB 0	EFF 191 A2 - ABS		03/12/2019	WELLS FARGO SECURITIES LLC		99,999	100,000		1FE
304071 AA 1	FAIRFAX (US) INC	C	03/27/2019	Southwest Securities		311,754	300,000	1,869	2FE
494368 BQ 5	KIMBERLY-CLARK CORP		01/30/2019	Southwest Securities		192,530	200,000	2,208	1FE
57629W CH 1	MASSMUTUAL GLOBAL FUNDING II		03/05/2019	JP MORGAN SECURITIES LLC		199,592	200,000		1FE
64952W DE 0	NEW YORK LIFE GLOBAL FUNDING		01/29/2019	Morgan Stanley		100,000	100,000		1FE
68389X AS 4	ORACLE CORP		01/15/2019	BNY/SUNTRUST CAPITAL MARKETS		304,896	300,000	.60	1FE
84858D AA 6	SPIRIT AIRLINES CLASS A PASS THROUGH CER		02/14/2019	PERSHING LLC		83,474	83,100	1,306	1FE
90931E AA 2	UAL 191 A - ABS		01/28/2019	CITIGROUP GLOBAL MARKETS INC		100,000	100,000		1FE
3899999	Total - Bonds - Industrial and Miscellaneous					2,021,495	2,010,875	12,126	XXX
8399997	Total - Bonds - Part 3					2,271,615	2,261,003	12,126	XXX
8399999	Total - Bonds					2,271,615	2,261,003	12,126	XXX
9999999	Total - Bonds, Preferred and Common Stocks					2,271,615	XXX	12,126	XXX

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

QE04

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For rei gn	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Admini- strative Symbol/ Market Indicator (a)
Bonds - U.S. Government																					
38378U	8L 4		GNR 15H04B FA - CMO	03/20/2019	Paydown			.841	.841	.846	.845		.0		.846		(5)	(5)	.4	12/20/2064	1
0599999	Total - Bonds - U.S. Government																			XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3128MJ	3W 8		FH G08812 - RMBS	03/01/2019	Paydown			22,786	22,786	21,895	21,924		.0		21,926		.860	.860	.41	04/01/2048	1
3132XY	XM 4		FH Q56083 - RMBS	03/01/2019	Paydown			9,143	9,143	9,014	9,016		.0		9,016		.127	.127	.30	05/01/2048	1
31418C	NE 0		FN MA3088 - RMBS	03/01/2019	Paydown			45,774	45,774	46,513	46,495		.0		46,492		(717)	(717)	.156	08/01/2047	1
31418C	U7 7		FN MA3305 - RMBS	03/01/2019	Paydown			24,368	24,368	24,124	24,125		.0		24,126		.242	.242	.75	03/01/2048	1
31418C	V2 7		FN MA3332 - RMBS	03/01/2019	Paydown			32,077	32,077	31,757	31,759		.0		31,760		.317	.317	.98	04/01/2048	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments																			XXX	XXX
Bonds - Industrial and Miscellaneous																					
035242	AA 4		ANHEUSER-BUSCH INBEV FINANCE INC	02/01/2019	Corporate Action			48,161	50,000	49,895	99,833		.0		49,919		(1,759)	(1,759)		01/17/2023	2FE
097023	AW 5		BOEING CO	03/15/2019	Maturity @ 100.00			375,000	375,000	445,564	377,980		(2,980)		375,000		.0	.0	11,250	03/15/2019	1FE
26829G	AA 6		ECMC 182 A - ABS	03/25/2019	Paydown			688	688	687	687		.0		687		.1	.1	.3	09/25/2068	1FE
452308	AU 3		ILLINOIS TOOL WORKS INC	03/01/2019	Maturity @ 100.00			250,000	250,000	249,003	249,962		.38		250,000		.0	.0	2,438	03/01/2019	1FE
532457	BF 4		ELI LILLY AND CO	03/15/2019	Maturity @ 100.00			250,000	250,000	249,433	249,975		.25		250,000		.0	.0	2,438	03/15/2019	1FE
68389X	AQ 8		ORACLE CORP	01/15/2019	Maturity @ 100.00			220,000	220,000	223,023	220,024		(24)		220,000		.0	.0	2,613	01/15/2019	1FE
73316P	AG 5		POPLR 044 AV1 - RMBS	03/25/2019	Paydown			390	390	385	62,052		.0		385		.5	.5	.2	09/25/2034	1FE
983919	AG 6		XILINX INC	03/15/2019	Maturity @ 100.00			250,000	250,000	249,715	249,987		.13		250,000		.0	.0	2,656	03/15/2019	1FE
3899999	Total - Bonds - Industrial and Miscellaneous																			XXX	XXX
8399997	Total - Bonds - Part 4																			XXX	XXX
8399999	Total - Bonds																			XXX	XXX
Common Stocks - Industrial and Miscellaneous																					
17275R	10 2		CISCO SYSTEMS ORD	03/01/2019	MERRILL LYNCH,PIERCE,FENNER & SMITH			2,800,000	143,526	XXX	59,124	121,324	(62,200)	(62,200)	59,124		84,402	84,402	924	XXX	L
9099999	Total - Common Stocks - Industrial and Miscellaneous																			XXX	XXX
9799997	Total - Common Stocks - Part 4																			XXX	XXX
9799999	Total - Common Stocks																			XXX	XXX
9899999	Total - Preferred and Common Stocks																			XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks																			XXX	XXX

QE05

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

Statement as of March 31, 2019 of the **HMO Partners, Inc**
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Bank of America..... Little Rock, AR.....					.....28,841,659	.....41,881,325	.....32,698,198	XXX
Simmons First National Bank..... Pine Bluff, AR.....					.....405,839	.....547,984	.....114,816	XXX
US Bank..... Little Rock, AR.....					.....339,690	.....292,324	.....323,733	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....29,587,188	.....42,721,634	.....33,136,748	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....29,587,188	.....42,721,634	.....33,136,748	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....29,587,188	.....42,721,634	.....33,136,748	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Exempt Money Market Mutual Funds as Identified by the SVO								
60934N 50 0	FEDERATED TREAS OBL INST.....		03/29/2019.....	.....2.300		.....2,749,999	.....5,710	.....7,186
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO.....						.....2,749,999	.....5,710	.....7,186
8899999. Total - Cash Equivalents.....						.....2,749,999	.....5,710	.....7,186

QE13