



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

USable Mutual Insurance Company

NAIC Group Code..... 876, 876 (Current Period) (Prior Period) NAIC Company Code..... 83470 Employer's ID Number..... 71-0226428

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

Licensed as Business Type Life, Accident & Health Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized..... December 10, 1948 Commenced Business..... March 2, 1949

Statutory Home Office 601 S. Gaines .. Little Rock .. AR .. US .. 72201
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 601 S. Gaines .. Little Rock .. AR .. US .. 72201 501-378-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 601 S. Gaines .. Little Rock .. AR .. US .. 72201
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 601 S. Gaines .. 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 www.arkansasbluecross.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. Curtis Edwin Barnett	President / CEO	2. Calvin Eugene Kellogg	EVP / Chief Strategy Officer
3. Gray Donald Dillard	Treasurer / COO	4. Timothy Gerard Gauger	Secretary

OTHER

Stephen William Abell	James Robert Bailey
Alicia Marie Berkemeyer	Judy Dawn Blevins
James Daniel Bloodworth	Victor Pratt Davis
Brian Keith Dorathy #	Matthew Richard Flora
Maxine Arlene Greenwood #	Kimberly Ann Henderson
Harvey David Jacobson	Anthony Marcus James
Mark Thomas Jansen #	Wanda Denise King #
David Bryan Martin	Mary Alison Melson #
Odell Calvin Nickelberry #	Hal Jackson Norman
Kathleen O'Dea Ryan	Wendy Womack See
Philip Eugene Sherrill	Steven Aaron Spaulding
Joanna Maria Thomas	Matthew Dennis Vannatta #
Scott Bradley Winter	

DIRECTORS OR TRUSTEES

Curtis Edwin Barnett	Susan Glover Brittain	Robert Vincent Brothers	Mark William Greenway
James Virgil Kelley	Mahlon Ogden Maris MD	Carla Marie Martin	James Thomas May
Robert Daniel Nabholz	Marla Kay Johnson	Ben Edwin Owens	Robert Lee Shoptaw
Sherman Ellis Tate	Rex Moreland Terry	Paul Mark White	

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) Curtis Edwin Barnett	_____ (Signature) Calvin Eugene Kellogg	_____ (Signature) Gray Donald Dillard
1. (Printed Name) President / CEO	2. (Printed Name) EVP / Chief Strategy Officer	3. (Printed Name) Treasurer / COO
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me This _____ day of _____ 2020

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0299998. Premiums due and unpaid not individually listed.....	115,044,178	1,034,316	565,684	2,580,156	2,580,156	116,644,178
0299999. Total group.....	115,044,178	1,034,316	565,684	2,580,156	2,580,156	116,644,178
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	115,044,178	1,034,316	565,684	2,580,156	2,580,156	116,644,178

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually.....	9,990,971	9,990,971	9,990,971	14,543,879	14,543,879	29,972,912
0199999. Total Pharmaceutical Rebate Receivables.....	9,990,971	9,990,971	9,990,971	14,543,879	14,543,879	29,972,912
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	328,055	429,289	33,316	1,704,400	1,704,400	790,660
0299999. Total Claim Overpayment Receivables.....	328,055	429,289	33,316	1,704,400	1,704,400	790,660
Other Receivables						
0699998. Other Receivables Not Listed Individually.....	1,226,825	1,038,656	1,153,446	433,659	433,659	3,418,926
0699999. Total Other Receivables.....	1,226,825	1,038,656	1,153,446	433,659	433,659	3,418,926
0799999. Gross Health Care Receivables.....	11,545,851	11,458,915	11,177,733	16,681,939	16,681,939	34,182,499

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	35,791,590	71,720,357	-	44,516,792	35,791,590	29,737,315
2. Claim overpayment receivables.....	2,179,989	4,327,496	732,383	1,762,677	2,912,372	2,306,106
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....	2,175,195	5,937,618	227,812	3,624,774	2,403,007	2,575,880
7. Totals (Lines 1 through 6).....	40,146,774	81,985,471	960,195	49,904,243	41,106,969	34,619,302

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered.....	32,389,628	510,878		528,787		33,429,293
0499999. Subtotals.....	32,389,628	510,878	0	528,787	0	33,429,293
0599999. Unreported claim and other claim reserves.....						164,066,944
0799999. Total claims unpaid.....						197,496,237
0899999. Accrued medical incentive pool and bonus amounts.....						2,689,457

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
HMO Partners, Inc.....	11,965,015					11,965,015	
0199999. Individually listed receivables.....	11,965,015	0	0	0	0	11,965,015	0
0299999. Receivables not individually listed.....	598,355	100,059	(65,521)	2,279,234	2,279,234	632,893	
0399999. Total gross amounts receivable.....	12,563,370	100,059	(65,521)	2,279,234	2,279,234	12,597,908	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
USable Corporation.....	Intercompany.....	135,754	135,754	0
0199999. Individually listed payables.....		135,754	135,754	0
0299999. Payables not individually listed.....		7,317	7,317	0
0399999. Total gross payables.....		143,072	143,072	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups.....	.0	0.0				
2. Intermediaries.....	.0	0.0				
3. All other providers.....	.0	0.0				
4. Total capitation payments.....	.0	0.0	0		.0	.0
Other Payments:						
5. Fee-for-service.....	.0	0.0	XXX	XXX		
6. Contractual fee payments.....	1,919,392,001	98.8	XXX	XXX	1,208,033,950	711,358,051
7. Bonus/withhold arrangements - fee-for-service.....	.0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	22,450,586	1.2	XXX	XXX	22,450,586	
9. Non-contingent salaries.....	.0	0.0	XXX	XXX		
10. Aggregate cost arrangements.....	.0	0.0	XXX	XXX		
11. All other payments.....	.0	0.0	XXX	XXX		
12. Total other payments.....	1,941,842,587	100.0	XXX	XXX	1,230,484,536	711,358,051
13. Total (Line 4 plus Line 12).....	1,941,842,587	100.0	XXX	XXX	1,230,484,536	711,358,051

24

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....	69,212,785		39,910,726	29,302,060	29,302,060	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....						.0
6. Total.....	69,212,785	0	39,910,726	29,302,060	29,302,060	.0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....USable Mutual Insurance Company 2. Little Rock, AR

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....83470

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	616,834	198,714	126,975	119,685	29,083	51,682	65,882	12,449		12,364
2. First quarter.....	617,941	202,881	117,805	119,422	30,759	54,057	70,852	9,457		12,708
3. Second quarter.....	617,542	200,584	116,805	119,489	31,692	55,139	70,666	9,272		13,895
4. Third quarter.....	617,456	200,798	115,662	120,007	31,614	54,533	70,674	9,106		15,062
5. Current year.....	616,324	198,764	115,084	120,054	31,915	54,490	70,819	8,990		16,208
6. Current year member months.....	7,419,057	2,420,102	1,401,413	1,436,728	376,023	654,990	849,107	111,123		169,571
Total Member Ambulatory Encounters for Year:										
7. Physician.....	3,033,569	359,670	110,100	2,168,023		395,776				
8. Non-physician.....	2,709,582	412,977	183,926	2,112,679						
9. Totals.....	5,743,151	772,647	294,026	4,280,702	0	395,776	0	0	0	0
10. Hospital patient days incurred.....	371,342	86,758	21,216	263,368						
11. Number of inpatient admissions.....	56,865	19,241	5,664	31,960						
12. Health premiums written (b).....	2,337,645,633	1,045,016,451	543,251,308	262,533,844	8,400,813	51,651,042	287,744,539	103,345,935		35,701,701
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,343,168,848	1,045,016,557	543,260,763	266,888,618	8,400,813	51,736,645	288,810,879	103,345,935		35,708,638
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,932,309,669	857,009,917	449,704,832	212,512,433	6,777,064	36,617,752	253,796,348	92,395,051		23,496,272
18. Amount incurred for provision of health care services.....	1,911,769,168	830,760,539	441,716,082	222,499,884	6,777,064	36,670,744	260,579,732	87,501,313		25,263,810

30.AR

(a) For health business: number of persons insured under PPO managed care products.....388,484 and number of persons insured under indemnity only products.....227,840.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....103,345,935



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....USAbLe Mutual Insurance Company 2. Little Rock, AR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....83470

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	618,679	198,714	128,820	119,685	29,083	51,682	65,882	12,449		12,364
2. First quarter.....	619,554	202,881	119,418	119,422	30,759	54,057	70,852	9,457		12,708
3. Second quarter.....	619,034	200,584	118,297	119,489	31,692	55,139	70,666	9,272		13,895
4. Third quarter.....	618,914	200,798	117,120	120,007	31,614	54,533	70,674	9,106		15,062
5. Current year.....	617,680	198,764	116,440	120,054	31,915	54,490	70,819	8,990		16,208
6. Current year member months.....	7,437,192	2,420,102	1,419,548	1,436,728	376,023	654,990	849,107	111,123		169,571
Total Member Ambulatory Encounters for Year:										
7. Physician.....	3,033,569	359,670	110,100	2,168,023		395,776				
8. Non-physician.....	2,709,582	412,977	183,926	2,112,679						
9. Totals.....	5,743,151	772,647	294,026	4,280,702	0	395,776	0	0	0	0
10. Hospital patient days incurred.....	371,342	86,758	21,216	263,368						
11. Number of inpatient admissions.....	56,865	19,241	5,664	31,960						
12. Health premiums written (b).....	2,346,785,587	1,045,016,451	552,391,261	262,533,844	8,400,813	51,651,042	287,744,539	103,345,935		35,701,701
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	2,352,308,802	1,045,016,557	552,400,716	266,888,618	8,400,813	51,736,645	288,810,879	103,345,935		35,708,638
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	1,941,842,588	857,009,917	459,237,751	212,512,433	6,777,064	36,617,752	253,796,348	92,395,051		23,496,272
18. Amount incurred for provision of health care services.....	1,919,407,993	830,760,539	449,354,907	222,499,884	6,777,064	36,670,744	260,579,732	87,501,313		25,263,810

30.GT

(a) For health business: number of persons insured under PPO managed care products.....388,484 and number of persons insured under indemnity only products.....229,196.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....103,345,935



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....USable Mutual Insurance Company 2. Little Rock, AR

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....83470

30.TX

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	1,845		1,845							
2. First quarter.....	1,613		1,613							
3. Second quarter.....	1,492		1,492							
4. Third quarter.....	1,458		1,458							
5. Current year.....	1,356		1,356							
6. Current year member months.....	18,135		18,135							
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0									
8. Non-physician.....	0									
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0									
11. Number of inpatient admissions.....	0									
12. Health premiums written (b).....	9,139,953		9,139,953							
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	9,139,953		9,139,953							
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	9,532,919		9,532,919							
18. Amount incurred for provision of health care services.....	7,638,825		7,638,825							

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....1,356.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld under Coinsurance
Affiliates - U.S. - Other												
95442.....	71-0747497....	04/01/1996	HMO Partners, Inc.....	AR.....	OTH/G.....	CMM.....	69,832,330		4,675,000			
95442.....	71-0747497....	04/01/1996	HMO Partners, Inc.....	AR.....	OTH/I.....	MR.....	25,052,222		2,328,457			
0299999.	Total - Affiliates - U.S. - Other.....						94,884,552	.0	7,003,457	.0	.0	.0
0399999.	Total - Affiliates - U.S. - Total.....						94,884,552	.0	7,003,457	.0	.0	.0
0799999.	Total Affiliates.....						94,884,552	.0	7,003,457	.0	.0	.0
1199999.	Total - U.S.....						94,884,552	.0	7,003,457	.0	.0	.0
9999999.	Total.....						94,884,552	.0	7,003,457	.0	.0	.0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Affiliates - U.S. - Other						
94358.....	71-0505232....	01/01/2007	USAbLe Life.....	AR.....	.....3,689,949	.....1,350,992
1399999.	Total - Accident and Health Affiliates - U.S. - Other.....				.....3,689,949	.....1,350,992
1499999.	Total - Accident and Health Affiliates - U.S. - Total.....				.....3,689,949	.....1,350,992
1899999.	Total - Accident and Health Affiliates.....				.....3,689,949	.....1,350,992
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720.....	75-0956156....	10/01/2008	LifeSecure Insurance Company.....	MI.....	.....13,198	.....5,250,686
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....13,198	.....5,250,686
2199999.	Total - Accident and Health Non-Affiliates.....				.....13,198	.....5,250,686
2299999.	Total - Accident and Health.....				.....3,703,147	.....6,601,678
2399999.	Total U.S.....				.....3,703,147	.....6,601,678
9999999.	Total.....				.....3,703,147	.....6,601,678

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
94358.....	71-0505232....	.01/01/2007	USAbLe Life.....	AR.....	OTH/I.....	D.....	21,338,071						
94358.....	71-0505232....	.01/01/2007	USAbLe Life.....	AR.....	OTH/G.....	D.....	30,397,456						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other.....						51,735,527	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total.....						51,735,527	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates.....						51,735,527	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
77720.....	75-0956156....	.10/01/2008	LifeSecure Insurance Company.....	MI.....	OTH/I.....	LTC.....	234,910						
77720.....	75-0956156....	.10/01/2008	LifeSecure Insurance Company.....	MI.....	OTH/G.....	LTC.....	223,282						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						458,192	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						458,192	0	0	0	0	0	0
1199999.	Total - General Account - Authorized.....						52,193,720	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						52,193,720	0	0	0	0	0	0
6999999.	Total - U.S.....						52,193,720	0	0	0	0	0	0
9999999.	Total.....						52,193,720	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums.....	52,194	49,676	48,734	51,573	50,017
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	37,222	35,092	39,763	34,690	32,305
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....	6,601	6,239	5,789	10,462	12,733
8. Reinsurance recoverable on paid losses.....	3,703	3,912	9,942	38,374	53,333
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	1,441,730,330		1,441,730,330
2. Accident and health premiums due and unpaid (Line 15).....	116,644,178		116,644,178
3. Amounts recoverable from reinsurers (Line 16.1).....	3,703,146	(3,703,147)	(0)
4. Net credit for ceded reinsurance.....	XXX		0
5. All other admitted assets (balance).....	289,998,883	10,304,825	300,303,708
6. Totals assets (Line 28).....	1,852,076,538	6,601,678	1,858,678,216
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	190,894,561		190,894,561
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,689,457		2,689,457
9. Premiums received in advance (Line 8).....	28,795,706		28,795,706
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	710,630,830	6,601,678	717,232,508
15. Total liabilities (Line 24).....	933,010,554	6,601,678	939,612,232
16. Total capital and surplus (Line 33).....	919,065,984	XXX	919,065,984
17. Total liabilities, capital and surplus (Line 34).....	1,852,076,539	6,601,678	1,858,678,217
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance.....	0		0
21. Reinsurance recoverable on paid losses.....	3,703,147		3,703,147
22. Other ceded reinsurance recoverables.....	0		0
23. Total ceded reinsurance recoverables.....	3,703,147		3,703,147
24. Premiums receivable.....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		0
26. Unauthorized reinsurance.....	0		0
27. Reinsurance with certified reinsurers.....	0		0
28. Funds held under reinsurance treaties with certified reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets.....	3,703,147		3,703,147
30. Total ceded reinsurance payables/offsets.....	3,703,147		3,703,147
31. Total net credit for ceded reinsurance.....			(0)

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR				451,255		451,255
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	451,255	0	451,255

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	40.750	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		71-0655804..				AHIN, LLC.....	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.....	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
83470.....	71-0226428.....	USAble Mutual Insurance Company.....	.....	.....	.....	.....	.....59,325,351	.....1,553,206	.....	.....	.....60,878,557	.....(2,132,071)
95442.....	71-0747497.....	HMO Partners Inc.....	.....	.....	.....	.....	.....(55,078,057)	.....(1,553,206)	.....	.....	.....(56,631,263)	.....7,173,012
.....	71-0246079.....	USAble Corporation.....	.....	.....	.....	.....	.....(4,181,702)	.....	.....	.....	.....(4,181,702)	.....
94358.....	71-0505232.....	USAble Life.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....(5,040,941)
.....	.....	USAble Partners.....	.....	.....	.....	.....	.....(65,592)	.....	.....	.....	.....(65,592)	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

YES
 YES
 YES
 YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
 YES
 YES

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
 YES

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

NO

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

YES
 NO
 NO
 NO
 NO
 YES
 NO
 NO
 NO

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?

YES
 NO
 YES
 YES
 YES
 YES

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.



11.

12. The data for this supplement is not required to be filed.



13. The data for this supplement is not required to be filed.



14. The data for this supplement is not required to be filed.



15. The data for this supplement is not required to be filed.



16.

17. The data for this supplement is not required to be filed.



18. The data for this supplement is not required to be filed.



19. The data for this supplement is not required to be filed.



20.

21. The data for this supplement is not required to be filed.



22.

23.

24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Contributions.....	24,738		16,072,720		16,097,458
2505. Exchange User Fee.....			9,979,130		9,979,130
2506. Misc.....	1,741,946	(1,137)	27,969,512		29,710,321
2597. Summary of remaining write-ins for Line 25.....	1,766,684	(1,137)	54,021,362	0	55,786,909

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Arkansas

NAIC Group Code.....876

NAIC Company Code.....83470

Address (City, State and Zip Code).....601 Gaines Street, Little Rock, AR 72201

Person Completing This Exhibit.....Holly Russell

Title.....Accountant.....Telephone Number.....501-399-3954

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
...YES.....	A71-MP 1/90.....	P.....	...NO...	35.....	.01/01/1984			.06/14/1905	Medi-Pak Plus.....	.....3,074,176	.....2,270,114	.....73.8	.....1,078			.....0.0
...YES.....	A71-MS 1/90.....	P.....	...NO...	35.....	.01/01/1966			.06/14/1905	Medi-Pak Standard.....	.....38,012	.....25,558	.....67.2	.....8			.....0.0
...YES.....	A71-MO 1/89.....	P.....	...NO...	35.....	.01/01/1989			.06/14/1905	Medi-Pak Lo Option.....	.....57,471	.....58,336	.....101.5	.....32			.....0.0
...YES.....	71-MPA.....	P.....	...NO...	1234.....	.01/01/1992			.12/31/2006	MEDIPAK PLAN A.....	.....272,785	.....194,170	.....71.2	.....152			.....0.0
...YES.....	71-MPB.....	P.....	...NO...	1234.....	.01/01/1992			.12/31/2006	MEDIPAK PLAN B.....	.....1,440,797	.....1,246,684	.....86.5	.....599			.....0.0
...YES.....	71-MPC.....	P.....	...NO...	1234.....	.01/01/1992			.12/31/2006	MEDIPAK PLAN C.....	.....30,970,132	.....23,654,241	.....76.4	.....9,577			.....0.0
...YES.....	71-MPD.....	P.....	...NO...	1234.....	.01/01/1992			.12/31/2006	MEDIPAK PLAN D.....	.....7,170,091	.....5,033,500	.....70.2	.....2,138			.....0.0
...YES.....	71-MPF.....	P.....	...NO...	12346.....	.01/01/1992			.05/31/2010	MEDIPAK PLAN F.....	.....47,512,303	.....37,346,340	.....78.6	.....15,189			.....0.0
...YES.....	71-MPG.....	P.....	...NO...	12346.....	.01/01/1992			.05/31/2010	MEDIPAK PLAN G.....	.....3,969,318	.....3,367,037	.....84.8	.....1,741			.....0.0
...YES.....	71-MPI.....	P.....	...NO...	1234.....	.01/01/1992			.12/31/2006	MEDIPAK PLAN I.....	.....213,244	.....113,979	.....53.5	.....50			.....0.0
...YES.....	71-MPINRX 1/06.....	P.....	...NO...	12346.....	.01/01/1992			.05/31/2010	MEDIPAK PLAN I - NRX.....	.....156,179	.....87,463	.....56.0	.....47			.....0.0
...YES.....	72-MPA 1/07.....	P.....	...NO...	12346.....	.01/01/2007			.05/31/2010	MEDIPAK PLAN A.....	.....53,735	.....42,003	.....78.2	.....40			.....0.0
...YES.....	72-MPB 1/07.....	P.....	...NO...	12346.....	.01/01/2007			.05/31/2010	MEDIPAK PLAN B.....	.....181,417	.....123,015	.....67.8	.....104			.....0.0
...YES.....	72-MPC 1/07.....	P.....	...NO...	12346.....	.01/01/2007			.05/31/2010	MEDIPAK PLAN C.....	.....3,337,332	.....2,891,906	.....86.7	.....1,483			.....0.0
...YES.....	72-MPD 1/07.....	P.....	...NO...	12346.....	.01/01/2007			.05/31/2010	MEDIPAK PLAN D.....	.....146,840	.....142,730	.....97.2	.....63			.....0.0
...YES.....	72-MPJ 1/07.....	P.....	...NO...	12346.....	.01/01/2007			.05/31/2010	MEDIPAK PLAN J.....	.....26,756,852	.....23,010,841	.....86.0	.....11,388			.....0.0
...YES.....	73-MPA 6/10.....	P.....	...NO...	12346.....	.01/01/2010				MEDIPAK PLAN A.....56,37222,54640.04215,59336,259232.513
...YES.....	73-MPB 6/10.....	P.....	...NO...	12346.....	.01/01/2010				MEDIPAK PLAN B.....		0.0	173,125247,113142.723
...YES.....	73-MPC 6/10.....	P.....	...NO...	12346.....	.01/01/2016				MEDIPAK PLAN C.....218,538234,593107.31021,485,4471,555,806104.7778
...YES.....	73-MPF 6/10.....	P.....	...NO...	12346.....	.01/01/2010				MEDIPAK PLAN F.....66,431,91655,752,64383.928,0748,921,4388,621,66196.64,233
...YES.....	73-MPFHD.....	P.....	...NO...	12346.....	.01/01/2015				MEDIPAK PLAN F - High Ded.....219,900239,277108.8371378,584373,44498.6737
...YES.....	73-MPG 6/10.....	P.....	...NO...	12346.....	.01/01/2010				MEDIPAK PLAN G.....31,836,42928,959,66891.019,35325,270,60819,675,68977.918,302
...YES.....	73-MPN 6/10.....	P.....	...NO...	12346.....	.01/01/2010				MEDIPAK PLAN N.....1,914,3131,903,62499.41,5001,200,812911,67575.91,154
...YES.....	EEPMA5-86, 870 and 891.....	P.....	...NO...	7.....				.05/31/2010	Employer's Equitable.....	.....28,507	.....27,678	.....97.1	.....10			.....0.0
0199999.	Total Policy Experience on Individual Policies.....								226,056,659186,747,94682.693,14137,445,60731,421,64783.925,240

360.AR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

GENERAL INTERROGATORIES

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 5 Allied Drive Little Rock AR 72202
 - 2.2 Contact person and phone number..... Carroll Rhonda 501-378-2000
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 5 Allied Drive Little Rock AR 72202
 - 3.2 Contact person and phone number..... Carroll Rhonda 501-399-3989
4. Explain any policies identified as policy type "O".



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code...876

NAIC Company Code...83470

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage.....	25,289,801	XXX	2,450,730	XXX	27,740,531
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	13,778	XXX		XXX	13,778
1.2 Supplemental Benefits.....	2,723,734	XXX	263,946	XXX	2,987,680
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage.....	(572,372)	XXX	(90,539)	XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....	(61,645)	XXX	(9,751)	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage.....	295,800	XXX	344	XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....	31,858	XXX	37	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable.....		XXX		XXX	XXX
4.2 Payable.....	401,813	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage.....	24,421,628	XXX	2,359,847	XXX	XXX
5.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	415,592	XXX	0	XXX	XXX
5.2 Supplemental Benefits.....	2,630,231	XXX	254,158	XXX	XXX
6. Total Premiums.....	27,467,451	XXX	2,614,005	XXX	30,741,989
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage.....	31,933,936	XXX	2,330,322	XXX	34,264,257
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....	2,824,778	XXX	206,133	XXX	3,030,911
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage.....	(58,405)	XXX	(2,798)	XXX	XXX
8.12 Without Reinsurance Coverage.....	(5,166)	XXX	(247)	XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage.....	12,557,404	XXX	518,944	XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....	1,110,789	XXX	45,904	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage.....	19,318,127	XXX	1,808,580	XXX	XXX
10.12 Without Reinsurance Coverage.....	(5,166)	XXX	(247)	XXX	XXX
10.2 Supplemental Benefits.....	1,713,988	XXX	160,229	XXX	XXX
11. Total Claims.....	21,026,949	XXX	1,968,561	XXX	37,295,168
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change.....	XXX	(179,669)	XXX	475,318	295,649
12.3 Reimbursements Receivable-Change.....	XXX		XXX		XXX
12.4 Health Care Receivables-Change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change.....					XXX
14. Expenses Paid.....	3,409,088	XXX	137,953	XXX	3,547,041
15. Expenses Incurred.....	6,754,351	XXX	274,254	XXX	XXX
16. Underwriting Gain/Loss.....	(313,850)	XXX	371,189	XXX	XXX
17. Cash Flow Result.....	XXX	XXX	XXX	XXX	(9,804,571)

**2019 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7	Schedule D – Summary By Country	SI04
Assets	2	Schedule D – Verification Between Years	SI03
Cash Flow	6	Schedule DA – Part 1	E17
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Verification Between Years	SI10
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DB – Part A – Section 1	E18
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 2	E19
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part B – Section 1	E20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part C – Section 1	SI12
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 2	E23
Exhibit of Net Investment Income	15	Schedule DB – Part E	E24
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E25
Five-Year Historical Data	29	Schedule DL – Part 2	E26
General Interrogatories	27	Schedule E – Part 1 – Cash	E27
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E28
Liabilities, Capital and Surplus	3	Schedule E – Verification Between Years	SI15
Notes To Financial Statements	26	Schedule E – Part 3 – Special Deposits	E29
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	39
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	38
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14
Schedule D – Part 6 – Section 2	E16		