83470201520100100

ANNUAL STATEMENT

For the Year Ended December 31, 2015

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 *(Street and Number) (City or Town, State, Country and Zip Code)*	501-378-2000 *(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 *(Street and Number) (City or Town, State, Country and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.arkansasbluecross.com	
Statutory Statement Contact	Scott Bradley Winter *(Name)*	501-399-3951 *(Area Code) (Telephone Number) (Extension)*
	sbwinter@arkbluecross.com *(E-Mail Address)*	501-378-3258 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Paul Mark White	President / CEO	2. James Lee Douglass	Secretary
3. Gray Donald Dillard	Treasurer / CFO	4. Michael Wayne Brown	Executive Vice President / COO

OTHER

Stephen William Abell
Curtis Edwin Barnett
Judy Dawn Blevins
David Frank Bridges
Richard Shelby Cooper
David Franklin Greenwood, Jr.
Melvin Dewayne Hardy #
Calvin Eugene Kellogg
Karen Cox Raley
Philip Eugene Sherrill
Samuel Carl Vorderstrasse
James Robert Bailey
Alicia Marie Berkemeyer
James Daniel Bloodworth
Martha Lynn Carlson
Ronald Walter DeBerry
Robert Franklin Griffin, MD
Kimberly Ann Henderson
Eric Richard Paczewitz #
Kathleen O'Dea Ryan
Steven Aaron Spaulding

DIRECTORS OR TRUSTEES

Carolyn Frazier Blakely PhD
Bradley Dean Jesson
Hayes Candour McClerkin
Ben Edwin Owens
Paul Mark White
Susan Glover Brittain
James Virgil Kelley
George Key Mitchell MD
Robert Lee Shoptaw
Robert Vincent Brothers
Mahlon Ogden Maris MD
Robert Daniel Nabholz
Patty Fulbright Smith
Mark William Greenway
James Thomas May
Marla Kay Johnson
Sherman Ellis Tate

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)	(Signature)	(Signature)
Paul Mark White	James Lee Douglass	Gray Donald Dillard
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President / CEO	Secretary	Treasurer / CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2016

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	124,759,773	601,626	389	62,715	62,715	125,361,789
0299999. Total group	124,759,773	601,626	389	62,715	62,715	125,361,789
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	124,759,773	601,626	389	62,715	62,715	125,361,789

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	5,277,515	5,277,513	5,277,513	11,854,779	11,854,779	15,832,541
0199999. Total Pharmaceutical Rebate Receivables	5,277,515	5,277,513	5,277,513	11,854,779	11,854,779	15,832,541
Other Receivables						
0699998. Other Receivables Not Listed Individually	2,564,277	2,577	3,570	31,652	31,652	2,570,424
0699999. Total Other Receivables	2,564,277	2,577	3,570	31,652	31,652	2,570,424
0799999. Gross Health Care Receivables	7,841,792	5,280,090	5,281,083	11,886,431	11,886,431	18,402,965

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	12,835,506	30,677,409		27,687,320	12,835,506	12,769,053
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	4,150,511	5,171,469	4,263	2,597,813	4,154,775	4,155,373
7. Totals (Lines 1 through 6)	16,986,017	35,848,878	4,263	30,285,132	16,990,280	16,924,426

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered	24,345,805	532,331	48,568	28,950	208,783	25,164,436
0499999. Subtotals	24,345,805	532,331	48,568	28,950	208,783	25,164,436
0599999. Unreported claim and other claim reserves						202,313,909
0799999. Total claims unpaid						227,478,345
0899999. Accrued medical incentive pool and bonus amounts						1,161,187

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
HMO Partners, Inc.	6,224,601					6,224,601	
USAble Corporation	747,631			1,000	1,000	747,631	
0199999. Individually listed receivables	6,972,232	0	0	1,000	1,000	6,972,232	0
0299999. Receivables not individually listed	335,925	1,884	2,513	568,659	568,659	340,322	
0399999. Total gross amounts receivable	7,308,157	1,884	2,513	569,659	569,659	7,312,554	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 Corp	Intercompany	421,304	421,304	
Life and Specialty Ventures	Intercompany	212,692	212,692	
0199999. Individually listed payables		633,996	633,996	0
0399999. Total gross payables		633,996	633,996	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	1,942,192,659	99.8	XXX	XXX	1,303,285,255	638,907,404
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	4,693,989	0.2	XXX	XXX	4,693,989	
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	1,946,886,648	100.0	XXX	XXX	1,307,979,244	638,907,404
13. Total (Line 4 plus Line 12)	1,946,886,648	100.0	XXX	XXX	1,307,979,244	638,907,404

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

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	58,290,067		38,813,548	19,476,519	19,476,519	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	58,290,067	0	38,813,548	19,476,519	19,476,519	0

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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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	622,263	246,210	128,873	112,895	8,876	38,808	54,372	19,997		12,232
2. First quarter	664,833	271,865	126,436	116,212	9,488	55,029	54,558	18,752		12,493
3. Second quarter	662,490	269,869	127,147	115,548	9,485	55,263	54,287	18,252		12,639
4. Third quarter	637,453	246,805	125,305	115,426	9,463	55,796	54,137	18,298		12,223
5. Current year	642,029	248,295	126,365	116,480	9,466	56,403	54,161	18,266		12,593
6. Current year member months	7,816,147	3,116,663	1,516,636	1,390,028	113,837	660,112	651,805	221,328		145,738
Total Member Ambulatory Encounters for Year:										
7. Physician	3,024,388	468,954	310,746	1,829,310		415,378				
8. Non-physician	4,083,462	966,712	1,439,454	1,677,296						
9. Totals	7,107,850	1,435,666	1,750,200	3,506,606	0	415,378	0	0	0	0
10. Hospital patient days incurred	3,547,348	544,248	1,325,804	1,677,296						
11. Number of inpatient admissions	44,431	2,758	7,941	33,732						
12. Health premiums written (b)	2,187,994,416	960,559,587	494,703,428	245,069,383	2,868,045	41,717,255	252,246,894	147,727,024		43,102,800
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,183,760,391	960,922,051	494,745,425	245,641,473	2,868,045	41,770,216	246,823,835	147,888,262		43,101,084
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,933,137,861	910,430,195	419,630,697	191,680,130	2,160,729	31,612,782	220,440,028	126,000,579		31,182,721
18. Amount incurred for provision of health care services	1,923,592,929	901,509,635	417,235,814	192,071,405	2,162,370	32,144,782	219,883,386	126,627,359		31,958,178

30.AR

(a) For health business: number of persons insured under PPO managed care products.....180,152 and number of persons insured under indemnity only products.....461,877.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....147,727,024

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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

30.GT

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	626,471	246,210	133,081	112,895	8,876	38,808	54,372	19,997		12,232
2. First quarter	669,173	271,865	130,776	116,212	9,488	55,029	54,558	18,752		12,493
3. Second quarter	666,807	269,869	131,464	115,548	9,485	55,263	54,287	18,252		12,639
4. Third quarter	641,791	246,805	129,643	115,426	9,463	55,796	54,137	18,298		12,223
5. Current year	646,607	248,295	130,943	116,480	9,466	56,403	54,161	18,266		12,593
6. Current year member months	7,868,281	3,116,663	1,568,770	1,390,028	113,837	660,112	651,805	221,328		145,738
Total Member Ambulatory Encounters for Year:										
7. Physician	3,024,388	468,954	310,746	1,829,310		415,378				
8. Non-physician	4,083,462	966,712	1,439,454	1,677,296						
9. Totals	7,107,850	1,435,666	1,750,200	3,506,606	0	415,378	0	0	0	0
10. Hospital patient days incurred	3,547,348	544,248	1,325,804	1,677,296						
11. Number of inpatient admissions	44,431	2,758	7,941	33,732						
12. Health premiums written (b)	2,203,812,812	960,559,587	510,521,824	245,069,383	2,868,045	41,717,255	252,246,894	147,727,024		43,102,800
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,199,578,787	960,922,051	510,563,821	245,641,473	2,868,045	41,770,216	246,823,835	147,888,262		43,101,084
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,946,886,648	910,430,195	433,379,484	191,680,130	2,160,729	31,612,782	220,440,028	126,000,579		31,182,721
18. Amount incurred for provision of health care services	1,936,762,092	901,509,635	430,404,977	192,071,405	2,162,370	32,144,782	219,883,386	126,627,359		31,958,178

(a) For health business: number of persons insured under PPO managed care products.....184,730 and number of persons insured under indemnity only products.....461,877.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....147,727,024

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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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	4,208		4,208							
2. First quarter	4,340		4,340							
3. Second quarter	4,317		4,317							
4. Third quarter	4,338		4,338							
5. Current year	4,578		4,578							
6. Current year member months	52,134		52,134							
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)	15,818,396		15,818,396							
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	15,818,396		15,818,396							
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	13,748,787		13,748,787							
18. Amount incurred for provision of health care services	13,169,163		13,169,163							

30.TX

(a) For health business: number of persons insured under PPO managed care products.....4,578 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. - Other											
95442	71-0747497	04/01/1996	HMO Partners, Inc	AR	OTH/A/G	87,857,009			6,771,732		
95442	71-0747497	04/01/1996	HMO Partners, Inc	AR	ASL/L/G	2,283,509			6,157		
0299999.	Total - Affiliates - U.S. - Other					90,140,518	0	0	6,777,889	0	0
0399999.	Total - Affiliates - U.S. - Total					90,140,518	0	0	6,777,889	0	0
0799999.	Total Affiliates					90,140,518	0	0	6,777,889	0	0
1199999.	Total - U.S.					90,140,518	0	0	6,777,889	0	0
9999999.	Total					90,140,518	0	0	6,777,889	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - U.S. - Other						
94358.....	71-0505232....	01/01/2007	USAble Life.....	AR.....	3,550,428	1,941,000
1399999.	Total - Accident and Health Affiliates - U.S. - Other.....				3,550,428	1,941,000
1499999.	Total - Accident and Health Affiliates - U.S. - Total.....				3,550,428	1,941,000
1899999.	Total - Accident and Health Affiliates.....				3,550,428	1,941,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720.....	75-0956156....	10/01/2008	LifeSecure Insurance Company.....	MI.....	5,639	3,065,007
00000.....	AA-9990032...	01/01/2014	US Dept of HHS.....	DC.....	49,777,382	7,726,705
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				49,783,021	10,791,712
2199999.	Total - Accident and Health Non-Affiliates.....				49,783,021	10,791,712
2299999.	Total - Accident and Health.....				53,333,449	12,732,712
2399999.	Total U.S.....				53,333,449	12,732,712
9999999.	Total.....				53,333,449	12,732,712

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
94358	71-0505232	.01/01/2007	USAble Life	AR	OTH/A/I	D	14,458,590						
94358	71-0505232	.01/01/2007	USAble Life	AR	OTH/A/G	D	27,258,665						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						41,717,255	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						41,717,255	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						41,717,255	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						41,717,255	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						41,717,255	0	0	0	0	0	0
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates													
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	LTC/A/I	LTC	272,435						
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	LTC/A/G	LTC	191,751						
38245	36-6033921	.01/01/2015	BCS Insurance Company	OH	SSL/A/I	CCM	782,227						
38245	36-6033921	.01/01/2015	BCS Insurance Company	OH	SSL/A/G	CCM	455,199						
00000	AA-9990032	.01/01/2014	US Dept of HHS	DC	OTH/A/I	CMM	6,598,184						
4299999.	Total - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates						8,299,796	0	0	0	0	0	0
4499999.	Total - Separate Accounts - Authorized - Non-Affiliates						8,299,796	0	0	0	0	0	0
4599999.	Total - Separate Accounts - Authorized						8,299,796	0	0	0	0	0	0
6899999.	Total - Separate Accounts - Authorized, Unauthorized and Certified						8,299,796	0	0	0	0	0	0
6999999.	Total - U.S.						50,017,051	0	0	0	0	0	0
9999999.	Total						50,017,051	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 2015	2 2014	3 2013	4 2012	5 2011
A.	**OPERATIONS ITEMS**					
1.	Premiums	50,017	46,035	36,643	31,456	30,179
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	32,305	29,516	27,402	23,663	23,303
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	12,733	4,323	3,768	3,506	3,259
8.	Reinsurance recoverable on paid losses	53,333	47,293	2,486	2,323	2,134
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					XXX
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					XXX
18.	Funds deposited by and withheld from (F)					XXX
19.	Letters of credit (L)					XXX
20.	Trust agreements (T)					XXX
21.	Other (O)					XXX

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)	1,245,671,565		1,245,671,565
2.	Accident and health premiums due and unpaid (Line 15)	125,361,789		125,361,789
3.	Amounts recoverable from reinsurers (Line 16.1)	53,333,448	(53,333,448)	0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	155,557,891	66,066,160	221,624,051
6.	Totals assets (Line 28)	1,579,924,693	12,732,712	1,592,657,405
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	214,745,634		214,745,634
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,161,187		1,161,187
9.	Premiums received in advance (Line 8)	32,592,557		32,592,557
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)	513,623,216	12,732,712	526,355,928
15.	Total liabilities (Line 24)	762,122,594	12,732,712	774,855,306
16.	Total capital and surplus (Line 33)	817,802,098	XXX	817,802,098
17.	Total liabilities, capital and surplus (Line 34)	1,579,924,692	12,732,712	1,592,657,404
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	53,333,448		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	53,333,448		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	53,333,448		
30.	Total ceded reinsurance payables/offsets	53,333,448		
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					
	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	6 Totals
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR				462,469		462,469
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	462,469	0	462,469

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0876.....	USAble Mutual Insurance Company....	83470...	71-0226428..	.....	.....	.....	USAble Mutual Insurance Company.....	AR.....	.....	USAble Mutual Insurance Company.....	Board.....	.....	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	71-0862108..	.....	.....	.....	Blue & You Foundation.....	AR.....	NIA.....	USAble Mutual Insurance Company.....	Ownership, Board, Influence	.....	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	47-5462795..	.....	.....	.....	Partnership For A Healthy Arkansas LLC.....	AR.....	DS.....	USAble Mutual Insurance Company.....	Ownership, Influence, Board	.....20.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	71-0246079..	.....	.....	.....	USAble Corporation.....	AR.....	DS.....	USAble Mutual Insurance Company.....	Ownership, Board, Influence	...100.000	USAble Mutual Insurance Company.....	.....
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.....	.....
0876.....	USAble Mutual Insurance Company....	.....	20-2621814..	.....	.....	.....	LSV Partners, LLC.....	DE.....	DS.....	USAble Mutual Insurance Company.....	Ownership, Board, Influence	.....50.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	71-0628367..	.....	.....	.....	Group Service Underwriters, Inc.....	AR.....	DS.....	USAble Corporation.....	Ownership, Influence	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	71-0655804..	.....	.....	.....	AHIN, LLC.....	AR.....	DS.....	USAble Corporation.....	Ownership, Influence	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	27-3645332..	.....	.....	.....	MedSite Health Management, LLC.....	AR.....	DS.....	USAble Corporation.....	Ownership, Board, Influence	.....50.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	15225...	46-2015297..	.....	.....	.....	USAble Partners, LLC.....	VT.....	DS.....	USAble Corporation.....	Ownership, Board, Influence	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	45-1062167..	.....	.....	.....	NDBH Holding Company, LLC.....	AR.....	DS.....	USAble Corporation.....	Ownership, Influence	.....10.000	USAble Mutual Insurance Company.....	.....
0536.....	GuideWell Mutual Holding Corporation	76031...	59-2876465..	.....	.....	.....	Florida Combined Life Insurance Co, Inc.....	FL.....	IA.....	LSV Partners, Inc.....	Ownership, Influence	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	80-0233147..	.....	.....	.....	Life & Specialty Ventures, Inc.....	DE.....	NIA.....	Florida Combined Life Insurance Co, Inc.....	Ownership.....	.....13.250	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	80-0233147..	.....	.....	.....	Life & Specialty Ventures, Inc.....	DE.....	NIA.....	LSV Partners, Inc.....	Ownership, Board, Influence	.....41.140	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	45-5058638..	.....	.....	.....	LSV Dental Management LLC.....	AR.....	NIA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	20-5180834..	.....	.....	.....	Able Benefit Solutions.....	AR.....	NIA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	94358...	71-0505232..	.....	.....	.....	USAble Life.....	AR.....	IA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	46-3940613..	.....	.....	.....	Your Benefits Agency, Inc.....	AR.....	NIA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	47-5082510..	.....	.....	.....	LSV Specialty Risk, LLC.....	AR.....	NIA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAble Mutual Insurance Company.....	.....
0876.....	USAble Mutual Insurance Company....	.....	26-3470049..	.....	.....	.....	HPGA, LLC.....	AR.....	NIA.....	Life and Specialty Ventures, LLC.....	Ownership.....	...100.000	USAble Mutual Insurance Company.....	.....

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
83470	71-0226428	USAble Mutual Insurance Company DBA Arkansas Blue Cros	31,735,783				41,188,239	4,456,549			77,380,571	(1,736,331)
95442	71-0747497	HMO Partners Inc	(30,783,852)				(39,428,521)	(4,456,549)			(74,668,922)	6,777,889
	71-0246079	USAble Corporation					(1,759,718)				(1,759,718)	
94358	71-0505232	USAble Life	(3,500,000)					58,529,311			55,029,311	(56,847,314)
76031	59-2876465	Florida Combined Life Insurance Company						(25,258,179)			(25,258,179)	36,667,393
53228	04-1045815	Blue Cross and Blue Shield of Massachusetts						(22,219,568)			(22,219,568)	9,877,605
	99-0292263	HMSA BSH Inc	125,826								125,826	-
49948	99-0040115	Hawaii Medical Services Association	272,588					(11,051,564)			(10,778,976)	5,260,758
	59-2468517	Diversified Health Services, Inc	951,931								951,931	
	46-1213753	Zaffre Affiliated Services, Inc	951,890								951,890	
	62-1156889	Southern Diversified Business Services, Inc	212,326								212,326	
	23-1294723	Highmark Inc	33,508								33,508	
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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	NO

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.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	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. The data for this supplement is not required to be filed.

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

17.

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

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

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

21.

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

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

24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Other Nonadmitted Assets	13,706,843	13,706,843	0	
2597. Summary of remaining write-ins for Line 25	13,706,843	13,706,843	0	0

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	7,104	4,906	1,396,903		1,408,913
2505. Exchange User Fee			7,724,848		7,724,848
2506. Misc	2,714	(145,035)	1,685,656		1,543,335
2597. Summary of remaining write-ins for Line 25	9,818	(140,129)	10,807,407	0	10,677,096

Overflow Page for Write-Ins

NONE

Supplement for the year 2015 of the **USAble Mutual Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

8 3 4 7 0 2 0 1 5 3 6 0 0 4 1 0 0 *

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....876
Address (City, State and Zip Code).....601 Gaines Street, Little Rock, AR 72201
Person Completing This Exhibit.....Holly Russell

NAIC Company Code.....83470
Title.....Senior Financial Analyst.....Telephone Number.....501-399-3954

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
Yes	A71-MP 1/90	P	NO	35	.01/01/1984			.06/14/1905	Medi-Pak Plus	11,112,969	7,724,775	69.5	2,972	$-	$-	0.0	
Yes	A71-MS 1/90	P	NO	35	.01/01/1966			.06/14/1905	Medi-Pak Standard	251,676	166,851	66.3	66	$-	$-	0.0	
Yes	A71-MO 1/89	P	NO	35	.01/01/1989			.06/14/1905	Medi-Pak Lo Option	168,721	148,906	88.3	95	$-	$-	0.0	
Yes	71-MPA	P	NO	1234	.01/01/1992			.12/31/2006	MEDIPAK PLAN A	450,713	276,350	61.3	257	$-	$-	0.0	
Yes	71-MPB	P	NO	1234	.01/01/1992			.12/31/2006	MEDIPAK PLAN B	2,123,186	1,436,609	67.7	940	$-	$-	0.0	
Yes	71-MPC	P	NO	1234	.01/01/1992			.12/31/2006	MEDIPAK PLAN C	39,004,185	30,091,743	77.2	14,575	$-	$-	0.0	
Yes	71-MPD	P	NO	1234	.01/01/1992			.12/31/2006	MEDIPAK PLAN D	11,067,843	8,404,775	75.9	3,967	$-	$-	0.0	
Yes	71-MPF	P	NO	12346	.01/01/1992			.05/31/2010	MEDIPAK PLAN F	59,291,691	46,733,803	78.8	22,200	547,440	371,689	67.9	342
Yes	71-MPG	P	NO	12346	.01/01/1992			.05/31/2010	MEDIPAK PLAN G	4,608,000	4,025,785	87.4	2,425	$-	$-	0.0	
Yes	71-MPI	P	NO	1234	.01/01/1992			.12/31/2006	MEDIPAK PLAN I	416,798	283,568	68.0	98	$-	$-	0.0	
Yes	71-MPINRX 1/06	P	NO	12346	.01/01/1992			.05/31/2010	MEDIPAK PLAN I - NRX	271,502	156,892	57.8	78	3,103	93	3.0	1
Yes	72-MPA 1/07	P	NO	12346	.01/01/2007			.05/31/2010	MEDIPAK PLAN A	72,626	49,266	67.8	50	$-	$-	0.0	
Yes	72-MPB 1/07	P	NO	12346	.01/01/2007			.05/31/2010	MEDIPAK PLAN B	234,012	198,154	84.7	133	2,177	663	30.5	1
Yes	72-MPC 1/07	P	NO	12346	.01/01/2007			.05/31/2010	MEDIPAK PLAN C	3,806,695	3,292,817	86.5	2,012	5,997	4,852	80.9	4
Yes	72-MPD 1/07	P	NO	12346	.01/01/2007			.05/31/2010	MEDIPAK PLAN D	170,887	148,257	86.8	94	4,712	21,311	452.3	1
Yes	72-MPJ 1/07	P	NO	12346	.01/01/2007			.05/31/2010	MEDIPAK PLAN J	26,985,492	20,958,074	77.7	13,875	683	1,651	241.7	
Yes	73-MPA 6/10	P	NO	12346	.01/01/2010				MEDIPAK PLAN A	32,333	14,216	44.0	23	25,961	25,936	99.9	24
Yes	73-MPF 6/10	P	NO	12346	.01/01/2010				MEDIPAK PLAN F	34,631,616	27,847,379	80.4	18,287	25,780,587	21,925,039	85.0	15,083
Yes	73-MPFHD	P	NO	12347	.01/01/2015				MEDIPAK PLAN F - High Ded	$-	$-	0.0		700,366	354,586	50.6	320
Yes	73-MPG 6/10	P	NO	12346	.01/01/2010				MEDIPAK PLAN G	2,132,581	1,663,131	78.0	1,417	17,144,661	13,080,633	76.3	14,390
Yes	73-MPN 6/10	P	NO	12346	.01/01/2010				MEDIPAK PLAN N	784,086	578,803	73.8	653	1,030,365	683,740	66.4	969
Yes	EEPMA5-86, 870 and	P	NO					.05/31/2010	Employer's Equitable	86,788	51,390	59.2	31	$-	$-	0.0	
0199999.	Total Policy Experience on Individual Policies									197,704,400	154,251,544	78.0	84,248	45,246,052	36,470,193	80.6	31,135

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..... 601 Gaines Street Little Rock AR 72201
   2.2 Contact person and phone number..... Earnest Bradley 501-399-3989
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 601 Gaines Street Little Rock AR 72201
   3.2 Contact person and phone number..... Earnest Bradley 501-399-3989
4. Explain any policies identified as policy type "O".

83470201536500100

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code....876 (To Be Filed By March 1) NAIC Company Code.....83470

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage	38,912,738	XXX	1,967,542	XXX	40,880,280
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(1,519,102)	XXX		XXX	(1,519,102)
1.2 Supplemental Benefits	3,183,780	XXX	160,981	XXX	3,344,761
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	(687,048)	XXX	(147,666)	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	(56,213)	XXX	(12,082)	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	(147,905)	XXX	(55,986)	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	(12,101)	XXX	(4,581)	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	(180,579)	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	38,373,595	XXX	1,875,862	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(1,699,681)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	3,139,668	XXX	153,480	XXX	XXX
6. Total Premiums	39,813,582	XXX	2,029,342	XXX	42,705,939
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	26,349,425	XXX	1,422,731	XXX	27,772,156
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	2,414,648	XXX	130,379	XXX	2,545,027
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	6,276	XXX	649	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	575	XXX	59	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	(577,160)	XXX	(21,270)	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(52,891)	XXX	(1,949)	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	26,932,861	XXX	1,444,650	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	2,468,114	XXX	132,387	XXX	XXX
11. Total Claims	29,400,975	XXX	1,577,037	XXX	30,317,183
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	2,676,822	XXX	427,144	3,103,966
12.2 Reimbursements Received but Not Applied-Change	XXX	(3,419,734)	XXX		(3,419,734)
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX	(630,051)	XXX	(23,219)	XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	7,603,000	XXX	211,665	XXX	7,814,665
15. Expenses Incurred	7,559,582	XXX	198,028	XXX	XXX
16. Underwriting Gain/Loss	2,853,025	XXX	254,277	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(1,949,609)

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HEALTH ANNUAL STATEMENT BLANK