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ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

HMO Partners, Inc

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

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

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

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

Statutory Home Office	320 West Capitol .. Little Rock .. AR .. US .. 72203-8069 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	320 West Capitol .. Little Rock .. AR .. US .. 72203-8069 *(Street and Number) (City or Town, State, Country and Zip Code)*	501-221-1800 *(Area Code) (Telephone Number)*
Mail Address	320 West Capitol .. Little Rock .. AR .. US .. 72203-8069 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	601 S. Gaines .. Little Rock .. AR .. US .. 72201 *(Street and Number) (City or Town, State, Country and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Internet Web Site Address	healthadvantage-hmo.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. John Charles Glassford Jr.	President/CEO	2. Gray Donald Dillard	Treasurer/CFO
3. Scott Bradley Winter	Assistant Treasurer	4. Kathleen O'Dea Ryan	Vice President

OTHER

David Frank Bridges	Assistant Secretary	Robert Cecil Roberts	Vice Chairman
Steven Aaron Spaulding #	Chairman		

DIRECTORS OR TRUSTEES

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

State of..... Arkansas
County of..... Pulaski

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to before me
This _____ day of _____ 2019

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						
LR Connector	430,473					430,473
Nestle	413,450					413,450
Gerber	386,107					386,107
0299997. Group subscribers subtotal	1,230,030	0	0	0	0	1,230,030
0299998. Premiums due and unpaid not individually listed	1,921,284	208,805		12,460	12,460	2,130,089
0299999. Total group	3,151,314	208,805	0	12,460	12,460	3,360,120
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	3,151,314	208,805	0	12,460	12,460	3,360,120

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	1,277,337	1,277,337	1,277,336	591,030	591,030	3,832,010
0199999. Total Pharmaceutical Rebate Receivables	1,277,337	1,277,337	1,277,336	591,030	591,030	3,832,010
Other Receivables						
0699998. Other Receivables Not Listed Individually	284,656	284,655	284,655	367,915	367,915	853,966
0699999. Total Other Receivables	284,656	284,655	284,655	367,915	367,915	853,966
0799999. Gross Health Care Receivables	1,561,993	1,561,992	1,561,991	958,945	958,945	4,685,976

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	4,229,856	10,925,409		4,423,040	4,229,856	4,348,581
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	634,137			1,221,881	634,137	634,137
7. Totals (Lines 1 through 6)	4,863,993	10,925,409	0	5,644,921	4,863,993	4,982,718

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	8,775,684	215,034	59,093	74,684		9,124,495
0499999. Subtotals	8,775,684	215,034	59,093	74,684	0	9,124,495
0599999. Unreported claim and other claim reserves						23,189,673
0799999. Total claims unpaid						32,314,168
0899999. Accrued medical incentive pool and bonus amounts						3,916,577

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

NONE

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				
Arkansas Blue Cross & Blue Shield		10,617,759	10,617,759	
USAble Life		65,552	65,552	
0199999. Individually listed payables		10,683,311	10,683,311	0
0399999. Total gross payables		10,683,311	10,683,311	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	1,985,383	0.7	XXX	XXX		1,985,383
6. Contractual fee payments	88,173,795	30.7	XXX	XXX	88,173,795	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	196,869,789	68.6	XXX	XXX	196,869,789	
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	287,028,967	100.0	XXX	XXX	285,043,584	1,985,383
13. Total (Line 4 plus Line 12)	287,028,967	100.0	XXX	XXX	285,043,584	1,985,383

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						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	0	0	0	0	0	0

NONE

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HMO Partners, Inc 2. Little Rock, AR

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR (Location)

NAIC Group Code.....876

NAIC Company Code.....95442

	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	71,494		67,738					3,756		
2. First quarter	71,395		66,480					4,915		
3. Second quarter	70,806		65,857					4,949		
4. Third quarter	70,029		65,062					4,967		
5. Current year	68,995		63,985					5,010		
6. Current year member months	847,702		788,286					59,416		
Total Member Ambulatory Encounters for Year:										
7. Physician	65,176		65,176							
8. Non-physician	81,739		81,739							
9. Totals	146,915	0	146,915	0	0	0	0	0	0	0
10. Hospital patient days incurred	13,569		13,569							
11. Number of inpatient admissions	3,402		3,402							
12. Health premiums written (b)	328,299,579		285,244,305					43,055,274		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	328,299,579		285,244,305					43,055,274		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	287,028,968		246,815,266					40,213,702		
18. Amount incurred for provision of health care services	279,108,208		236,052,934					43,055,274		

30.AR

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....43,055,274

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....HMO Partners, Inc 2. Little Rock, AR

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....876 NAIC Company Code.....95442

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	71,494		67,738					3,756		
2. First quarter	71,395		66,480					4,915		
3. Second quarter	70,806		65,857					4,949		
4. Third quarter	70,029		65,062					4,967		
5. Current year	68,995		63,985					5,010		
6. Current year member months	847,702		788,286					59,416		
Total Member Ambulatory Encounters for Year:										
7. Physician	65,176		65,176							
8. Non-physician	81,739		81,739							
9. Totals	146,915	0	146,915	0	0	0	0	0	0	0
10. Hospital patient days incurred	13,569		13,569							
11. Number of inpatient admissions	3,402		3,402							
12. Health premiums written (b)	328,299,579		285,244,305					43,055,274		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	328,299,579		285,244,305					43,055,274		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	287,028,968		246,815,266					40,213,702		
18. Amount incurred for provision of health care services	279,108,208		236,052,934					43,055,274		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....43,055,274

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance

NONE

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						
83470.....	71-0226428....	01/01/1996	Arkansas Blue Cross & Blue Shield.....	AR.....	1,730,951	8,748,677
1399999.	Total - Accident and Health Affiliates - U.S. - Other.....				1,730,951	8,748,677
1499999.	Total - Accident and Health Affiliates - U.S. - Total.....				1,730,951	8,748,677
1899999.	Total - Accident and Health Affiliates.....				1,730,951	8,748,677
2299999.	Total - Accident and Health.....				1,730,951	8,748,677
2399999.	Total U.S.....				1,730,951	8,748,677
9999999.	Total.....				1,730,951	8,748,677

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
Separate Accounts - Authorized - Affiliates - U.S. - Other													
83470.....	71-0226428....	.01/01/1996	Arkansas Blue Cross & Blue Shield	AR.....	OTH/G.....	CMM.....	75,552,722						
83470.....	71-0226428....	.01/01/1996	Arkansas Blue Cross & Blue Shield	AR.....	OTH/I.....	MR.....	23,812,097						
83470.....	71-0226428....	.01/01/1996	Arkansas Blue Cross & Blue Shield	AR.....	ASL/G.....	SLEL.....	2,143,979						
3699999.	Total - Separate Accounts - Authorized - Affiliates - U.S. - Other						101,508,798	0	0	0	0	0	0
3799999.	Total - Separate Accounts - Authorized - Affiliates - U.S. - Total						101,508,798	0	0	0	0	0	0
4199999.	Total - Separate Accounts - Authorized - Affiliates						101,508,798	0	0	0	0	0	0
4599999.	Total - Separate Accounts - Authorized						101,508,798	0	0	0	0	0	0
6899999.	Total - Separate Accounts - Authorized, Unauthorized and Certified						101,508,798	0	0	0	0	0	0
6999999.	Total - U.S						101,508,798	0	0	0	0	0	0
9999999.	Total						101,508,798	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 2018	2 2017	3 2016	4 2015	5 2014
A.	**OPERATIONS ITEMS**					
1.	Premiums	77,697	86,764	89,415	86,760	81,715
2.	Title XVIII - Medicare	23,812	17,419	12,527	3,380	2,468
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	88,174	91,442	86,099	73,192	66,464
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	8,749	12,417	7,903	6,772	5,883
8.	Reinsurance recoverable on paid losses	1,731	2,142	485	6	118
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)	103,011,702		103,011,702
2.	Accident and health premiums due and unpaid (Line 15)	3,360,120		3,360,120
3.	Amounts recoverable from reinsurers (Line 16.1)	1,730,951		1,730,951
4.	Net credit for ceded reinsurance	XXX	8,748,677	8,748,677
5.	All other admitted assets (balance)	20,315,555		20,315,555
6.	Totals assets (Line 28)	128,418,328	8,748,677	137,167,005
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	23,565,491	8,748,677	32,314,168
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,916,577		3,916,577
9.	Premiums received in advance (Line 8)	3,442,031		3,442,031
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)	29,352,301		29,352,301
15.	Total liabilities (Line 24)	60,276,399	8,748,677	69,025,076
16.	Total capital and surplus (Line 33)	68,141,934	XXX	68,141,934
17.	Total liabilities, capital and surplus (Line 34)	128,418,333	8,748,677	137,167,010
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	8,748,677		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	8,748,677		
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	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	8,748,677		

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						0
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	0	0	0

NONE

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 Is an SCA Filing Required? (Y/N)	16 *
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 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 Cross and Blue					52,266,396	(4,386,768)			47,879,628	
95442	71-0747497	HMO Partners Inc					(49,054,773)	4,386,768			(44,668,005)	10,479,628
	71-0246079	USAble Corporation					(3,211,623)				(3,211,623)	
9999999	Control Totals		0	0	0	0	(0)	0	XXX	0	(0)	10,479,628

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 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?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
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?	NO
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?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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?	NO
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?	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?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
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?	YES
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?	YES
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?	NO
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?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

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

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

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

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

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

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

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

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

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

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

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

22.

23.

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

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

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

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	8,807		399,571		408,378
2505. JV Product Results			56,392		56,392
2506. Miscellaneous	1,353	102,061	37,986		141,400
2597. Summary of remaining write-ins for Line 25	10,160	102,061	493,949	0	606,170

Overflow Page for Write-Ins

NONE

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