83470201620100100

ANNUAL STATEMENT

For the Year Ended December 31, 2016

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. Paul Mark White	President / CEO	2. James Lee Douglass	Secretary
3. Gray Donald Dillard	Treasurer / CFO	4. Calvin Eugene Kellogg	EVP / Chief Strategy Officer

OTHER

Stephen William Abell
Curtis Edwin Barnett
Judy Dawn Blevins
David Frank Bridges
Richard Shelby Cooper
David Franklin Greenwood, Jr.
Kimberly Ann Henderson
Anthony Marcus James #
Hal Jackson Norman #
Kathleen O'Dea Ryan
Steven Aaron Spaulding
James Robert Bailey
Alicia Marie Berkemeyer
James Daniel Bloodworth
Martha Lynn Carlson
Ronald Walter DeBerry
Melvin Dewayne Hardy
Harvey David Jacobson #
Connie Annelle Meeks #
Eric Richard Paczewitz
Philip Eugene Sherrill
Samuel Carl Vorderstrasse

DIRECTORS OR TRUSTEES

Susan Glover Brittain
Mahlon Ogden Maris MD
Marla Kay Johnson
Sherman Ellis Tate
Robert Vincent Brothers
James Thomas May
Ben Edwin Owens
Paul Mark White
Mark William Greenway
George Key Mitchell MD
Robert Lee Shoptaw
James Virgil Kelley
Robert Daniel Nabholz
Patty Fulbright Smith

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 _____ 2017

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	156,258,995	307,517	48,102	1,077,360	1,077,360	156,614,614
0299999. Total group	156,258,995	307,517	48,102	1,077,360	1,077,360	156,614,614
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	156,258,995	307,517	48,102	1,077,360	1,077,360	156,614,614

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	5,630,640	5,630,640	5,630,640	12,288,174	12,288,174	16,891,919
0199999. Total Pharmaceutical Rebate Receivables	5,630,640	5,630,640	5,630,640	12,288,174	12,288,174	16,891,919
Other Receivables						
0699998. Other Receivables Not Listed Individually	2,967,072	118,506	155,578	697,341	697,341	3,241,156
0699999. Total Other Receivables	2,967,072	118,506	155,578	697,341	697,341	3,241,156
0799999. Gross Health Care Receivables	8,597,711	5,749,146	5,786,218	12,985,515	12,985,515	20,133,075

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	23,656,654	37,126,230	272,174	28,907,919	23,928,828	27,687,320
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	3,672,073	4,861,125	212,672	3,725,824	3,884,745	2,602,076
7. Totals (Lines 1 through 6)	27,328,727	41,987,355	484,847	32,633,744	27,813,573	30,289,395

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	53,379,787	390,893	(58,305)	23,533	(438,073)	53,297,833
0499999. Subtotals	53,379,787	390,893	(58,305)	23,533	(438,073)	53,297,833
0599999. Unreported claim and other claim reserves						207,115,296
0799999. Total claims unpaid						260,413,129
0899999. Accrued medical incentive pool and bonus amounts						2,915,880

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.	9,115,725					9,115,725	
USAble Corporation	721,188					721,188	
0199999. Individually listed receivables	9,836,913	0	0	0	0	9,836,913	0
0299999. Receivables not individually listed	876,546			146,388	146,388	876,546	
0399999. Total gross amounts receivable	10,713,459	0	0	146,388	146,388	10,713,459	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	570,331	570,331	
Life and Specialty Ventures	Intercompany	35,659	35,659	
0199999. Individually listed payables		605,990	605,990	0
0399999. Total gross payables		605,990	605,990	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	2,117,534,185	99.4	XXX	XXX	1,401,970,447	715,563,738
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	12,795,406	0.6	XXX	XXX	12,795,406	
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	2,130,329,591	100.0	XXX	XXX	1,414,765,853	715,563,738
13. Total (Line 4 plus Line 12)	2,130,329,591	100.0	XXX	XXX	1,414,765,853	715,563,738

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	57,996,697		34,665,446	23,331,251	23,331,251	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	57,996,697	0	34,665,446	23,331,251	23,331,251	0

* 8 3 4 7 0 2 0 1 6 4 3 0 0 4 1 0 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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	642,029	248,295	126,365	116,480	9,466	56,403	54,161	18,266		12,593
2. First quarter	662,560	273,750	126,655	117,145	10,106	52,282	53,813	17,295		11,514
3. Second quarter	659,951	271,365	127,074	117,349	10,092	52,044	53,426	16,998		11,603
4. Third quarter	664,212	273,976	128,198	118,024	10,002	52,250	53,308	16,775		11,679
5. Current year	662,916	270,574	129,237	118,294	10,001	52,302	53,041	16,615		12,852
6. Current year member months	7,935,683	3,252,818	1,532,250	1,411,657	120,794	625,524	642,322	204,045		146,273
Total Member Ambulatory Encounters for Year:										
7. Physician	3,162,934	512,333	375,027	1,856,018		419,556				
8. Non-physician	4,478,839	1,000,595	1,655,725	1,822,519						
9. Totals	7,641,773	1,512,928	2,030,752	3,678,537	0	419,556	0	0	0	0
10. Hospital patient days incurred	3,883,181	513,087	1,547,575	1,822,519						
11. Number of inpatient admissions	43,648	2,274	8,063	33,311						
12. Health premiums written (b)	2,427,707,834	1,140,000,290	517,061,634	247,866,908	3,563,250	46,625,097	275,088,817	154,146,397		43,355,442
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,418,138,173	1,141,048,334	517,327,199	248,229,081	3,563,250	46,640,575	263,827,574	154,146,397		43,355,763
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,107,343,667	1,042,408,556	433,888,893	198,666,964	2,463,392	33,046,592	232,373,513	132,604,345		31,891,412
18. Amount incurred for provision of health care services	2,134,737,908	1,057,217,581	442,732,127	199,204,148	2,464,791	33,240,592	234,573,865	132,743,347		32,561,457

30.AR

(a) For health business: number of persons insured under PPO managed care products.....480,938 and number of persons insured under indemnity only products.....182,528.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....154,146,397

* 8 3 4 7 0 2 0 1 6 4 3 0 5 9 1 0 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 GRAND TOTAL 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 Employees Health			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	646,607	248,295	130,943	116,480	9,466	56,403	54,161	18,266		12,593
2. First quarter	667,111	273,750	131,206	117,145	10,106	52,282	53,813	17,295		11,514
3. Second quarter	664,854	271,365	131,977	117,349	10,092	52,044	53,426	16,998		11,603
4. Third quarter	669,070	273,976	133,056	118,024	10,002	52,250	53,308	16,775		11,679
5. Current year	667,690	270,574	134,011	118,294	10,001	52,302	53,041	16,615		12,852
6. Current year member months	7,992,408	3,252,818	1,588,975	1,411,657	120,794	625,524	642,322	204,045		146,273
Total Member Ambulatory Encounters for Year:										
7. Physician	3,162,934	512,333	375,027	1,856,018		419,556				
8. Non-physician	4,478,839	1,000,595	1,655,725	1,822,519						
9. Totals	7,641,773	1,512,928	2,030,752	3,678,537	0	419,556	0	0	0	0
10. Hospital patient days incurred	3,883,181	513,087	1,547,575	1,822,519						
11. Number of inpatient admissions	43,648	2,274	8,063	33,311						
12. Health premiums written (b)	2,446,204,151	1,140,000,290	535,557,951	247,866,908	3,563,250	46,625,097	275,088,817	154,146,397		43,355,442
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,436,634,490	1,141,048,334	535,823,516	248,229,081	3,563,250	46,640,575	263,827,574	154,146,397		43,355,763
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,130,329,590	1,042,408,556	456,874,816	198,666,964	2,463,392	33,046,592	232,373,513	132,604,345		31,891,412
18. Amount incurred for provision of health care services	2,160,574,555	1,057,217,581	468,568,774	199,204,148	2,464,791	33,240,592	234,573,865	132,743,347		32,561,457

30.GT

(a) For health business: number of persons insured under PPO managed care products.....485,162 and number of persons insured under indemnity only products.....182,528.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....154,146,397

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				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	4,578		4,578							
2. First quarter	4,551		4,551							
3. Second quarter	4,903		4,903							
4. Third quarter	4,858		4,858							
5. Current year	4,774		4,774							
6. Current year member months	56,725		56,725							
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)	18,496,317		18,496,317							
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	18,496,317		18,496,317							
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	22,985,923		22,985,923							
18. Amount incurred for provision of health care services	25,836,647		25,836,647							

30.TX

(a) For health business: number of persons insured under PPO managed care products.....4,224 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	99,935,937			7,902,531		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	ASL/L/G	2,005,334			484,519		
0299999.	Total - Affiliates - U.S. - Other					101,941,271	0	0	8,387,050	0	0
0399999.	Total - Affiliates - U.S. - Total					101,941,271	0	0	8,387,050	0	0
0799999.	Total Affiliates					101,941,271	0	0	8,387,050	0	0
1199999.	Total - U.S.					101,941,271	0	0	8,387,050	0	0
9999999.	Total					101,941,271	0	0	8,387,050	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	3,027,895	2,135,000
1399999.	Total - Accident and Health Affiliates - U.S. - Other				3,027,895	2,135,000
1499999.	Total - Accident and Health Affiliates - U.S. - Total				3,027,895	2,135,000
1899999.	Total - Accident and Health Affiliates				3,027,895	2,135,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	5,892	3,558,171
00000	AA-9990032	01/01/2014	US Dept of HHS	DC	35,339,852	4,768,744
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				35,345,744	8,326,915
2199999.	Total - Accident and Health Non-Affiliates				35,345,744	8,326,915
2299999.	Total - Accident and Health				38,373,639	10,461,915
2399999.	Total U.S.				38,373,639	10,461,915
9999999.	Total				38,373,639	10,461,915

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	17,335,729						
94358	71-0505232	.01/01/2007	USAble Life	AR	OTH/A/G	D	29,271,794						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						46,607,523	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						46,607,523	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						46,607,523	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	LTC/A/I	LTC	256,332						
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	LTC/A/G	LTC	211,680						
00000	AA-9990032	.01/01/2014	US Dept of HHS	DC	OTH/A/I	CMM	4,497,407						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						4,965,419	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						4,965,419	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						51,572,942	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						51,572,942	0	0	0	0	0	0
6999999.	Total - U.S.						51,572,942	0	0	0	0	0	0
9999999.	Total						51,572,942	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 2016	2 2015	3 2014	4 2013	5 2012
A.	**OPERATIONS ITEMS**					
1.	Premiums	51,573	50,017	46,035	36,643	31,456
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	34,690	32,305	29,516	27,402	23,663
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	10,462	12,733	4,323	3,768	3,506
8.	Reinsurance recoverable on paid losses	38,374	53,333	47,293	2,486	2,323
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)	1,251,136,317		1,251,136,317
2.	Accident and health premiums due and unpaid (Line 15)	156,614,614		156,614,614
3.	Amounts recoverable from reinsurers (Line 16.1)	38,373,639	(38,373,639)	(0)
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	151,608,054	48,835,554	200,443,608
6.	Totals assets (Line 28)	1,597,732,623	10,461,915	1,608,194,538
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	249,951,214		249,951,214
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,915,880		2,915,880
9.	Premiums received in advance (Line 8)	21,294,497		21,294,497
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)	508,358,689	10,461,915	518,820,604
15.	Total liabilities (Line 24)	782,520,280	10,461,915	792,982,195
16.	Total capital and surplus (Line 33)	815,212,343	XXX	815,212,343
17.	Total liabilities, capital and surplus (Line 34)	1,597,732,623	10,461,915	1,608,194,538
	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	38,373,639		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	38,373,639		
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	38,373,639		
30.	Total ceded reinsurance payables/offsets	38,373,639		
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				268,011		268,011
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	268,011	0	268,011

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.		20-2621814..				LSV Partners, LLC	DE	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.000	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.		80-0233147..				Life & Specialty Ventures, Inc	DE	NIA	LSV Partners, Inc	Ownership, Board, Influence	27.100	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	867,426			45,964,619	1,294,937				48,126,982	(8,387,050)
95442	71-0747497	HMO Partners Inc				(42,614,224)	(1,294,937)				(43,909,161)	8,387,050
	71-0246079	USAble Corporation				(3,350,395)					(3,350,395)	
94358	71-0505232	USAble Life	(867,426)								(867,426)	
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	Responses
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. 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 partner 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 Non-Admitted Assets	16,192,968	16,192,968	0	
2597. Summary of remaining write-ins for Line 25	16,192,968	16,192,968	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	2,268		951,431		953,699
2505. Exchange User Fee			9,431,306		9,431,306
2506. Misc.	2,357	(163,136)	(2,213,327)		(2,374,106)
2597. Summary of remaining write-ins for Line 25	4,625	(163,136)	8,169,410	0	8,010,899

Overflow Page for Write-Ins

NONE

Supplement for the year 2016 of the **USAble Mutual Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

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

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....83470

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015 & 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
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	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	A71-MP 1/90	P	NO	3, 5	.01/01/1984			.12/31/1992	Medi-Pak Plus	9,119,567	6,540,182	71.7	2,399	$-	$-	0.0	
YES	A71-MS 1/90	P	NO	3, 5	.01/01/1966			.06/14/1905	Medi-Pak Standard	173,667	111,608	64.3	43	$-	$-	0.0	
YES	A71-MO 1/89	P	NO	3, 5	.01/01/1989			.06/14/1905	Medi-Pak Lo Option	137,880	107,573	78.0	84	$-	$-	0.0	
YES	71-MPA	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN A	396,158	274,225	69.2	231	$-	$-	0.0	
YES	71-MPB	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN B	1,979,833	1,454,071	73.4	855	$-	$-	0.0	
YES	71-MPC	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN C	36,130,383	28,045,927	77.6	13,301	$-	$-	0.0	
YES	71-MPD	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN D	9,757,573	7,390,013	75.7	3,450	$-	$-	0.0	
YES	71-MPF	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN F	55,560,541	45,562,198	82.0	20,462	496,008	341,509	68.9	258
YES	71-MPG	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN G	4,368,681	3,789,251	86.7	2,278	$-	$-	0.0	
YES	71-MPI	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN I	341,819	272,868	79.8	84	$-	$-	0.0	
YES	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN I - NRX	249,263	239,744	96.2	70	$-	$-	0.0	
YES	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN A	63,306	42,752	67.5	46	$-	$-	0.0	
YES	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN B	220,504	192,085	87.1	129	2,210	3,710	167.9	1
YES	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN C	3,639,207	3,080,235	84.6	1,915	7,820	8,249	105.5	3
YES	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN D	160,652	145,090	90.3	87	$-	$-	0.0	
YES	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN J	26,341,963	21,671,593	82.3	13,305	1,093	878	80.3	1
YES	73-MPA 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN A	40,957	19,571	47.8	30	24,680	28,835	116.8	19
YES	73-MPC 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2016				MEDIPAK PLAN C	$-	$-	0.0		160,928	194,935	121.1	136
YES	73-MPF 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN F	45,604,943	36,160,857	79.3	22,741	20,338,701	18,227,320	89.6	11,026
YES	73-MPFHD	P	NO	1, 2, 3, 4, 6	.01/01/2015				MEDIPAK PLAN F - High Ded	$-	$-	0.0		795,828	368,523	46.3	477
YES	73-MPG 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN G	7,127,384	5,858,071	82.2	4,928	20,270,171	16,017,090	79.0	16,961
YES	73-MPN 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN N	1,158,247	900,702	77.8	973	869,382	558,493	64.2	818
YES	EEPMA5-86, 870 and	P	NO	7				.05/31/2010	Employer's Equitable	76,269	67,040	87.9	25	$-	$-	0.0	
0199999.	Total Policy Experience on Individual Policies									202,648,797	161,925,656	79.9	87,436	42,966,821	35,749,542	83.2	29,700

360.AR

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

GENERAL INTERROGATORIES

NONE

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

83470201636500100

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	35,234,928	XXX	2,766,727	XXX	38,001,655
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(724,897)	XXX		XXX	(724,897)
1.2 Supplemental Benefits	2,766,563	XXX	217,237	XXX	2,983,799
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	(2,489,786)	XXX	(912,113)	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	(195,492)	XXX	(71,617)	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	66,384	XXX	(159,747)	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	5,212	XXX	(12,543)	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	724,897	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	32,678,758	XXX	2,014,361	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	2,565,858	XXX	158,163	XXX	XXX
6. Total Premiums	35,244,616	XXX	2,172,524	XXX	40,260,557
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	24,657,520	XXX	1,654,631	XXX	26,312,151
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	2,009,212	XXX	134,827	XXX	2,144,039
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	(4,704)	XXX	12	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	(383)	XXX	1	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	(581,508)	XXX	11,826	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(47,384)	XXX	964	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	25,234,324	XXX	1,642,817	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	2,056,213	XXX	133,864	XXX	XXX
11. Total Claims	27,290,537	XXX	1,776,681	XXX	28,456,190
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	31,597,840	XXX	2,166,128	33,763,968
12.2 Reimbursements Received but Not Applied-Change	XXX		XXX		0
12.3 Reimbursements Receivable-Change	XXX	72,272	XXX	72,727	XXX
12.4 Health Care Receivables-Change	XXX	(628,892)	XXX	12,790	XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	10,823,762	XXX	287,062	XXX	11,110,824
15. Expenses Incurred	10,117,759	XXX	271,949	XXX	XXX
16. Underwriting Gain/Loss	(2,163,680)	XXX	123,894	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(33,070,425)

2016 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK