83470201720100100

ANNUAL STATEMENT

For the Year Ended December 31, 2017

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. Curtis Edwin Barnett #	President / CEO	2. Calvin Eugene Kellogg	EVP / Chief Strategy Officer
3. Gray Donald Dillard	Treasurer / CFO	4. James Lee Douglass	Secretary

OTHER

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

DIRECTORS OR TRUSTEES

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

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

Subscribed and sworn to before me
This _____ day of _____ 2018

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	176,479,648	3,049,249	1,277,684	432,661	432,661	180,806,581
0299999. Total group	176,479,648	3,049,249	1,277,684	432,661	432,661	180,806,581
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	176,479,648	3,049,249	1,277,684	432,661	432,661	180,806,581

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						
Pharmaceutical Rebate Receivables Not Listed Individually	7,078,411	7,078,411	7,078,411	15,026,323	15,026,323	21,235,233
0199999. Total Pharmaceutical Rebate Receivables	7,078,411	7,078,411	7,078,411	15,026,323	15,026,323	21,235,233
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	720,736	122,707	72,738	667,615	667,615	916,181
0299999. Total Claim Overpayment Receivables	720,736	122,707	72,738	667,615	667,615	916,181
Other Receivables						
Other Receivables Not Listed Individually	772,950	773,911	774,309	123,399	123,399	2,321,170
0699999. Total Other Receivables	772,950	773,911	774,309	123,399	123,399	2,321,170
0799999. Gross Health Care Receivables	8,572,097	7,975,029	7,925,458	15,817,337	15,817,337	24,472,584

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	30,955,241	42,211,434	(920,346)	37,181,900	30,034,895	29,180,093
2. Claim overpayment receivables	2,085,116	7,965,453	247,786	1,336,011	2,332,901	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	2,028,956	4,213,305	74,333	2,370,235	2,103,289	3,938,497
7. Totals (Lines 1 through 6)	35,069,313	54,390,192	(598,227)	40,888,146	34,471,085	33,118,590

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	46,457,065	1,166,000	966,376	1,136,188	848,403	50,574,032
0499999. Subtotals	46,457,065	1,166,000	966,376	1,136,188	848,403	50,574,032
0599999. Unreported claim and other claim reserves						180,676,007
0799999. Total claims unpaid						231,250,039
0899999. Accrued medical incentive pool and bonus amounts						3,980,682

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 Parters, Inc.	10,194,937	206,502	206,502			10,607,941	
AAC	1,268,678	349,079	138,672			1,756,430	
0199999. Individually listed receivables	11,463,615	555,581	345,174	0	0	12,364,371	0
0299999. Receivables not individually listed	643,940	121,269	60,338	2,178,300	2,178,300	825,547	
0399999. Total gross amounts receivable	12,107,555	676,850	405,512	2,178,300	2,178,300	13,189,918	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	775,300	775,300	
Life and Specialty Ventures	Intercompany	20,892	20,892	
0199999. Individually listed payables		796,192	796,192	0
0399999. Total gross payables		796,192	796,192	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	2,194,948,396	99.5	XXX	XXX	1,438,247,644	756,700,752
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	11,745,832	0.5	XXX	XXX	11,745,832	
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	2,206,694,228	100.0	XXX	XXX	1,449,993,476	756,700,752
13. Total (Line 4 plus Line 12)	2,206,694,228	100.0	XXX	XXX	1,449,993,476	756,700,752

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	62,863,084		35,520,144	27,342,940	27,342,940	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	62,863,084	0	35,520,144	27,342,940	27,342,940	0

* 8 3 4 7 0 2 0 1 7 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	662,916	270,574	129,237	118,294	10,001	52,302	53,041	16,615		12,852
2. First quarter	682,790	259,372	131,912	118,954	25,253	51,125	67,101	15,842		13,231
3. Second quarter	669,365	247,867	130,332	119,049	25,487	50,557	66,627	15,690		13,756
4. Third quarter	666,349	244,603	129,554	119,648	26,075	50,417	66,272	15,555		14,225
5. Current year	659,391	235,903	131,549	119,692	26,540	50,452	66,090	15,323		13,842
6. Current year member months	8,074,890	3,002,382	1,574,360	1,431,624	307,161	607,980	799,593	188,069		163,721
Total Member Ambulatory Encounters for Year:										
7. Physician	3,283,681	480,468	376,922	2,005,902		420,389				
8. Non-physician	4,536,002	934,888	1,682,627	1,918,487						
9. Totals	7,819,683	1,415,356	2,059,549	3,924,389	0	420,389	0	0	0	0
10. Hospital patient days incurred	3,947,102	459,747	1,568,868	1,918,487						
11. Number of inpatient admissions	43,894	1,994	8,060	33,840						
12. Health premiums written (b)	2,446,660,390	1,130,863,208	548,391,976	257,379,298	5,707,931	48,165,346	264,477,859	148,743,819		42,930,953
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,443,239,198	1,135,462,441	548,367,346	257,537,638	5,707,931	48,319,140	256,172,873	148,743,819		42,928,011
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,182,967,019	1,059,554,037	476,024,601	210,367,067	3,814,336	35,094,035	235,935,169	129,609,156		32,568,618
18. Amount incurred for provision of health care services	2,134,708,799	1,019,460,835	474,743,776	209,827,801	3,820,708	34,502,035	233,321,309	129,008,787		30,023,548

30.AR

(a) For health business: number of persons insured under PPO managed care products.....435,701 and number of persons insured under indemnity only products.....263,132.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....148,743,819

* 8 3 4 7 0 2 0 1 7 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	667,690	270,574	134,011	118,294	10,001	52,302	53,041	16,615		12,852
2. First quarter	688,774	259,372	137,896	118,954	25,253	51,125	67,101	15,842		13,231
3. Second quarter	675,370	247,867	136,337	119,049	25,487	50,557	66,627	15,690		13,756
4. Third quarter	672,507	244,603	135,712	119,648	26,075	50,417	66,272	15,555		14,225
5. Current year	665,312	235,903	137,470	119,692	26,540	50,452	66,090	15,323		13,842
6. Current year member months	8,147,024	3,002,382	1,646,494	1,431,624	307,161	607,980	799,593	188,069		163,721
Total Member Ambulatory Encounters for Year:										
7. Physician	3,283,681	480,468	376,922	2,005,902		420,389				
8. Non-physician	4,536,002	934,888	1,682,627	1,918,487						
9. Totals	7,819,683	1,415,356	2,059,549	3,924,389	0	420,389	0	0	0	0
10. Hospital patient days incurred	3,947,102	459,747	1,568,868	1,918,487						
11. Number of inpatient admissions	43,894	1,994	8,060	33,840						
12. Health premiums written (b)	2,471,684,833	1,130,863,208	573,416,419	257,379,298	5,707,931	48,165,346	264,477,859	148,743,819		42,930,953
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,468,263,640	1,135,462,441	573,391,788	257,537,638	5,707,931	48,319,140	256,172,873	148,743,819		42,928,011
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,206,694,230	1,059,554,037	499,751,812	210,367,067	3,814,336	35,094,035	235,935,169	129,609,156		32,568,618
18. Amount incurred for provision of health care services	2,165,252,332	1,019,460,835	505,287,309	209,827,801	3,820,708	34,502,035	233,321,309	129,008,787		30,023,548

30.GT

(a) For health business: number of persons insured under PPO managed care products.....441,622 and number of persons insured under indemnity only products.....263,132.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....148,743,819

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	4,774		4,774							
2. First quarter	5,984		5,984							
3. Second quarter	6,005		6,005							
4. Third quarter	6,158		6,158							
5. Current year	5,921		5,921							
6. Current year member months	72,134		72,134							
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)	25,024,443		25,024,443							
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	25,024,443		25,024,443							
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	23,727,211		23,727,211							
18. Amount incurred for provision of health care services	30,543,533		30,543,533							

30.TX

(a) For health business: number of persons insured under PPO managed care products.....5,921 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	102,166,353			12,417,308		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	ASL/L/G	2,016,673			2,142,020		
0299999.	Total - Affiliates - U.S. - Other					104,183,026	0	0	14,559,328	0	0
0399999.	Total - Affiliates - U.S. - Total					104,183,026	0	0	14,559,328	0	0
0799999.	Total Affiliates					104,183,026	0	0	14,559,328	0	0
1199999.	Total - U.S.					104,183,026	0	0	14,559,328	0	0
9999999.	Total					104,183,026	0	0	14,559,328	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	3,660,714	1,543,000
1399999.	Total - Accident and Health Affiliates - U.S. - Other				3,660,714	1,543,000
1499999.	Total - Accident and Health Affiliates - U.S. - Total				3,660,714	1,543,000
1899999.	Total - Accident and Health Affiliates				3,660,714	1,543,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	8,607	4,245,781
00000	AA-9990032	01/01/2014	US Dept of HHS	DC	6,273,000	(2)
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				6,281,607	4,245,779
2199999.	Total - Accident and Health Non-Affiliates				6,281,607	4,245,779
2299999.	Total - Accident and Health				9,942,321	5,788,779
2399999.	Total U.S.				9,942,321	5,788,779
9999999.	Total				9,942,321	5,788,779

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	19,177,522						
94358	71-0505232	.01/01/2007	USAble Life	AR	OTH/A/G	D	29,114,240						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						48,291,762	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						48,291,762	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						48,291,762	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	230,667						
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	LTC/A/G	LTC	211,254						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						441,922	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						441,922	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						48,733,683	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						48,733,683	0	0	0	0	0	0
6999999.	Total - U.S.						48,733,683	0	0	0	0	0	0
9999999.	Total						48,733,683	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 2017	2 2016	3 2015	4 2014	5 2013
A.	**OPERATIONS ITEMS**					
1.	Premiums	48,734	51,573	50,017	46,035	36,643
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	28,836	34,690	32,305	29,516	27,402
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	5,789	10,462	12,733	4,323	3,768
8.	Reinsurance recoverable on paid losses	9,942	38,374	53,333	47,293	2,486
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)	1,246,036,328		1,246,036,328
2.	Accident and health premiums due and unpaid (Line 15)	180,806,581		180,806,581
3.	Amounts recoverable from reinsurers (Line 16.1)	9,942,321	(9,942,321)	(0)
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	227,757,230	15,731,100	243,488,330
6.	Totals assets (Line 28)	1,664,542,460	5,788,779	1,670,331,239
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	225,461,260		225,461,260
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,980,682		3,980,682
9.	Premiums received in advance (Line 8)	36,011,243		36,011,243
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)	532,752,729	5,788,779	538,541,508
15.	Total liabilities (Line 24)	798,205,915	5,788,779	803,994,694
16.	Total capital and surplus (Line 33)	866,336,545	XXX	866,336,545
17.	Total liabilities, capital and surplus (Line 34)	1,664,542,460	5,788,779	1,670,331,239
	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	9,942,321		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	9,942,321		
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	9,942,321		
30.	Total ceded reinsurance payables/offsets	9,942,321		
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				441,922		441,922
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	441,922	0	441,922

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.....	.....
0876	USAble Mutual Insurance Company	16240...	82-2044301..	.....	.....	.....	Arkansas Advance Care, Inc.....	AR.....	DS.....	USAble Corporation.....	Ownership, Influence	.....24.500	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					41,574,837	(436,482)			41,138,355	(9,355,614)
95442	71-0747497	HMO Partners Inc					(39,421,749)	436,482			(38,985,267)	14,559,328
	71-0246079	USAble Corporation		(2,800,000)			(2,153,088)				(4,953,088)	
94358	71-0505232	USAble Life									0	(5,203,714)
16240	82-2044301	Arkansas Advance Care, Inc		2,800,000							2,800,000	
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 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 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?	YES
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?	YES
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
	AUGUST FILING	
24.	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.

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

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

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

20.

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

22.

23.

24.

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	11,536		1,159,788		1,171,324
2505. Exchange User Fee			6,463,888		6,463,888
2506. Misc.	(33,234)	(569,599)	613,309		10,476
2597. Summary of remaining write-ins for Line 25	(21,698)	(569,599)	8,236,985	0	7,645,688

Overflow Page for Write-Ins

NONE

Supplement for the year 2017 of the **USAble Mutual Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2017
(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.....501-399-3954.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016 & 2017			
										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	3, 5	.01/01/1984			.06/14/1905	Medi-Pak Plus	5,693,701	4,494,607	78.9	1,894			0.0	
YES	A71-MS 1/90	P	NO	3, 5	.01/01/1966			.06/14/1905	Medi-Pak Standard	116,962	94,316	80.6	28			0.0	
YES	A71-MO 1/89	P	NO	3, 5	.01/01/1989			.06/14/1905	Medi-Pak Lo Option	112,250	102,907	91.7	67			0.0	
YES	71-MPA	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN A	341,924	232,978	68.1	198			0.0	
YES	71-MPB	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN B	1,802,840	1,540,879	85.5	763			0.0	
YES	71-MPC	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN C	35,041,197	27,908,917	79.6	12,019			0.0	
YES	71-MPD	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN D	9,006,672	7,052,528	78.3	2,989			0.0	
YES	71-MPF	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN F	52,935,857	44,029,420	83.2	18,861			0.0	
YES	71-MPG	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN G	4,323,372	3,591,855	83.1	2,102			0.0	
YES	71-MPI	P	NO	1, 2, 3, 4	.01/01/1992			.12/31/2006	MEDIPAK PLAN I	313,935	311,881	99.3	74			0.0	
YES	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	.01/01/1992			.05/31/2010	MEDIPAK PLAN I - NRX	206,051	131,033	63.6	58			0.0	
YES	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN A	59,089	35,634	60.3	44			0.0	
YES	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN B	211,774	170,995	80.7	121			0.0	
YES	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN C	3,669,609	3,043,837	82.9	1,794			0.0	
YES	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN D	158,640	183,504	115.7	82			0.0	
YES	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	.01/01/2007			.05/31/2010	MEDIPAK PLAN J	26,937,926	22,728,766	84.4	12,715			0.0	
YES	73-MPA 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN A	43,096	36,375	84.4	32	24,785	24,639	99.4	22
YES	73-MPC 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2016				MEDIPAK PLAN C			0.0		506,212	505,047	99.8	345
YES	73-MPF 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN F	55,199,443	45,861,166	83.1	25,820	15,272,383	13,322,214	87.2	7,977
YES	73-MPFHD	P	NO	1, 2, 3, 4, 6	.01/01/2015				MEDIPAK PLAN F - High Ded			0.0		345,568	186,642	54.0	681
YES	73-MPG 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN G	14,459,609	12,285,984	85.0	9,338	23,916,856	18,379,107	76.8	18,389
YES	73-MPN 6/10	P	NO	1, 2, 3, 4, 6	.01/01/2010				MEDIPAK PLAN N	1,530,945	1,163,173	76.0	1,205	821,103	448,398	54.6	768
YES	EEPMA5-86, 870 and	P	NO	7				.05/31/2010	Employer's Equitable	57,401	48,142	83.9	18			0.0	
0199999.	Total Policy Experience on Individual Policies									212,222,293	175,048,897	82.5	90,222	40,886,907	32,866,047	80.4	28,182

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
   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..... 601 Gaines Street
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

83470201736500100

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	34,785,657	XXX	2,287,258	XXX	37,072,915
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(1,370,757)	XXX		XXX	(1,370,757)
1.2 Supplemental Benefits	3,098,962	XXX	203,766	XXX	3,302,728
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	(1,219,661)	XXX	256	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	(108,656)	XXX	23	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	(125,642)	XXX	(5,545)	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	(11,193)	XXX	(494)	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	(358,423)	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	33,691,638	XXX	2,293,059	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(1,729,180)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	3,001,498	XXX	204,283	XXX	XXX
6. Total Premiums	34,963,956	XXX	2,497,341	XXX	39,004,885
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	23,445,859	XXX	1,808,374	XXX	25,254,233
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	2,052,628	XXX	158,319	XXX	2,210,947
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	(2,929)	XXX	(324)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	(256)	XXX	(28)	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	1,131,139	XXX	31,897	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	99,029	XXX	2,793	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	22,311,791	XXX	1,776,153	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	1,953,344	XXX	155,498	XXX	XXX
11. Total Claims	24,265,135	XXX	1,931,651	XXX	27,465,180
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change	XXX	3,764,588	XXX	386,158	4,150,746
12.3 Reimbursements Receivable-Change	XXX	(381,608)	XXX	67,497	XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	8,927,990	XXX	221,307	XXX	9,149,297
15. Expenses Incurred	9,126,630	XXX	218,241	XXX	XXX
16. Underwriting Gain/Loss	1,572,191	XXX	347,449	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	6,541,154

2017 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK