83470201820100100

ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

USAble Mutual Insurance Company

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

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

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

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

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

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

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

Primary Location of Books and Records 601 S. Gaines .. Little Rock .. AR .. US .. 72201 501-378-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.arkansasbluecross.com

Statutory Statement Contact Scott Bradley Winter 501-399-3951
(Name) (Area Code) (Telephone Number) (Extension)

sbwinter@arkbluecross.com 501-378-3258
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Curtis Edwin Barnett	President / CEO	2. Calvin Eugene Kellogg	EVP / Chief Strategy Officer
3. Gray Donald Dillard	Treasurer / CFO	4. Timothy Gerard Gauger #	Secretary

OTHER

Stephen William Abell
Alicia Marie Berkemeyer
James Daniel Bloodworth
Richard Shelby Cooper
Ronald Walter DeBerry
Melvin Dewayne Hardy
Harvey David Jacobson
David Bryan Martin #
Hal Jackson Norman
Kathleen O'Dea Ryan
Philip Eugene Sherrill
Joanna Maria Thomas #
James Robert Bailey
Judy Dawn Blevins
David Frank Bridges
Victor Pratt Davis #
Matthew Richard Flora #
Kimberly Ann Henderson
Anthony Marcus James
Connie Annelle Meeks
Eric Richard Paczewitz
Wendy Womack See #
Steven Aaron Spaulding
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 _____ 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						
0299998. Premiums due and unpaid not individually listed	138,552,361	1,112,263	401,727	3,281,029	3,281,029	140,066,351
0299999. Total group	138,552,361	1,112,263	401,727	3,281,029	3,281,029	140,066,351
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	138,552,361	1,112,263	401,727	3,281,029	3,281,029	140,066,351

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	7,863,801	7,863,801	7,863,801	6,145,912	6,145,912	23,591,403
0199999. Total Pharmaceutical Rebate Receivables	7,863,801	7,863,801	7,863,801	6,145,912	6,145,912	23,591,403
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	1,030,270	231,505	111,607	932,725	932,725	1,373,382
0299999. Total Claim Overpayment Receivables	1,030,270	231,505	111,607	932,725	932,725	1,373,382
Other Receivables						
0699998. Other Receivables Not Listed Individually	833,453	741,781	751,743	248,903	248,903	2,326,977
0699999. Total Other Receivables	833,453	741,781	751,743	248,903	248,903	2,326,977
0799999. Gross Health Care Receivables	9,727,524	8,837,087	8,727,151	7,327,540	7,327,540	27,291,762

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	12,138,299	13,212,611	-	29,737,315	12,138,299	36,261,556
2. Claim overpayment receivables	6,044,872	7,239,177	547,342	1,758,764	6,592,214	1,583,796
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	2,298,617	4,556,221	215,960	2,359,920	2,514,577	2,444,569
7. Totals (Lines 1 through 6)	20,481,789	25,008,009	763,302	33,856,000	21,245,091	40,289,921

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	38,858,502	831,936	115,737			39,806,176
0499999. Subtotals	38,858,502	831,936	115,737	0	0	39,806,176
0599999. Unreported claim and other claim reserves						166,969,954
0799999. Total claims unpaid						206,776,130
0899999. Accrued medical incentive pool and bonus amounts						6,363,732

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.	10,617,759					10,617,759	
0199999. Individually listed receivables	10,617,759	0	0	0	0	10,617,759	0
0299999. Receivables not individually listed	1,038,480	75,736	15,000	1,433,957	1,665,932	897,241	
0399999. Total gross amounts receivable	11,656,239	75,736	15,000	1,433,957	1,665,932	11,515,000	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	1,074,712	1,072,028	2,684
0199999. Individually listed payables		1,074,712	1,072,028	2,684
0299999. Payables not individually listed		23,312	23,312	
0399999. Total gross payables		1,098,024	1,095,340	2,684

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	1,955,055,604	99.3	XXX	XXX	1,230,480,038	724,575,566
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	12,857,404	0.7	XXX	XXX	12,857,404	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,967,913,008	100.0	XXX	XXX	1,243,337,442	724,575,566
13. Total (Line 4 plus Line 12)	1,967,913,008	100.0	XXX	XXX	1,243,337,442	724,575,566

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	63,408,545		37,083,329	26,325,216	26,325,216	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	63,408,545	0	37,083,329	26,325,216	26,325,216	0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....876

NAIC Company Code.....83470

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal 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	659,391	235,903	131,549	119,692	26,540	50,452	66,090	15,323		13,842
2. First quarter	650,737	227,885	130,537	119,904	28,358	52,390	66,664	12,968		12,031
3. Second quarter	647,653	225,448	130,163	119,876	28,674	52,268	66,271	12,787		12,166
4. Third quarter	634,889	213,556	129,136	119,979	28,958	52,025	65,996	12,656		12,583
5. Current year	616,834	198,714	126,975	119,685	29,083	51,682	65,882	12,449		12,364
6. Current year member months	7,695,533	2,634,626	1,553,728	1,439,203	344,181	627,133	796,199	153,403		147,060
Total Member Ambulatory Encounters for Year:										
7. Physician	3,836,445	425,076	364,929	2,644,350		402,090				
8. Non-physician	4,751,789	773,620	1,629,087	2,349,082						
9. Totals	8,588,234	1,198,696	1,994,016	4,993,432	0	402,090	0	0	0	0
10. Hospital patient days incurred	4,257,536	389,506	1,518,948	2,349,082						
11. Number of inpatient admissions	42,727	1,689	7,804	33,234						
12. Health premiums written (b)	2,411,700,113	1,087,504,398	566,722,830	264,659,121	6,700,332	49,398,118	266,136,168	137,442,254		33,136,892
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,410,039,988	1,085,525,270	566,718,646	264,439,889	6,700,332	49,254,379	266,823,677	137,442,254		33,135,539
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,944,344,310	841,000,369	472,202,383	213,051,552	4,212,564	34,524,383	234,806,000	114,955,115		29,591,944
18. Amount incurred for provision of health care services	1,937,208,087	842,889,337	466,159,239	212,883,221	4,166,701	34,279,383	234,993,136	111,581,000		30,256,070

30.AR

(a) For health business: number of persons insured under PPO managed care products.....415,388 and number of persons insured under indemnity only products.....201,446.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....137,442,254

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....876 NAIC Company Code.....83470

	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	665,312	235,903	137,470	119,692	26,540	50,452	66,090	15,323		13,842
2. First quarter	655,579	227,885	135,379	119,904	28,358	52,390	66,664	12,968		12,031
3. Second quarter	651,520	225,448	134,030	119,876	28,674	52,268	66,271	12,787		12,166
4. Third quarter	637,685	213,556	131,932	119,979	28,958	52,025	65,996	12,656		12,583
5. Current year	618,679	198,714	128,820	119,685	29,083	51,682	65,882	12,449		12,364
6. Current year member months	7,739,589	2,634,626	1,597,784	1,439,203	344,181	627,133	796,199	153,403		147,060
Total Member Ambulatory Encounters for Year:										
7. Physician	3,836,445	425,076	364,929	2,644,350		402,090				
8. Non-physician	4,751,789	773,620	1,629,087	2,349,082						
9. Totals	8,588,234	1,198,696	1,994,016	4,993,432	0	402,090	0	0	0	0
10. Hospital patient days incurred	4,257,536	389,506	1,518,948	2,349,082						
11. Number of inpatient admissions	42,727	1,689	7,804	33,234						
12. Health premiums written (b)	2,430,053,286	1,087,504,398	585,076,003	264,659,121	6,700,332	49,398,118	266,136,168	137,442,254		33,136,892
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,428,393,161	1,085,525,270	585,071,820	264,439,889	6,700,332	49,254,379	266,823,677	137,442,254		33,135,539
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,967,913,008	841,000,369	495,771,081	213,051,552	4,212,564	34,524,383	234,806,000	114,955,115		29,591,944
18. Amount incurred for provision of health care services	1,956,013,381	842,889,337	484,964,533	212,883,221	4,166,701	34,279,383	234,993,136	111,581,000		30,256,070

30.GT

(a) For health business: number of persons insured under PPO managed care products.....417,233 and number of persons insured under indemnity only products.....201,446.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....137,442,254

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....876 NAIC Company Code.....83470

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				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	5,921		5,921							
2. First quarter	4,842		4,842							
3. Second quarter	3,867		3,867							
4. Third quarter	2,796		2,796							
5. Current year	1,845		1,845							
6. Current year member months	44,056		44,056							
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)	18,353,173		18,353,173							
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	18,353,173		18,353,173							
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	23,568,698		23,568,698							
18. Amount incurred for provision of health care services	18,805,294		18,805,294							

30.TX

(a) For health business: number of persons insured under PPO managed care products.....1,845 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 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
Affiliates - U.S. - Other												
95442	71-0747497	04/01/1996	HMO Partners, Inc	AR	OTH/G	CMM	75,552,723		5,445,000			
95442	71-0747497	04/01/1993	HMO Partners, Inc	AR	OTH/I	MR	23,812,097		2,303,677			
95442	71-0747497	04/01/1993	HMO Partners, Inc	AR	ASL/G	SLEL	2,143,980		1,000,000			
0299999.	Total - Affiliates - U.S. - Other						101,508,800	0	8,748,677	0	0	0
0399999.	Total - Affiliates - U.S. - Total						101,508,800	0	8,748,677	0	0	0
0799999.	Total Affiliates						101,508,800	0	8,748,677	0	0	0
1199999.	Total - U.S.						101,508,800	0	8,748,677	0	0	0
9999999.	Total						101,508,800	0	8,748,677	0	0	0

SCHEDULE S - PART 2

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

1 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	3,670,035	1,298,000
1399999.	Total - Accident and Health Affiliates - U.S. - Other				3,670,035	1,298,000
1499999.	Total - Accident and Health Affiliates - U.S. - Total				3,670,035	1,298,000
1899999.	Total - Accident and Health Affiliates				3,670,035	1,298,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	30,997	4,941,296
00000	AA-9990032	01/01/2014	US Dept of HHS	DC	211,218	(2)
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				242,215	4,941,294
2199999.	Total - Accident and Health Non-Affiliates				242,215	4,941,294
2299999.	Total - Accident and Health				3,912,250	6,239,294
2399999.	Total U.S.				3,912,250	6,239,294
9999999.	Total				3,912,250	6,239,294

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/I	D	29,097,958						
94358	71-0505232	.01/01/2007	USAble Life	AR	OTH/G	D	20,140,801						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						49,238,759	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						49,238,759	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						49,238,759	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	OTH/I	LTC	224,164						
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	OTH/G	LTC	212,631						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						436,795	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						436,795	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						49,675,554	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						49,675,554	0	0	0	0	0	0
6999999.	Total - U.S.						49,675,554	0	0	0	0	0	0
9999999.	Total						49,675,554	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	49,676	48,734	51,573	50,017	46,035
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	35,092	39,763	34,690	32,305	29,516
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	6,239	5,789	10,462	12,733	4,323
8.	Reinsurance recoverable on paid losses	3,912	9,942	38,374	53,333	47,293
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)	1,372,281,206		1,372,281,206
2.	Accident and health premiums due and unpaid (Line 15)	139,134,883		139,134,883
3.	Amounts recoverable from reinsurers (Line 16.1)	3,912,250	(3,912,250)	(0)
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	231,976,623	10,151,544	242,128,167
6.	Totals assets (Line 28)	1,747,304,961	6,239,294	1,753,544,255
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	200,536,836		200,536,836
8.	Accrued medical incentive pool and bonus payments (Line 2)	6,363,732		6,363,732
9.	Premiums received in advance (Line 8)	30,648,261		30,648,261
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)	679,210,702	6,239,294	685,449,996
15.	Total liabilities (Line 24)	916,759,531	6,239,294	922,998,825
16.	Total capital and surplus (Line 33)	830,545,432	XXX	830,545,432
17.	Total liabilities, capital and surplus (Line 34)	1,747,304,962	6,239,294	1,753,544,256
	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	3,912,250		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	3,912,250		
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	3,912,250		
30.	Total ceded reinsurance payables/offsets	3,912,250		
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				436,795		436,795
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	436,795	0	436,795

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					52,266,396	(4,386,768)			47,879,628	(5,511,593)
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)	(4,968,035)
94358	71-0505232	USAble Life									0	
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 **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?	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?	YES
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?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	YES
	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.

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9.

10. 

11.

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

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

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

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

16.

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

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

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

20.

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26.

Overflow Page for Write-Ins

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

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Contributions	21,487		11,247,075		11,268,562
2505. Exchange User Fee			6,851,814		6,851,814
2506. Misc.	1,437,366	384,588	134,321,943		136,143,897
2597. Summary of remaining write-ins for Line 25	1,458,853	384,588	152,420,832	0	154,264,273

Overflow Page for Write-Ins

NONE

Supplement for the year 2018 of the **USAble Mutual Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....876
NAIC Company Code.....83470
Address (City, State and Zip Code).....601 Gaines Street, Little Rock, AR 72201
Person Completing This Exhibit.....Holly Russell
Title.....Accountant.....Telephone Number.....501-399-3954

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										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	4,259,627	3,320,589	78.0	1,436			0.0	
YES	A71-MS 1/90	P	NO	3, 5	01/01/1966			06/14/1905	Medi-Pak Standard	68,972	36,610	53.1	15			0.0	
YES	A71-MO 1/89	P	NO	3, 5	01/01/1989			06/14/1905	Medi-Pak Lo Option	85,849	63,507	74.0	47			0.0	
YES	71-MPA	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN A	307,493	213,743	69.5	174			0.0	
YES	71-MPB	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN B	1,647,249	1,335,632	81.1	687			0.0	
YES	71-MPC	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN C	33,125,803	25,186,140	76.0	10,748			0.0	
YES	71-MPD	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN D	8,154,289	5,756,522	70.6	2,520			0.0	
YES	71-MPF	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN F	50,607,496	40,003,932	79.0	16,937			0.0	
YES	71-MPG	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN G	4,167,735	3,499,682	84.0	1,897			0.0	
YES	71-MPI	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN I	266,212	219,554	82.5	60			0.0	
YES	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN I - NRX	175,042	108,726	62.1	50			0.0	
YES	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN A	54,737	43,149	78.8	40			0.0	
YES	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN B	194,009	154,977	79.9	111			0.0	
YES	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN C	3,470,440	2,804,423	80.8	1,615			0.0	
YES	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN D	155,440	131,721	84.7	71			0.0	
YES	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN J	27,086,596	22,575,326	83.3	12,037			0.0	
YES	73-MPA 6/10	P	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN A	56,776	52,248	92.0	41	15,671	21,524	137.3	13
YES	73-MPB 6/10	P	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN B			0.0		30,123	18,723	62.2	17
YES	73-MPC 6/10	P	NO	1, 2, 3, 4, 6	01/01/2016				MEDIPAK PLAN C			0.0		1,165,534	1,297,552	111.3	685
YES	73-MPF 6/10	P	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN F	63,482,486	52,426,265	82.6	28,062	10,597,851	9,406,852	88.8	5,261
YES	73-MPFHD	P	NO	1, 2, 3, 4, 6	01/01/2015				MEDIPAK PLAN F - High Ded	141,033	133,961	95.0	235	369,690	430,256	116.4	721
YES	73-MPG 6/10	P	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN G	23,366,169	19,956,865	85.4	14,082	25,890,758	19,237,770	74.3	18,346
YES	73-MPN 6/10	P	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN N	1,753,023	1,649,795	94.1	1,371	938,020	617,246	65.8	908
YES	EEPMA5-86, 870 and 891	P	NO	7				05/31/2010	Employer's Equitable	38,518	37,950	98.5	12			0.0	
0199999.	Total Policy Experience on Individual Policies									222,664,994	179,711,317	80.7	92,248	39,007,647	31,029,923	79.5	25,951

360.AR

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

83470201836500100

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	26,486,118	XXX	2,167,606	XXX	28,653,724
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(988,641)	XXX		XXX	(988,641)
1.2 Supplemental Benefits	2,360,219	XXX	193,159	XXX	2,553,378
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	545,800	XXX	(565)	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	48,637	XXX	(50)	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	385,123	XXX	10,689	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	34,319	XXX	952	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	1,188,597	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	26,646,795	XXX	2,156,352	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	199,956	XXX	0	XXX	XXX
5.2 Supplemental Benefits	2,374,537	XXX	192,156	XXX	XXX
6. Total Premiums	29,221,289	XXX	2,348,508	XXX	30,218,461
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	33,829,643	XXX	2,502,408	XXX	36,332,050
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	2,962,938	XXX	219,171	XXX	3,182,109
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	(48,348)	XXX	(2,298)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	(4,235)	XXX	(201)	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	10,157,972	XXX	472,163	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	889,677	XXX	41,354	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	23,623,322	XXX	2,027,947	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	2,069,027	XXX	177,616	XXX	XXX
11. Total Claims	25,692,349	XXX	2,205,563	XXX	39,514,159
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	787,211	XXX	568,529	1,355,740
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	6,452,461	XXX	260,868	XXX	6,713,329
15. Expenses Incurred	7,614,465	XXX	323,235	XXX	XXX
16. Underwriting Gain/Loss	(4,085,526)	XXX	(180,290)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(14,653,287)

2018 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK