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

ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

USAble Mutual Insurance Company

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

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

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

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

Statutory Home Office	601 S. Gaines….. Little Rock ..... AR ..... US …. 72201 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	601 S. Gaines….. Little Rock ..... AR ..... US …. 72201 *(Street and Number) (City or Town, State, Country and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Mail Address	601 S. Gaines….. Little Rock ..... AR ..... US …. 72201 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	601 S. Gaines….. Little Rock ..... AR ..... US …. 72201 *(Street and Number) (City or Town, State, Country and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.arkansasbluecross.com	
Statutory Statement Contact	Scott Bradley Winter *(Name)*	501-399-3951 *(Area Code) (Telephone Number) (Extension)*
	sbwinter@arkbluecross.com *(E-Mail Address)*	501-378-3258 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Paul Mark White	Chief Executive Officer	2. James Lee Douglass	Secretary
3. Gray Donald Dillard	Treasurer	4. Michael Wayne Brown	Chief Operating Officer

OTHER

Stephen William Abell
Curtis Edwin Barnett
Richard Shelby Cooper
David Franklin Greenwood, Jr.
James Robert Heard III
Karen Cox Raley
Steven Aaron Spaulding
Samuel Carl Vorderstrasse
James Robert Bailey
David Frank Bridges
Ronald Walter DeBerry
Robert Franklin Griffin, MD
Calvin Eugene Kellogg
Joseph Steven Smith
Toni Lairry Starks

DIRECTORS OR TRUSTEES

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

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

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

(Signature)	(Signature)	(Signature)
Paul Mark White	James Lee Douglass	Gray Donald Dillard
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chief Executive Officer	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2014

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	102,550,599	1,415,976	1,732,931	570,632	570,632	105,699,506
0299999. Total group	102,550,599	1,415,976	1,732,931	570,632	570,632	105,699,506
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	102,550,599	1,415,976	1,732,931	570,632	570,632	105,699,506

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	1,917,746	1,869,525	1,869,525	4,213,679	4,213,679	5,656,796
0199999. Total Pharmaceutical Rebate Receivables	1,917,746	1,869,525	1,869,525	4,213,679	4,213,679	5,656,796
Other Receivables						
0699998. Other Receivables Not Listed Individually	877,824	877,824	877,824	6,427	6,427	2,633,472
0699999. Total Other Receivables	877,824	877,824	877,824	6,427	6,427	2,633,472
0799999. Gross Health Care Receivables	2,795,570	2,747,349	2,747,349	4,220,105	4,220,105	8,290,268

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	13,602,935	12,793	7,883	34,690	29,017	13,687,316
0499999. Subtotals	13,602,935	12,793	7,883	34,690	29,017	13,687,316
0599999. Unreported claim and other claim reserves						116,307,299
0799999. Total claims unpaid						129,994,615

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.	7,911,942					7,911,942	
0199999. Individually listed receivables	7,911,942	0	0	0	0	7,911,942	0
0299999. Receivables not individually listed	715,042					715,042	
0399999. Total gross amounts receivable	8,626,983	0	0	0	0	8,626,983	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
USAble Corp.	Intercompany	891,264	891,264	
0199999. Individually listed payables		891,264	891,264	0
0299999. Payables not individually listed		25,616	25,616	
0399999. Total gross payables		916,880	916,880	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	1,106,021,887	100.0	XXX	XXX	753,035,069	352,986,818
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	316,996	0.0	XXX	XXX	316,996	
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	1,106,338,883	100.0	XXX	XXX	753,352,065	352,986,818
13. Total (Line 4 plus Line 12)	1,106,338,883	100.0	XXX	XXX	753,352,065	352,986,818

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	61,942,843		48,841,502	12,963,357	12,963,357	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	61,942,843	0	48,841,502	12,963,357	12,963,357	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							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	438,799	90,362	123,076	107,859	7,480	23,593	55,631	14,367		16,431
2. First quarter	440,482	91,201	116,247	108,603	8,230	25,391	55,745	18,205		16,860
3. Second quarter	443,790	90,658	117,015	108,861	8,195	26,728	55,259	18,398		18,676
4. Third quarter	447,104	90,637	118,527	109,569	8,094	27,917	54,876	18,701		18,783
5. Current year	447,901	89,408	120,198	110,150	8,058	27,649	54,677	18,918		18,843
6. Current year member months	5,340,080	1,081,893	1,412,500	1,309,720	97,958	320,210	662,835	221,766		233,198
Total Member Ambulatory Encounters for Year:										
7. Physician	2,440,925	140,364	297,199	1,546,417		456,945				
8. Non-physician	3,398,997	599,998	1,331,277	1,467,722						
9. Totals	5,839,922	740,362	1,628,476	3,014,139	0	456,945	0	0	0	0
10. Hospital patient days incurred	3,225,499	551,058	1,206,719	1,467,722						
11. Number of inpatient admissions	49,675	3,702	8,668	37,305						
12. Health premiums written (b)	1,323,777,581	199,674,682	430,345,985	229,153,447	1,234,253	36,172,738	235,520,814	147,480,462		44,195,200
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,321,159,528	200,024,166	430,352,148	229,275,569	1,234,253	36,129,284	232,572,870	147,380,306		44,190,932
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,106,338,882	163,886,735	353,958,611	175,204,228	904,582	27,136,276	213,250,908	134,653,967		37,343,575
18. Amount incurred for provision of health care services	1,112,773,716	165,756,705	353,953,094	174,924,404	896,605	27,024,276	214,629,908	138,410,442		37,178,282

(a) For health business: number of persons insured under PPO managed care products.....299,442 and number of persons insured under indemnity only products.....150,664.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....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							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	438,799	90,362	123,076	107,859	7,480	23,593	55,631	14,367		16,431
2. First quarter	440,482	91,201	116,247	108,603	8,230	25,391	55,745	18,205		16,860
3. Second quarter	443,790	90,658	117,015	108,861	8,195	26,728	55,259	18,398		18,676
4. Third quarter	447,104	90,637	118,527	109,569	8,094	27,917	54,876	18,701		18,783
5. Current year	447,901	89,408	120,198	110,150	8,058	27,649	54,677	18,918		18,843
6. Current year member months	5,340,080	1,081,893	1,412,500	1,309,720	97,958	320,210	662,835	221,766		233,198
Total Member Ambulatory Encounters for Year:										
7. Physician	2,440,925	140,364	297,199	1,546,417		456,945				
8. Non-physician	3,398,997	599,998	1,331,277	1,467,722						
9. Totals	5,839,922	740,362	1,628,476	3,014,139	0	456,945	0	0	0	0
10. Hospital patient days incurred	3,225,499	551,058	1,206,719	1,467,722						
11. Number of inpatient admissions	49,675	3,702	8,668	37,305						
12. Health premiums written (b)	1,323,777,581	199,674,682	430,345,985	229,153,447	1,234,253	36,172,738	235,520,814	147,480,462		44,195,200
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,321,159,528	200,024,166	430,352,148	229,275,569	1,234,253	36,129,284	232,572,870	147,380,306		44,190,932
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,106,338,882	163,886,735	353,958,611	175,204,228	904,582	27,136,276	213,250,908	134,653,967		37,343,575
18. Amount incurred for provision of health care services	1,112,773,716	165,756,705	353,953,094	174,924,404	896,605	27,024,276	214,629,908	138,410,442		37,178,282

(a) For health business: number of persons insured under PPO managed care products.....299,442 and number of persons insured under indemnity only products.....150,664.

(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	84,323,696			6,637,506		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	ASL/L/G	2,238,205					
94358	71-0505232	10/01/2002	USAble Life	AR	OTH/A/G	21,843,037			2,244,743		
0299999.	Total - Affiliates - U.S. - Other					108,404,938	0	0	8,882,249	0	0
0399999.	Total - Affiliates - U.S. - Total					108,404,938	0	0	8,882,249	0	0
0799999.	Total Affiliates					108,404,938	0	0	8,882,249	0	0
1199999.	Total - U.S.					108,404,938	0	0	8,882,249	0	0
9999999.	Total					108,404,938	0	0	8,882,249	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	2,483,061	1,437,000
1399999.	Total - Accident and Health Affiliates - U.S. - Other				2,483,061	1,437,000
1499999.	Total - Accident and Health Affiliates - U.S. - Total				2,483,061	1,437,000
1899999.	Total - Accident and Health Affiliates				2,483,061	1,437,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	2,904	2,330,845
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				2,904	2,330,845
2199999.	Total - Accident and Health Non-Affiliates				2,904	2,330,845
2299999.	Total - Accident and Health				2,485,965	3,767,845
2399999.	Total U.S.				2,485,965	3,767,845
9999999.	Total				2,485,965	3,767,845

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	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	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		8,549,325		134,000				
94358	71-0505232	01/01/2007	USAble Life	AR		27,623,412		1,303,000				
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other					36,172,737	0	1,437,000	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total					36,172,737	0	1,437,000	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates					36,172,737	0	1,437,000	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI		268,137		1,446,728				
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI		202,610		884,117				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					470,747	0	2,330,845	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates					470,747	0	2,330,845	0	0	0	0
1199999.	Total - General Account - Authorized					36,643,484	0	3,767,845	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					36,643,484	0	3,767,845	0	0	0	0
6999999.	Total - U.S.					36,643,484	0	3,767,845	0	0	0	0
9999999.	Total					36,643,484	0	3,767,845	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 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	36,643	31,456	30,179	26,312	23,091
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	27,402	23,663	23,303	20,066	17,291
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	3,768	3,506	3,259	2,723	2,102
8. Reinsurance recoverable on paid losses	2,486	2,323	2,134	1,622	1,517
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers			XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust			XXX	XXX	XXX
18. Funds deposited by and withheld from (F)			XXX	XXX	XXX
19. Letters of credit (L)			XXX	XXX	XXX
20. Trust agreements (T)			XXX	XXX	XXX
21. Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,214,383,503		1,214,383,503
2.	Accident and health premiums due and unpaid (Line 15)	101,725,349		101,725,349
3.	Amounts recoverable from reinsurers (Line 16.1)	2,485,965	(2,485,965)	0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	135,860,588	6,253,810	142,114,398
6.	Totals assets (Line 28)	1,454,455,405	3,767,845	1,458,223,250
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	126,226,770		126,226,770
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	18,678,331		18,678,331
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)	542,359,226	3,767,845	546,127,071
15.	Total liabilities (Line 24)	687,264,327	3,767,845	691,032,172
16.	Total capital and surplus (Line 33)	767,191,081	XXX	767,191,081
17.	Total liabilities, capital and surplus (Line 34)	1,454,455,408	3,767,845	1,458,223,253
	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	2,485,965		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,485,965		
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	2,485,965		
30.	Total ceded reinsurance payables/offsets	2,485,965		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	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				470,746		470,746
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	470,746	0	470,746

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0876	USAble Mutual Insurance Company	83470	71-0226428				USAble Mutual Insurance Company	AR		USAble Mutual Insurance Company	Board		USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0862108				Blue & You Foundation	AR	NIA	USAble Mutual Insurance Company	Ownership, Board, Influence		USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0319281				Shareware, LLC	AR	DS	USAble Mutual Insurance Company	Ownership, Influence	12.500	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		26-0529475				B.P. Informatics, LLC	AR	DS	USAble Mutual Insurance Company	Ownership, Influence, Board	19.085	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0246079				USAble Corporation	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	95442	71-0747497				HMO Partners, Inc.	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		20-2621814				LSV Partners, LLC	DE	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0628367				Group Service Underwriters, Inc.	AR	DS	USAble Corporation	Ownership, Influence	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0655804				AHIN, LLC	AR	DS	USAble Corporation	Ownership, Influence	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0788146				Southwest Health Link, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-3645332				MedSite Health Management, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-4004038				Pulaski County Healthcare Mgmt Group LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	76031	59-2876465				Florida Combined Life Insurance Co, Inc.	FL	IA	LSV Partners, Inc.	Ownership, Influence	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0233147				Life & Specialty Ventures, Inc.	DE	NIA	Florida Combined Life Insurance Co, Inc.	Ownership	13.250	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0233147				Life & Specialty Ventures, Inc.	DE	NIA	LSV Partners, Inc.	Ownership, Board, Influence	41.140	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		45-5058638				LSV Dental Management LLC	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		20-5180834				Able Benefit Solutions	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		26-1561425				USAble Agency	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	94358	71-0505232				USAble Life	AR	IA	Life and Specialty Ventures, LLC	Ownership	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0525643				Educational Benefits, Inc.	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		46-3940613				Your Benefits Agency, Inc.	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.000	USAble Mutual Insurance Company	

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
83470	71-0226428	USAble Mutual Insurance Company DBA Arkansas Blue Cros	436,254				34,636,026	11,259,302			46,331,582	(5,270,329)
95442	71-0747497	HMO Partners Inc.	(436,254)				(32,598,574)	(11,259,302)			(44,294,130)	6,637,506
	71-0246079	USAble Corporation					(2,037,452)				(2,037,452)	
94358	71-0505232	USAble Life					44,212,686				44,212,686	(44,925,214)
76031	59-2876465	Florida Combined Life Insurance Company					(24,692,614)				(24,692,614)	29,810,287
53228	04-1045815	Blue Cross and Blue Shield of Massachusetts					(12,186,349)				(12,186,349)	8,779,178
49948	99-0040115	HMSA BSH Inc.					(7,333,723)				(7,333,723)	4,968,572
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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	NO

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10. *83470201322000000*

11.

12. *83470201320500000*

13. *83470201320700000*

14. *83470201342000000*

15. *83470201337100000*

16. *83470201337000000*

17.

18. *83470201322400000*

19. *83470201322500000*

20. *83470201322600000*

21.

22. *83470201321100000*

23. *83470201321300000*

24.

25.

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. UPCP		(549,833)			(549,833)
2505. Misc.	363,816	(162)	2,076,571		2,440,225
2597. Summary of remaining write-ins for Line 25	363,816	(549,995)	2,076,571	0	1,890,392

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

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

NAIC Company Code.....83470

Title.....Senior Finanacial Analyst.....Telephone Number.....501-399-3954

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										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			06/14/1905	Medi-Pak Plus	15,317,120	11,193,091	73.1	4,592	1,281	1,771	138.3	
Yes	A71-MS 1/90	P	NO	3, 5	01/01/1966			06/14/1905	Medi-Pak Standard	436,843	330,766	75.7	129	$-	$-	0.0	
Yes	A71-MO 1/89	P	NO	3, 5	01/01/1989			06/14/1905	Medi-Pak Lo Option	221,550	220,745	99.6	149	$-	$-	0.0	
Yes	71-MPA	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN A	531,943	375,036	70.5	345	$-	$-	0.0	
Yes	71-MPB	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN B	2,300,232	1,744,263	75.8	1,116	$-	$-	0.0	
Yes	71-MPC	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN C	41,867,260	32,431,279	77.5	17,574	$-	$-	0.0	
Yes	71-MPD	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN D	12,811,606	10,026,964	78.3	5,165	$-	$-	0.0	
Yes	71-MPF	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN F	62,295,457	50,410,956	80.9	26,380	565,246	338,420	59.9	308
Yes	71-MPG	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN G	4,736,257	3,993,479	84.3	2,790	$-	$-	0.0	
Yes	71-MPI	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN I	503,903	280,291	55.6	135	$-	$-	0.0	
Yes	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN I - NRX	310,413	211,595	68.2	97	3,035	3,585	118.1	1
Yes	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN A	74,870	37,210	49.7	61	$-	$-	0.0	
Yes	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN B	241,451	189,377	78.4	161	1,348	$-	0.0	1
Yes	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN C	3,827,542	3,512,142	91.8	2,260	6,305	7,168	113.7	3
Yes	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN D	186,847	157,076	84.1	110	3,216	5,087	158.2	2
Yes	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN J	26,074,681	20,584,000	78.9	15,003	3,433	1,196	34.8	3
Yes	73-MPA 6/10	A	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN A	2,663	568	21.3	2	39,171	15,273	39.0	33
Yes	73-MPF 6/10	F	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN F	5,782,981	4,690,741	81.1	3,252	35,954,281	28,471,533	79.2	23,123
Yes	73-MPG 6/10	G	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN G	105,915	90,529	85.5	69	5,030,718	3,807,754	75.7	5,421
Yes	73-MPN 6/10	N	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN N	102,778	90,319	87.9	85	1,018,088	664,527	65.3	1,049
Yes	EEPMA5-86, 870 and	P	NO	7				05/31/2010	Employer's Equitable	94,942	51,935	54.7	39	$-	$-	0.0	
0199999.	Total Policy Experience on Individual Policies									177,827,254	140,622,362	79.1	79,514	42,626,122	33,316,314	78.2	29,944

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
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 St. Little Rock AR 7201

GENERAL INTERROGATORIES

2.2 Contact person and phone number..... Ernest Bradley 501-399-3989

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 601 Gaines St. Little Rock AR 7201

3.2 Contact person and phone number..... Ernest Bradley 501-399-3989

4. Explain any policies identified as policy type "O".

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

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	39,297,809	XXX	760,281	XXX	40,058,090
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(4,394,193)	XXX		XXX	(4,394,193)
1.2 Supplemental Benefits	4,671,958	XXX	90,387	XXX	4,762,345
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	87,984	XXX	222	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	10,460	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	1,315,554	XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	156,401	XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	6,547,382	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	38,070,239	XXX	760,503	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	2,153,189	XXX	0	XXX	XXX
5.2 Supplemental Benefits	4,526,018	XXX	90,387	XXX	XXX
6. Total Premiums	44,749,445	XXX	850,890	XXX	40,426,242
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	31,560,357	XXX	632,680	XXX	32,193,037
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	3,595,053	XXX	72,069	XXX	3,667,122
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	13,199	XXX	559	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	1,503	XXX	64	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	(55,225)	XXX	(457)	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(6,291)	XXX	(52)	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	31,628,781	XXX	633,696	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	3,602,847	XXX	72,185	XXX	XXX
11. Total Claims	35,231,628	XXX	705,881	XXX	35,860,159
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	684,354	XXX	5,357	689,711
12.2 Reimbursements Received but Not Applied-Change	XXX		XXX		0
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	9,431,647	XXX	106,105	XXX	9,537,752
15. Expenses Incurred	9,466,609	XXX	106,686	XXX	XXX
16. Underwriting Gain/Loss	51,208	XXX	38,323	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(5,661,380)

2013 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Section 2	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part C – Section 2	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E24
Five-Year Historical Data	29	Schedule DL – Part 2	E25
General Interrogatories	27	Schedule E – Part 1 – Cash	E26
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E27
Liabilities, Capital and Surplus	3	Schedule E – Part 3 – Special Deposits	E28
Notes To Financial Statements	26	Schedule E – Verification Between Years	SI15
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	38
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	39
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14