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ANNUAL STATEMENT

For the Year Ended December 31, 2014

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	President / CEO	2. James Lee Douglass	Secretary
3. Gray Donald Dillard	Treasurer / CFO	4. Michael Wayne Brown	Executive Vice President / COO

OTHER

Stephen William Abell
Curtis Edwin Barnett
Judy Dawn Blevins #
David Frank Bridges
Richard Shelby Cooper
David Franklin Greenwood, Jr.
James Robert Heard III
Calvin Eugene Kellogg
Kathleen O'Dea Ryan #
Steven Aaron Spaulding
James Robert Bailey
Alicia Marie Berkemeyer #
James Daniel Bloodworth #
Martha Lynn Carlson #
Ronald Walter DeBerry
Robert Franklin Griffin, MD
Kimberly Ann Henderson #
Karen Cox Raley
Philip Eugene Sherrill #
Samuel Carl Vorderstrasse

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 Kay Johnson
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)
President / CEO	Secretary	Treasurer / CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2015

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	112,448,523	2,472,165	614,447	1,956,430	1,956,430	115,535,135
0299999. Total group	112,448,523	2,472,165	614,447	1,956,430	1,956,430	115,535,135
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	112,448,523	2,472,165	614,447	1,956,430	1,956,430	115,535,135

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	2,810,236	2,728,941	2,728,941	4,500,934	4,500,934	8,268,119
0199999. Total Pharmaceutical Rebate Receivables	2,810,236	2,728,941	2,728,941	4,500,934	4,500,934	8,268,119
Other Receivables						
0699998. Other Receivables Not Listed Individually	817,458	817,458	817,458	1,702,998	1,702,998	2,452,375
0699999. Total Other Receivables	817,458	817,458	817,458	1,702,998	1,702,998	2,452,375
0799999. Gross Health Care Receivables	3,627,695	3,546,400	3,546,400	6,203,932	6,203,932	10,720,494

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	11,740,293	15,957,916		12,769,053	11,740,293	9,870,475
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	2,628,304	2,227,959	4,270	4,151,103	2,632,574	2,639,899
7. Totals (Lines 1 through 6)	14,368,597	18,185,875	4,270	16,920,155	14,372,867	12,510,374

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	19,494,231	34,191	41,371	25,023	29,169	19,623,985
0499999. Subtotals	19,494,231	34,191	41,371	25,023	29,169	19,623,985
0599999. Unreported claim and other claim reserves						191,847,203
0799999. Total claims unpaid						211,471,188
0899999. Accrued medical incentive pool and bonus amounts						415,253

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.	7,172,379					7,172,379	
USAble Corporation	891,267					891,267	
0199999. Individually listed receivables	8,063,646	0	0	0	0	8,063,646	0
0299999. Receivables not individually listed	285,040	22,880				307,919	
0399999. Total gross amounts receivable	8,348,686	22,880	0	0	0	8,371,565	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	950,380	950,380	
USAble Life	Intercompany	253,389	253,389	
0199999. Individually listed payables		1,203,769	1,203,769	0
0299999. Payables not individually listed		6,038	6,038	
0399999. Total gross payables		1,209,806	1,209,806	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	1,582,848,343	100.0	XXX	XXX	1,074,393,985	508,454,358
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	348,932	0.0	XXX	XXX	348,932	
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	1,583,197,275	100.0	XXX	XXX	1,074,742,917	508,454,358
13. Total (Line 4 plus Line 12)	1,583,197,275	100.0	XXX	XXX	1,074,742,917	508,454,358

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	65,588,283		49,074,774	16,689,573	16,689,573	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	65,588,283	0	49,074,774	16,689,573	16,689,573	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							
	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	447,901	89,408	120,198	110,150	8,058	27,649	54,677	18,918		18,843
2. First quarter	540,882	172,296	126,552	111,847	8,868	34,582	54,642	19,602		12,493
3. Second quarter	599,952	227,660	126,612	111,881	8,835	37,229	56,159	19,733		11,843
4. Third quarter	616,013	242,837	127,227	112,577	8,863	38,111	54,189	19,986		12,223
5. Current year	622,263	246,210	128,873	112,895	8,876	38,808	54,372	19,997		12,232
6. Current year member months	7,029,751	2,575,654	1,524,922	1,346,494	106,228	438,942	653,148	237,292		147,071
Total Member Ambulatory Encounters for Year:										
7. Physician	2,773,050	135,109	308,284	1,885,118		444,539				
8. Non-physician	3,762,038	592,809	1,395,567	1,773,662						
9. Totals	6,535,088	727,918	1,703,851	3,658,780	0	444,539	0	0	0	0
10. Hospital patient days incurred	3,602,160	547,941	1,280,557	1,773,662						
11. Number of inpatient admissions	44,376	3,279	8,224	32,873						
12. Health premiums written (b)	1,932,178,527	736,002,513	475,044,568	240,323,640	2,159,466	38,623,295	243,527,041	154,688,005		41,809,999
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,929,686,508	736,994,764	475,078,062	240,089,879	2,159,466	38,704,392	240,222,709	154,626,922		41,810,314
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,571,567,275	582,917,172	390,788,782	180,451,254	1,532,962	28,957,654	216,835,461	137,840,853		32,243,137
18. Amount incurred for provision of health care services	1,664,274,126	679,817,646	388,160,194	182,109,417	1,538,984	28,929,654	215,944,293	136,433,264		31,340,674

(a) For health business: number of persons insured under PPO managed care products.....457,526 and number of persons insured under indemnity only products.....163,547.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....9,392,391

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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							
	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	447,901	89,408	120,198	110,150	8,058	27,649	54,677	18,918		18,843
2. First quarter	545,526	172,296	131,196	111,847	8,868	34,582	54,642	19,602		12,493
3. Second quarter	604,533	227,660	131,193	111,881	8,835	37,229	56,159	19,733		11,843
4. Third quarter	620,340	242,837	131,554	112,577	8,863	38,111	54,189	19,986		12,223
5. Current year	626,471	246,210	133,081	112,895	8,876	38,808	54,372	19,997		12,232
6. Current year member months	7,083,695	2,575,654	1,578,866	1,346,494	106,228	438,942	653,148	237,292		147,071
Total Member Ambulatory Encounters for Year:										
7. Physician	2,773,050	135,109	308,284	1,885,118		444,539				
8. Non-physician	3,762,038	592,809	1,395,567	1,773,662						
9. Totals	6,535,088	727,918	1,703,851	3,658,780	0	444,539	0	0	0	0
10. Hospital patient days incurred	3,602,160	547,941	1,280,557	1,773,662						
11. Number of inpatient admissions	44,376	3,279	8,224	32,873						
12. Health premiums written (b)	1,947,980,633	736,002,513	490,846,674	240,323,640	2,159,466	38,623,295	243,527,041	154,688,005		41,809,999
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,945,488,614	736,994,764	490,880,168	240,089,879	2,159,466	38,704,392	240,222,709	154,626,922		41,810,314
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,583,197,276	582,917,172	402,418,783	180,451,254	1,532,962	28,957,654	216,835,461	137,840,853		32,243,137
18. Amount incurred for provision of health care services	1,675,705,962	679,817,646	399,592,030	182,109,417	1,538,984	28,929,654	215,944,293	136,433,264		31,340,674

(a) For health business: number of persons insured under PPO managed care products.....461,734 and number of persons insured under indemnity only products.....163,547.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....9,392,391

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							
	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	0									
2. First quarter	4,644		4,644							
3. Second quarter	4,581		4,581							
4. Third quarter	4,327		4,327							
5. Current year	4,208		4,208							
6. Current year member months	53,944		53,944							
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)	15,802,106		15,802,106							
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	15,802,106		15,802,106							
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	11,630,001		11,630,001							
18. Amount incurred for provision of health care services	11,431,836		11,431,836							

(a) For health business: number of persons insured under PPO managed care products.....4,208 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	81,822,813			5,882,719		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	ASL/L/G	2,360,765			117,831		
0299999.	Total - Affiliates - U.S. - Other					84,183,578	0	0	6,000,550	0	0
0399999.	Total - Affiliates - U.S. - Total					84,183,578	0	0	6,000,550	0	0
0799999.	Total Affiliates					84,183,578	0	0	6,000,550	0	0
1199999.	Total - U.S.					84,183,578	0	0	6,000,550	0	0
9999999.	Total					84,183,578	0	0	6,000,550	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	4,890,842	1,409,000
1399999.	Total - Accident and Health Affiliates - U.S. - Other				4,890,842	1,409,000
1499999.	Total - Accident and Health Affiliates - U.S. - Total				4,890,842	1,409,000
1899999.	Total - Accident and Health Affiliates				4,890,842	1,409,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	3,356	2,914,474
00000	AA-9990032	01/01/2014	US Dept of HHS	DC	42,398,463	11,877,732
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				42,401,819	14,792,206
2199999.	Total - Accident and Health Non-Affiliates				42,401,819	14,792,206
2299999.	Total - Accident and Health				47,292,661	16,201,206
2399999.	Total U.S.				47,292,661	16,201,206
9999999.	Total				47,292,661	16,201,206

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
									Reserve Credit Taken Other Than for Unearned Premiums	11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (estimated)		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	11,454,743		286,000				
94358	71-0505232	.01/01/2007	USAble Life	AR	OTH/A/G	D	27,168,552		1,123,000				
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						38,623,295	0	1,409,000	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						38,623,295	0	1,409,000	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						38,623,295	0	1,409,000	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	254,670		1,697,097				
77720	75-0956156	.10/01/2008	LifeSecure Insurance Company	MI	LTC/A/G	LTC	202,315		1,217,377				
00000	AA-9990032	.01/01/2014	US Dept of HHS	DC	OTH/A/I	CMM	6,955,105		11,877,732				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						7,412,090	0	14,792,206	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						7,412,090	0	14,792,206	0	0	0	0
1199999.	Total - General Account - Authorized						46,035,385	0	16,201,206	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						46,035,385	0	16,201,206	0	0	0	0
6999999.	Total - U.S.						46,035,385	0	16,201,206	0	0	0	0
9999999.	Total						46,035,385	0	16,201,206	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 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	46,035	36,643	31,456	30,179	26,312
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	29,516	27,402	23,663	23,303	20,066
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	4,323	3,768	3,506	3,259	2,723
8. Reinsurance recoverable on paid losses	47,293	2,486	2,323	2,134	1,622
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
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
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				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)	1,266,446,371		1,266,446,371
2.	Accident and health premiums due and unpaid (Line 15)	115,535,135		115,535,135
3.	Amounts recoverable from reinsurers (Line 16.1)	47,292,660	(47,292,660)	0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	151,564,876	51,616,134	203,181,010
6.	Totals assets (Line 28)	1,580,839,042	4,323,474	1,585,162,516
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	207,147,714		207,147,714
8.	Accrued medical incentive pool and bonus payments (Line 2)	415,253		415,253
9.	Premiums received in advance (Line 8)	17,914,435		17,914,435
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)	535,319,262	4,323,474	539,642,736
15.	Total liabilities (Line 24)	760,796,664	4,323,474	765,120,138
16.	Total capital and surplus (Line 33)	820,042,378	XXX	820,042,378
17.	Total liabilities, capital and surplus (Line 34)	1,580,839,042	4,323,474	1,585,162,516
	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	47,292,660		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	47,292,660		
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	47,292,660		
30.	Total ceded reinsurance payables/offsets	47,292,660		
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				456,985		456,985
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	456,985	0	456,985

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 *
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		27-3645332				MedSite Health Management, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.000	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	15225	46-2015297				USAble Partners, LLC	VT	DS	USAble Corporation	Ownership, Board, Influence	100.000	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	94358	71-0505232				USAble Life	AR	IA	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 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	393,781				43,103,465	8,258,443			51,755,689	312,794
95442	71-0747497	HMO Partners Inc.	(393,781)				(39,420,547)	(8,258,443)			(48,072,771)	6,000,550
	71-0246079	USAble Corporation					(3,682,918)				(3,682,918)	
94358	71-0505232	USAble Life						51,976,629			51,976,629	(56,761,577)
76031	59-2876465	Florida Combined Life Insurance Company						(22,357,879)			(22,357,879)	36,067,442
53228	04-1045815	Blue Cross and Blue Shield of Massachusetts						(19,756,847)			(19,756,847)	9,155,199
49948	99-0040115	HMSA BSH Inc.						(9,861,903)			(9,861,903)	5,225,592
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. *83470201422200000*

11.

12. *83470201420500000*

13. *83470201420700000*

14. *83470201444200000*

15. *83470201437100000*

16. *83470201437000000*

17.

18. *83470201422400000*

19. *83470201422500000*

20. *83470201422600000*

21.

22. *83470201421100000*

23. *83470201421300000*

24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Other Nonadmitted Assets	10,391,476	10,391,476	0	
2597. Summary of remaining write-ins for Line 25	10,391,476	10,391,476	0	0

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

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Contributions			6,831,604		6,831,604
2505. Misc.	17,162	3,063,161	(1,418,076)		1,662,247
2597. Summary of remaining write-ins for Line 25	17,162	3,063,161	5,413,528	0	8,493,851

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Financial Analyst.....Telephone Number.....501-399-3954

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										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	13,626,145	9,403,440	69.0	3,702			0.0	
YES	A71-MS 1/90	P	NO	3, 5	01/01/1966			06/14/1905	Medi-Pak Standard	357,736	239,714	67.0	92			0.0	
YES	A71-MO 1/89	P	NO	3, 5	01/01/1989			06/14/1905	Medi-Pak Lo Option	204,705	168,156	82.1	126			0.0	
YES	71-MPA	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN A	526,476	342,429	65.0	300			0.0	
YES	71-MPB	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN B	2,254,571	1,499,638	66.5	1,014			0.0	
YES	71-MPC	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN C	42,034,175	31,193,334	74.2	16,023			0.0	
YES	71-MPD	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN D	12,460,340	9,400,869	75.4	4,574			0.0	
YES	71-MPF	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN F	63,094,642	47,933,156	76.0	24,161	755,490	476,866	63.1	411
YES	71-MPG	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN G	4,854,939	3,998,756	82.4	2,609			0.0	
YES	71-MPI	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN I	465,066	239,998	51.6	114			0.0	
YES	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN I - NRX	297,763	209,741	70.4	84	3,336	1,310	39.3	1
YES	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN A	78,045	29,621	38.0	58			0.0	
YES	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN B	247,493	192,734	77.9	145	1,128	85	7.5	1
YES	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN C	3,974,981	3,253,544	81.9	2,128	7,414	7,242	97.7	3
YES	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN D	188,112	156,176	83.0	98	5,190	17,112	329.7	2
YES	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN J	27,598,224	20,689,701	75.0	14,427	4,849	6,337	130.7	1
YES	73-MPA 6/10	A	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN A	13,591	11,909	87.6	10	35,424	15,767	44.5	33
YES	73-MPF 6/10	F	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN F	20,842,308	16,223,384	77.8	11,059	32,412,485	25,839,016	79.7	19,077
YES	73-MPG 6/10	G	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN G	377,415	248,222	65.8	244	11,541,966	8,242,564	71.4	10,201
YES	73-MPN 6/10	N	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN N	393,880	281,205	71.4	328	1,131,606	701,784	62.0	1,076
YES	EEPMA5-86, 870 and	P	NO	7				05/31/2010	Employer's Equitable	94,840	82,989	87.5	35			0.0	
0199999.	Total Policy Experience on Individual Policies									193,985,447	145,798,716	75.2	81,331	45,898,888	35,308,083	76.9	30,806

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 Little Rock AR 72201
   2.2 Contact person and phone number..... Earnest 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 Street Little Rock AR 72201
   3.2 Contact person and phone number..... Earnest Bradley 501-399-3989
4. Explain any policies identified as policy type "O".

* 8 3 4 7 0 2 0 1 4 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	37,620,873	XXX	868,124	XXX	38,488,996
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(679,486)	XXX		XXX	(679,486)
1.2 Supplemental Benefits	3,508,918	XXX	93,607	XXX	3,602,525
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	1,239,024	XXX	(5)	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	109,164	XXX	(0)	XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	(3,346,311)	XXX	21,657	XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	(294,827)	XXX	1,908	XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	(1,132,547)	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	42,206,208	XXX	846,462	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(1,812,033)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	3,912,909	XXX	91,699	XXX	XXX
6. Total Premiums	44,307,083	XXX	938,161	XXX	41,412,035
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	25,764,890	XXX	949,664	XXX	26,714,554
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	2,602,840	XXX	95,938	XXX	2,698,778
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	(8,064)	XXX	293	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	(815)	XXX	30	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	(1,246,850)	XXX	(22,122)	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(125,960)	XXX	(2,235)	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	27,003,676	XXX	972,079	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	2,727,985	XXX	98,203	XXX	XXX
11. Total Claims	29,731,661	XXX	1,070,282	XXX	29,413,332
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	(587,042)	XXX	408,927	(178,115)
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	9,823,546	XXX	145,285	XXX	9,968,831
15. Expenses Incurred	9,157,716	XXX	158,999	XXX	XXX
16. Underwriting Gain/Loss	5,417,706	XXX	(291,120)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	2,207,987

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