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ANNUAL STATEMENT

For the Year Ended December 31, 2011

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 ..... 72201 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number) (City or Town, State and Zip Code)*	501-378-2000 *(Area Code) (Telephone Number)*
Mail Address	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	601 S. Gaines….. Little Rock ..... AR ..... 72201 *(Street and Number) (City or Town, State 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
James Robert Bailey
David Frank Bridges
Richard Shelby Cooper
David Franklin Greenwood, Jr.
James Robert Heard III
Patrick Dennis O'Sullivan
Karen Cox Raley
Joseph Steven Smith
Toni Lairry Starks
James Sterling Adamson Jr., MD
Curtis Edwin Barnett
Michael Wayne Brown
Ronald Walter DeBerry
Robert Franklin Griffin, MD
Calvin Eugene Kellogg
Samuel Patterson Partin III
Kathy O'Dea Ryan
Steven Aaron Spaulding

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
James Leslie Wyatt PhD
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 _____ 2012

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	97,679,826	291,050	28,629	344,266	344,266	97,999,504
0299999. Total group	97,679,826	291,050	28,629	344,266	344,266	97,999,504
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	97,679,826	291,050	28,629	344,266	344,266	97,999,504

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	3,596,718	2,269,079	2,269,079	6,388,210	6,388,210	8,134,877
0199999. Total Pharmaceutical Rebate Receivables	3,596,718	2,269,079	2,269,079	6,388,210	6,388,210	8,134,877
0799999. Total Health Care Receivables	3,596,718	2,269,079	2,269,079	6,388,210	6,388,210	8,134,877

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	8,734,538	89,841	9,546	1,190	3,818	8,838,934
0499999. Subtotals	8,734,538	89,841	9,546	1,190	3,818	8,838,934
0599999. Unreported claim and other claim reserves						108,446,983
0799999. Total claims unpaid						117,285,917

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.	6,693,890					6,693,890	
Pinnacle Business Solutions	6,404,710					6,404,710	
0199999. Individually listed receivables	13,098,600	0	0	0	0	13,098,600	0
0299999. Receivables not individually listed	223,232	166,332	427,023			223,232	593,355
0399999. Total gross amounts receivable	13,321,832	166,332	427,023	0	0	13,321,832	593,355

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				
Southwest Healthlink, LLC	Intercompany	604,184	604,184	
USAble Life	Intercompany	566,361	566,361	
0199999. Individually listed payables		1,170,544	1,170,544	0
0299999. Payables not individually listed		545,824	545,824	
0399999. Total gross payables		1,716,368	1,716,368	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	983,242,802	100.0	XXX	XXX	677,485,557	305,757,245
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
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	983,242,802	100.0	XXX	XXX	677,485,557	305,757,245
13. Total (Line 4 plus Line 12)	983,242,802	100.0	XXX	XXX	677,485,557	305,757,245

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	54,036,707		39,569,301	14,467,406	14,467,406	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	54,036,707	0	39,569,301	14,467,406	14,467,406	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	425,324	91,499	122,449	103,245	6,421	15,747	55,054	9,824		21,085
2. First quarter	431,170	92,175	122,688	103,416	7,076	16,689	56,301	12,363		20,462
3. Second quarter	431,824	91,799	123,526	103,288	6,992	17,267	56,159	12,507		20,286
4. Third quarter	433,719	91,751	124,393	103,842	6,953	17,758	56,066	12,662		20,294
5. Current year	435,410	90,711	125,509	104,690	6,889	18,412	55,863	12,791		20,545
6. Current year member months	5,189,218	1,100,070	1,483,508	1,244,850	83,903	207,977	671,438	150,404		247,068
Total Member Ambulatory Encounters for Year:										
7. Physician	1,624,510	132,436	288,708	798,691		404,675				
8. Non-physician	2,677,849	486,438	1,059,707	1,131,704						
9. Totals	4,302,359	618,874	1,348,415	1,930,395	0	404,675	0	0	0	0
10. Hospital patient days incurred	2,677,849	486,438	1,059,707	1,131,704						
11. Number of inpatient admissions	49,996	3,668	8,734	37,594						
12. Health premiums written (b)	1,212,083,028	185,715,870	389,515,695	214,752,243	674,820	29,710,500	233,558,287	102,304,639		55,850,974
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,200,990,725	185,736,253	389,559,552	214,823,269	674,820	29,566,118	222,475,100	102,304,639		55,850,974
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	983,242,802	153,258,037	314,073,419	164,901,657	472,269	22,766,835	206,651,314	76,980,323		44,138,948
18. Amount incurred for provision of health care services	974,056,979	149,143,761	305,653,786	165,016,082	477,459	22,923,835	207,848,474	78,467,836		44,525,746

(a) For health business: number of persons insured under PPO managed care products.....298,934 and number of persons insured under indemnity only products.....136,476.

(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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	425,324	91,499	122,449	103,245	6,421	15,747	55,054	9,824		21,085
2. First quarter	431,170	92,175	122,688	103,416	7,076	16,689	56,301	12,363		20,462
3. Second quarter	431,824	91,799	123,526	103,288	6,992	17,267	56,159	12,507		20,286
4. Third quarter	433,719	91,751	124,393	103,842	6,953	17,758	56,066	12,662		20,294
5. Current year	435,410	90,711	125,509	104,690	6,889	18,412	55,863	12,791		20,545
6. Current year member months	5,189,218	1,100,070	1,483,508	1,244,850	83,903	207,977	671,438	150,404		247,068
Total Member Ambulatory Encounters for Year:										
7. Physician	1,624,510	132,436	288,708	798,691		404,675				
8. Non-physician	2,677,849	486,438	1,059,707	1,131,704						
9. Totals	4,302,359	618,874	1,348,415	1,930,395	0	404,675	0	0	0	0
10. Hospital patient days incurred	2,677,849	486,438	1,059,707	1,131,704						
11. Number of inpatient admissions	49,996	3,668	8,734	37,594						
12. Health premiums written (b)	1,212,083,028	185,715,870	389,515,695	214,752,243	674,820	29,710,500	233,558,287	102,304,639		55,850,974
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,200,990,725	185,736,253	389,559,552	214,823,269	674,820	29,566,118	222,475,100	102,304,639		55,850,974
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	983,242,802	153,258,037	314,073,419	164,901,657	472,269	22,766,835	206,651,314	76,980,323		44,138,948
18. Amount incurred for provision of health care services	974,056,979	149,143,761	305,653,786	165,016,082	477,459	22,923,835	207,848,474	78,467,836		44,525,746

(a) For health business: number of persons insured under PPO managed care products.....298,934 and number of persons insured under indemnity only products.....136,476.

(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 Federal 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. Affiliates											
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/G	69,140,628			5,897,416		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	ASL/G	2,185,275			148,069		
94358	71-0505232	10/01/2002	USAble Life	AR	OTH/G	19,975,175			2,590,087		
0199999.	Total - Affiliates - U.S. Affiliates					91,301,078	0	0	8,635,572	0	0
0399999.	Total - Affiliates					91,301,078	0	0	8,635,572	0	0
0799999.	Total - U.S.					91,301,078	0	0	8,635,572	0	0
0999999.	Total					91,301,078	0	0	8,635,572	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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - U.S. Affiliates						
94358	71-0505232	01/01/2007	USAble Life	AR	2,130,984	1,651,000
0899999.	Total - Accident and Health Affiliates - U.S. Affiliates				2,130,984	1,651,000
1099999.	Total - Accident and Health Affiliates				2,130,984	1,651,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	2,976	1,608,110
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				2,976	1,608,110
1399999.	Total - Accident and Health Non-Affiliates				2,976	1,608,110
1499999.	Total - Accident and Health				2,133,960	3,259,110
1599999.	Total U.S.				2,133,960	3,259,110
1799999.	Total				2,133,960	3,259,110

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	Federal 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. Affiliates												
94358	71-0505232	01/01/2007	USAble Life	AR	OTH/I	5,228,059		183,000				
94358	71-0505232	01/01/2007	USAble Life	AR	OTH/I	24,482,441		1,468,000				
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					29,710,500	0	1,651,000	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					29,710,500	0	1,651,000	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	265,953		562,193				
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	OTH/G	202,070		1,045,917				
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					468,023	0	1,608,110	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					468,023	0	1,608,110	0	0	0	0
0799999.	Total - General Account - Authorized					30,178,523	0	3,259,110	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					30,178,523	0	3,259,110	0	0	0	0
3199999.	Total - U.S.					30,178,523	0	3,259,110	0	0	0	0
3399999.	Total					30,178,523	0	3,259,110	0	0	0	0

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums	30,179	26,312	23,091	21,242	37,474
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	23,303	20,066	17,291	16,543	31,043
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	3,259	2,723	2,102	1,794	1,543
8. Reinsurance recoverable on paid losses	2,134	1,622	1,517	2,295	32,426
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					2,114
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					2,114
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

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)	953,569,174		953,569,174
2.	Accident and health premiums due and unpaid (Line 15)	98,047,450	(2,133,960)	95,913,490
3.	Amounts recoverable from reinsurers (Line 16.1)	2,133,960		2,133,960
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	167,945,597	5,393,070	173,338,667
6.	Totals assets (Line 28)	1,221,696,181	3,259,110	1,224,955,291
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	114,026,807	3,259,110	117,285,917
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	15,733,734		15,733,734
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			0
11.	Reinsurance in unauthorized companies (Line 20)			0
12.	All other liabilities (balance)	510,277,255		510,277,255
13.	Total liabilities (Line 24)	640,037,796	3,259,110	643,296,906
14.	Total capital and surplus (Line 33)	581,658,383	XXX	581,658,383
15.	Total liabilities, capital and surplus (Line 34)	1,221,696,179	3,259,110	1,224,955,289
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	3,259,110		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	3,259,110		
22.	Premiums receivable	(2,133,960)		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	5,393,070		
26.	Total ceded reinsurance payables/offsets	3,259,110		
27.	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				468,023		468,023
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 CN						0
58.	Aggregate Other Alien OT						0
59.	Totals	0	0	0	468,023	0	468,023

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	12.50	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		26-0529475				B.P. Informatics, LLC	AR	DS	USAble Mutual Insurance Company	Ownership, Influence, Board	19.09	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0246079				USAble Corporation	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	95442	71-0747497				HMO Partners, Inc.	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-0111456				Pinnacle Business Solutions	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		20-2621814				LSV Partners, LLC	DE	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0628367				Group Service Underwriters, Inc.	AR	DS	USAble Corporation	Ownership, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0655804				AHIN, LLC	AR	DS	USAble Corporation	Ownership, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0788146				Southwest Health Link, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-3645332				MedSite Health Management, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-4004038				Pulaski County Healthcare Mgmt Group LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.00	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	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0233147				Life & Specialty Ventures, Inc.	DE	NIA	Florida Combined Life Insurance Co, Inc.	Ownership	13.25	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0233147				Life & Specialty Ventures, Inc.	DE	NIA	LSV Partners, Inc.	Ownership, Board, Influence	41.14	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0653848				Select Data Service Admin Inc.	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		20-5180834				Able Benefit Solutions	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		26-1561425				USAble Agency	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	94358	71-0505232				USAble Life	AR	IA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0525643				Educational Benefits, Inc.	AR	NIA	USAble Life	Ownership	100.00	USAble Mutual Insurance Company	

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 *

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	484,999				108,533,131	8,143,054			117,161,184	(5,081,632)
	71-0525643	Educational Benefits, Inc.	(565,000)								(565,000)	
95442	71-0747497	HMO Partners Inc.	(484,999)				(31,590,228)	(8,143,054)			(40,218,281)	6,045,485
	71-0246079	USAble Corporation					(5,196,939)				(5,196,939)	
94358	71-0505232	USAble Life	565,000					28,775,918			29,340,918	(47,272,059)
76031	59-2876465	Florida Combined Life Insurance Company						(18,296,316)			(18,296,316)	28,913,785
	27-0111456	Pinnacle Business Solutions, Inc.					(71,745,963)				(71,745,963)	
53228	04-1045815	Blue Cross and Blue Shield of Massachusetts						(10,479,602)			(10,479,602)	13,362,897
49948	99-0040115	HMSA BSH Inc.									0	4,031,524
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. *83470201122200000*

11.

12. *83470201120500000*

13. *83470201120700000*

14. *83470201142000000*

15. *83470201137100000*

16. *83470201137000000*

17.

18. *83470201122400000*

19. *83470201122500000*

20. *83470201122600000*

21.

22. *83470201121100000*

23. *83470201121300000*

24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31, Prior Year Net Admitted Assets
2504. National Accounts Receivable			0	
2597. Summary of remaining write-ins for Line 25	0	0	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	69,699	(1,448)	17,296,257		17,364,508
2505. Assumed UPCP		13,889			13,889
2506. Assumed IBNR		(94,068)			(94,068)
2507. Commissions Reimb Ceded Business			(47,111)		(47,111)
2508. MISC	(1,256)	26	(523,555)		(524,785)
2597. Summary of remaining write-ins for Line 25	68,443	(81,601)	16,725,591	0	16,712,433

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(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.....Tammy Gross

NAIC Company Code.....83470

Title.....Senior Accountant.....Telephone Number.....501-378-5644

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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	35	01/01/1984			01/01/1992	Medi-Pak Plus	21,615,095	16,525,104	76.5	6,790	5,538	4,885	88.2	3
YES	A71-MS 1/90	P	NO	35	01/01/1966			01/01/1992	Medi-Pak Standard	730,305	541,260	74.1	226	$-	$-	0.0	
YES	A71-MO 1/89	P	NO	35	01/01/1989			01/01/1992	Medi-Pak Lo Option	316,518	329,144	104.0	221	$-	$-	0.0	
YES	71-MPA	P	NO	1234	01/01/1992			12/31/2006	Medi-Pak Plan A	645,017	450,920	69.9	429	$-	$-	0.0	
YES	71-MPB	P	NO	1234	01/01/1992			12/31/2006	Medi-Pak Plan B	2,705,189	1,930,099	71.3	1,390	$-	$-	0.0	
YES	71-MPC	P	NO	1234	01/01/1992			12/31/2006	Medi-Pak Plan C	48,091,954	37,314,320	77.6	21,092	$-	$-	0.0	
YES	71-MPD	P	NO	1234	01/01/1992			12/31/2006	Medi-Pak Plan D	15,675,908	11,923,451	76.1	6,501	$-	$-	0.0	
YES	71-MPF	P	NO	12346	01/01/1992			05/31/2010	Medi-Pak Plan F	66,872,715	51,015,479	76.3	29,402	4,307,959	4,059,626	94.2	1,911
YES	71-MPG	P	NO	12346	01/01/1992			05/31/2010	Medi-Pak Plan G	4,866,257	3,873,176	79.6	3,005	345,443	150,962	43.7	212
YES	71-MPI	P	NO	1234	01/01/1992			12/31/2006	Medi-Pak Plan I	651,171	386,587	59.4	182	2,895	1,237	42.7	
YES	71-MPINRX 1/06	P	NO	12346	01/01/1992			05/31/2010	Medi-Pak Plan INRX	340,631	253,604	74.5	110	17,804	6,445	36.2	6
YES	72-MPA 1/07	P	NO	12346	01/01/2007			05/31/2010	Medi-Pak Plan A	29,060	19,456	67.0	27	54,004	25,930	48.0	44
YES	72-MPB 1/07	P	NO	12346	01/01/2007			05/31/2010	Medi-Pak Plan B	206,545	176,348	85.4	141	75,475	37,734	50.0	49
YES	72-MPC 1/07	P	NO	12346	01/01/2007			05/31/2010	Medi-Pak Plan C	3,144,147	2,714,756	86.3	1,986	1,023,895	878,970	85.8	573
YES	72-MPD 1/07	P	NO	12346	01/01/2007			05/31/2010	Medi-Pak Plan D	181,828	142,025	78.1	112	56,974	53,659	94.2	32
YES	72-MPJ 1/07	P	NO	12346	01/01/2007			05/31/2010	Medi-Pak Plan J	13,706,235	10,203,868	74.4	8,082	13,899,200	9,799,157	70.5	8,201
YES	73-MPA 6/10	P	NO	12346	01/01/2010				Medi-Pak Plan A	$-	$-	0.0		14,133	23,515	166.4	16
YES	73-MPF 6/10	P	NO	12346	01/01/2010				Medi-Pak Plan F	$-	$-	0.0		14,000,717	11,708,602	83.6	12,931
YES	73-MPG 6/10	P	NO	12346	01/01/2010				Medi-Pak Plan G	$-	$-	0.0		306,213	183,012	59.8	312
YES	73-MPN 6/10	P	NO	12346	01/01/2010				Medi-Pak Plan N	$-	$-	0.0		345,860	188,289	54.4	418
YES	EEPMA5-86, 870 and	P	NO	7				05/31/2010	Employer's Equitable	113,169	94,464	83.5	48	$-	$-	0.0	
0199999.	Total Policy Experience on Individual Policies									179,891,744	137,894,061	76.7	79,744	34,456,110	27,122,023	78.7	24,708

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..... Jean Lockett 501-378-2087

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..... Jean Lockett 501-378-2087

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

* 8 3 4 7 0 2 0 1 1 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	52,434,886	XXX		XXX	52,434,886
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(72,675)	XXX		XXX	(72,675)
1.2 Supplemental Benefits	4,487,035	XXX		XXX	4,487,035
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	146,035	XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	12,497	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	46,161	XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	3,950	XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	1,817,500	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	52,534,760	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	1,744,825	XXX	0	XXX	XXX
5.2 Supplemental Benefits	4,495,582	XXX	0	XXX	XXX
6. Total Premiums	58,775,167	XXX	0	XXX	56,849,246
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	51,277,191	XXX		XXX	51,277,191
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	4,387,967	XXX		XXX	4,387,967
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	7,404	XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	634	XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	9,334,241	XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	798,763	XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	41,950,354	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	3,589,838	XXX	0	XXX	XXX
11. Total Claims	45,540,192	XXX	0	XXX	55,665,158
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	1,631,730	XXX		1,631,730
12.2 Reimbursements Received but Not Applied-Change	XXX	3,368,579	XXX		3,368,579
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX	(1,769,149)	XXX		XXX
13. Aggregate Policy Reserves-Change	(95,052)				XXX
14. Expenses Paid	9,315,297	XXX		XXX	9,315,297
15. Expenses Incurred	9,318,320	XXX		XXX	XXX
16. Underwriting Gain/Loss	4,011,707	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(6,394,360)

2011 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8

NONE

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	12.50	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		26-0529475				B.P. Informatics, LLC	AR	DS	USAble Mutual Insurance Company	Ownership, Influence, Board	19.09	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0246079				USAble Corporation	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	95442	71-0747497				HMO Partners, Inc.	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-0111456				Pinnacle Business Solutions	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		20-2621814				LSV Partners, LLC	DE	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0628367				Group Service Underwriters, Inc.	AR	DS	USAble Corporation	Ownership, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0655804				AHIN, LLC	AR	DS	USAble Corporation	Ownership, Influence	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0788146				Southwest Health Link, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-3645332				MedSite Health Management, LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		27-4004038				Pulaski County Healthcare Mgmt Group LLC	AR	DS	USAble Corporation	Ownership, Board, Influence	50.00	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	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0233147				Life & Specialty Ventures, Inc.	DE	NIA	Florida Combined Life Insurance Co, Inc.	Ownership	13.25	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		80-0233147				Life & Specialty Ventures, Inc.	DE	NIA	LSV Partners, Inc.	Ownership, Board, Influence	41.14	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0653848				Select Data Service Admin Inc.	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		20-5180834				Able Benefit Solutions	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		26-1561425				USAble Agency	AR	NIA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company	94358	71-0505232				USAble Life	AR	IA	Life and Specialty Ventures, LLC	Ownership	100.00	USAble Mutual Insurance Company	
0876	USAble Mutual Insurance Company		71-0525643				Educational Benefits, Inc.	AR	NIA	USAble Life	Ownership	100.00	USAble Mutual Insurance Company	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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