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ANNUAL STATEMENT

For the Year Ended December 31, 2012

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 and Zip Code)*	
Main Administrative Office	601 S. Gaines….. Little Rock ..... AR ..... US …. 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 ..... US …. 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 ..... US …. 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
Judy Dawn Blevins #
Michael Wayne Brown
Ronald Walter DeBerry
Robert Franklin Griffin, MD
Calvin Eugene Kellogg
Samuel Patterson Partin III
Joseph Steven Smith
Toni Lairry Starks
Samuel Carl Vorderstrasse #
James Sterling Adamson Jr., MD
Curtis Edwin Barnett
David Frank Bridges
Richard Shelby Cooper
David Franklin Greenwood, Jr.
James Robert Heard III
Harold Jackson Norman #
Karen Cox Raley
Steven Aaron Spaulding
Cynthia Ann Thornton #

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 _____ 2013

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	99,028,723	117,681	65,986	554,620	554,620	99,212,390
0299999. Total group	99,028,723	117,681	65,986	554,620	554,620	99,212,390
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	99,028,723	117,681	65,986	554,620	554,620	99,212,390

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	2,335,589	2,251,078	2,251,078	3,660,163	3,660,163	6,837,745
0199999. Total Pharmaceutical Rebate Receivables	2,335,589	2,251,078	2,251,078	3,660,163	3,660,163	6,837,745
0799999. Total Health Care Receivables	2,335,589	2,251,078	2,251,078	3,660,163	3,660,163	6,837,745

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	9,961,214	26,733	36,958	1,306	2,418	10,028,629
0499999. Subtotals	9,961,214	26,733	36,958	1,306	2,418	10,028,629
0599999. Unreported claim and other claim reserves						110,918,648
0799999. Total claims unpaid						120,947,277

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.	7,529,018	155,924				7,684,942	
Pinnacle Business Solutions	2,265,286					2,265,286	
0199999. Individually listed receivables	9,794,304	155,924	0	0	0	9,950,228	0
0299999. Receivables not individually listed	1,292,037					1,292,037	
0399999. Total gross amounts receivable	11,086,341	155,924	0	0	0	11,242,265	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				
Southwest Healthlink, LLC	Intercompany	262,809	262,809	
USAble Corp.	Intercompany	764,155	764,155	
PBSI	Intercompany	370,341	370,341	
USAble Life	Intercompany	186,351	186,351	
0199999. Individually listed payables		1,583,656	1,583,656	0
0299999. Payables not individually listed		168,978	168,978	
0399999. Total gross payables		1,752,633	1,752,633	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	1,026,367,365	100.0	XXX	XXX	697,240,328	329,127,037
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	1,026,367,365	100.0	XXX	XXX	697,240,328	329,127,037
13. Total (Line 4 plus Line 12)	1,026,367,365	100.0	XXX	XXX	697,240,328	329,127,037

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	55,330,243		44,809,557	8,581,408	8,581,408	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	55,330,243	0	44,809,557	8,581,408	8,581,408	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	435,410	90,711	125,509	104,690	6,889	18,412	55,863	12,791		20,545
2. First quarter	430,063	90,499	121,425	105,558	7,376	19,170	55,849	13,966		16,220
3. Second quarter	432,075	90,802	121,732	105,884	7,367	20,534	55,601	14,048		16,107
4. Third quarter	436,086	90,598	122,734	107,149	7,399	22,031	55,666	14,239		16,270
5. Current year	438,799	90,362	123,076	107,859	7,480	23,593	55,631	14,367		16,431
6. Current year member months	5,202,907	1,086,915	1,467,137	1,276,804	88,807	250,218	668,458	169,349		195,219
Total Member Ambulatory Encounters for Year:										
7. Physician	2,357,787	142,227	332,001	1,451,659		431,900				
8. Non-physician	3,482,157	621,005	1,477,377	1,383,775						
9. Totals	5,839,944	763,232	1,809,378	2,835,434	0	431,900	0	0	0	0
10. Hospital patient days incurred	3,234,899	557,338	1,293,786	1,383,775						
11. Number of inpatient admissions	48,872	3,675	8,976	36,221						
12. Health premiums written (b)	1,243,359,732	195,741,551	407,983,516	221,930,324	870,632	30,992,273	223,664,175	115,373,381		46,803,880
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,242,639,323	195,516,860	407,985,094	222,076,331	870,632	30,843,351	223,169,794	115,373,381		46,803,880
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,026,367,366	154,258,584	337,888,018	167,592,022	641,689	23,416,091	206,963,640	101,060,275		34,547,047
18. Amount incurred for provision of health care services	1,034,395,532	154,885,643	339,261,529	168,318,897	650,739	23,314,091	207,205,640	102,707,617		38,051,376

(a) For health business: number of persons insured under PPO managed care products.....294,233 and number of persons insured under indemnity only products.....144,566.

(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	435,410	90,711	125,509	104,690	6,889	18,412	55,863	12,791		20,545
2. First quarter	430,063	90,499	121,425	105,558	7,376	19,170	55,849	13,966		16,220
3. Second quarter	432,075	90,802	121,732	105,884	7,367	20,534	55,601	14,048		16,107
4. Third quarter	436,086	90,598	122,734	107,149	7,399	22,031	55,666	14,239		16,270
5. Current year	438,799	90,362	123,076	107,859	7,480	23,593	55,631	14,367		16,431
6. Current year member months	5,202,907	1,086,915	1,467,137	1,276,804	88,807	250,218	668,458	169,349		195,219
Total Member Ambulatory Encounters for Year:										
7. Physician	2,357,787	142,227	332,001	1,451,659		431,900				
8. Non-physician	3,482,157	621,005	1,477,377	1,383,775						
9. Totals	5,839,944	763,232	1,809,378	2,835,434	0	431,900	0	0	0	0
10. Hospital patient days incurred	3,234,899	557,338	1,293,786	1,383,775						
11. Number of inpatient admissions	48,872	3,675	8,976	36,221						
12. Health premiums written (b)	1,243,359,732	195,741,551	407,983,516	221,930,324	870,632	30,992,273	223,664,175	115,373,381		46,803,880
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	1,242,639,323	195,516,860	407,985,094	222,076,331	870,632	30,843,351	223,169,794	115,373,381		46,803,880
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,026,367,366	154,258,584	337,888,018	167,592,022	641,689	23,416,091	206,963,640	101,060,275		34,547,047
18. Amount incurred for provision of health care services	1,034,395,532	154,885,643	339,261,529	168,318,897	650,739	23,314,091	207,205,640	102,707,617		38,051,376

(a) For health business: number of persons insured under PPO managed care products.....294,233 and number of persons insured under indemnity only products.....144,566.

(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/A/G	74,634,628			5,917,994		
95442	71-0747497	04/01/1996	HMO Partners, Inc.	AR	OTH/A/G	2,118,419					
94358	71-0505232	10/01/2002	USAble Life	AR	ASL/A/G	21,509,934			2,877,875		
0199999.	Total - Affiliates - U.S. Affiliates					98,262,981	0	0	8,795,869	0	0
0399999.	Total - Affiliates					98,262,981	0	0	8,795,869	0	0
0799999.	Total - U.S.					98,262,981	0	0	8,795,869	0	0
0999999.	Total					98,262,981	0	0	8,795,869	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	2,316,371	1,549,000
0899999.	Total - Accident and Health Affiliates - U.S. Affiliates				2,316,371	1,549,000
1099999.	Total - Accident and Health Affiliates				2,316,371	1,549,000
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI	7,009	1,956,764
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				7,009	1,956,764
1399999.	Total - Accident and Health Non-Affiliates				7,009	1,956,764
1499999.	Total - Accident and Health				2,323,380	3,505,764
1599999.	Total U.S.				2,323,380	3,505,764
1799999.	Total				2,323,380	3,505,764

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		6,558,209		151,000				
94358	71-0505232	01/01/2007	USAble Life	AR		24,434,063		1,398,000				
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					30,992,272	0	1,549,000	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					30,992,272	0	1,549,000	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI		263,701		722,839				
77720	75-0956156	10/01/2008	LifeSecure Insurance Company	MI		199,789		1,233,925				
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					463,490	0	1,956,764	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					463,490	0	1,956,764	0	0	0	0
0799999.	Total - General Account - Authorized					31,455,762	0	3,505,764	0	0	0	0
2299999.	Total - General Account - Authorized, Unauthorized and Certified					31,455,762	0	3,505,764	0	0	0	0
4599999.	Total - U.S.					31,455,762	0	3,505,764	0	0	0	0
4799999.	Total					31,455,762	0	3,505,764	0	0	0	0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2012	2 2011	3 2010	4 2009	5 2008
A.	**OPERATIONS ITEMS**					
1.	Premiums	31,456	30,179	26,312	23,091	21,242
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	23,663	23,303	20,066	17,291	16,543
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	3,506	3,259	2,723	2,102	1,794
8.	Reinsurance recoverable on paid losses	2,323	2,134	1,622	1,517	2,295
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	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	XXX
18.	Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19.	Letters of credit (L)		XXX	XXX	XXX	XXX
20.	Trust agreements (T)		XXX	XXX	XXX	XXX
21.	Other (O)		XXX	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)	1,032,506,740		1,032,506,740
2.	Accident and health premiums due and unpaid (Line 15)	99,213,236		99,213,236
3.	Amounts recoverable from reinsurers (Line 16.1)	2,323,380	(2,323,380)	0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	149,177,220	5,829,144	155,006,364
6.	Totals assets (Line 28)	1,283,220,576	3,505,764	1,286,726,340
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	117,441,513		117,441,513
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)	12,537,147		12,537,147
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)	474,526,539	3,505,764	478,032,303
15.	Total liabilities (Line 24)	604,505,199	3,505,764	608,010,963
16.	Total capital and surplus (Line 33)	678,715,376	XXX	678,715,376
17.	Total liabilities, capital and surplus (Line 34)	1,283,220,575	3,505,764	1,286,726,339
	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	2,323,380		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,323,380		
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	2,323,380		
30.	Total ceded reinsurance payables/offsets	2,323,380		
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				463,490		463,490
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	463,490	0	463,490

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		27-0111456				Pinnacle Business Solutions	AR	DS	USAble Mutual Insurance Company	Ownership, Board, Influence	100.000	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	

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	452,481				87,954,989	8,542,473			96,949,943	(5,129,826)
	71-0525643	Educational Benefits, Inc.	(399,869)								(399,869)	
95442	71-0747497	HMO Partners Inc.	(452,481)				(31,534,645)	(8,542,473)			(40,529,599)	5,917,994
	71-0246079	USAble Corporation					(279,891)				(279,891)	
94358	71-0505232	USAble Life	399,869					34,185,483			34,585,352	(46,079,550)
76031	59-2876465	Florida Combined Life Insurance Company						(24,400,697)			(24,400,697)	26,716,303
	27-0111456	Pinnacle Business Solutions, Inc.					(56,140,453)				(56,140,453)	
53228	04-1045815	Blue Cross and Blue Shield of Massachusetts						(9,784,786)			(9,784,786)	14,049,928
49948	99-0040115	HMSA BSH Inc.									0	4,525,151
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. *83470201222200000*

11.

12. *83470201220500000*

13. *83470201220700000*

14. *83470201242000000*

15. *83470201237100000*

16. *83470201237000000*

17.

18. *83470201222400000*

19. *83470201222500000*

20. *83470201222600000*

21.

22. *83470201221100000*

23. *83470201221300000*

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	550	1,238	1,056,193		1,057,981
2505. Assumed UPCP		(173,617)	170,567		(3,050)
2506. Assumed IBNR	-	155,514	-		155,514
2507. Commissions Reimb Ceded Business	-	-	(49,376)		(49,376)
2508. MISC	316,856	25,717	454,050		796,623
2597. Summary of remaining write-ins for Line 25	317,406	8,852	1,631,434	0	1,957,692

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012
(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 2009				Policies Issued in 2010, 2011 & 2012			
										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	18,823,840	13,750,076	73.0	5,619	6,432	1,276	19.8	2
Yes	A71-MS 1/90	P	NO	3, 5	01/01/1966			06/14/1905	Medi-Pak Standard	606,447	365,014	60.2	175	$-	$-	0.0	
Yes	A71-MO 1/89	P	NO	3, 5	01/01/1989			06/14/1905	Medi-Pak Lo Option	277,325	314,676	113.5	183	$-	$-	0.0	
Yes	71-MPA	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN A	602,065	413,420	68.7	381	$-	$-	0.0	
Yes	71-MPB	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN B	2,593,717	1,893,825	73.0	1,263	$-	$-	0.0	
Yes	71-MPC	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN C	46,237,287	35,039,968	75.8	19,255	$-	$-	0.0	
Yes	71-MPD	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN D	14,445,037	10,366,056	71.8	5,843	$-	$-	0.0	
Yes	71-MPF	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN F	65,286,581	49,776,841	76.2	27,930	3,066,102	2,772,898	90.4	1,266
Yes	71-MPG	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN G	5,035,365	3,900,688	77.5	2,974	96,656	50,516	52.3	58
Yes	71-MPI	P	NO	1, 2, 3, 4	01/01/1992			12/31/2006	MEDIPAK PLAN I	606,873	424,174	69.9	156	(151)	$-	0.0	
Yes	71-MPINRX 1/06	P	NO	1, 2, 3, 4, 6	01/01/1992			05/31/2010	MEDIPAK PLAN I - NRX	331,145	271,047	81.9	104	11,956	3,426	28.7	4
Yes	72-MPA 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN A	66,373	70,651	106.4	56	16,638	4,933	29.6	13
Yes	72-MPB 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN B	249,013	205,860	82.7	160	11,643	9,093	78.1	7
Yes	72-MPC 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN C	3,771,106	3,232,730	85.7	2,227	354,106	332,715	94.0	193
Yes	72-MPD 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN D	192,928	196,631	101.9	112	17,777	8,426	47.4	10
Yes	72-MPJ 1/07	P	NO	1, 2, 3, 4, 6	01/01/2007			05/31/2010	MEDIPAK PLAN J	23,394,729	17,271,321	73.8	13,391	3,987,074	2,662,193	66.8	2,280
Yes	73-MPA 6/10	A	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN A	$-	$-	0.0		26,668	25,070	94.0	29
Yes	73-MPF 6/10	F	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN F	$-	$-	0.0		29,069,675	23,261,147	80.0	21,354
Yes	73-MPG 6/10	G	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN G	$-	$-	0.0		1,248,579	786,114	63.0	1,654
Yes	73-MPN 6/10	N	NO	1, 2, 3, 4, 6	01/01/2010				MEDIPAK PLAN N	$-	$-	0.0		740,674	466,016	62.9	800
Yes	EEPMA5-86, 870 and	P	NO	7				05/31/2010	Employer's Equitable	100,214	90,071	89.9	42	$-	$-	0.0	
0199999.	Total Policy Experience on Individual Policies									182,620,045	137,583,049	75.3	79,871	38,653,829	30,383,823	78.6	27,670

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 2 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	43,291,025	XXX	159,717	XXX	43,450,743
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(3,025,813)	XXX		XXX	(3,025,813)
1.2 Supplemental Benefits	4,384,322	XXX	16,175	XXX	4,400,497
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	193,780	XXX	180	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	19,625	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage	(2,496,997)	XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits	(252,885)	XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	2,048,163	XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	45,981,802	XXX	159,897	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(977,650)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	4,656,831	XXX	16,175	XXX	XXX
6. Total Premiums	49,660,983	XXX	176,073	XXX	44,825,427
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	31,243,867	XXX	101,844	XXX	31,345,711
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits	3,381,618	XXX	11,023	XXX	3,392,641
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	15,822	XXX	(180)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	1,712	XXX	(20)	XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage	(2,873,344)	XXX	(5,345)	XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits	(310,991)	XXX	(579)	XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	34,133,033	XXX	107,009	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	3,694,321	XXX	11,582	XXX	XXX
11. Total Claims	37,827,354	XXX	118,591	XXX	34,738,352
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	18,232,565	XXX	465	18,233,030
12.2 Reimbursements Received but Not Applied-Change	XXX	17,931,184	XXX		17,931,184
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX	(1,523,702)	XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	8,645,675	XXX	79,667	XXX	8,725,342
15. Expenses Incurred	8,680,637	XXX	80,249	XXX	XXX
16. Underwriting Gain/Loss	3,152,992	XXX	(22,767)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	1,059,887

2012 ALPHABETICAL INDEX
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