



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2006
OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code _____ (Current Period) _____ (Prior Period) NAIC Company Code 95402 Employer's ID Number 05-0477052

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Rhode Island

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
Vision Service Corporation [] Other [] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/09/1993 Commenced Business 12/01/1994

Statutory Home Office 299 Promenade Street, Providence, RI 02908
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 299 Promenade Street, Providence, RI 02908 401-459-6000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 299 Promenade Street, Providence, RI 02908
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 299 Promenade Street, Providence, RI 02908 401-459-6663
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address http://www.nhpri.org/

Statutory Statement Contact Richard J Silva, 401-459-6663
(Name) (Area Code) (Telephone Number) (Extension)

Rsilva@nhpri.org, 401-709-7000
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Policyowner Relations Contact _____, _____, 101-459-6000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
<u>Mark Reynolds</u>	<u>Chief Executive Officer</u>	<u>Raymond Sessler</u>	<u>Chief Operating Officer</u>
<u>Karen Fifer Ferry</u>	<u>Chief Financial Officer</u>	<u>Leon McTyeire Johnston MD</u>	<u>Chief Medical Officer</u>

OTHER OFFICERS

<u>Raymond Lavoie</u>	<u>Chairman of the Board</u>	<u>Maria Montanaro</u>	<u>Vice Chairman of the Board</u>
<u>Merill Thomas</u>	<u>Treasurer</u>	<u>Kerrie Jones Clark Jones</u>	<u>Secretary</u>

DIRECTORS OR TRUSTEES

<u>Maria Montanaro</u>	<u>Merill Thomas</u>	<u>Dennis Michael Roy</u>	<u>Karen Voci</u>
<u>Peter John Bancroft</u>	<u>Nancy Turnbull</u>	<u>Kerrie Jones Clark</u>	<u>Raymond Joseph Lavoie</u>
<u>William Hochstrasser-Walsh</u>	<u>Jennifer Hosmer MD</u>	<u>Mark Reynolds</u>	<u>Charlotte Taylor</u>
<u>Michael Vincent Frazier</u>	<u>James Hooley</u>	<u>Gregory Young #</u>	

State of Rhode Island
County of Providence **SS**

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.

Mark Reynolds
Chief Executive Officer

Raymond Sessler
Chief Operating Officer

Karen Fifer Ferry
Chief Financial Officer

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number _____
2. Date filed 11/15/2006
3. Number of pages attached _____

Subscribed and sworn to before me this
15 day of November, 2006

Michelle Tetreault,

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	23,960,604		23,960,604	20,993,074
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$32,510,343), cash equivalents (\$0) and short-term investments (\$12,096,218)	44,606,561		44,606,561	31,156,829
6. Contract loans, (including \$ premium notes)			0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	59,465	59,465	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	68,626,630	59,465	68,567,165	52,149,903
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	505,844		505,844	287,543
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	1,625,622		1,625,622	1,417,733
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	64,940		64,940	219,374
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans	970,638	924,327	46,311	2,497,770
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset			0	0
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software	365,928	204,023	161,905	84,816
19. Furniture and equipment, including health care delivery assets (\$)	140,729	140,729	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates			0	0
22. Health care (\$) and other amounts receivable	394,461		394,461	0
23. Aggregate write-ins for other than invested assets	1,107,718	908,095	199,623	48,487
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	73,802,510	2,236,639	71,565,871	56,705,626
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	73,802,510	2,236,639	71,565,871	56,705,626
DETAILS OF WRITE-INS				
0901. Security Deposits	59,465	59,465	0	0
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	59,465	59,465	0	0
2301. Other Receivable	75,148	61,132	14,016	10,523
2302. Claims deposited with contracted facility	16,089	0	16,089	37,964
2303. Prepaid Expenses	558,622	558,622	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	457,859	288,341	169,518	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,107,718	908,095	199,623	48,487

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	22,066,714		22,066,714	16,617,236
2. Accrued medical incentive pool and bonus amounts	13,251		13,251	274,340
3. Unpaid claims adjustment expenses	774,542		774,542	621,651
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	18,457,655		18,457,655	17,388,810
9. General expenses due or accrued	1,789,360		1,789,360	1,543,684
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Payable for securities			0	0
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured plans	774,880		774,880	0
21. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	72,138
22. Total liabilities (Lines 1 to 21)	43,876,402	0	43,876,402	36,517,859
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX		0
25. Preferred capital stock	XXX	XXX		0
26. Gross paid in and contributed surplus	XXX	XXX		0
27. Surplus notes	XXX	XXX	1,500,000	1,500,000
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	26,189,469	18,687,767
30. Less treasury stock, at cost:				
30.1 shares common (value included in Line 24) \$)	XXX	XXX		0
30.2 shares preferred (value included in Line 25) \$)	XXX	XXX		0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	27,689,469	20,187,767
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	71,565,871	56,705,626
DETAILS OF WRITE-INS				
2101. Unearned Grant Liability	0		0	72,138
2102.				
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	72,138
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	610,873	612,077
2. Net premium income (including \$ non-health premium income).....	XXX	135,369,452	124,594,385
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	1,919,386	2,051,506
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	137,288,838	126,645,891
Hospital and Medical:			
9. Hospital/medical benefits		56,810,242	46,590,873
10. Other professional services		24,608,669	23,357,164
11. Outside referrals		11,392,306	9,998,734
12. Emergency room and out-of-area		10,123,731	8,264,140
13. Prescription drugs		16,276,193	16,910,040
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		2,229,427	2,198,690
16. Subtotal (Lines 9 to 15)	0	121,440,568	107,319,641
Less:			
17. Net reinsurance recoveries		581,836	117,551
18. Total hospital and medical (Lines 16 minus 17)	0	120,858,732	107,202,090
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 2,789,352 cost containment expenses.....		4,241,603	3,378,955
21. General administrative expenses.....		5,546,636	6,532,721
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22)	0	130,646,971	117,113,766
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,641,867	9,532,125
25. Net investment income earned		1,618,947	833,731
26. Net realized capital gains (losses) less capital gains tax of \$		(45,964)	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,572,983	833,731
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		(45,444)	(67,278)
29. Aggregate write-ins for other income or expenses	0	44,305	62,562
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	8,213,711	10,361,140
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	8,213,711	10,361,140
DETAILS OF WRITE-INS			
0601. DHS Incentive Income.....	XXX	1,003,554	810,904
0602. Other Program Revenue.....	XXX	428,625	440,775
0603. Grant Revenue.....	XXX	69,387	407,268
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	417,820	392,559
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	1,919,386	2,051,506
0701.	XXX		0
0702.	XXX		0
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901. Community Access Program Grant revenue.....		0	0
2902. Miscellaneous income.....		1,645	19,902
2903. Rent income.....		42,660	42,660
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	44,305	62,562

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
CAPITAL AND SURPLUS ACCOUNT:			
33. Capital and surplus prior reporting year.....	20,187,767	12,139,686	12,139,686
34. Net income or (loss) from Line 32.....	8,213,711	10,361,140	9,104,628
35. Change in valuation basis of aggregate policy and claim reserves.....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....		0	0
38. Change in net deferred income tax.....		0	0
39. Change in nonadmitted assets.....	(712,009)	(334,755)	(556,547)
40. Change in unauthorized reinsurance.....	0	0	0
41. Change in treasury stock.....		0	0
42. Change in surplus notes.....	0	(500,000)	(500,000)
43. Cumulative effect of changes in accounting principles.....		0	0
44. Capital Changes:			
44.1 Paid in.....		0	0
44.2 Transferred from surplus (Stock Dividend).....		0	0
44.3 Transferred to surplus.....		0	0
45. Surplus adjustments:			
45.1 Paid in.....		0	0
45.2 Transferred to capital (Stock Dividend).....	0	0	0
45.3 Transferred from capital.....		0	0
46. Dividends to stockholders.....		0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	7,501,702	9,526,385	8,048,081
49. Capital and surplus end of reporting period (Line 33 plus 48)	27,689,469	21,666,071	20,187,767
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	136,244,206	171,451,586
2. Net investment income.....	1,630,601	1,143,412
3. Miscellaneous income.....	1,355,464	2,518,310
4. Total (Lines 1 to 3).....	139,230,271	175,113,308
5. Benefits and loss related payments.....	115,515,909	144,676,482
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	6,876,247	15,772,093
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) \$ net of tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9).....	122,392,156	160,448,575
11. Net cash from operations (Line 4 minus Line 10).....	16,838,115	14,664,733
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	2,514,693	1,912,400
12.2 Stocks.....	0	0
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	102,908	219,485
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,617,601	2,131,885
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	5,368,984	11,651,813
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	3,370	561,366
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,372,354	12,213,179
14. Net increase (or decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(2,754,753)	(10,081,294)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	(500,000)
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	(72,139)
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	(633,631)	54,657
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(633,631)	(517,482)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17).....	13,449,731	4,065,957
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	31,156,830	27,090,873
19.2 End of period (Line 18 plus Line 19.1).....	44,606,561	31,156,830

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	68,413	.0	.0	.0	.0	.0	.0	.0	68,413	.0	.0	.0	.0
2. First Quarter	67,791	.0	.0	.0	.0	.0	.0	.0	67,791	.0	.0	.0	.0
3. Second Quarter	67,840	.0	.0	.0	.0	.0	.0	.0	67,840	.0	.0	.0	.0
4. Third Quarter	67,747								67,747				
5. Current Year	0												
6. Current Year Member Months	610,873								610,873				
Total Member Ambulatory Encounters for Period:													
7. Physician	68,624								68,624				
8. Non-Physician	129,428								129,428				
9. Total	198,052	0	0	0	0	0	0	0	198,052	0	0	0	0
10. Hospital Patient Days Incurred	17,651								17,651				
11. Number of Inpatient Admissions	5,497								5,497				
12. Health Premiums Written	153,827,107								153,827,107				
13. Life Premiums Direct .....	.0								.0				
14. Property/Casualty Premiums Written .....	.0								.0				
15. Health Premiums Earned	135,368,452								135,368,452				
16. Property/Casualty Premiums Earned .....	.0								.0				
17. Amount Paid for Provision of Health Care Services .....	.0								.0				
18. Amount Incurred for Provision of Health Care Services	121,440,568								121,440,568				

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STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

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)						
Womens and Infants.....	1,170,473	.0	.0	.0	.369	1,170,842
RI Hospital.....	840,519	1,867	1,457	.0	2,679	846,522
Memorial Hospital of RI.....	336,978	.0	.0	805	101	337,884
Landmark Medical Center.....	225,789	.669	.0	.0	.0	226,458
Miriam Hospital.....	214,940	.0	10	65	3,727	218,742
Kent County Hospital.....	184,608	.0	.0	.0	524	185,132
St Joseph Hospital.....	135,869	.0	.0	.0	287	136,156
Roger Williams Hospital.....	102,949	.0	.0	.0	458	103,407
Newport Hospital.....	90,122	.0	.0	.0	421	90,543
Providence Community Health Center.....	66,272	252	.0	.0	2,099	68,623
University Emergency Medicine Foundation.....	66,821	.0	.0	.0	.0	66,821
Womens Primary Care Center.....	65,567	.0	.0	.0	32	65,599
South County Hospital Inc.....	52,877	231	.0	.0	83	53,191
RI Hospital PCP Clinic.....	52,935	.0	.0	.0	.0	52,935
Westerly Hospital.....	50,339	798	4	.0	.0	51,141
Anesthesiology Inc.....	50,400	.0	.0	.0	.0	50,400
RI Hospital Specialty Clinic.....	48,489	.0	.0	.0	.0	48,489
RI Medical Imaging.....	46,234	.0	.0	105	78	46,417
Childrens Hospital.....	4,069	32,814	.0	.0	.0	36,883
Womens Care Inc.....	30,692	273	.0	.0	827	31,792
Meeting Street Early Intervention.....	29,745	.0	.0	.0	42	29,787
Westminster Eye Care Associates.....	28,329	182	.0	.0	.0	28,511
Dana Farber Cancer Institute.....	21,827	.0	.0	.0	.0	21,827
RI Hospital Pediatric Clinic.....	21,746	.0	.0	.0	.0	21,746
Renaissance Medical group.....	20,775	.0	.0	.0	.0	20,775
East Side Clinical Lab.....	19,492	.0	.0	.0	.0	19,492
Childrens Friend and Service.....	17,841	.0	.0	.0	.0	17,841
Mineral Spring Pediatrics.....	17,822	.0	.0	.0	.0	17,822
OB GYN Associates.....	17,818	.0	.0	.0	.0	17,818
Aquidneck Medical.....	16,435	.0	.0	.0	378	16,813
Blackstons Valley Community Health Centre.....	15,975	.0	.0	.0	.0	15,975
Southern NE Regional Cancer.....	14,922	.0	.0	.0	.0	14,922
Dominion Diagnostics.....	14,406	.0	.0	.0	367	14,773
University Medical Center.....	14,718	.0	.0	.0	.0	14,718
University Surgical Center.....	14,026	.0	.0	.0	.0	14,026
Hector J Cordero, MD.....	13,959	.0	.0	.0	.0	13,959
Anesthesia Care.....	13,494	.0	.0	.0	.0	13,494
Partners in OB GYN.....	13,234	.0	.0	.0	52	13,286
Women and Infants Professional Billing.....	13,101	.0	.0	.0	31	13,132
St Joseph Health Services of RI.....	13,075	.0	.0	.0	52	13,127
Pawtuxet Valley Infusion.....	13,026	.0	.0	.0	.0	13,026
University Medical Group.....	10,509	.0	.0	.0	1,794	12,303
Memorial Hospital.....	11,813	.0	.0	.0	.0	11,813
Harry E Pass, MD.....	11,246	.0	.0	.0	.0	11,246
University Orthopedics.....	11,218	.0	.0	.0	.0	11,218
Asthma and Allergy.....	11,009	.0	.0	.0	.0	11,009
Vision Associates.....	10,590	.0	.0	.0	.0	10,590
St Joseph Hospital OB GYN Clinic.....	10,525	.0	.0	.0	.0	10,525
Pediatric Ophthalmology.....	10,377	.0	.0	.0	.0	10,377
Cashel Assocites.....	10,374	.0	.0	.0	.0	10,374
0199999 Individually Listed Claims Unpaid	4,300,369	37,086	1,471	975	14,401	4,354,302
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0
0399999 Aggregate Accounts Not Individually Listed-Covered	677,033	1,671	1,617	172	5,999	686,492
0499999 Subtotals	4,977,402	38,757	3,088	1,147	20,400	5,040,794
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	15,158,614

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STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

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
0199999 Individually Listed Claims Unpaid	4,300,369	37,086	1,471	975	14,401	4,354,302
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0
0399999 Aggregate Accounts Not Individually Listed-Covered	677,033	1,671	1,617	172	5,999	686,492
0499999 Subtotals	4,977,402	38,757	3,088	1,147	20,400	5,040,794
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	15,158,614
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	1,867,306
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	22,066,714
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	13,251

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid	16,151,819	99,244,184	420,612	21,646,102	16,572,431	16,617,236
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	16,151,819	99,244,184	420,612	21,646,102	16,572,431	16,617,236
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts	274,340			13,251	274,340	274,340
13. Totals	16,426,159	99,244,184	420,612	21,659,353	16,846,771	16,891,576

(a) Excludes \$ loans and advances to providers not yet expensed.

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NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2001
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2001
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/15/2003
- 6.4 By what department or departments?
.....
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

GENERAL INTERROGATORIES

FINANCIAL

- 9.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 9.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 10.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]
- 10.2 If yes, explain:

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Merrill Lynch.....	One Citizens Plaza Suite 1000 Providence, RI 02903.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
7691.....	Merrill Lynch.....	One Citizens Plaza Suite 1000 Providence, RI 02903

GENERAL INTERROGATORIES

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes No

17.2 If no, list exceptions:

.....

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Increase (decrease) by adjustment		0
3. Cost of acquired		0
4. Cost of additions to and permanent improvements		0
5. Total profit (loss) on sales		0
6. Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		0
8. Book/adjusted carrying value at end of current period	0	0
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	0	0
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	0	0
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount and mortgage interest points and commitment fees		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA – VERIFICATION

Other Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value of long-term invested assets owned December 31 of prior year	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	20,993,074	11,355,892
2. Cost of bonds and stocks acquired	5,368,984	11,651,813
3. Accrual of discount	20,069	0
4. Increase (decrease) by adjustment	(100,000)	0
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal	(45,502)	(5,076)
7. Consideration for bonds and stocks disposed of	2,202,607	1,912,400
8. Amortization of premium	73,414	97,156
9. Book/adjusted carrying value, current period	23,960,604	20,993,074
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	23,960,604	20,993,074
12. Total nonadmitted amounts		0
13. Statement value	23,960,604	20,993,074

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	32,741,989	5,891,127	2,714,931	338,638	30,550,228	32,741,989	36,256,823	32,592,585
2. Class 2 .....	.0				.0	.0	.0	.0
3. Class 3 .....	.0				.0	.0	.0	.0
4. Class 4 .....	.0				.0	.0	.0	.0
5. Class 5 .....	.0				.0	.0	.0	.0
6. Class 6	0				0	0	0	0
7. Total Bonds	32,741,989	5,891,127	2,714,931	338,638	30,550,228	32,741,989	36,256,823	32,592,585
PREFERRED STOCK								
8. Class 1 .....	.0				.0	.0	.0	.0
9. Class 2 .....	.0				.0	.0	.0	.0
10. Class 3 .....	.0				.0	.0	.0	.0
11. Class 4 .....	.0				.0	.0	.0	.0
12. Class 5 .....	.0				.0	.0	.0	.0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	32,741,989	5,891,127	2,714,931	338,638	30,550,228	32,741,989	36,256,823	32,592,585

SCHEDULE DA - PART 1**Short-Term Investments Owned End of Current Quarter**

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	12,096,218	XXX	14,648,268	98,113	65,892

SCHEDULE DA - PART 2- VERIFICATION**Short-Term Investments Owned**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	11,599,511	8,190,342
2. Cost of short-term investments acquired	14,648,268	16,274,684
3. Increase (decrease) by adjustment	103,370	219,485
4. Increase (decrease) by foreign exchange adjustment		0
5. Total profit (loss) on disposal of short-term investments	(462)	0
6. Consideration received on disposal of short-term investments	14,254,469	13,085,000
7. Book/adjusted carrying value, current period	12,096,218	11,599,511
8. Total valuation allowance		0
9. Subtotal (Lines 7 plus 8)	12,096,218	11,599,511
10. Total nonadmitted amounts		0
11. Statement value (Lines 9 minus 10)	12,096,218	11,599,511
12. Income collected during period	182,724	0
13. Income earned during period	268,489	0

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date						
			3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI	No	Yes			135,369,452			
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CN								
58. Aggregate Other Alien	OT	XXX	XXX	0	0	0	0	0	0
59. Subtotal		XXX	XXX	0	0	135,369,452	0	0	0
60. Reporting entity contributions for Employee Benefit Plans		XXX	XXX						
61. Total (Direct Business)		XXX	(a) 1	0	0	135,369,452	0	0	0
DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898. Summary of remaining write-ins for Line 58 from overflow page				0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)				0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and other Alien.

Schedule Y - Part 1

NONE

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 23.

*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
2304. Pharmacy Rebates.....	380,289	210,771	169,518	0
2305. leasehold Improvements.....	77,570	77,570	0	0
2397. Summary of remaining write-ins for Line 23 from Page 02	457,859	288,341	169,518	0

MQ004 Additional Aggregate Lines for Page 04 Line 6.

*REVEX1

	1	2	3
	Uncovered	Total	Total
0604. Pharmacy Rebates.....	XXX	417,820	392,559
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	417,820	392,559

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
3134A4-NW-0	FEDERAL HME LN MTG CORP 3/15/07		07/06/2006	Merrill Lynch		348,310	350,000	5,308	1
3128X4-5U-1	FEDERAL HOME LN MTG CORP 5/15/08		07/20/2006	Merrill Lynch		49,820	50,000	493	1
3133XF-XK-7	FEDERAL HOME LOAN BANK 01/14/2010		07/14/2006	Merrill Lynch		249,844	250,000	0	1
3133XG-PX-6	FEDERAL HOME LOAN BANK 11/24/09		09/21/2006	Merrill Lynch		259,878	260,000	1,072	1
3133XF-PC-4	FEDERAL HOME LOAN BANK 6/5/09		07/11/2006	Merrill Lynch		498,203	500,000	2,826	1
3133XG-BJ-2	FEDERAL HOME LOAN BANK 7/24/09		08/15/2006	Merrill Lynch		400,500	400,000	1,406	1
3136F7-MJ-3	FEDERAL NATL MTG ASSOC 05/23/08		07/11/2006	Merrill Lynch		494,609	500,000	3,403	1
3136F7-UJ-9	FEDERAL NATL MTG ASSOC 2/17/09		09/21/2006	Merrill Lynch		249,908	250,000	1,306	1
31331V-2D-7	Federal Farm Credit Bank 11/24/08		08/15/2006	Merrill Lynch		500,000	500,000	0	1
0399999	- Total - Bonds - U.S. Government					3,051,072	3,060,000	15,814	XXX
1099999	- Total - Bonds - All Other Government					0	0	0	XXX
1799999	- Total - Bonds - States, Territories and Possessions					0	0	0	XXX
2499999	- Total - Bonds - Political Subdivisions					0	0	0	XXX
3199999	- Total - Bonds - Special Revenue					0	0	0	XXX
3899999	- Total - Bonds - Public Utilities					0	0	0	XXX
4599999	- Total - Bonds - Industrial, Misc.					0	0	0	XXX
4699999	- Total - Bonds - Credit Tenant Loans					0	0	0	XXX
5399999	- Total - Bonds - Parent, Subsidiaries, Affiliates					0	0	0	XXX
6099997	- Total - Bonds - Part 3					3,051,072	3,060,000	15,814	XXX
6099999	- Total - Bonds					3,051,072	3,060,000	15,814	XXX
6199999	- Total - Preferred Stocks - Public Utilities					0	XXX	0	XXX
6299999	- Total - Preferred Stocks - Banks, Trusts, Insurance					0	XXX	0	XXX
6399999	- Total - Preferred Stocks - Industrial, Misc.					0	XXX	0	XXX
6499999	- Total - Preferred Stocks - Parent, Subsidiaries, Affiliates					0	XXX	0	XXX
6599997	- Total - Preferred Stocks - Part 3					0	XXX	0	XXX
6599999	- Total - Preferred Stocks					0	XXX	0	XXX
6699999	- Total - Common Stocks - Public Utilities					0	XXX	0	XXX
6799999	- Total - Common Stocks - Banks, Trusts, Insurance					0	XXX	0	XXX
6899999	- Total - Common Stocks - Industrial, Misc.					0	XXX	0	XXX
6999999	- Total - Common Stocks - Parent, Subsidiaries, Affiliates					0	XXX	0	XXX
7099999	- Total - Common Stocks - Mutual Fund					0	XXX	0	XXX
7199999	- Total - Common Stocks - Money Market Mutual Fund					0	XXX	0	XXX
7299997	- Total - Common Stocks - Part 3					0	XXX	0	XXX
7299999	- Total - Common Stocks					0	XXX	0	XXX
7399999	- Total - Preferred and Common Stocks					0	XXX	0	XXX
7499999	- Totals					3,051,072	XXX	15,814	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E04

STATEMENT AS OF SEPTEMBER 30, 2006 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A. C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B/A. C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)	
3133XF-XK-7	FEDERAL HOME LOAN BANK 01/14/2010		01/14/2010	Matured		250,000	250,000.00	249,844	249,844	0	156	0	156	0	250,000	0	0	0	2,500	01/14/2010	1	
3133XG-5Y-6	FEDERAL HOME LOAN BANK 7/28/09		07/28/2009	Matured		50,000	50,000.00	50,000	50,000	0	0	0	0	0	50,000	0	0	0	500	07/28/2009	1	
3133X8-N7-3	FHL BK 09/14/06		09/14/2006	Matured		50,000	50,000.00	49,807	49,920	0	80	0	80	0	50,000	0	0	0	1,475	09/14/2006	1	
0399999	- Bonds - U.S. Governments					350,000	350,000.00	349,651	349,764	0	236	0	236	0	350,000	0	0	0	4,475	XXX	XXX	
1099999	- Bonds - All Other Governments					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1799999	- Bonds - States, Territories and Possessions					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2499999	- Bonds - Political Subdivisions					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3199999	- Bonds - Special Revenues					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3899999	- Bonds - Public Utilities					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4599999	- Bonds - Industrial and Miscellaneous					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4699999	- Bonds - Credit Tenant Loans					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5399999	- Bonds - Parent, Subsidiaries and Affiliates					0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6099997	- Bonds - Part 4					350,000	350,000.00	349,651	349,764	0	236	0	236	0	350,000	0	0	0	4,475	XXX	XXX	
6099999	- Total - Bonds					350,000	350,000.00	349,651	349,764	0	236	0	236	0	350,000	0	0	0	4,475	XXX	XXX	
6199999	- Preferred Stocks - Public Utilities					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6299999	- Preferred Stocks - Banks, Trust and Insurance Companies					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6399999	- Preferred Stocks - Industrial and Miscellaneous					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6499999	- Preferred Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6599997	- Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6599999	- Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6699999	- Common Stocks - Public Utilities					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6799999	- Common Stocks - Banks, Trust and Insurance Companies					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6899999	- Common Stocks - Industrial and Miscellaneous					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6999999	- Common Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7099999	- Common Stocks - Mutual Fund					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7199999	- Common Stocks - Money Market Mutual Funds					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7299997	- Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7299999	- Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7399999	- Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7499999	Totals					350,000	XXX	349,651	349,764	0	236	0	236	0	350,000	0	0	0	4,475	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

SCHEDULE E - PART 2 CASH EQUIVALENTS

Showing Investments Owned End of Current Quarter

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Gross Investment Income
NONE								
0199999 Total Cash Equivalents								

E09