



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE**

Neighborhood Health Plan of Rhode Island

NAIC Group Code 0000 , 0000 NAIC Company Code 95402 Employer's ID Number 05-0477052
(Current Period) (Prior Period)

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

Country of Domicile United States

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 St , Providence, RI 02908
(Street and Number) (City or Town, State and Zip Code)

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

Mail Address 299 Promenade St , 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 St
(Street and Number) Providence, RI 02908
(City or Town, State and Zip Code) 401-459-6124
(Area Code) (Telephone Number)

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

Statutory Statement Contact GLENN WANG 401-459-6124
(Name) (Area Code) (Telephone Number) (Extension)
gwang@nhpri.org 401-459-6043
(E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
<u>Mark Reynolds</u>	<u>Chief Executive Officer</u>	<u>Thomas Clark Phillip Jr. CPA #</u>	<u>Chief Financial Officer</u>
<u>Leon McTyeire Johnston MD</u>	<u>Chief Medical Officer</u>	<u>Nancy Coburn</u>	<u>Chief Operating Officer</u>

OTHER OFFICERS

<u>Maria Montanaro</u>	<u>Vice Chairman</u>	<u>James Hooley</u>	<u>Treasurer</u>
<u>Raymond Joseph Lavoie JR</u>	<u>Chairman</u>	<u>Brenda Dowlatshahi #</u>	<u>Secretary</u>

DIRECTORS OR TRUSTEES

<u>Maria Montanaro</u>	<u>William Hochstrasser-Walsh</u>	<u>Merrill Thomas</u>	<u>James Hooley</u>
<u>Brenda Dowlatshahi</u>	<u>Raymond Joseph Lavoie JR</u>	<u>Darrell A. Lee</u>	<u>Christine Ferguson J.D. #</u>
<u>Dennis Michael Roy</u>	<u>Mark Reynolds</u>	<u>Peter Bancroft #</u>	<u>Pablo Rodriguez M.D.</u>
<u>Jane Hayward #</u>	<u>M. Lamin Sarr</u>		

State ofState of Rhode Island.....

County ofUSA.....

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

Thomas Clark Phillip, Jr. CPA
Chief Financial Officer

Leon McTyeire Johnston MD
Chief Medical Officer

Subscribed and sworn to before me this _____ day of _____, _____

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 _____

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

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)						
RHODE ISLAND HOSPITAL.....	1,390,374	246,420	53,249	17,849	80,364	1,788,255
WOMEN & INFANTS.....	3,099,488	2,420,685	2,255,973	625,520	234,653	8,636,319
BRIGHAM & WOMEN HOSPITAL.....			0		938,264	938,264
MIRIAM HOSPITAL.....	311,013	75,664	4,006	2,931	16,977	410,591
MEMORIAL HOSPIT.....	247,941	10,909	11,847	7,150	29,021	306,868
ST. JOSEPH HOSPI.....	187,943	28,935	11,919	4,167	4,334	237,298
LANDMARK MEDICA.....	132,908	69,936	665		(561)	202,947
KENT COUNTY MEM. HOSPITAL.....	626,584	595,820	622,260	660,468	626,360	3,131,493
ROGER WILLIAMS.....	151,444	5,700	1,411	7,932	(447)	166,040
NEWPORT HOSPITA.....	81,777	712	1,879	38,647	2,308	125,323
UNIVERSITY EMER.....	68,167	1,531	1,263	1,943	(134)	72,771
ANESTHESIOLOGY.....	61,170	1,646	120		120	63,056
WOMENS CARE INC.....	25,569	7,796	413	710	7,944	42,432
PROVIDENCECOMM.....	14,439	6,087	113	(358)	16,796	37,076
THE WESTERLY HOSPITAL.....	25,323	8,627	831		(1,000)	33,782
SOUTH COUNTY HO.....	164,699	150,858	153,593	154,078	145,902	769,130
MEETING STREET.....	13,590	7,718	9,115	1,853	(67)	32,210
CENTRAL REGION.....	24,804	2,126	1,472	865		29,268
PROVIDENCE KIDNEY CENTER.....		12,988	5,404	4,916	4,036	27,343
BAYADA NURSES.....	336	19,222	2,375	720		22,653
KENT COUNTYVIS.....		2,538	9,558	5,116	5,165	22,376
FAMILY RESOURCES INC.....	13,872	4,906	2,736	154		21,669
RHODE ISLAND ME.....	20,489	549	40	44	(174)	20,947
WESTMINSTER EYE.....	18,093	43	69	152	349	18,707
PROVIDENCE ANESTHESIOLOGIST.....	15,260	460	2,927		25	18,673
EASTER SEALS CONNECTICUT.....	15,984	1,889	743			18,616
MINERAL SPRING PEDS.....	16,015	227	20			16,262
East Side Clinical Lab.....	15,066	370	212	147	(13)	15,782
GEISINGER MEDICAL CENTER.....					14,883	14,883
DOMINION DIAGNO.....	9,954	1,282	181		2,181	13,598
COMBIMATRIX MOLECULAR.....	12,300	1,225				13,525
HARRY E PASS.....	13,412				42	13,454
BVCHC.....	10,185	538	2,246	(34)	(224)	12,711
NEUROSURGERY FOUNDATION.....	5,226	6,405	285		620	12,536
AQUIDNECK MEDIC.....	10,716	945	75	10	736	12,481
ANESTHETICAL ASSOCIATES OF KENT COUNTY.....	10,706				1,200	11,906
UNIVERSITY MEDI.....	8,828	583	741		1,674	11,825
CRITICAL CARE SYSTEMS.....	2,732	1,935	2,844	1,671	2,631	11,813
OB GYN ASSOCIATES.....	9,732	1,882			0	11,614
UNIVERSITY MEDICINE FOUNDATION.....	9,702	525	340	72	457	11,096
SUNSHINE PEDI.....	7,955	1,294	1,000	165	274	10,688
UNIVERSITY ORTH.....	6,149	1,440	332	849	1,617	10,388
UNIVERSITY SURGICAL ASSOCIATION INC.....	8,680	742	679		89	10,191
0199999 Individually listed claims unpaid.....	6,868,625	3,703,158	3,162,937	1,537,739	2,136,399	17,408,859
0299999 Aggregate accounts not individually listed-uncovered.....	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered.....	567,568	74,908	39,307	16,488	3,195	701,466
0499999 Subtotals.....	7,436,194	3,778,067	3,202,244	1,554,226	2,139,594	18,110,325
0599999 Unreported claims and other claim reserves.....						25,203,170
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						43,313,495
0899999 Accrued medical incentive pool and bonus amounts.....						3,251,774

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Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	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	8,350,056	3.8	32,502	43.5	8,350,056	
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	8,350,056	3.8	32,502	43.5	8,350,056	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	202,232,764	93.2	XXX	XXX	202,232,764	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	6,487,637	3.0	XXX	XXX	6,487,637	
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	208,720,401	96.2	XXX	XXX	208,720,401	0
13. Total (Line 4 plus Line 12)	217,070,457	100 %	XXX	XXX	217,070,457	0

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					
9999999 Totals			XXX	XXX	XXX

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

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	629,820	0	189,329	440,491	440,491	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	629,820	0	189,329	440,491	440,491	0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Neighborhood Health Plan of Rhode Island

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2008

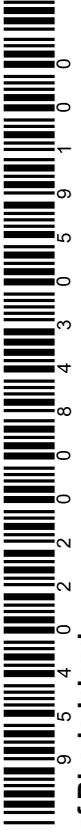
NAIC Company Code 95402

	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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	65,927								65,927	
2. First Quarter	65,697								65,697	
3. Second Quarter	65,799								65,799	
4. Third Quarter	73,207								73,207	
5. Current Year	74,680								74,680	
6. Current Year Member Months	837,627								837,627	
Total Member Ambulatory Encounters for Year:										
7. Physician	104,871								104,871	
8. Non-Physician	211,400								211,400	
9. Total	316,271	0	0	0	0	0	0	0	316,271	0
10. Hospital Patient Days Incurred	26,940								26,940	
11. Number of Inpatient Admissions	8,124								8,124	
12. Health Premiums Written (b).....	253,839,262								253,839,262	
13. Life Premiums Direct	0								0	
14. Property/Casualty Premiums Written.....	0								0	
15. Health Premiums Earned.....	253,839,262								253,839,262	
16. Property/Casualty Premiums Earned.....	0								0	
17. Amount Paid for Provision of Health Care Services	217,070,457								217,070,457	
18. Amount Incurred for Provision of Health Care Services	237,083,391								237,083,391	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated Neighborhood Health Plan of Rhode Island (LOCATION) NAIC Company Code 95402

	1 Total	2 Comprehensive (Hospital & Medical)		3 Group	DURING THE YEAR 2008												
		Individual			4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other						
Total Members at end of:																	
1. Prior Year	65,927	0	0	0	0	0	0	0	0	0	0	0	0	65,927	0	0	0
2. First Quarter	65,697	0	0	0	0	0	0	0	0	0	0	0	0	65,697	0	0	0
3. Second Quarter	65,799	0	0	0	0	0	0	0	0	0	0	0	0	65,799	0	0	0
4. Third Quarter	73,207	0	0	0	0	0	0	0	0	0	0	0	0	73,207	0	0	0
5. Current Year	74,680	0	0	0	0	0	0	0	0	0	0	0	0	74,680	0	0	0
6. Current Year Member Months	837,627	0	0	0	0	0	0	0	0	0	0	0	0	837,627	0	0	0
Total Member Ambulatory Encounters for Year:																	
7. Physician	104,871	0	0	0	0	0	0	0	0	0	0	0	0	104,871	0	0	0
8. Non-Physician	211,400	0	0	0	0	0	0	0	0	0	0	0	0	211,400	0	0	0
9. Total	316,271	0	0	0	0	0	0	0	0	0	0	0	0	316,271	0	0	0
10. Hospital Patient Days Incurred	26,940	0	0	0	0	0	0	0	0	0	0	0	0	26,940	0	0	0
11. Number of Inpatient Admissions	8,124	0	0	0	0	0	0	0	0	0	0	0	0	8,124	0	0	0
12. Health Premiums Written (b)	253,839,262	0	0	0	0	0	0	0	0	0	0	0	0	253,839,262	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	253,839,262	0	0	0	0	0	0	0	0	0	0	0	0	253,839,262	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	217,070,457	0	0	0	0	0	0	0	0	0	0	0	0	217,070,457	0	0	0
18. Amount Incurred for Provision of Health Care Services	237,083,391	0	0	0	0	0	0	0	0	0	0	0	0	237,083,391	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

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 Location	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
NONE											
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>0399999 Totals</p> </div>											

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
													1199999 Total

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	8
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,017	951	1,563	1,063	1,168
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	151	487	123	219	41
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	98,714,243		98,714,243
2. Accident and health premiums due and unpaid (Line 13).....	1,408,369		1,408,369
3. Amounts recoverable from reinsurers (Line 14.1).....	151,267		151,267
4. Net credit for ceded reinsurance.....	XXX	821,148	821,148
5. All other admitted assets (Balance).....	15,907,307		15,907,307
6. Total assets (Line 26)	116,181,186	821,148	117,002,334
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	42,643,614	669,881	43,313,495
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,251,774		3,251,774
9. Premiums received in advance (Line 8).....	24,092,563		24,092,563
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	9,319,856		9,319,856
13. Total liabilities (Line 22).....	79,307,807	669,881	79,977,688
14. Total capital and surplus (Line 31).....	36,873,379	XXX	36,873,379
15. Total liabilities, capital and surplus (Line 32)	116,181,186	669,881	116,851,067
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	669,881		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	151,267		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	821,148		
22. Premiums receivable.....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
24. Unauthorized reinsurance.....	0		
25. Other ceded reinsurance payables/offsets.....	0		
26. Total ceded reinsurance payables/offsets.....	0		
27. Total net credit for ceded reinsurance	821,148		

Schedule T - Part 2

NONE

Schedule Y - Part 2

NONE

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 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 Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks 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..... |
|---|---------------|

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 filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. 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..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|---|--------------|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 18. 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..... |

EXPLANATION:

- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.

BAR CODE:

9.	
10.	
11.	
12.	
13.	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14. 
9 5 4 0 2 2 0 0 8 3 7 0 0 0 0 0

15. 
9 5 4 0 2 2 0 0 8 3 6 5 0 0 0 0

16. 
9 5 4 0 2 2 0 0 8 3 3 0 5 9 0 0

17. 
9 5 4 0 2 2 0 0 8 2 1 1 5 9 0 0

18. 
9 5 4 0 2 2 0 0 8 2 1 3 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 6.
 *REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
0604. Pharmacy Rebates.....	XXX	543,421	585,579
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	543,421	585,579

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 05.
 *ANAOPS – Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
0504. Rx Rebates.....	543,421							543,421		
0597. Summary of remaining write-ins for Line 5 from page 7	543,421	0	0	0	0	0	0	543,421	0	

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