

1st Quarter 2009 Quarterly Statement is amended due to the changes in 2008 Annual Statement



QUARTERLY STATEMENT

AS OF MARCH 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code	<u>0000</u>	, <u>0000</u>	NAIC Company Code	<u>95402</u>	Employer's ID Number	<u>05-0477052</u>
	(Current Period)	(Prior Period)				
Organized under the Laws of	<u>Rhode Island</u>			State of Domicile or Port of Entry	<u>Rhode Island</u>	
Country of Domicile	<u>United States</u>					
Licensed as business type:	Life, Accident & Health [<input type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]			
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input checked="" type="checkbox"/>]			
	Other [<input type="checkbox"/>]	Is HMO, Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
Incorporated/Organized	<u>12/09/1993</u>	Commenced Business	<u>12/01/1994</u>			
Statutory Home Office	<u>299 Promenade St</u>		<u>Providence, RI 02908</u>			
	(Street and Number)		(City, State and Zip Code)			
Main Administrative Office	<u>299 Promenade St</u>	<u>Providence, RI 02908</u>	<u>401-459-6000</u>			
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)			
Mail Address	<u>299 Promenade St</u>		<u>Providence, RI 02908</u>			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	<u>299 Promenade St</u>	<u>Providence, RI 02908</u>	<u>401-459-6124</u>			
	(Street and Number)	(City, State and Zip Code)	(Area Code) (Telephone Number)			
Internet Web Site Address	<u>http://www.nhpri.org/</u>					
Statutory Statement Contact	<u>Glenn Wang</u>		<u>401-459-6124</u>			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	<u>gwang@nhpri.org</u>		<u>401-459-6043</u>			
	(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>Raymond Joseph Lavoie JR</u>	<u>Chairman</u>	<u>Maria Montanaro</u>	<u>Vice Chairman</u>
<u>Brenda Dowlatshahi</u>	<u>Secretary</u>	<u>Merrill Thomas #</u>	<u>Treasurer</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>Jane Hayward</u>
<u>Dennis Michael Roy</u>	<u>Mark Reynolds</u>	<u>Peter Bancroft</u>	<u>Pablo Rodriguez M.D.</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

T. Clark Phillip Jr. CPA
Chief Financial Officer

Leon McTyeire Johnston MD
Chief Medical Officer

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

b. If no,

1. State the amendment number 1
2. Date filed 05/29/2009
3. Number of pages attached 16

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

Michelle Tetreault,

STATEMENT AS OF MARCH 31, 2009 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	35,486,228		35,486,228	37,357,672
2. Stocks:				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	2,083,639		2,083,639	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 (\$ (2,280,408)), cash equivalents (\$ 6,786,255) and short-term investments (\$ 56,235,326)	60,741,173		60,741,173	59,845,033
6. Contract loans (including \$ premium notes)			0	0
7. Other invested assets	0		0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	79,362	79,362	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	98,390,402	79,362	98,311,040	97,202,705
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	464,815		464,815	448,057
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	1,862,722	1,029	1,861,693	1,408,369
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	841,725		841,725	151,267
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	164,833		164,833	569,790
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	912,788	666,151	246,637	192,884
19. Furniture and equipment, including health care delivery assets (\$ 0)	411,666	411,666	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0		0	0
21. Receivables from parent, subsidiaries and affiliates			0	0
22. Health care (\$ 9,963,372) and other amounts receivable	10,215,543	252,171	9,963,372	15,447,738
23. Aggregate write-ins for other than invested assets	1,010,404	995,655	14,749	397,956
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	114,274,898	2,406,034	111,868,864	115,818,766
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	114,274,898	2,406,034	111,868,864	115,818,766
DETAILS OF WRITE-INS				
0901. Security Deposits	79,362	79,362	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)	79,362	79,362	0	0
2301. Other Receivable	47,086	32,337	14,749	196,381
2302. Prepaid Expenses	156,334	156,334	0	0
2303. Leasehold Improvements	511,767	511,767	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	295,217	295,217	0	201,575
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,010,404	995,655	14,749	397,956

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	40,205,826		40,205,826	42,643,614
2. Accrued medical incentive pool and bonus amounts	4,126,390		4,126,390	3,251,774
3. Unpaid claims adjustment expenses	1,309,719		1,309,719	1,453,262
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	24,951,156		24,951,156	24,092,563
9. General expenses due or accrued	4,409,285		4,409,285	2,615,727
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	878,735		878,735	869,763
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	2,927,766		2,927,766	3,071,141
21. Aggregate write-ins for other liabilities (including \$ current)	22	0	22	0
22. Total liabilities (Lines 1 to 21)	78,808,899	0	78,808,899	77,997,844
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	31,559,965	36,320,923
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	33,059,965	37,820,923
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	111,868,864	115,818,767
DETAILS OF WRITE-INS				
2101. Unearned Grant Liability	22		22	0
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)	22	0	22	0
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 MARCH 31, 2009 OF THE Neighborhood Health Plan of Rhode Island

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	224,099	195,826	837,627
2. Net premium income (including \$ non-health premium income).....	XXX	79,033,047	48,022,042	253,839,262
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	355,732	311,552	2,604,166
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	79,388,779	48,333,594	256,443,428
Hospital and Medical:				
9. Hospital/medical benefits		31,766,017	20,454,460	105,403,208
10. Other professional services		13,852,265	9,343,299	44,138,615
11. Outside referrals		10,426,617	4,085,580	28,675,593
12. Emergency room and out-of-area		6,832,846	4,224,363	17,839,545
13. Prescription drugs		12,019,406	6,277,627	34,430,172
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,536,522	1,373,683	5,648,714
16. Subtotal (Lines 9 to 15)	0	76,433,673	45,759,012	236,135,847
Less:				
17. Net reinsurance recoveries		170,639	101,626	1,020,701
18. Total hospital and medical (Lines 16 minus 17)	0	76,263,034	45,657,386	235,115,146
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		2,132,160	2,339,517	8,132,945
21. General administrative expenses.....		6,113,095	2,754,544	15,642,425
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	84,508,289	50,751,447	258,890,516
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(5,119,510)	(2,417,853)	(2,447,088)
25. Net investment income earned		389,875	651,882	2,473,968
26. Net realized capital gains (losses) less capital gains tax of \$.....		6,953	0	11,137
27. Net investment gains (losses) (Lines 25 plus 26)	0	396,828	651,882	2,485,105
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)		(21,182)	(10,125)	(140,122)
29. Aggregate write-ins for other income or expenses	0	0	15,242	42,626
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	(4,743,864)	(1,760,854)	(59,479)
31. Federal and foreign income taxes incurred	XXX	0	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(4,743,864)	(1,760,854)	(59,479)
DETAILS OF WRITE-INS				
0601. Department of Human Services Incentive Income.....	XXX	0	0	1,146,345
0602. Other Program Revenue.....	XXX	87,000	127,800	489,225
0603. Grant Revenue.....	XXX	10,873	86,752	425,175
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	257,859	97,000	543,421
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	355,732	311,552	2,604,166
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Miscellaneous income.....	0		1,022	4,706
2902. Community Access Program Grant Revenue.....	0		0	0
2903. Rent Income.....	0		14,220	37,920
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	15,242	42,626

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.....	37,820,924	38,108,125	38,108,125
34. Net income or (loss) from Line 32.....	(4,743,864)	(1,760,854)	(59,479)
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.....	(17,094)	(124,252)	(227,723)
40. Change in unauthorized reinsurance.....	0	0	0
41. Change in treasury stock.....		0	0
42. Change in surplus notes.....	0	0	0
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).....	(4,760,958)	(1,885,106)	(287,202)
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,059,966	36,223,019	37,820,924
DETAILS OF WRITE-INS			
4701.		0	0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	79,442,755	279,091,557
2. Net investment income	424,578	2,641,248
3. Miscellaneous income	355,732	2,604,166
4. Total (Lines 1 to 3)	80,223,065	284,336,971
5. Benefit and loss related payments	73,136,502	228,533,629
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	6,354,840	23,299,161
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)	79,491,342	251,832,790
11. Net cash from operations (Line 4 minus Line 10)	731,723	32,504,182
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	10,412,091	26,015,000
12.2 Stocks	0	233,271
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	457	2,722
12.7 Miscellaneous proceeds	0	1
12.8 Total investment proceeds (Lines 12.1 to 12.7)	10,412,548	26,250,994
13. Cost of investments acquired (long-term only):		
13.1 Bonds	8,585,612	38,272,491
13.2 Stocks	2,083,639	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	19,897
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,669,251	38,292,388
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)	(256,703)	(12,041,394)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
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).....	421,119	(733,366)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	421,119	(733,366)
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)	896,139	19,729,422
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	59,845,034	40,115,612
19.2 End of period (Line 18 plus Line 19.1)	60,741,173	59,845,034

STATEMENT AS OF MARCH 31, 2009 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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	74,680	.0	.0	.0	.0	.0	.0	.0	74,680	.0
2. First Quarter	74,910								74,910	
3. Second Quarter .....	.0									
4. Third Quarter .....	.0									
5. Current Year .....	.0									
6. Current Year Member Months	224,099								224,099	
Total Member Ambulatory Encounters for Period:										
7. Physician	20,735								20,735	
8. Non-Physician	40,803								40,803	
9. Total	61,538	.0	.0	.0	.0	.0	.0	.0	61,538	.0
10. Hospital Patient Days Incurred	4,962								4,962	
11. Number of Inpatient Admissions	1,633								1,633	
12. Health Premiums Written	79,033,047								79,033,047	
13. Life Premiums Direct .....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	.0									
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	78,666,726								78,666,726	
18. Amount Incurred for Provision of Health Care Services	76,433,673								76,433,673	

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

STATEMENT AS OF MARCH 31, 2009 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)						
RHODE ISLAND HOSPITAL.....	2,365,805	5,854	432		(2,204)	2,369,886
WOMEN & INFANTS.....	2,127,401	767,974	643,865	253,850	122,500	3,915,590
MIRIAM HOSPITAL.....	447,353	(504)	528	293	5,533	453,203
Children's Hospital Boston.....	355,921	69,448	16			425,385
KENT COUNTY MEM. HOSPITAL.....	671,476	226,417	197,901	99,245	13,311	1,208,350
ST. JOSEPH HOSPI.....	256,316	(74)	(5,474)	(2,103)	(7,847)	240,818
MEMORIAL HOSPIT.....	180,745	5,990	4,436	4,594	6,731	202,496
SOUTH COUNTY HO.....	102,247	46,152	(1,153)	535	26,105	173,887
LANDMARK MEDICA.....	161,158	143	338	(452)	(200)	160,986
NEWPORT HOSPITA.....	159,269	403	(73)	522		160,121
THE WESTERLY HOSPITAL.....	123,338	2,808	(263)	(105)	(888)	124,890
ROGER WILLIAMS.....	108,584	79	(3,180)	(1,998)	(12,349)	91,136
LIFETIME MEDICAL.....		48,770				48,770
PROVIDENCECOMM.....	31,877	4,800	1,477	106	1,616	39,877
KENT COUNTYVIS.....		9,809	5,351	2,025	22,376	39,560
FAMILY SERVICE OF RHODE ISLAND.....	37,886				215	38,101
UNIVERSITY EMER.....	34,176	46			(574)	33,648
MEETING STREET.....	10,547	3,048	2,575	3,255	1,022	20,448
RHODE ISLAND ME.....	20,453	(108)	16		(230)	20,131
BVCHC.....	19,642	2	75	30		19,749
SPAULDING REHAB HOSPITAL CORPORATION.....	19,580					19,580
MAXIM HEATHCARE SERVICES INC.....	19,230					19,230
WOMENS CARE INC.....	11,699	6,818	214	54	282	19,067
PROVIDENCE ANESTHESIOLOGIST.....	16,059	1,264				17,323
OB GYN ASSOCIATES.....	6,040	10,444	166			16,650
ARA PAWTUCKET DIALYSIS.....		16,161				16,161
UNIVERSITY ORTH.....	12,207	3,247	1		96	15,551
URGENT MEDICAL CARE.....	14,783	83			(10)	14,855
US CARE INC.....	14,320	144				14,464
THUNDERMIST HEALTHCARE OF WOONSOCKET.....	12,630	1,510	42		65	14,247
WESTMINSTER EYE.....	9,982	4,190				14,171
WARWICK URGENT CARE.....	13,143	17				13,160
CENTER FOR OB & GYN.....	12,752	106			293	13,151
UNIVERSITY SURGICAL ASSOCIATION INC.....	9,851	1,173		637	433	12,095
NEUROHEALTH INC.....	4,644	7,371				12,015
East Side Clinical Lab.....	10,423	386	12			10,821
WOONSOCKET URGENT CARE.....	7,073	2,510	841	86	51	10,562
0199999 Individually Listed Claims Unpaid	7,408,611	1,246,483	848,143	360,573	176,327	10,040,136
0299999 Aggregate Accounts Not Individually Listed-Uncovered	0	0	0	0	0	0
0399999 Aggregate Accounts Not Individually Listed-Covered	600,950	139,543	9,556	8,528	2,540	761,118
0499999 Subtotals	8,009,561	1,386,025	857,699	369,101	178,868	10,801,254
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	29,404,572
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	40,205,826
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	4,126,390

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STATEMENT AS OF MARCH 31, 2009 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	34,088,516	43,075,784	8,124,260	32,081,566	42,212,776	42,643,613
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	34,088,516	43,075,784	8,124,260	32,081,566	42,212,776	42,643,613
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts	468,887	193,020	2,782,887	1,343,502	3,251,774	3,251,774
13. Totals	34,557,403	43,268,804	10,907,147	33,425,068	45,464,550	45,895,387

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

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NOTES TO FINANCIAL STATEMENTS

1st Quarter 2009

18. Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans:

18A0A. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$0
18A0B Total Net other income or expenses	\$86,806
18A0C Net gain or (loss) from operations	\$86,806
Member Months	9,314

B. ASC Plans:

18B0A Gross reimbursement for medical cost incurred	\$59,306
18B0B Gross administrative fees accrued	\$0
18B0C Other income or expenses	\$0
18B0D Gross expenses incurred (claims & admin)	\$59,306
18B0E Total net gain/(loss) from operations	\$0
Member Months	-

24. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2008 were \$47.3 million. As of March 31, 2009, \$35.7 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$11.2 million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0.5 million favorable prior year development since December 31, 2008 to March 31, 2009. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are decreased, as additional information becomes known regarding individual claims. Included in this decrease, Neighborhood experienced \$0.0 million favorable prior year claim development on retrospectively rated policies. Neighborhood manages Medicaid business for the State, and is not subject to retroactive rate changes.

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:
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 [] NA [X]
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. 12/31/2005
- 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. 12/31/2005
- 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). 05/22/2007
- 6.4 By what department or departments?
RI Dept of Business Regulation, Insurance Division.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... Yes [] No [X] NA []
- 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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended?..... Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

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

INVESTMENT

- 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 | | 2 | |
|---|---|--|--|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | | Current Quarter
Book/Adjusted
Carrying 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 | \$0 | | \$0 | |
- 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.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, 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 Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?.....

Yes 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
RBS Citizens, N.A.....	One Citizens Plaza, 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

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.....
	RBS Citizens, N.A.....	One Citizens Plaza, Providence, RI 02903.....

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 T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefit Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	L		79,033,047					79,033,047	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CN	N							0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	79,033,047	0	0	0	0	79,033,047	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1	0	0	79,033,047	0	0	0	0	79,033,047	0
DETAILS OF WRITE-INS										
5801.	XXX									
5802.	XXX									
5803.	XXX									
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Statement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



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. Receivables from Providers.....	295,217	295,217	0	201,575
2397. Summary of remaining write-ins for Line 23 from Page 02	295,217	295,217	0	201,575

MQ004 Additional Aggregate Lines for Page 04 Line 6.

*REVEX1

	1	2	3	4
	Uncovered	Total	Total	Total
0604. Pharmacy Rebates.....	XXX	257,859	97,000	543,421
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	257,859	97,000	543,421

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. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other than temporary impairment recognized	0	0
8. Deduct current year's depreciation	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	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, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	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	37,357,672	25,396,743
2. Cost of bonds and stocks acquired	10,669,251	38,272,491
3. Accrual of discount	6,284	21,260
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	6,496	8,414
6. Deduct consideration for bonds and stocks disposed of	10,412,091	26,248,271
7. Deduct amortization of premium	57,745	92,965
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	37,569,867	37,357,672
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	37,569,867	37,357,672

STATEMENT AS OF MARCH 31, 2009 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 (a).....	50,677,296	10,789,650	14,625,047	(45,592)	46,796,307	0	0	50,677,296
2. Class 2 (a).....	0				0	0	0	0
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	0				0	0	0	0
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	50,677,296	10,789,650	14,625,047	(45,592)	46,796,307	0	0	50,677,296
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 & Preferred Stock	50,677,296	10,789,650	14,625,047	(45,592)	46,796,307	0	0	50,677,296

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....; NAIC 2 \$.....; NAIC 3 \$.....; NAIC 4 \$.....; NAIC 5 \$.....; NAIC 6 \$.....

S102

SCHEDULE DA - PART 1

Short-Term Investments

	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
9199999	56,235,326	XXX	56,195,685	146,603	25,447

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	58,030,055	29,998,830
2. Cost of short-term investments acquired.....	6,633,895	69,688,756
3. Accrual of discount.....	22,938	25,059
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals.....	457	2,722
6. Deduct consideration received on disposals.....	8,434,950	41,685,312
7. Deduct amortization of premium.....	17,069	0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	56,235,326	58,030,055
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	56,235,326	58,030,055

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE E-VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	7,260,290	12,256,526
2. Cost of cash equivalents acquired.....		1,992,074
3. Accrual of discount.....		.0
4. Unrealized valuation increase (decrease).....		.0
5. Total gain (loss) on disposals.....		.0
6. Deduct consideration received on disposals.....	474,035	6,988,310
7. Deduct amortization of premium.....		.0
8. Total foreign exchange change in book/adjusted carrying value.....		.0
9. Deduct current year's other than temporary impairment recognized.....		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	6,786,255	7,260,290
11. Deduct total nonadmitted amounts.....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	6,786,255	7,260,290

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2009 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator ^(a)
3128X8-JN-3	FEDERA HOME LN MTG CORP 8/27/2012		02/20/2009	Merrill Lynch		53,906	54,000	0	1FE
31331G-MH-9	FEDERAL FARM CREDIT BANK 2/12/2015		02/05/2009	Merrill Lynch		99,850	100,000	0	1FE
3128X8-KX-9	FEDERAL HOME LN MTG CORP 2/24/2012		02/23/2009	Merrill Lynch		1,039,750	1,040,000	0	1FE
3133XN-7L-7	FEDERAL HOME LOAN BANK 11/23/2011		01/29/2009	Merrill Lynch		1,028,125	1,000,000	8,375	1FE
3133XQ-GW-6	FEDERAL HOME LOAN BANK 4/02/2015		01/29/2009	Merrill Lynch		1,004,820	1,000,000	14,340	1FE
31398A-JD-5	FEDERAL NATL MTG ASSOC 11/02/2012		02/20/2009	Merrill Lynch		1,028,720	1,000,000	15,802	1FE
0399999	- Total - Bonds - U.S. Government					4,255,171	4,194,000	38,517	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 - U.S. Political Subdivisions of States, Territories and Possessions					0	0	0	XXX
3199999	- Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of ...					0	0	0	XXX
02580H-AC-0	AMERICAN EXPRESS 12/09/2011		01/26/2009	Merrill Lynch		1,134,331	1,100,000	4,620	1
166751-AK-3	CHEVRON CORP 03/03/2012		03/24/2009	Merrill Lynch		103,840	100,000	230	1
22541L-AQ-6	CREDIT SUISSE FB USA INC 1/15/2010		01/08/2009	Merrill Lynch		1,112,100	1,100,000	22,435	1
481247-AA-2	JP MORGAN CHASE & CO 12/01/2011		01/26/2009	Merrill Lynch		1,035,340	1,000,000	4,948	1
717081-CZ-4	PFIZER INC. 3/15/2012		03/31/2009	Merrill Lynch		51,574	50,000	56	1
949746-CE-9	WELLS FARGO CO 08/01/2011		01/05/2009	Merrill Lynch		893,257	850,000	23,632	1
3899999	- Total - Bonds - Industrial, Misc.					4,330,441	4,200,000	55,921	XXX
4199999	- Total - Bonds - Credit Tenant Loans					0	0	0	XXX
4899999	- Total - Bonds - Hybrid Securities					0	0	0	XXX
5599999	- Total - Bonds - Parent, Subsidiaries, Affiliates					0	0	0	XXX
8399997	- Total - Bonds - Part 3					8,585,612	8,394,000	94,438	XXX
8399999	- Total - Bonds					8,585,612	8,394,000	94,438	XXX
8499999	- Total - Preferred Stocks - Industrial, Misc.					0	XXX	0	XXX
8599999	- Total - Preferred Stocks - Parent, Subsidiaries, Affiliates					0	XXX	0	XXX
8999997	- Total - Preferred Stocks - Part 3					0	XXX	0	XXX
8999999	- Total - Preferred Stocks					0	XXX	0	XXX
9099999	- Total - Common Stocks - Industrial, Misc.					0	XXX	0	XXX
9199999	- Total - Common Stocks - Parent, Subsidiaries, Affiliates					0	XXX	0	XXX
9299999	- Total - Common Stocks - Mutual Funds					0	XXX	0	XXX
990110-70-2	RBS Citizens N.A. Money Market		03/20/2009	Citizen's Bank	2,083,639.000	2,083,639		0	1
9399999	- Total - Common Stocks - Money Market Mutual Funds					2,083,639	XXX	0	XXX
9799997	- Total - Common Stocks - Part 3					2,083,639	XXX	0	XXX
9799999	- Total - Common Stocks					2,083,639	XXX	0	XXX
9899999	- Total - Preferred and Common Stocks					2,083,639	XXX	0	XXX
9999999	- Totals					10,669,251	XXX	94,438	XXX

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

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STATEMENT AS OF MARCH 31, 2009 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)
3136F3-WG-7..	FED NATL MORTGAGE ASSOC 12/4/2009		02/02/2009	Merrill Lynch		137,000	137,000	136,743	136,813	0	16	0	16	0	136,828	0	172	172	662	12/04/2009	1FE
31331Y-JX-9..	FEDERAL FARM CREDIT BANK 01/07/11		01/07/2009	Merrill Lynch		400,000	400,000	401,648	400,026	0	(26)	0	(26)	0	400,000	0	0	0	8,800	01/07/2011	1FE
31331Y-VS-6..	FEDERAL FARM CREDIT BANK 8/28/15		01/27/2009	Merrill Lynch		500,000	500,000	500,000	500,000	0	0	0	0	0	500,000	0	0	0	10,554	08/28/2015	1FE
3128X6-YG-5..	FEDERAL HOME LN MTG CORP 01/09/12		01/09/2009	Merrill Lynch		550,000	550,000	550,000	550,000	0	0	0	0	0	550,000	0	0	0	11,688	01/09/2012	1FE
3128X5-WT-1..	FEDERAL HOME LN MTG CORP 01/09/2014		01/09/2009	Merrill Lynch		500,000	500,000	505,703	500,111	0	(111)	0	(111)	0	500,000	0	0	0	13,438	01/09/2014	1FE
3128X6-A8-9..	FEDERAL HOME LN MTG CORP 1/22/13		01/22/2009	Merrill Lynch		750,000	750,000	747,750	748,110	0	41	0	41	0	748,152	0	1,848	1,848	15,469	01/22/2013	1FE
3128X6-Q2-5..	FEDERAL HOME LN MTG CORP 2/08/10		02/09/2009	Merrill Lynch		1,000,000	1,000,000	997,000	997,933	0	216	0	216	0	998,148	0	1,852	1,852	16,875	02/08/2010	1FE
3128X6-X7-6..	FEDERAL HOME LN MTG CORP 2/19/2010		02/19/2009	Merrill Lynch		1,000,000	1,000,000	997,740	998,234	0	228	0	228	0	998,462	0	1,538	1,538	16,250	02/19/2010	1FE
3128X6-RG-3..	FEDERAL HOME LN MTG CORP 5/21/2013		02/23/2009	Merrill Lynch		500,000	500,000	500,000	500,000	0	0	0	0	0	500,000	0	0	0	6,250	05/21/2013	1FE
3133XR-UE-8..	FEDERAL HOME LOAN BANK 07/28/11		01/29/2009	Merrill Lynch		1,100,000	1,100,000	1,100,000	1,100,000	0	0	0	0	0	1,100,000	0	0	0	22,880	07/28/2011	1FE
3133XL-PT-4..	FEDERAL HOME LOAN BANK 1/14/2009		01/14/2009	Matured		45,000	45,000	45,431	45,014	0	(14)	0	(14)	0	45,000	0	0	0	1,181	01/14/2009	1FE
3133XE-N9-6..	FEDERAL HOME LOAN BANK 3/13/2009		03/13/2009	Matured		50,000	50,000	50,423	50,067	0	(67)	0	(67)	0	50,000	0	0	0	1,188	03/13/2009	1FE
31398A-NY-4..	FEDERAL NATL MTG ASSOC 2/25/2011		02/25/2009	Merrill Lynch		750,000	750,000	748,500	748,810	0	104	0	104	0	748,913	0	1,087	1,087	13,313	02/25/2011	1FE
31398A-PL-0..	FEDERAL NATL MTG ASSOC 3/19/2013		03/19/2009	Merrill Lynch		500,000	500,000	502,940	502,903	0	(2,903)	0	(2,903)	0	500,000	0	0	0	10,000	03/19/2013	1FE
3133XL-JE-4..	Federal Home Loan Bank 7/9/12		01/09/2009	Merrill Lynch		500,000	500,000	503,516	500,050	0	(50)	0	(50)	0	500,000	0	0	0	14,625	07/09/2012	1FE
0399999	- Bonds - U.S. Governments					8,282,000	8,282,000	8,287,393	8,278,071	0	(2,567)	0	(2,567)	0	8,275,504	0	6,496	6,496	163,171	XXX	XXX
1099999	- Bonds - All Other Governments					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1799999	- Bonds - U.S. States, Territories and Possessions					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2499999	- Bonds - U.S. Political Subdivisions of States, Territories and Possessions					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3199999	- Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of...					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
459200-AT-8..	IBM CORPORATION 2/1/09		02/02/2009	Matured		50,000	50,000	50,164	50,005	0	(5)	0	(5)	0	50,000	0	0	0	1,344	02/01/2009	1
177366-10-1..	Citizensselect Prime MMKT #462		03/20/2009	Citizen's Bank		2,080,091	2,080,091	2,080,091	2,080,091	0	0	0	0	0	2,080,091	0	0	0	5,637		1
3899999	- Bonds - Industrial and Miscellaneous					2,130,091	2,130,091	2,130,255	2,130,096	0	(5)	0	(5)	0	2,130,091	0	0	0	6,981	XXX	XXX
4199999	- Bonds - Credit Tenant Loans					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4899999	- Total - Bonds - Hybrid Securities					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5599999	- Bonds - Parent, Subsidiaries and Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8399997	- Bonds - Part 4					10,412,091	10,412,091	10,417,648	10,408,166	0	(2,571)	0	(2,571)	0	10,405,595	0	6,496	6,496	170,152	XXX	XXX
8399999	- Total - Bonds					10,412,091	10,412,091	10,417,648	10,408,166	0	(2,571)	0	(2,571)	0	10,405,595	0	6,496	6,496	170,152	XXX	XXX
8499999	- Preferred Stocks - Industrial and Miscellaneous					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8599999	- Preferred Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999997	- Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999999	- Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9099999	- Common Stocks - Industrial and Miscellaneous					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9199999	- Common Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9299999	- Common Stocks - Mutual Funds					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9399999	- Common Stocks - Money Market Mutual Funds					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	- Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999	- Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	- Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					10,412,091	XXX	10,417,648	10,408,166	0	(2,571)	0	(2,571)	0	10,405,595	0	6,496	6,496	170,152	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

