



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2009
OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code 0000 (Current Period), 0000 (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

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] 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, State and Zip Code)

Main Administrative Office 299 Promenade St, Providence, RI 02908 401-459-6000
 (Street and Number) (City or Town, State and Zip Code) (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, Providence, RI 02908 401-459-6124
 (Street and Number) (City, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address http://www.nhpri.org/

Statutory Statement Contact Glenn Wang, 401-459-6124
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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>	<u>Doris De Los Santos #</u>		

State of Rhode Island
County of 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

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 _____

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

Michelle Tetreault,

STATEMENT AS OF SEPTEMBER 30, 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	32,524,791		32,524,791	37,357,672
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	1,443,858		1,443,858	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 (\$ (1,073,643)), cash equivalents (\$ 6,950,099) and short-term investments (\$ 56,388,620)	62,265,076		62,265,076	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)	96,313,087	79,362	96,233,725	97,202,705
11. Title plants less \$ charged off (for Title insurers only)			0	0
12. Investment income due and accrued	344,956		344,956	448,057
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	2,796,048		2,796,048	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	0		0	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	216,414		216,414	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	708,602	554,471	154,131	192,884
19. Furniture and equipment, including health care delivery assets (\$ 0)	354,016	354,016	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 (\$ 9,416,601) and other amounts receivable	9,860,852	444,251	9,416,601	15,447,738
23. Aggregate write-ins for other than invested assets	2,417,345	2,257,369	159,976	397,956
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	113,011,320	3,689,469	109,321,851	115,818,766
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	113,011,320	3,689,469	109,321,851	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	172,989	13,013	159,976	196,381
2302. Prepaid Expenses	1,801,761	1,801,761	0	0
2303. Leasehold Improvements	442,595	442,595	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	201,575
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	2,417,345	2,257,369	159,976	397,956

STATEMENT AS OF SEPTEMBER 30, 2009 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 \$910,797 reinsurance ceded)	41,036,600		41,036,600	42,643,614
2. Accrued medical incentive pool and bonus amounts	4,309,377		4,309,377	3,251,774
3. Unpaid claims adjustment expenses	1,000,034		1,000,034	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	26,645,324		26,645,324	24,092,563
9. General expenses due or accrued	3,231,329		3,231,329	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	990,015		990,015	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	1,018,181		1,018,181	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	1,244,736		1,244,736	3,071,141
21. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
22. Total liabilities (Lines 1 to 21)	79,475,596	0	79,475,596	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	28,346,255	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	29,846,255	37,820,923
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	109,321,851	115,818,767
DETAILS OF WRITE-INS				
2101. Unearned Grant Liability			0	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)	0	0	0	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 SEPTEMBER 30, 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	682,388	615,896	837,627
2. Net premium income (including \$ non-health premium income).....	XXX	246,312,191	175,664,489	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	1,368,169	2,258,402	2,604,166
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	247,680,360	177,922,891	256,443,428
Hospital and Medical:				
9. Hospital/medical benefits		99,832,490	72,677,032	105,403,208
10. Other professional services		45,403,563	31,702,625	44,138,615
11. Outside referrals		37,651,696	19,075,015	28,675,593
12. Emergency room and out-of-area		19,557,529	13,012,331	17,839,545
13. Prescription drugs		33,792,083	23,160,433	34,430,172
14. Aggregate write-ins for other hospital and medical.....	0	(8,444,695)	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		5,144,208	3,961,136	5,648,714
16. Subtotal (Lines 9 to 15)	0	232,936,874	163,588,572	236,135,847
Less:				
17. Net reinsurance recoveries		2,527,494	378,341	1,020,701
18. Total hospital and medical (Lines 16 minus 17)	0	230,409,380	163,210,231	235,115,146
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 4,560,799 cost containment expenses.....		6,396,149	6,275,817	8,132,945
21. General administrative expenses.....		18,471,030	11,027,950	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	255,276,559	180,513,998	258,890,516
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(7,596,199)	(2,591,107)	(2,447,088)
25. Net investment income earned		910,078	1,893,083	2,473,968
26. Net realized capital gains (losses) less capital gains tax of \$.....		46,799	12,328	11,137
27. Net investment gains (losses) (Lines 25 plus 26)	0	956,877	1,905,411	2,485,105
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)		(35,377)	(101,243)	(140,122)
29. Aggregate write-ins for other income or expenses	0	560	39,580	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	(6,674,139)	(747,359)	(59,479)
31. Federal and foreign income taxes incurred	XXX	0	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(6,674,139)	(747,359)	(59,479)
DETAILS OF WRITE-INS				
0601. DHS Incentive Income.....	XXX	1,099,282	1,146,345	1,146,345
0602. Other Program Revenue.....	XXX	244,800	369,225	489,225
0603. Grant Revenue.....	XXX	24,087	363,494	425,175
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	379,338	543,421
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	1,368,169	2,258,402	2,604,166
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
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. Stop-Loss Recoveries from DHS.....		(846,758)	0	0
1402. Risk Share Recoveries from DHS.....		(7,597,937)	0	0
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	(8,444,695)	0	0
2901. Community Access Program Grant revenue.....			0	4,706
2902. Miscellaneous income.....		560	1,660	0
2903. Rent income.....			37,920	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	560	39,580	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.....	(6,674,139)	(747,359)	(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.....	(1,300,529)	(458,359)	(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).....	(7,974,668)	(1,205,718)	(287,202)
49. Capital and surplus end of reporting period (Line 33 plus 48)	29,846,256	36,902,407	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.....	247,482,741	279,091,557
2. Net investment income	1,189,089	2,641,248
3. Miscellaneous income	1,368,169	2,604,166
4. Total (Lines 1 to 3)	250,039,999	284,336,971
5. Benefit and loss related payments	225,072,671	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	26,212,651	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)	251,285,322	251,832,790
11. Net cash from operations (Line 4 minus Line 10)	(1,245,323)	32,504,182
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	22,516,493	26,015,000
12.2 Stocks	1,554,204	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	2,367	2,722
12.7 Miscellaneous proceeds	1,018,181	1
12.8 Total investment proceeds (Lines 12.1 to 12.7)	25,091,245	26,250,994
13. Cost of investments acquired (long-term only):		
13.1 Bonds	17,815,090	38,272,491
13.2 Stocks	2,998,061	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)	20,813,151	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)	4,278,094	(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)	(612,728)	(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)	(612,728)	(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)	2,420,043	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)	62,265,077	59,845,034

STATEMENT AS OF SEPTEMBER 30, 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	.0	.0	.0	.0	.0	.0	.0	74,910	.0
3. Second Quarter	76,216	.0	.0	.0	.0	.0	.0	.0	76,216	.0
4. Third Quarter	77,381								77,381	
5. Current Year .....	.0									
6. Current Year Member Months	682,388								682,388	
Total Member Ambulatory Encounters for Period:										
7. Physician	100,330								100,330	
8. Non-Physician	205,820								205,820	
9. Total	306,150	.0	.0	.0	.0	.0	.0	.0	306,150	.0
10. Hospital Patient Days Incurred	25,425								25,425	
11. Number of Inpatient Admissions	7,296								7,296	
12. Health Premiums Written	246,312,191								246,312,191	
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	233,245,369								233,245,369	
18. Amount Incurred for Provision of Health Care Services	232,936,874								232,936,874	

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

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STATEMENT AS OF SEPTEMBER 30, 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.....	3,291,712	13,466	5,193	2,163	28,667	3,341,200
WOMEN & INFANTS.....	1,941,216	6,430	5,599	(11,727)	(2,628)	1,938,891
KENT COUNTY MEMORIAL HOSPITAL.....	507,944		(331)		4,062	511,676
MIRIAM HOSPITAL.....	461,072	(52)		1,068	1,978	464,066
ST JOSEPH HOSPITAL OF RHODE ISLAND.....	299,053	553	6,100		396	306,103
MEMORIAL HOSPITAL OF RHODE ISLAND.....	274,210	5,415		381	(59)	279,947
ROGER WILLIAMS HOSPITAL.....	174,395	596	(1,277)	(4,087)	(166)	169,461
NEWPORT HOSPITAL.....	141,365	384	206		(328)	141,627
THE WESTERLY HOSPITAL.....	97,472					97,472
LANDMARK MEDICAL CENTER.....	76,916	7,528		247	(187)	84,504
BAYADA NURSES.....		74,348				74,348
MEETING STREET EARLY INTERVENTION.....	68,153	380				68,533
UNIVERSITY EMERGENCY MEDICINE.....	36,911	390	83	(52)	(85)	37,247
RHODE ISLAND MEDICAL IMAGING.....	29,258	1,258	43	(20)	626	31,164
MAXIM HEALTHCARE SERVICES INC.....		29,675				29,675
MINERAL SPRING PEDIATRICS.....	22,654	2,057	76		42	24,828
ANESTHESIOLOGY.....	24,274	140				24,414
WOMEN'S CARE INC.....	18,996	4,845	0		(1,493)	22,348
CHILDREN'S HOSPITAL.....	15	19,347		2,360		21,721
LIFETIME MEDICAL.....		17,755				17,755
UNIVERSITY ORTHOPEDICS INC.....	13,466	2,338		224	1,072	17,099
BOSTON CHILDREN HEART FOUNDATION.....	685	16,520			(200)	17,004
BLACKSTONE VALLEY COMMUNITY.....	16,653	269				16,921
EAST SIDE CLINICAL LAB.....	15,445	294				15,739
UNIVERSITY SURGICAL ASSOCIATION INC.....	12,798	317			1,330	14,445
OBGYN ASSOCIATES.....	11,172	2,895				14,068
SUNSHINE PEDIATRICS LLC.....	13,040	641	42		197	13,920
ANESTHESIA CARE.....	13,561	350			(315)	13,596
PROVIDENCE ANESTHESIOLOGISTS.....	12,426	431			(84)	12,773
DANA FARBER CANCER CENTER.....		12,540				12,540
PROVIDENCE COMMUNITY HEALTH CENTER.....	14,458	582			(3,579)	11,461
LOOKING UPWARDS INC.....	4,156	6,411			263	10,830
BON SECOURS PHYSICIANS SERVICE.....	10,498					10,498
UNIVERSITY MEDICINE FOUNDATION INC.....	8,509	1,588	157	(46)	46	10,254
0199999 Individually Listed Claims Unpaid	7,612,483	229,689	15,891	(9,491)	29,555	7,878,126
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0
0399999 Aggregate Accounts Not Individually Listed-Covered	561,288	162,506	5,695	2,509	2,799	734,797
0499999 Subtotals	8,173,771	392,194	21,586	(6,983)	32,354	8,612,923
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	33,334,474
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	41,947,397
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	4,309,377

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STATEMENT AS OF SEPTEMBER 30, 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	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	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	42,750,357	184,121,826	308,891	40,727,709	43,059,248	42,643,613
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	42,750,357	184,121,826	308,891	40,727,709	43,059,248	42,643,613
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts	1,389,377	2,697,228	1,862,397	2,446,980	3,251,774	3,251,774
13. Totals	44,139,734	186,819,054	2,171,288	43,174,689	46,311,022	45,895,387

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

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NOTES TO FINANCIAL STATEMENTS

3rd 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	\$310,148
18A0C Net gain or (loss) from operations	\$310,148
Member Months	27,612
B. ASC Plans:	
18B0A Gross reimbursement for medical cost incurred	\$118,197
18B0B Gross administrative fees accrued	\$0
18B0C Other income or expenses	\$0
18B0D Gross expenses incurred (claims & admin)	\$118,197
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 September 30, 2009, \$45.2 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 \$2.2 million as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$65k unfavorable prior year development since December 31, 2008 to September 30, 2009. The slight increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased, as additional information becomes known regarding individual claims. Included in this increase, 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	\$	\$

- 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 [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
Comerica Bank.....	411 West Lafayette, Detroit, MI 48226.....
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 [X] No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Merrill Lynch.....	Comerica Bank.....	07/01/2009.....	New investment advisor

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
105997.....	Dwight Asset Management Company, LLC.....	100 Bank Street, Burlington, VT 05401.....
	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 [X] No []

17.2 If no, list exceptions:

.....

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE Neighborhood Health Plan of Rhode Island

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		246,312,191					246,312,191	
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	246,312,191	.0	.0	.0	.0	246,312,191	.0
60. Reporting entity contributions for Employee Benefit Plans	XXX								.0	
61. Total (Direct Business)	(a) 1	0	0	246,312,191	0	0	0	0	246,312,191	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**

NONE

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. Other Receivable - Providers.....			0	201,575
2397. Summary of remaining write-ins for Line 23 from Page 02	0	0	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	0	379,338	543,421
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	0	379,338	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	20,813,151	38,272,491
3. Accrual of discount	18,129	21,260
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	44,433	8,414
6. Deduct consideration for bonds and stocks disposed of	24,070,697	26,248,271
7. Deduct amortization of premium	194,039	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)	33,968,649	37,357,672
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	33,968,649	37,357,672

STATEMENT AS OF SEPTEMBER 30, 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).....	41,651,987	72,956,774	25,630,841	(64,509)	46,796,307	41,651,987	88,913,411	50,677,296
2. Class 2 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
3. Class 3 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
4. Class 4 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	41,651,987	72,956,774	25,630,841	(64,509)	46,796,307	41,651,987	88,913,411	50,677,296
PREFERRED STOCK								
8. Class 1.....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2.....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3.....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4.....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5.....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	41,651,987	72,956,774	25,630,841	(64,509)	46,796,307	41,651,987	88,913,411	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 \$.....2,081,010 ; NAIC 2 \$.....0 ; NAIC 3 \$.....0 ; NAIC 4 \$.....0 ; NAIC 5 \$.....0 ; NAIC 6 \$.....0

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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	56,388,620	XXX	56,402,260	329,071	29,457

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.....	58,030,056	29,998,830
2. Cost of short-term investments acquired	229,542,741	69,688,756
3. Accrual of discount.....	45,856	25,059
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	2,366	2,722
6. Deduct consideration received on disposals.....	231,188,643	41,685,312
7. Deduct amortization of premium.....	43,757	0
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).....	56,388,620	58,030,055
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	56,388,620	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.....	26,996,930	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.....	27,307,121	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).....	6,950,099	7,260,290
11. Deduct total nonadmitted amounts.....		.0
12. Statement value at end of current period (Line 10 minus Line 11)	6,950,099	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 SEPTEMBER 30, 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 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)
0399999 - Total	Bonds - U.S. Government					0	0	0	XXX
1099999 - Total	Bonds - All Other Government					0	0	0	XXX
1799999 - Total	Bonds - States, Territories and Possessions					0	0	0	XXX
64966H-MQ-0	New York Valorem Property Tax 3.397% 1		09/30/2009	Morgan Stanley Dean Witter		250,000	250,000	0	1FE
2499999 - Total	Bonds - U.S. Political Subdivisions of States, Territories and Possessions					250,000	250,000	0	XXX
264474-CJ-4	Duluth MN Ind School Dist #709 Build Ame		09/18/2009	Robert W. Baird & Co		253,010	250,000	292	1FE
31412M-RS-9	FNCI Pool # 929397 4.500% 05/01/23		09/22/2009	1st Empire		513,761	497,138	1,119	1
373295-GW-8	Georgia Mun Gas Auth Gas Rev Taxable - G		07/22/2009	JP Morgan		250,000	250,000	0	1FE
3199999 - Total	Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of ...					1,016,771	997,138	1,410	XXX
00206R-AQ-5	AT&T INC 4.850% 02/15/14		08/11/2009	FTN Financial		266,338	250,000	6,433	1FE
060505-DK-7	Bank of America Corp 5.375% 09/11/12		09/15/2009	Jefferies & Co Inc		526,140	500,000	523	1FE
20825C-AE-4	Conoco Phillips 4.750% 10/15/12		08/11/2009	HSBC Securities, Inc		268,938	250,000	3,925	1FE
713448-BK-3	Pepsico Inc 3.750% 03/01/14		07/30/2009	Morgan Stanley Dean Witter		257,168	250,000	3,958	1FE
904764-AJ-6	Unilever Capital Corp 3.650% 02/15/14		08/20/2009	Morgan Keegan and Co		257,005	250,000	253	1FE
3899999 - Total	Bonds - Industrial, Misc.					1,575,588	1,500,000	15,093	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					2,842,358	2,747,138	16,503	XXX
8399999 - Total	Bonds					2,842,358	2,747,138	16,503	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. Cash Sweep Account		03/20/2009	Citizen's Bank	905,981.000	905,981			
9399999 - Total	Common Stocks - Money Market Mutual Funds					905,981	XXX	0	XXX
9799997 - Total	Common Stocks - Part 3					905,981	XXX	0	XXX
9799999 - Total	Common Stocks					905,981	XXX	0	XXX
9899999 - Total	Preferred and Common Stocks					905,981	XXX	0	XXX
9999999 - Totals						3,748,339	XXX	16,503	XXX

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

E04

STATEMENT AS OF SEPTEMBER 30, 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)
3128X7-P5-7..	FHLMC 4.125% 07/14/11..		07/14/2009..	Redemption	100.0000..	1,050,000	1,050,000	1,053,570	1,052,776	0	(2,776)	0	(2,776)	0	1,050,000	0	0	0	43,313	07/14/2011..	1
31331G-ZB-8..	Federal Farm Credit Bank 1.590% 06/22/..		09/22/2009..	Direct Broker		200,000	200,000	200,000	0	0	0	0	0	0	200,000	0	0	0	795	06/22/2011..	1
31331G-ZC-6..	Federal Farm Credit Bank 2.450% 06/22/..		09/22/2009..	Direct Broker		200,000	200,000	200,000	0	0	0	0	0	0	200,000	0	0	0	1,225	06/22/2012..	1
31331Y-7A-2..	Fed Farm Credit 4.375% 08/27/12..		08/27/2009..	Redemption	100.0000..	1,000,000	1,000,000	1,016,140	1,015,365	0	(15,365)	0	(15,365)	0	1,000,000	0	0	0	43,750	08/27/2012..	1
3133XR-R5-1..	FHLB 5.000% 07/02/13..		07/02/2009..	Redemption	100.0000..	100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	5,000	07/02/2013..	1
3133XS-RF-7..	FHLB 2.375% 07/09/12..		07/15/2009..	Redemption	100.0000..	1,000,000	1,000,000	1,000,000	1,000,000	0	0	0	0	0	1,000,000	0	0	0	12,271	07/09/2012..	1
3133XT-TK-2..	FHLB 2.000% 06/25/14..		09/25/2009..	Direct Broker		250,000	250,000	250,000	0	0	0	0	0	0	250,000	0	0	0	1,250	06/25/2014..	1
3133XT-TU-0..	FHLB 3.000% 12/24/13..		09/24/2009..	Direct Broker		250,000	250,000	250,000	0	0	0	0	0	0	250,000	0	0	0	1,875	12/24/2013..	1
3136F5-5H-0..	FNMA 4.500% 08/13/09..		08/13/2009..	Maturity		500,000	500,000	499,150	499,836	0	164	0	164	0	500,000	0	0	0	22,500	08/13/2009..	1
0999999	- Bonds - U.S. Governments					4,550,000	4,550,000	4,568,860	3,667,977	0	(17,977)	0	(17,977)	0	4,550,000	0	0	0	131,978		XXX
1099999	- Bonds - All Other Governments					0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX
1799999	- Bonds - U.S. States, Territories and Possessions					0	0	0	0	0	0	0	0	0	0	0	0	0	0		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
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
36962G-ZH-0..	General Electric Capital Corp 4.625% 0..		09/15/2009..	Maturity		750,000	750,000	764,896	757,942	0	(7,942)	0	(7,942)	0	750,000	0	0	0	34,688	09/15/2009..	1FE
949746-NW-7..	Wells Fargo Company 5.250% 10/23/12..		09/15/2009..	Jefferies & Co Inc.		534,765	500,000	499,448	499,448	0	129	0	129	0	499,577	0	35,188	35,188	23,698	10/23/2012..	1FE
3899999	- Bonds - Industrial and Miscellaneous					1,284,765	1,250,000	1,264,344	1,257,390	0	(7,813)	0	(7,813)	0	1,249,577	0	35,188	35,188	58,385		XXX
4199999	- Bonds - Credit Tenant Loans					0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX
4899999	- Total - Bonds - Hybrid Securities					0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX
5599999	- Bonds - Parent, Subsidiaries and Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX
8399997	- Bonds - Part 4					5,834,765	5,800,000	5,833,204	4,925,367	0	(25,790)	0	(25,790)	0	5,799,577	0	35,188	35,188	190,364		XXX
8399999	- Total - Bonds					5,834,765	5,800,000	5,833,204	4,925,367	0	(25,790)	0	(25,790)	0	5,799,577	0	35,188	35,188	190,364		XXX
8499999	- Preferred Stocks - Industrial and Miscellaneous					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
8599999	- Preferred Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
8999997	- Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
8999999	- Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
9099999	- Common Stocks - Industrial and Miscellaneous					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
9199999	- Common Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
9299999	- Common Stocks - Mutual Funds					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		XXX
990110-70-2..	RBS Citizens N.A. Cash Sweep Account		07/01/2009..	Direct Broker		2,093.000	2,093	2,093	0	0	0	0	0	0	2,093	0	0	0	0		1
9399999	- Common Stocks - Money Market Mutual Funds					2,093	XXX	2,093	0	0	0	0	0	0	2,093	0	0	0	0		XXX
9799997	- Common Stocks - Part 4					2,093	XXX	2,093	0	0	0	0	0	0	2,093	0	0	0	0		XXX
9799999	- Total - Common Stocks					2,093	XXX	2,093	0	0	0	0	0	0	2,093	0	0	0	0		XXX
9899999	- Total - Preferred and Common Stocks					2,093	XXX	2,093	0	0	0	0	0	0	2,093	0	0	0	0		XXX
9999999	Totals					5,836,858	XXX	5,835,297	4,925,367	0	(25,790)	0	(25,790)	0	5,801,670	0	35,188	35,188	190,364		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

