53473201020100100

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2010

OF THE CONDITION AND AFFAIRS OF THE

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) **NAIC Company Code** 53473 **Employer's ID Number** 05-0158952

Organized under the Laws of STATE 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** [X]
Dental Service Corporation [ ] **Vision Service Corporation** [ ] **Health Maintenance Organization** [ ]
Other [ ] **Is HMO Federally Qualified?** **Yes [ ] No [ ]**

Incorporated/Organized: February 27, 1939 **Commenced Business:** September 1, 1939

Statutory Home Office 500 EXCHANGE STREET (Street and Number) , PROVIDENCE, RI 02903 (City or Town, State and Zip Code)

Main Administrative Office: 500 EXCHANGE STREET (Street and Number)
PROVIDENCE, RI 02903 (City or Town, State and Zip Code) 401-459-1000 (Area Code) (Telephone Number)

Mail Address: 500 EXCHANGE STREET (Street and Number or P.O. Box) , PROVIDENCE, RI 02903 (City or Town, State and Zip Code)

Primary Location of Books and Records: 500 EXCHANGE STREET (Street and Number) PROVIDENCE, RI 02903 (City or Town, State and Zip Code) 401-459-1000 (Area Code) (Telephone Number)

Internet Website Address WWW.BCBSRI.COM

Statutory Statement Contact: BRIAN M. O'MALLEY (Name) 401-459-1924 (Area Code) (Telephone Number) (Extension)
BRIAN.O'MALLEY@BCBSRI.ORG (E-Mail Address) 401-459-1198 (Fax Number)

OFFICERS

	Name	Title
1.	JAMES E. PURCELL	PRESIDENT & CEO
2.	MICHELE B. LEDERBERG	EXEC V.P. & GENERAL COUNSEL
3.	DOROTHY A. COLEMAN	EXEC V.P. & CFO

VICE-PRESIDENTS

Name	Title	Name	Title
CHRISTOPHER G. BUSH #	V.P. - UNDERWRITING	THOMAS D. CAUTHORN	V.P. - SALES
RICHARD P. FARIAS	CHIEF OPERATING OFFICER	ERIC E. GASBARRO	V.P.- HUMAN RESOURCES
PAUL HANLON #	V.P.- INFORMATION TECHNOLOGY	AUGUSTINE A. MANOCCHIA M.D.	V.P. & CHIEF MEDICAL OFFICER
SHANNA C. MARZILLI	SR. V.P.- STRAT. TRANSFOR. & PLAN.	MONICA A. NERONHA #	V.P. - LEGAL SERVICES
LINDA H. NEWTON	V.P.- COMM. REL, CORP RESP & DIVER	BRIAN M. O'MALLEY	V.P. - FINANCE
MARK D. WAGGONER	V.P. - CHIEF CONTR. OFF, NETWORK M	WILLIAM K. WRAY	EXEC V.P. & CHIEF INFORM. OFFICER

DIRECTORS OR TRUSTEES

DENISE A. BARGE	FRANCIS X. BASILE JR. M.D.	FREDRIC V. CHRISTIAN M.D.	JUDGE EDWARD C. CLIFTON
MEREDITH CURREN	MICHAEL V. D'AMBRA	CHRISTINE C. FERGUSON	SAMUEL H. HAVENS
PETER C. HAYES	JUANA I. HORTON	DEBORAH R. JACOBSON	CHUCK LOCURTO
JOHN P. MAGUIRE	CAROL A. MUMFORD	ROBERT G. NORTON #	ANNE E. POWERS
RANDY A. WYROFSKY #			

State of RHODE ISLAND

County of PROVIDENCE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
JAMES E. PURCELL	MICHELE B. LEDERBERG	DOROTHY A. COLEMAN
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
PRESIDENT & CEO	EXEC V.P. & GENERAL COUNSEL	EXEC V.P. & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

_____ day of _____ , 2011

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

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
MEMORIAL HOSPITAL	1,284,390	1,278,808				2,563,198
UFCW - STOP & SHOP FULL-T	1,995,377					1,995,377
UFCW STOP & SHOP PART TIM	1,772,123					1,772,123
PROVIDENCE COLLEGE	643,157	634,316				1,277,473
RI LABORERS HEALTH FUND	1,148,406					1,148,406
ST. JOSEPH HEALTH SERVICE	978,438					978,438
ROGER WILLIAMS MEDICAL CE	853,509					853,509
RI BRICKLAYERS & ALLIED C	516,005					516,005
SOUTH COUNTY HOSPITAL	508,286					508,286
RI CARPENTERS HEALTH FUND	492,837					492,837
ROGER WILLIAMS UNIVERSITY	223,864	229,300				453,164
AMTROL INC	425,414					425,414
ROGER WILLIAMS UNIVERSITY	202,542	206,273				408,815
PAINTERS UNION NO 195	159,941	160,461				320,402
TORAY PLASTICS RI GOLD	246,810					246,810
MEMORIAL HOSPITAL	123,907	121,911				245,818
ST MARY'S HOME	66,765	66,504	66,757			200,026
FELLOWSHIP HEALTH RESOURC	199,414					199,414
BENEFIT CONCEPTS INC	100,731	97,950				198,681
RI LABORERS SODEXHO	196,678					196,678
CAREPOINT PARTNERS	176,617					176,617
SPURWINK/ RI	82,531	89,903				172,434
RI CARPENTERS HEALTH FUND	171,328					171,328
PROVIDENCE SCHOOL DEPT RE	161,201					161,201
LIFESPAN/RIH	159,534					159,534
ROGER WILLIAMS UNIVERSITY	77,618	79,973				157,591
ROGER WILLIAMS UNIVERSITY	73,067	74,170				147,237
THE CHILDREN'S WORKSHOP	145,175					145,175
UFCW - BAKERS COMMODITIES	137,779					137,779
HOPKINS MANOR LTD	136,029					136,029
PREFERRED W/RX MONTHLY	67,110	60,237				127,347
STANDARD W/RX MONTHLY	97,291	28,206				125,497
GATEWAY HEALTHCARE INC	37,990	42,848	42,775			123,613
RI LABORERS HEALTH FUND	117,348					117,348
SHEET METAL WORKERS LOCAL	117,216					117,216
CENTRAL FALLS POLICE DEPT	57,553	59,279				116,832
PLUS W RX MONTHLY	73,134	41,429				114,563
A T CROSS COMPANY	114,535					114,535
ROGER WILLIAMS UNIVERSITY	56,822	57,651				114,473
PARKVIEW NURSING HOME	56,753	56,753				113,506
CHARLESGATE NURSING CENTE	113,258					113,258
CENTRAL FALLS CITY EMPLOY	46,297	45,234				91,531
CENTRAL FALLS FIRE DEPT R	43,108	45,879				88,987

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CROWNE PLAZA AT THE CROSS	77,443					77,443
ROGER WILLIAMS UNIVERSITY	77,085					77,085
CITY OF PROVIDENCE PENSIO	76,844					76,844
MONARCH UNION	74,587					74,587
ENCORE HOLDINGS, LLC	73,120					73,120
BANNISTER HOUSE, INC	72,072					72,072
PROVIDENCE SCHOOL	71,479					71,479
CITY OF CENTRAL FALLS FIR	34,549	32,062				66,611
GENERAL TECH CORP DBA COM	21,368	3,588	20,391	18,757	64,104	
PROV LEASING, LLC D/B/A R	64,020					64,020
CITY OF CENTRAL FALLS POL	30,123	31,422				61,545
SAINT ELIZABETH COMMUNITY	59,490					59,490
LIFESPAN/TMH	59,337					59,337
ORTHOPEDIC GROUP INC	55,429					55,429
SAINT ELIZABETH COMMUNITY	54,327					54,327
STANDISH HEATING & AIR CO	27,045	27,045				54,090
ST MICHAEL'S COUNTRY DAY	27,358	26,012				53,370
BRISTOL COUNTY WATER AUTH	52,665					52,665
CROWNE PLAZA SILVER SPRIN	25,784	25,358				51,142
SHECTMAN HALPERIN SAVAGE	51,024					51,024
GATEWAY HEALTHCARE INC	18,253	21,755	10,848			50,856
TRI- TOWN COMMUNITY ACTIO	49,875					49,875
PROVIDENCE COLLEGE COBRA	23,375	1,352	24,368			49,095
SMITHFIELD PEAT COMPANY I	25,034	23,218				48,252
THE COMPASS SCHOOL	23,434	24,767				48,201
MERIDIAN PRINTING, INC.	47,587					47,587
UNITED METHODIST ELDER CA	45,128					45,128
QUARTERMOON INC	44,696					44,696
WOONSOCKET HEAD START	44,319					44,319
FAMILY RESOURCES COMMUNIT	41,829					41,829
MONARCH OFFICE	41,767					41,767
FELLOWSHIP HEALTH RESOURC	41,595					41,595
BLISS PROPERTIES INC	40,284					40,284
MET-CAP MGMT LLC	38,245					38,245
HI TECH PROFILES INC	37,735					37,735
KENT COUNTY MEMORIAL HOSP	37,200					37,200
CAVANAGH COMPANY	36,520					36,520
TORAY PLASTICS VA GOLD	36,099					36,099
LAURELMEAD COOPERATIVE IN	35,552					35,552
UFCW STAFF	35,142					35,142
A T WALL COMPANY	33,600					33,600
ASLC OPCO PA I, LLC ATHEN	32,818					32,818
DAVENPORT ASSOCIATES LTD	32,654					32,654
RI BUILDERS ASSOC	16,200	16,020				32,220
RAMBONE DISPOSAL SERVICES	32,006					32,006
ROGER WILLIAMS UNIVERSITY	15,974	15,974				31,948

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
LERNER LADDS & BARTELS, I	31,800					31,800
R I COMMUNITY FOOD BANK A	31,547					31,547
RI REHABILITATION INSTITU	31,461					31,461
TEKNOR APEX - HAYWOOD CO	31,459					31,459
KEY CONTAINER CORP (UNION	31,307					31,307
ELECTRO STANDARDS LAB	30,583					30,583
TOWN OF EAST GREENWICH PL	4,832	4,832	4,832	16,002	30,498	
WESTERLY HOSPITAL MANAGEM	30,322					30,322
BETHANY HOME OF RI		30,113				30,113
IMT SERVICES CORP	29,967					29,967
LIBERTY TITLE & ESCROW CO	29,778					29,778
SOUTH COUNTY HOSPITAL	29,689					29,689
CENTRAL FALLS HOUSING AUT	14,522	14,522				29,044
ORIGINAL CRISPY PIZZA	29,033					29,033
ROBERT F AUDET, INC	28,876					28,876
APPLE REHAB WATCH HILL	28,870					28,870
ASTONISH RESULTS	28,866					28,866
VISION 3 ARCHITECTS	28,599					28,599
COVENTRY PUBLIC SCHOOLS	27,920					27,920
CLIPPER HOME	27,637					27,637
CENTRAL FALLS NON-REPRESE	12,579	14,732				27,311
EDWARD ROWSE ARCHITECTS,I	13,538	13,538				27,076
GEIB REFINING CORP	26,798					26,798
IBM-RETIREES	13,230	13,500				26,730
TEKNOR APEX ACTIVE	26,686					26,686
GBA HEALTH NETWORK SYSTEM	26,529					26,529
PRECISION DERMATOLOGY, IN	26,325					26,325
DIR PAY BASIC ACCESSBLUE LEVEL 1	22,638	3,308	242	28	26,216	
A T WALL COMPANY	25,812					25,812
CONCORDIA MFG. LLC	25,770					25,770
BREWERS WHOLESALE SUPPLY	25,452					25,452
ROGER WILLIAMS UNIVERSITY	11,996	13,373				25,369
WARWICK PUBLIC SCHOOLS	25,340					25,340
INFUSION RESOURCE	25,223					25,223
RI CARPENTERS SELF	25,124					25,124
CENTURY DRYWALL INC	24,961					24,961
DOUBLETREE COLUMBIA	11,834	12,661				24,495
A T CROSS IN-STATE COBRA	24,374					24,374
CITY OF WOONSOCKET	24,352					24,352
W I M C O	24,219					24,219
BRISTOL WARREN REGIONAL	8,800	7,260	8,140			24,200
BERKSHIRE PLACE LTD	24,029					24,029
GREATER PROVIDENCE WARWIC	11,821	12,088				23,909
CRANSTON PUBLIC SCHOOLS	23,828					23,828
INQUEST TECHNOLOGIES	23,826					23,826
KENT COUNTY MEMORIAL HOSP	23,684					23,684

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
DOUBLE TREE TULSA 100/80	23,481					23,481
CITY OF NEWPORT - CITY RE	23,211					23,211
SWAROVSKI NORTH AMERICA L	22,768					22,768
MAJESTIC HOTEL CORP	6,727	7,628	8,212			22,567
JOVE, LLC	22,245					22,245
JEWISH FERERATION OF RI		535		21,549	22,084	
PRIMARY CARE OF NEW ENGLA	10,994	10,994				21,988
CITY OF PROV LOCAL 1033	21,785					21,785
WOONSOCKET CITY EMPLOYEES	21,518					21,518
PHOENIX OPTIX, INC	21,440					21,440
OCEAN STATE TIRE CO INC	21,409					21,409
ADVANCED MEDICAL TRANSPOR	287	11,135	9,587			21,009
SOUTH COUNTY HOSPITAL	20,746					20,746
NEW ENGLAND ANESTHESIOLOG	20,711					20,711
GORDON ENTERPRISES INC	20,618					20,618
PROVIDENCE SCHOOL	20,584					20,584
ST. JOSEPH HEALTH SERVICE	20,567					20,567
BULLARD ABRASIVES, INC.	20,401					20,401
WOOD RIVER HEALTH SERVICE	20,400					20,400
FOUR POINTS BY SHERATON P	9,937	10,433				20,370
RI LABORERS SODEXHO	20,165					20,165
CROWNE PLAZA ALBANY	10,000	10,000				20,000
H CARR & SON INC	19,953					19,953
NEW ENGLAND WOOD PRODUCTS	7,504	6,636	5,679			19,819
CITY OF PROVIDENCE	19,759					19,759
LIFESPAN	19,715					19,715
CUMBERLAND SCHOOL DEPT -	19,559					19,559
NEW ENGLAND STONE INDUSTR	19,500					19,500
LOCAL 23 IATSE	19,361					19,361
PROVIDENCE SCHOOL AIDES/B	19,263					19,263
UFCW-STOP & SHOP FULL-TIM	19,114					19,114
WARWICK PUBLIC SCHOOLS	18,969					18,969
SHERATON SUITES ELK GROVE	10,180	8,744				18,924
FOREIGN SOURCE LTD	18,874					18,874
PROVIDENCE RETIREES 2000	18,770					18,770
UFCW - PACKING HOUSES/SPO	18,736					18,736
NEW ENGLAND PAIN ASSOCIAT	9,360	9,360				18,720
PROVIDENCE POLICE DEPARTM	18,672					18,672
CHURCHILL & BANKS COMPANI	18,645					18,645
RI TRUCKING ASSOCIATION/D	18,629					18,629
CARDIOVASCULAR ASSOCIATE	18,453					18,453
CLEANSCAPE INC	18,398					18,398
THOMPSON PISTOCCO, INC	18,362					18,362
FOREST FARM HEALTH CARE	18,309					18,309
INDEPENDENCE BANK	18,286					18,286
BOYS & GIRLS CLUBS OF PRO	18,015					18,015

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
VISION 3 ARCHITECTS	17,787					17,787
YARLAS,KAPLAN,SANTILLI &	17,579					17,579
KDSB RENTALS INC D/B/A PA	7,958	9,507				17,465
UNETIXS VASCULAR INC	17,398					17,398
GEORGE H FULLER & SON CO	17,365					17,365
DIR PAY BASIC ACCESSBLUE LEVEL 2	12,724	3,714	757	122	17,317	
LITTLE MEDEIROS KINDER BU	17,172					17,172
UNIVERSITY INTERNAL MEDIC	17,097					17,097
ADVANCED BUSINESS MACHINE	16,951					16,951
METRO MOTORS VENTURES, IN	16,815					16,815
CONLON MOVING & STORAGE I	16,648					16,648
TIMES 2 INC.	16,606					16,606
NEWPORT EMERGENCY PHYSICI	16,540					16,540
CITY OF PROVIDENCE - RETI	16,499					16,499
AVTECH SOFTWARE, INC	16,371					16,371
ASSOCIATES IN ANESTHESIA	16,275					16,275
NEWPORT HOSPITAL COAST TO	16,252					16,252
DILEONARDO INTERNATIONAL,	16,232					16,232
NARDOLILLO FUNERAL HOME	16,076					16,076
NEW ENGLAND TRUCK & AUTO	1,292	14,664				15,956
HILLSIDE FAMILY PRACTICE	15,847					15,847
PROVIDENCE FIRE DEPARTMEN	15,800					15,800
A SCHONBEK & COMPANY, INC	7,445	8,321				15,766
DOUBLETREE HOTEL NEW ORLE	15,748					15,748
RESOLUTE RACING SHELLS	15,694					15,694
THE BIG PICTURE COMPANY	15,413					15,413
ADVANCED PRINT TECH	7,703	7,703				15,406
RESTIVO MONACELLI LLP,PC	15,393					15,393
MARINOSCI LAW GROUP, PC	15,385					15,385
CITY OF WARWICK-RETIREES	2,588	2,562	2,537	7,682	15,369	
MAJESTIC HOTEL CORP	15,353					15,353
L R F INC	7,669	7,669				15,338
GENNARO INC	15,300					15,300
RI FOOD DEALERS ASSOC. BE	15,251					15,251
CREATIVE COMPUTING INC	15,147					15,147
HOLIDAY INN SELECT- UCF O	15,112					15,112
NARRAGANSETT TECHNOLOGIES	15,017					15,017
REBELLO FUNERAL HOME INC	7,487	7,487				14,974
TEKNOR APEX	14,898					14,898
RACER'S EQUIPMENT WAREHO	14,853					14,853
ANDCO INC	14,738					14,738
FEDERAL HILL HOUSE ASSN	10,523	4,119				14,642
A T CROSS OOS	14,568					14,568
FRED F. WALTZ CO., INC.	7,122	7,122				14,244
UNIVERSAL TRUCK & EQUIPME	14,111					14,111
COVENTRY PUBLIC SCHOOLS	13,748					13,748

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A-STAT MEDICAL BILLING MG	13,737					13,737
CLARKE COOKE INC	13,730					13,730
MARIA O'TOOLE, MD	7,222	6,461				13,683
SYQWEST INC	13,639					13,639
MARRIOTT FORT LAUDERDALE	13,586					13,586
STEPSTONE HOSPITALITY	13,356					13,356
CRANSTON PUBLIC SCHOOLS	13,284					13,284
UCAP	13,203					13,203
INSTITUTE FOR THE STUDY A	13,156					13,156
KENT COUNTY MEMORIAL HOSP	13,110					13,110
COLEMAN REALTORS	13,083					13,083
EAST GREENWICH PEDIATRICS	13,026					13,026
BENEFIT CONCEPTS FFS	12,804					12,804
PREFERRED W/RX QUARTERLY	714	4,292	6,017	1,679	12,702	
SHEET METAL WORKERS	12,658					12,658
INSTITUTE FOR INTERNATION		3,207	9,416			12,623
PERRINO & ASSOCIATES INC	6,190	6,326				12,516
PERFORMANCE PHYSICAL THER	12,473					12,473
SOUTHERN RI COLLABORATIVE	12,464					12,464
SCHARTNER FARM REALTY LLC	3,132	9,326				12,458
BASICS GROUP INC	6,969	5,487				12,456
FERREIRA'S CONCRETE FORMS	12,446					12,446
W. L. FULLER	12,429					12,429
JEFFERSON HOTEL ASSOC - H	12,364					12,364
STANLEY'S BOAT YARD INC	12,305					12,305
GEM PLUMBING & HEATING	1,216	11,010				12,226
PORCELLIS AUTO CENTER	5,100	4,114	2,955			12,169
JOHNNY'S ATLANTIC BEACH C	12,144					12,144
ARMANDO & SONS MEAT MARKE	12,137					12,137
PROVIDENCE HEBREW DAY SCH	12,109					12,109
WARREN ROGERS ASSOCIATES	12,104					12,104
CITY OF WARWICK-RETIREES	2,038	2,016	1,994	6,025	12,073	
ATR/TREEHOUSE PRODUCTION	12,052					12,052
PROVIDENCE PEDIATRICS	12,015					12,015
UFCW - STOP & SHOP 65 & O	12,010					12,010
KEVIN BATES/DBA OCEAN STA	5,625	6,364				11,989
ARCHITECTURAL STORE FIXTU	11,989					11,989
THE GRILLE ON MAIN ST	5,423	6,463				11,886
E GREENWICH TEACHERS	11,817					11,817
DIR PAY PREF ACCESSBLUE LEVEL 2	9,590	1,263	947			11,800
BLISS MFG CO INC	11,772					11,772
MORRIS TRANSPARENT BOX CO	11,724					11,724
OCEAN MYST MSO LLC	11,653					11,653
TOWN OF NARRAGANSETT	11,649					11,649
PENSKE AUTOMOTIVE GROUP,I	5,586	3,020	3,020			11,626
ATLAS ATM CORP.	11,589					11,589

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
BLACK ROCK RESOURCES LLC	11,535					11,535
VENTURCAP INVESTMENT CORP	11,512					11,512
NORTHERN RI ANIMAL HOSPIT	11,406					11,406
NEW DRIVE MEDIGAP GROUPS	7,552	3,816				11,368
CITY OF WARWICK	11,367					11,367
BROADWAY OB-GYN	11,303					11,303
THE APEX TECHNOLOGY GROUP	4,556	6,724				11,280
PRIVATE SECRETARY INC	6,463	4,809				11,272
AAA SPRINKLER CO	11,250					11,250
APPLIED PLASTICS TECHNOLO		11,244				11,244
DUNNS CORNERS MARKET DBA	5,603	5,603				11,206
SOUTH KINGSTOWN SCHOOL	11,200					11,200
PROVIDENCE SCHOOL DEPT CR	11,184					11,184
MARRIOTT FORT LAUDERDALE	11,040					11,040
R & R CONSTRUCTION	11,025					11,025
PINNACLE BUSINESS SOLUTIO	10,971					10,971
MODERN INDUSTRIES	10,957					10,957
BEACON COMMUNICATIONS	10,851					10,851
DIRECT PAY MONTHLY				10,777	10,777	
R & B SERVICES INC	10,776					10,776
ADRIEN & SON	10,722					10,722
STACKBIN CORPORATION	10,642					10,642
NKI ENTERPRISE / WHITECRO	10,641					10,641
TOWN OF NARRAGANSETT SCHO	5,292	5,348				10,640
ALL ISLAND LANDSCAPE, INC	10,609					10,609
UFCW-STOP & SHOP EARLY RE	10,595					10,595
PLUS W/RX QUARTERLY	227	2,673	4,930	2,696	10,526	
JOHN ROCCHIO CORP	10,519					10,519
WARWICK PUBLIC SCHOOLS	10,500					10,500
DIR PAY PREF ACCESSBLUE LEVEL 1	10,480					10,480
EPOCH SLEEP CENTERS	10,422					10,422
CONWAY'S BUS SERVICE INC	10,394					10,394
ALBION SPECIAL CARE LLC	10,351					10,351
AACONE INSULATION INC	10,350					10,350
DATA CORP, LTD	10,314					10,314
L D C INC	10,293					10,293
COVENTRY PUBLIC SCHOOLS	10,291					10,291
AMERICAN PARTNERS, INC	10,285					10,285
CRANSTON MUNICIPAL EMP CR	4,779	5,443				10,222
THE HEALTH AND WELLNESS I	3,274	3,517	3,395			10,186
KEOUGH KIRBY ASSOCIATES I		10,154				10,154
RI NETWORK FOR EDUCATIONA	10,113					10,113
ACTION AUTO PARTS INC DBA	10,112					10,112
WORKFORCE PARTNERSHIP OF	4,139	5,965				10,104
PORTLAND TRANSMISSION COM	10,090					10,090
COASTAL MEDICAL INC			10,071			10,071

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
POND VIEW EXCAVATING CORP	10,001					10,001
0299997 Group subscriber subtotal	19,864,132	4,148,563	247,870	85,317	221,666	24,124,216
0299998 Premiums due and unpaid not individually listed	704,414	56,966	25,271	120,174	24,913	881,912
0299999 Total group	20,568,546	4,205,529	273,141	205,491	246,579	25,006,128
0399999 Premiums due and unpaid from Medicare entities	932,845	932,845	932,845	8,395,604		11,194,139
0499999 Premiums due and unpaid from Medicaid entities	570,330					570,330
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	22,071,721	5,138,374	1,205,986	8,601,095	246,579	36,770,597

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
PHARMACY BENEFIT MANAGER	1,606,457	1,604,659	1,604,659	6,391,371	1,577,393	9,629,753
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	1,606,457	1,604,659	1,604,659	6,391,371	1,577,393	9,629,753
C. FLETCHER				20,398		20,398
CRITICAL CARE SYSTEMS				10,536		10,536
EVERSET HEALTH				48,425		48,425
ARA CRANSTON				51,385		51,385
SILVER CREEK	10,063					10,063
JOSEPH				10,736		10,736
HALPREN RUDER				11,546		11,546
KHAN				18,793		18,793
BARLOW				381,476		381,476
0299998 Claim Overpayment Receivables Not Individually Listed	60,177	11,815	32,068	260,007	20,835	343,232
0299999 Claim Overpayment Receivables	70,240	11,815	32,068	813,302	20,835	906,590
SAINT JOSEPH HOSPITAL	1,543,450				1,543,450	
0399998 Loans and Advances to Providers Not Individually Listed						
0399999 Loans and Advances to Providers	1,543,450				1,543,450	
RHODE ISLAND DEPT OF HEALTH AND HUMAN SERVICES				2,274,994		2,274,995
FEDERAL GOVERNMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES	444,611					444,611
0599998 Risk sharing Receivables Not Individually Listed						
0599999 Risk sharing Receivables	444,611			2,274,994		2,719,606
LIFESPAN HOSPITAL NETWORK	235,000					235,000
0699998 Other Receivables Not Individually Listed						
0699999 Other Receivables	235,000					235,000
0799999 Gross Health Care Receivables	3,899,758	1,616,474	1,636,727	9,479,667	3,141,678	13,490,949

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered	58,560,980	1,687,460	578,337	352,142	(3,977,284)	57,201,635
0499999 Subtotals	58,560,980	1,687,460	578,337	352,142	(3,977,284)	57,201,635
0599999 Unreported claims and other claim reserves						66,980,104
0799999 Total claims unpaid						124,181,739
0899999 Accrued medical incentive pool and bonus amounts						1,028,000

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
HEALTH & WELLNESS INSTITUTE	741,337					741,337	
0199999 Individually listed receivables	741,337					741,337	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	741,337					741,337	

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HEALTH & WELLNESS INSTITUTE	PURCHASED SERVICES	913,207	913,207	
0199999 Individually listed payable		913,207	913,207	
0299999 Payables not individually listed				
0399999 Total gross payables		913,207	913,207	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	3,967,594	0.275	90,997	25.710		3,967,594
2. Intermediaries	3,200,954	0.222	33,044	9.336		3,200,954
3. All other providers						
4. Total capitation payments	7,168,548	0.498	124,041	35.047		7,168,548
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,433,051,934	99.502	X X X	X X X		1,433,051,934
7. Bonus/withhold arrangements – fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements – contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	1,433,051,934	99.502	X X X	X X X		1,433,051,934
13. Total (Line 4 plus Line 12)	1,440,220,482	100.000	X X X	X X X		1,440,220,482

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		NONE			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	9,025,375		1,126,184		7,899,191	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	382,933				382,933	
6. Total	9,408,308		1,126,184		8,282,124	

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation BLUE CROSS & BLUE SHIELD OF RHODE ISLAND **2.** PROVIDENCE, RHODE ISLAND (LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2010

NAIC Company Code 53473

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	383,164	14,188	212,490	25,060		27,093	22,963	39,258	15,176	26,936
2. First Quarter	378,113	14,477	206,942	25,072		27,273	22,828	33,936	14,853	32,732
3. Second Quarter	375,105	14,333	203,945	24,862		28,271	22,754	33,240	15,040	32,660
4. Third Quarter	372,269	14,859	201,015	24,978		28,926	22,717	33,102	14,291	32,381
5. Current Year	353,931	14,633	196,780	24,905		29,195	22,734	32,854		32,830
6. Current Year Member Months	4,451,995	175,571	2,427,733	299,906		337,108	273,047	401,480	151,659	385,491
Total Member Ambulatory Encounters For Year:										
7. Physician	1,951,659	61,616	1,317,677					489,562	82,804	
8. Non-Physician	757,841	26,753	580,102					115,071	35,915	
9. Total	2,709,500	88,369	1,897,779					604,633	118,719	
10. Hospital Patient Days Incurred	121,078	5,211	53,140					56,967	5,760	
11. Number of Inpatient Admissions	24,666	818	12,466					10,031	1,351	
12. Health Premiums Written (b)	1,637,894,201	60,419,687	934,050,875	50,334,804		28,646,751	100,989,917	396,334,502	42,518,443	24,599,222
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,631,066,913	60,419,687	934,050,875	50,334,804		28,646,751	100,989,917	396,334,502	42,311,691	17,978,686
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,440,220,482	50,762,394	832,147,481	43,576,892		23,945,793	93,086,506	340,627,343	41,163,498	14,910,575
18. Amount Incurred for Provision of Health Care Services	1,441,329,089	55,062,631	824,686,010	43,906,892		23,966,793	93,273,116	345,848,635	39,493,613	15,091,399

(a) For health business: number of persons insured under PPO managed care products 261,312 and number of persons insured under indemnity only products 5,600.

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

2. PROVIDENCE, RHODE ISLAND
(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2010

NAIC Company Code 53473

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	383,164	14,188	212,490	25,060		27,093	22,963	39,258	15,176	26,936
2. First Quarter	378,113	14,477	206,942	25,072		27,273	22,828	33,936	14,853	32,732
3. Second Quarter	375,105	14,333	203,945	24,862		28,271	22,754	33,240	15,040	32,660
4. Third Quarter	372,269	14,859	201,015	24,978		28,926	22,717	33,102	14,291	32,381
5. Current Year	353,931	14,633	196,780	24,905		29,195	22,734	32,854		32,830
6. Current Year Member Months	4,451,995	175,571	2,427,733	299,906		337,108	273,047	401,480	151,659	385,491
Total Member Ambulatory Encounters For Year:										
7. Physician	1,951,659	61,616	1,317,677					489,562	82,804	
8. Non-Physician	757,841	26,753	580,102					115,071	35,915	
9. Total	2,709,500	88,369	1,897,779					604,633	118,719	
10. Hospital Patient Days Incurred	121,078	5,211	53,140					56,967	5,760	
11. Number of Inpatient Admissions	24,666	818	12,466					10,031	1,351	
12. Health Premiums Written (b)	1,637,894,201	60,419,687	934,050,875	50,334,804		28,646,751	100,989,917	396,334,502	42,518,443	24,599,222
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,631,066,913	60,419,687	934,050,875	50,334,804		28,646,751	100,989,917	396,334,502	42,311,691	17,978,686
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,440,220,482	50,762,394	832,147,481	43,576,892		23,945,793	93,086,506	340,627,343	41,163,498	14,910,575
18. Amount Incurred for Provision of Health Care Services	1,441,329,089	55,062,631	824,686,010	43,906,892		23,966,793	93,273,116	345,848,635	39,493,613	15,091,399

(a) For health business: number of persons insured under PPO managed care products 261,312 and number of persons insured under indemnity only products 5,600.

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
				NONE							
0399999 Totals											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
38245	36-6033921	10/01/2009	BCS INSURANCE COMPANY	CHICAGO, IL	136,583	
0499999	Accident and Health, Totals, Affiliates				136,583	
90611	41-1366075	10/01/1996	ALLIANZ LIFE INSURANCE OF NORTH AMERICA	MINNEAPOLIS, MN	25,278	
0599999	Accident and Health, Totals, Non-Affiliates				25,278	
0699999	Accident and Health, Totals				161,861	
0799999	Totals - Life, Annuity and Accident and Health				161,861	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
								Reserve Credit Taken Other than for Unearned Premiums	10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (Estimated)		Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
38245	36-6033921	07/01/2006	BCS INSURANCE COMPANY	CHICAGO,IL	SSL/A/I	224,657						
38245	36-6033921	10/01/2009	BCS INSURANCE COMPANY	CHICAGO, IL	SSL/QA/G	6,620,536						
0199999	Authorized General Account – Affiliates					6,845,193						
0399999	Total Authorized General Account					6,845,193						
0799999	Total Authorized and Unauthorized General Account					6,845,193						
1599999	Totals					6,845,193						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

SCHEDULE S – PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 OMITTED)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	6,621	4,515	5,684	325	353
2. Title XVIII-Medicare					186
3. Title XIX-Medicaid	207	280	279	288	280
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	162	228	733	89	453
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S – PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	470,503,481		470,503,481
2. Accident and health premiums due and unpaid (Line 15)	40,582,384		40,582,384
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	97,088,210		97,088,210
6. Total assets (Line 28)	608,174,075		608,174,075
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	124,181,739		124,181,739
8. Accrued medical incentive pool and bonus payments (Line 2)	1,028,000		1,028,000
9. Premiums received in advance (Line 8)	22,905,146		22,905,146
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies(Line 20)			
12. All other liabilities (Balance)	211,072,805		211,072,805
13. Total liabilities (Line 24)	359,187,690		359,187,690
14. Total capital and surplus (Line 33)	248,986,385	X X X	248,986,385
15. Total liabilities, capital and surplus (Line 34)	608,174,075		608,174,075
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA		NONE				
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CN						
58. Aggregate Other Alien	OT						
59. Totals							

SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parents, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53473	05-0158952	BLUE CROSS & BLUE SHIELD OF RI					(8,093,000)				(8,093,000)	
00000	20-4336322	HEALTH & WELLNESS INSTITUTE					8,093,000				8,093,000	
9999999	Control Totals								X X X			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING	
18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
21. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

Bar Code:

53473201020500000

53473201020700000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

53473201042000000

53473201037100000

53473201037000000

53473201033000000

53473201021100000

53473201021300000

OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

53473201036040100

For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473
Address (City, State and Zip Code) 500 EXCHANGE STREET
Person Completing This Exhibit BRIAN M. O'MALLEY
Title VICE PRESIDENT, FINANCE Telephone Number 401-459-1924

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	40	A	NO	246	07/01/1966		07/01/1996		PLAN 65	241,403	214,729	89.00	107	191,895	170,692	89.00	85
YES	40	B	NO	246	07/01/1966		07/01/1996		PLAN 65	197,511	175,687	89.00	87	157,005	139,657	89.00	70
YES	40	C	NO	246	07/01/1966		07/01/1996		PLAN 65	21,221,504	18,876,644	89.00	9,398	16,869,327	15,005,358	89.00	7,470
YES	40	L	YES	246	07/01/1966		07/01/1996		PLAN 65	285,294	253,771	89.00	126	226,785	201,727	89.00	100
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										21,945,712	19,520,831	89.00	9,718	17,445,012	15,517,434	89.00	7,725
YES	40	C	NO	246	07/01/1966		07/01/1996		PLAN 65	4,993,915	4,046,861	81.00	3,405	5,950,165	4,821,766	81.00	4,057
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										4,993,915	4,046,861	81.00	3,405	5,950,165	4,821,766	81.00	4,057

RI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
   2.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
   2.2 Contact Person and Phone Number: JACK EMERSON 401-459-2514
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
   3.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
   3.2 Contact Person and Phone Number: JACK EMERSON 401-459-2514
4. Explain any policies identified above as policy type 'O'

53473201036500100

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000 NAIC Company Code 53473

	Individual Coverage		Group Coverage		5
	1	2	3	4	Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	13,297,969	XXX	1,948,260	XXX	15,246,229
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits	857,842	XXX	696,317	XXX	1,554,159
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(3,281,376)	XXX	967,977	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	(221,346)	XXX	345,960	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	9,667	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	10,016,593	XXX	2,916,237	XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments	9,667	XXX		XXX	XXX
5.2 Supplemental Benefits	636,496	XXX	1,042,277	XXX	XXX
6. Total Premiums	10,662,756	XXX	3,958,514	XXX	16,800,388
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	10,706,680	XXX	3,236,210	XXX	13,942,890
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits	690,680	XXX	1,156,636	XXX	1,847,316
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(2,445,958)	XXX	(20,822)	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits	71,618	XXX	118,395	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	8,260,722	XXX	3,215,388	XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits	532,893	XXX	1,149,194	XXX	XXX
11. Total Claims	8,793,615	XXX	4,364,582	XXX	15,790,206
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	1,085,752	XXX	258,850	XXX	1,344,601
15. Expenses Incurred	1,313,981	XXX	313,261	XXX	XXX
16. Underwriting Gain/Loss	555,160	XXX	(719,329)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(334,419)

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