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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2010

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 [ ] Dental Service Corporation [ ]
Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [ ] No [X]

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

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

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

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

Primary Location of Books and Records 299 Promenade St (Street and Number)
Providence, RI 02908 (City or Town, State and Zip Code) 401-459-6124 (Area Code) (Telephone Number)

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

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

OFFICERS

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

OTHER OFFICERS

Maria Montanaro #	Chairman	Jane Hayward #	Vice Chairman
Brenda Dowlatshahi	Secretary	Merrill Thomas	Treasurer

DIRECTORS OR TRUSTEES

Maria Montanaro	Merrill Thomas	James Hooley	Brenda Dowlatshahi
Raymond Joseph Lavoie JR	Darrell A. Lee	Mark Reynolds	Pablo Rodriguez M.D.
Jane Hayward	Peter Bancroft CPA	Doris De Los Santos	Stephanie McCaffrey #
Jerald Fingerut MD #	Peter Walsh #		

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	Thomas Clark Phillip Jr. CPA	Leon McTyeire Johnston MD
Chief Executive Officer	Chief Financial Officer	Chief Medical Officer

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

Michelle Tetreault

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

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	39,392,532		39,392,532	32,184,023
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	1,904,530
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
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 ($ 17,122,929 , Schedule E - Part 1), cash equivalents ($ 2,557,702 , Schedule E - Part 2) and short-term investments ($ 49,321,560 , Schedule DA)	69,002,191		69,002,191	63,928,367
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives			0	
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	108,394,723	0	108,394,723	98,016,920
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	289,938		289,938	252,060
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,366,222		1,366,222	2,061,074
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premium)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	457,553		457,553	1,068,456
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	0		0	134,969
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	297,254	166,170	131,084	146,057
21. Furniture and equipment, including health care delivery assets ($ .....)	242,493	242,493	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($ 2,715,196) and other amounts receivable	3,023,980	308,784	2,715,196	6,628,317
25. Aggregate write-ins for other than invested assets	549,975	411,555	138,420	33,625
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	114,622,138	1,129,002	113,493,136	108,341,478
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	114,622,138	1,129,002	113,493,136	108,341,478
DETAILS OF WRITE-INS				
1101. Security Deposits			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Other Receivable	105,242	16,822	88,420	33,625
2502. Prepaid Expenses	6,160	6,160	0	0
2503. Leasehold Improvements	309,211	309,211	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	129,362	79,362	50,000	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	549,975	411,555	138,420	33,625

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ 511,347 reinsurance ceded)	29,148,749		29,148,749	37,985,787
2. Accrued medical incentive pool and bonus amounts	3,627,806		3,627,806	4,508,553
3. Unpaid claims adjustment expenses	708,473		708,473	906,649
4. Aggregate health policy reserves	8,279,523		8,279,523	11,400,000
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	32,285,054		32,285,054	27,613,318
9. General expenses due or accrued	4,075,275		4,075,275	3,161,066
10.1 Current federal and foreign income tax payable and interest thereon (including $ on realized capital 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	1,083,617		1,083,617	1,017,647
13. Remittance 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. Derivatives			0	
17. Payable for securities	0		0	1,611,430
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($ authorized reinsurers and $ unauthorized reinsurers)			0	0
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	1,323,162
23. Aggregate write-ins for other liabilities (including $ current)	1,540,993	0	1,540,993	0
24. Total liabilities (Lines 1 to 23)	80,749,490	0	80,749,490	89,527,612
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX		0
29. Surplus notes	XXX	XXX	1,500,000	1,500,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	31,243,646	17,313,866
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 $)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 $)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	32,743,646	18,813,866
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	113,493,136	108,341,478
DETAILS OF WRITE-INS				
2301. Unclaimed Property Payable	40,993		40,993	0
2302. Community Health Centers Grant Payable	1,500,000		1,500,000	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,540,993	0	1,540,993	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1.	Member Months	XXX	987,054	922,359
2.	Net premium income (including $ 0 non-health premium income)	XXX	384,640,068	337,045,189
3.	Change in unearned premium reserves and reserve for rate credits	XXX		0
4.	Fee-for-service (net of $ medical expenses)	XXX		0
5.	Risk revenue	XXX		0
6.	Aggregate write-ins for other health care related revenues	XXX	1,470,995	1,459,519
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	386,111,063	338,504,708
	Hospital and Medical:			
9.	Hospital/medical benefits		134,452,654	133,454,228
10.	Other professional services		68,287,793	62,150,814
11.	Outside referrals		53,069,209	47,428,507
12.	Emergency room and out-of-area		28,112,964	26,382,661
13.	Prescription drugs		54,317,506	47,573,707
14.	Aggregate write-ins for other hospital and medical	0	3,268,670	(6,470,000)
15.	Incentive pool, withhold adjustments and bonus amounts		5,311,609	5,981,259
16.	Subtotal (Lines 9 to 15)	0	346,820,405	316,501,176
	Less:			
17.	Net reinsurance recoveries		2,422,696	2,996,764
18.	Total hospital and medical (Lines 16 minus 17)	0	344,397,709	313,504,412
19.	Non-health claims (net)			0
20.	Claims adjustment expenses, including $ 6,402,230 cost containment expenses		9,097,978	8,844,106
21.	General administrative expenses		29,817,177	25,453,722
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		(11,400,000)	11,400,000
23.	Total underwriting deductions (Lines 18 through 22)	0	371,912,864	359,202,240
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	14,198,199	(20,697,532)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		649,315	1,033,346
26.	Net realized capital gains (losses) less capital gains tax of $		101,053	116,179
27.	Net investment gains (losses) (Lines 25 plus 26)	0	750,368	1,149,525
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $ 139,315)]		(139,314)	(180,218)
29.	Aggregate write-ins for other income or expenses	0	(1,433,350)	566
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	13,375,903	(19,727,659)
31.	Federal and foreign income taxes incurred	XXX	0	0
32.	Net income (loss) (Lines 30 minus 31)	XXX	13,375,903	(19,727,659)
	DETAILS OF WRITE-INS			
0601.	Department of Human Services Incentive Income	XXX	1,140,545	1,099,282
0602.	Other Program Revenue	XXX	330,450	336,150
0603.	Grant Revenue	XXX	0	24,087
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	1,470,995	1,459,519
0701.		XXX		
0702.		XXX		
0703.		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.	Stop Loss Recoveries from DHS		(2,534,468)	(1,003,574)
1402.	Risk Share Recoveries from DHS		5,803,138	(5,466,426)
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	3,268,670	(6,470,000)
2901.	Miscellaneous Income		14,988	566
2902.	Grant Revenue		51,662	0
2903.	Community Health Centers Grant Expense		(1,500,000)	0
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(1,433,350)	566

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT:		
33.	Capital and surplus prior reporting year	18,813,867	37,820,924
34.	Net income or (loss) from Line 32	13,375,903	(19,727,659)
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $	12,854	1,690
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax		0
39.	Change in nonadmitted assets	541,026	718,912
40.	Change in unauthorized reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders		0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	13,929,783	(19,007,057)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	32,743,650	18,813,867
	DETAILS OF WRITE-INS		
4701.	ROUNDING		0
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	386,886,179	351,318,707
2. Net investment income	837,581	1,465,200
3. Miscellaneous income	1,470,995	1,459,519
4. Total (Lines 1 through 3)	389,194,755	354,243,426
5. Benefit and loss related payments	338,114,519	320,641,003
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	40,959,979	35,791,912
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	379,074,498	356,432,915
11. Net cash from operations (Line 4 minus Line 10)	10,120,257	(2,189,489)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	8,187,599	36,653,894
12.2 Stocks	2,005,679	1,556,185
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	343	3,947
12.7 Miscellaneous proceeds	79,362	1,611,430
12.8 Total investment proceeds (Lines 12.1 to 12.7)	10,272,983	39,825,456
13. Cost of investments acquired (long-term only):		
13.1 Bonds	15,508,683	31,602,179
13.2 Stocks	101,150	3,460,715
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	1,611,433	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	17,221,266	35,062,894
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(6,948,283)	4,762,562
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
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	1,901,847	1,510,261
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,901,847	1,510,261
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)	5,073,821	4,083,334
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	63,928,368	59,845,034
19.2 End of year (Line 18 plus Line 19.1)	69,002,189	63,928,368

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	384,640,068	0	0	0	0	0	0	384,640,068	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	1,470,995	0	0	0	0	0	0	1,470,995	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	386,111,063	0	0	0	0	0	0	386,111,063	0	0
8. Hospital/medical benefits	134,452,654							134,452,654		XXX
9. Other professional services	68,287,793							68,287,793		XXX
10. Outside referrals	53,069,209							53,069,209		XXX
11. Emergency room and out-of-area	28,112,964							28,112,964		XXX
12. Prescription drugs	54,317,506							54,317,506		XXX
13. Aggregate write-ins for other hospital and medical	3,268,670	0	0	0	0	0	0	3,268,670	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	5,311,609							5,311,609		XXX
15. Subtotal (Lines 8 to 14)	346,820,405	0	0	0	0	0	0	346,820,405	0	XXX
16. Net reinsurance recoveries	2,422,696							2,422,696		XXX
17. Total hospital and medical (Lines 15 minus 16)	344,397,709	0	0	0	0	0	0	344,397,709	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 6,402,230 cost containment expenses	9,097,978							9,097,978		
20. General administrative expenses	29,817,177							29,817,177		
21. Increase in reserves for accident and health contracts	(11,400,000)							(11,400,000)		XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	371,912,864	0	0	0	0	0	0	371,912,864	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	14,198,199	0	0	0	0	0	0	14,198,199	0	0
DETAILS OF WRITE-INS										
0501. Department of Human Services Incentive Income	1,140,545							1,140,545		XXX
0502. Other Program Revenue	330,450							330,450		XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,470,995	0	0	0	0	0	0	1,470,995	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Stop Loss Recoveries from DHS	(2,534,468)							(2,534,468)		XXX
1302. Risk Share Recoveries from DHS	5,803,138							5,803,138		XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	3,268,670	0	0	0	0	0	0	3,268,670	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid	387,086,742		2,446,674	384,640,068
8. Other health				0
9. Health subtotal (Lines 1 through 8)	387,086,742	0	2,446,674	384,640,068
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	387,086,742	0	2,446,674	384,640,068

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	350,445,963							350,445,963		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	611,475							611,475		
1.4 Net	349,834,488	0	0	0	0	0	0	349,834,488	0	0
2. Paid medical incentive pools and bonuses	6,192,356							6,192,356		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	29,660,096	0	0	0	0	0	0	29,660,096	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	511,347	0	0	0	0	0	0	511,347	0	0
3.4 Net	29,148,749	0	0	0	0	0	0	29,148,749	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0							0		
4.2 Reinsurance assumed	0							0		
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	3,627,806							3,627,806		
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	1,911,349							1,911,349		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	38,597,262	0	0	0	0	0	0	38,597,262	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	611,475	0	0	0	0	0	0	611,475	0	0
8.4 Net	37,985,787	0	0	0	0	0	0	37,985,787	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	4,508,553	0	0	0	0	0	0	4,508,553	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	341,508,797	0	0	0	0	0	0	341,508,797	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	2,422,696	0	0	0	0	0	0	2,422,696	0	0
12.4 Net	339,086,101	0	0	0	0	0	0	339,086,101	0	0
13. Incurred medical incentive pools and bonuses	5,311,609	0	0	0	0	0	0	5,311,609	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan Premium	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	4,403,177							4,403,177		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0							0		
1.4 Net	4,403,177	0	0	0	0	0	0	4,403,177	0	0
2. Incurred but Unreported:										
2.1 Direct	25,256,919							25,256,919		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	511,347							511,347		
2.4 Net	24,745,572	0	0	0	0	0	0	24,745,572	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	29,660,096	0	0	0	0	0	0	29,660,096	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	511,347	0	0	0	0	0	0	511,347	0	0
4.4 Net	29,148,749	0	0	0	0	0	0	29,148,749	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and 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	35,355,772	312,567,367	7,452	29,141,296	35,363,224	37,985,787
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	35,355,772	312,567,367	7,452	29,141,296	35,363,224	37,985,787
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	2,637,908	3,554,448	1,902,430	1,725,376	4,540,338	4,508,554
13. Totals (Lines 9 - 10 + 11 + 12)	37,993,680	316,121,815	1,909,882	30,866,672	39,903,562	42,494,341

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	17,115	17,105	17,105	17,105	17,105
2. 2006	140,427	158,747	158,735	158,696	158,119
3. 2007	XXX	141,682	163,562	164,124	164,165
4. 2008	XXX	XXX	193,904	237,502	237,582
5. 2009	XXX	XXX	XXX	272,784	311,234
6. 2010	XXX	XXX	XXX	XXX	316,122

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	17,957	17,106	17,106	17,105	17,105
2. 2006	161,525	159,332	158,735	158,696	158,119
3. 2007	XXX	167,600	165,359	165,027	164,968
4. 2008	XXX	XXX	238,002	238,490	237,582
5. 2009	XXX	XXX	XXX	313,388	312,341
6. 2010	XXX	XXX	XXX	XXX	346,190

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 Col. (3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 Col. (5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Col. (9/1) Percent
1. 2006	180,925	158,119	6,920	4.4	165,039	91.2			165,039	91.2
2. 2007	187,641	164,165	7,549	4.6	171,714	91.5	803	0	172,517	91.9
3. 2008	253,839	237,582	8,386	3.5	245,968	96.9	0	0	245,968	96.9
4. 2009	337,045	311,234	8,756	2.8	319,990	94.9	1,107	0	321,097	95.3
5. 2010	384,640	316,122	7,818	2.5	323,940	84.2	30,867	708	355,516	92.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	17,115	17,105	17,105	17,105	17,105
2. 2006	140,427	158,747	158,735	158,696	158,119
3. 2007	XXX	141,682	163,562	164,124	164,165
4. 2008	XXX	XXX	193,904	237,502	237,582
5. 2009	XXX	XXX	XXX	272,784	311,234
6. 2010	XXX	XXX	XXX	XXX	316,122

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	17,957	17,106	17,106	17,105	17,105
2. 2006	161,525	159,332	158,735	158,696	158,119
3. 2007	XXX	167,600	165,359	165,027	164,968
4. 2008	XXX	XXX	238,002	238,490	237,582
5. 2009	XXX	XXX	XXX	313,388	312,341
6. 2010	XXX	XXX	XXX	XXX	346,190

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 Col. (3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 Col. (5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Col. (9/1) Percent
1. 2006	180,925	158,119	6,920	4.4	165,039	91.2	0	0	165,039	91.2
2. 2007	187,641	164,165	7,549	4.6	171,714	91.5	803	0	172,517	91.9
3. 2008	253,839	237,582	8,386	3.5	245,968	96.9	0	0	245,968	96.9
4. 2009	337,045	311,234	8,756	2.8	319,990	94.9	1,107	0	321,097	95.3
5. 2010	384,640	316,122	7,818	2.5	323,940	84.2	30,867	708	355,516	92.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0							0	
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ ..... for investment income)	8,279,523							8,279,523	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	8,279,523	0	0	0	0	0	0	8,279,523	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	8,279,523	0	0	0	0	0	0	8,279,523	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)	256,944	128,779	922,339		1,308,062
2. Salaries, wages and other benefits	3,953,767	1,443,831	12,845,233		18,242,831
3. Commissions (less $ ..... ceded plus $ ..... assumed					0
4. Legal fees and expenses	37,759	18,924	135,540		192,223
5. Certifications and accreditation fees			1,650		1,650
6. Auditing, actuarial and other consulting services	300,759	150,738	1,079,616		1,531,113
7. Traveling expenses	2,739	1,373	9,832		13,944
8. Marketing and advertising	84,192	42,197	302,220		428,609
9. Postage, express and telephone	63,039	31,595	226,288		320,922
10. Printing and office supplies	110,418	55,341	396,362		562,121
11. Occupancy, depreciation and amortization	50,795	25,458	182,336		258,589
12. Equipment	149,182	74,769	535,512		759,463
13. Cost or depreciation of EDP equipment and software	175,391	87,905	629,590		892,886
14. Outsourced services including EDP, claims, and other services	846,809	424,415	3,039,740		4,310,964
15. Boards, bureaus and association fees	17,003	8,522	59,386		84,911
16. Insurance, except on real estate	33,859	16,970	121,543		172,372
17. Collection and bank service charges	11,087	5,557	39,799	87,459	143,902
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	(14,741)		(14,741)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes	0	0	7,741,735		7,741,735
23.3 Regulatory authority licenses and fees	55,294	27,713	198,486		281,493
23.4 Payroll taxes	253,193	92,461	822,588		1,168,242
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				247,995	247,995
25. Aggregate write-ins for expenses	0	59,200	542,123	0	601,323
26. Total expenses incurred (Lines 1 to 25)	6,402,230	2,695,748	29,817,177	335,454	(a) 39,250,609
27. Less expenses unpaid December 31, current year		708,473	4,075,275		4,783,748
28. Add expenses unpaid December 31, prior year	0	906,649	3,161,066	0	4,067,715
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	6,402,230	2,893,924	28,902,968	335,454	38,534,576
DETAIL OF WRITE-INS					
2501. Conferences, Training, and Tuition	0	42,993	393,703		436,696
2502. Recruitment Fees	0	9,399	86,075		95,474
2503. Meeting	0	6,808	62,345		69,153
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 + 2598)(Line 25 above)	0	59,200	542,123	0	601,323

(a) Includes management fees of $ ..... to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 398,048	404,082
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 491,434	513,319
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	485	485
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 56,577	66,883
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	946,544	984,769
11.	Investment expenses		(g) 335,454
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		335,454
17.	Net investment income (Line 10 minus Line 16)		649,315
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

(a) Includes $ 26,688 accrual of discount less $ 252,832 amortization of premium and less $ 54,831 paid for accrued interest on purchases.
(b) Includes $ accrual of discount less $ amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ paid for accrued interest on purchases.
(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.
(e) Includes $ 55,019 accrual of discount less $ 15,353 amortization of premium and less $ 19,834 paid for accrued interest on purchases.
(f) Includes $ accrual of discount less $ amortization of premium.
(g) Includes $ investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ interest on surplus notes and $ interest on capital notes.
(i) Includes $ depreciation on real estate and $ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5. Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	4,686		4,686	12,854	
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	96,027		96,027		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	340		340	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	101,053	0	101,053	12,854	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives	0		0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets	0		0
11. Aggregate write-ins for invested assets	0	79,362	79,362
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	79,362	79,362
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	166,170	441,006	274,836
21. Furniture and equipment, including health care delivery assets	242,493	325,191	82,698
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	308,784	385,742	76,958
25. Aggregate write-ins for other than invested assets	411,555	438,727	27,172
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,129,002	1,670,028	541,026
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	1,129,002	1,670,028	541,026
DETAILS OF WRITE-INS			
1101. Security Deposits	0	79,362	79,362
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	79,362	79,362
2501. Other Receivables	16,822	9,118	(7,704)
2502. Prepaid Expenses	6,160	21,600	15,440
2503. Leasehold Improvements	309,211	408,009	98,798
2598. Summary of remaining write-ins for Line 25 from overflow page	79,362	0	(79,362)
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	411,555	438,727	27,172

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	80,647	80,010	80,332	82,041	90,373	987,054
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	80,647	80,010	80,332	82,041	90,373	987,054
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies.

Basis of presentation and statutory accounting practices:

Neighborhood Health Plan of Rhode Island (Neighborhood) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by Rhode Island Department of Business Regulation (DBR). The State of Rhode Island has adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP) as the basis of its statutory accounting practices (SAP). In addition, DBR has the right to permit other specified practices that may deviate from prescribed practices. At December 31, 2010 and 2009, Neighborhood has not requested permission to deviate from any accounting practices required by NAIC SAP.

Use of estimates:

The preparation of financial statements in conformity with SAP requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and disclosure of contingent admitted assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Estimates particularly sensitive to material change in the near term include amounts recorded for the cost of medical and hospital services provided but not reported to Neighborhood and risk or gain share calculations.

Premium revenue and contingency:

Subscriber/member contracts are executed principally with the Rhode Island Department of Human Services (the State) to service members of the RIte Care and Rhody Health Partners (RHP) programs. For the years ended December 31, 2010 and 2009, Neighborhood earned approximately 100% and 100%, respectively, of premium revenues to service members of the RIte Care or RHP programs. Upon expiration of each RIte Care or RHP contract, Neighborhood submits a proposal to the State to renew the contract. Unlike a commercial product line, premium rates are not fully under the control of Neighborhood, but are principally set by the State. A new agreement with DHS was signed in 2010, which covers both RIte Care and RHP programs. The agreement may be terminated by either party within ninety days. The new agreement will expire on June 30, 2014, with three one-year option periods. The existing agreements, with expiration dates on March 31, 2010 for RHP and June 30, 2010 for RIte Care, were amended so there were no gaps between the existing and new agreement. Premiums are due monthly and are recognized as revenues during the period in which Neighborhood is obligated to provide services to members.

Medical and hospital expense recognition:

Neighborhood contracts with some health care providers on a capitation basis for the provision of certain primary care services to its members. Neighborhood records these capitation costs in the period incurred. Neighborhood records costs incurred under primary care incentive programs in the period incurred.

The cost of non-capitated medical services and all hospital services provided or contracted for, including behavioral health and pharmacy, is generally on a fee for service basis and is accrued in the period in which it is provided to a member, based in part on estimates. The estimates are actuarially determined and include an accrual for medical and hospital service expenses provided but not yet reported to Neighborhood.

Premium Deficiency Reserve:

When the expected claims payments and administration costs exceed the premiums to be collected for the remainder of a contract period, a premium deficiency reserve is recognized by recording an additional liability for the deficiency, with a corresponding charge to operations.

Pharmaceutical rebates:

Pharmaceutical rebates are recorded as a reduction of medical and hospital expenses as

NOTES TO FINANCIAL STATEMENTS

earned, based in part on estimates using historical trends. At the years ended December 31, 2010 and 2009, $121 and $153 of pharmaceutical rebates are included in admitted health care receivables. For the years ended December 31, 2010 and 2009, approximately $894 and $930 of pharmaceutical rebates are deducted from medical and hospital expenses, respectively.

Cash and cash equivalents and concentration of credit risk:

Neighborhood considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. At December 31, 2010 and 2009, cash equivalents totaled $2,557 and $11,398, respectively. At December 31, 2010 and 2009, cash equivalents are comprised of: U.S. government and industrial bonds of $2,552 for 2010, and an ownership of a financial institution debt security of $11,390 purchased under a joint repurchase agreement for 2009, respectively; travelers check in the amount of $6 and $7, respectively; Neighborhood discontinued the repo agreement in 2010 since the yielding rate was too low.

At December 31, 2010 and 2009, Neighborhood had cash on deposit with financial institutions totaling $17,123 and ($5,238), respectively. The increase of cash balance from 2009 to 2010 was related to the discontinuation of repo agreement.

Grants:

Grant revenue is recognized when program expenditures are incurred within program guidelines. Grants are subject to audit by agents of the granting authority, the purpose of which is to ensure compliance with conditions precedent to the granting of funds. Any liability for reimbursement which might arise as a result of these audits is not considered by Neighborhood to be material.

Reinsurance (stop-loss insurance):

Reinsurance premiums are reported as a reduction of premiums earned and reinsurance recoveries are reported as a reduction of medical and hospital expenses. Reinsurance experience-rated refund deposits or liabilities contingent on future loss experience are not recorded as an asset or liability.

Contract acquisition and advertising costs:

Neighborhood incurs costs for marketing of subscriber contracts, member enrollment, and community awareness, which are expensed as incurred.

Minimum and ongoing net worth requirement:

In accordance with DBR regulations, Neighborhood is required to maintain at all times statutory net worth and total adjusted capital of:

The greater of $2,500 or the amount necessary to maintain the capital requirements of the National Association of Insurance Commissioners (NAIC) standards. Neighborhood was in compliance with the statutory net worth and total adjusted capital requirements as of December 31, 2009. As of December 31, 2010, Neighborhood's total adjusted risk based capital is above company action level.

The director may waive any of the net worth and/or total adjusted capital requirements whenever satisfied that the health maintenance organization has sufficient net worth and/or total adjusted capital and an adequate history of generating net income to assure its financial viability for the next year, or its performance and obligations are guaranteed by an organization with sufficient net worth and an adequate history of generating net income, or the assets of the health maintenance organization or its contracts with insurers, hospital or medical service corporations, governments, or other organizations are sufficient to reasonably assure the performance of its obligations; provided, however, that in no event shall the net worth requirement be less than one hundred thousand dollars ($100).

2. Accounting Changes and Correction of Errors

NOTES TO FINANCIAL STATEMENTS

Not Applicable.

3. Business Combinations and Goodwill

Not Applicable.

4. Discontinued Operations

Neighborhood's Administrative Services Only (ASO) line of business discontinues at the end of 2009 because the unrelated third party decided not to renew its contract with Centers for Medicare & Medicaid Services (CMS), and consequently the contract between the unrelated party and Neighborhood ended on December 31, 2009.

The total receivable related to this ASO line of business as of December 31, 2009 and 2010 was $135 and $0, respectively. Net reimbursement for administrative expense in excess of actual expense in 2010 and 2009 was $408 and $4, respectively. Total member months in 2009 were 36,423. There were no material impacts to Neighborhood's Balance Sheet and Income Statement in 2010 related to this discontinued operation.

5. Investments

A. Mortgage loan, including Mezzanine Real Estate Loans: N/A
B. Debt Restructing: N/A
C. Reverse Mortgages: N/A
D. Loan-backed Securities: N/A
E. Repurchase Agreements and/or Securities Lending Transactions: N/A
F. Real Estate: N/A
G. For Investments in low-income housing tax credit: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

7. Investment Income

Investments are considered as held to maturity and are recorded at amortized cost. Certificates of deposit with remaining maturities of one year or less at the time of acquisition are considered cash. All other investments with maturities of one year or less at the time of acquisition are considered short-term. Amortization of any bond premium or discount is calculated using the constant yield interest method over the life of the bond. Accrued interest receivable, which is reported as Investment income due and accrued, was $290 and $252, respectively, as of December 31, 2010 and 2009.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

Not Applicable.

10. Information Concerning Parent, Subsidiaries, and Affiliates

A Neighborhood bylaw includes certain Rhode Island Community Health Centers to be "Members of the Corporation" so long as specific criteria continue to be met, which includes having in effect with Neighborhood a contract to provide health care services for Neighborhood's enrollees in exchange for payment. The Member of the Corporation contracts provide for capitation-based reimbursement to manage and deliver primary care

NOTES TO FINANCIAL STATEMENTS

medical services and fee-for-service based reimbursement to deliver other medical services. For the years ended December 31, 2010 and 2009, medical and hospital expenses include $16,750 and $17,014, respectively, for medical services provided, and incentive arrangements earned, by such Members of the Corporation.

11. Debt

Not Applicable

12. Retirement Plans, Deferred Compensation, Post Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

Neighborhood sponsors a Safe Harbor 401(k) Profit Sharing Plan and Trust (the Plan) covering employees meeting certain age and length of service requirements. Neighborhood matches one hundred percent of the first three percent of a participant's eligible compensation and fifty percent of the next two percent of a participant's eligible compensation contribution. Employer contributions to the Plan included in administrative expenses, totaled $476 and $520 for the years ended December 31, 2010 and 2009, respectively.

13. Capital and Surplus, shareholders' Dividend Restrictions and Quasi-Reorganizations

Neighborhood does not have any capital stock or preferred stock.

As a condition of licensure as an HMO, Rhode Island general laws required Neighborhood to maintain a special deposit held by the General Treasurer for the benefit and protection of all enrollees of the HMO. The special deposit cannot be withdrawn without the permission of DBR. As of March 2008, the condition of licensure as an HMO was met, and the special deposit of $2,617 held by the General Treasurer for protection against insolvency was released with DBR's permission in March 2008. No special deposit is required for both 2009 and 2010.

Total Capital and Surplus as of December 31, 2010 is $32,744, which includes unsigned fund (surplus) of $31,244 and a surplus note of $1.5 million. The portion of surplus increased by cumulative unrealized gains is $13.

On January 1, 2001, Neighborhood issued to Rhode Island Community Foundation a surplus note in the principal amount of $2,000. The surplus note bears interest at 5.75% per annum, payable quarterly, requires principal payments of $500 every five years commencing January 1, 2007, and matures January 1, 2021. Interest payments may be made upon Neighborhood meeting certain pre-established quarterly financial benchmarks. Otherwise, a written permission of DBR is required. Principal payments require prior written approval of DBR. During 2010, interests of $87 and principal of $0 were paid, respectively. Total interests of $1,021 and principal of $500 have been paid since 2001.

14. Contingencies

Not Applicable

15. Leases

On July 16, 2003, Neighborhood entered into a 10 year operating lease agreement with Foundry Parcel Six Associates, LLC to lease approximately 44,328 sq feet of office space. On August 23, 2005, both parties entered into an agreement to amend that lease to include an additional 6,100 sq feet of office space. The termination date of the amended lease, July 2013, is the same as the original lease. Construction, and occupation, of the expanded space was completed in March 2006.

NOTES TO FINANCIAL STATEMENTS

In September 2007, Neighborhood entered into a second operating lease with Foundry Parcel Six Associates, LLC to lease an additional 10,612 sq feet of office space. Construction, and occupation, was completed in June 2008. The lease term is from July 2008 to July 2013.

In addition to base rent, Neighborhood pays increases in real estate taxes and operating expenses over the base year amounts, as well as maintenance and insurance costs. Rental expense related to the leases totaled approximately $1,229 and $1,196 for the years ended December 31, 2010 and 2009.

The operating leases require Neighborhood to pay the lessor security deposits of $59 and $20 on the respective leases. The security deposits, together with any and all accrued interest, will be held by the lessor during the term of the leases.

At December 31, 2010 the annual minimum future lease payments under all non-cancelable operating leases with Foundry Parcel Six Associates, LLC, excluding real estate taxes and operating expenses, are:

Year Ending December 31,	Amount
2011	1,241
2012	1,247
2013	729

In June 2001, Neighborhood entered into a Sale-Leaseback Agreement with an unrelated party. The agreement was amended on August 1, 2004 and May 26, 2005. Under the Sale-leaseback agreement, Neighborhood sold $400 of furniture and equipment to, and leased the property back, through April 2009. The sale did not result in any gain or loss. The Sale-Leaseback agreement was accounted for as a non-cancelable operating lease since it did not provide for any continuing aspects of ownership involvement on the part of Neighborhood. Rental expenses related to the lease total approximately $0 and $39 for the years ended December 31, 2010 and 2009, respectively.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Neighborhood received reimbursement for the cost of medical claims incurred under an Administrative Service Contract (ASC). In accordance with NAIC SAP Statement No. 47, the reimbursements for medical claims incurred, as well as the cost of medical claims incurred, are excluded from Neighborhood's statements of revenues and expenses. This ASC was replaced by an at-risk business model, effective July 2008. The overpayment of $1,323k under the ASC as of December 31, 2009 was recouped by the State in March 2010.

During 2005, Neighborhood entered into an Administrative Services Only (ASO) plan with an unrelated third party effective January 1, 2006. The third party reimbursed Neighborhood in full for all actual administrative expenses incurred as defined in the contract. Expenses

NOTES TO FINANCIAL STATEMENTS

incurred by Neighborhood under the ASO plan were reported as expenses, and administrative fees and related expense reimbursements were presented as a deduction from expenses, in the accompanying statutory statements of revenues and expenses. There were no medical expenses related to this contract for the years ended December 31, 2010 and 2009. Gross reimbursement for administrative fees was $15k and $1,553, respectively, for the year ended December 31, 2010 and 2009. At December 31, 2010 and 2009, the amount receivable related to the ASO plan total $0 and $135, respectively. This ASO contract expired on December 31, 2009.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable

20. Fair Value Measurements

There were two inflation related bonds that are measured at fair value per SAP as of December 31, 2010. This is a level 1 input within the fair value hierarchy, which is a quoted price in active markets for identical assets. The total fair value of these bonds as of December 31, 2010 was $1,286k. Neighborhood does not use level 2 and level 3 measures. Level 2 measurement requires significant other observable inputs, and Level 3 requires significant unobservable inputs.

All other assets and liabilities are not measured at fair value as of December 31, 2010.

21. Other Items

A). Extraordinary Items: N/A
B). Troubled Debt Restructuring: N/A

C). Other Disclosures: Neighborhood has commenced the implementation of a new core claims system to replace the current Diamond system. The contract with the new core system vendor – HealthEdge Software Inc. was signed on June 30, 2009. Total expense related to this project in 2010 and 2009 are $4,567 and $2,027, respectively. The target date for the new system to go live was postponed from November 2010 to early 2010. Neighborhood projects an additional amount of $992 will be expensed in 2011.

D). Neighborhood has estimated uncollectible amounts for premiums of $139 and $180 at December 31 2010, and 2009 respectively. Neighborhood does not have any uncollectible amounts for uninsured plan.

E). Business Interruption Insurance Recoveries: N/A
F). State Transferable Tax Credits: N/A
G). Subprime-Mortgage-related Risk Exposure: N/A

22. Events Subsequent

The lease agreements between Neighborhood and Foundry Parcel Six Associates, LLC, were amended in February 2011. The termination dates for both Agreements have been extended from July 2013 to December 2016, and there are no significant term changes in the Amendments comparing to the original lease or previous amendments.

23. Reinsurance

A. Ceded Reinsurance Report

NOTES TO FINANCIAL STATEMENTS

Section 1 – General Interrogatories

1). Neighborhood does not own or control any of the reinsurers listed on Schedule S.
2). There are no policies issued by Neighborhood that are reinsured with a company chartered in a country other than USA that is owned in excess of 10% controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business.

Section 2 – Ceded Reinsurance Report – Part A

1). Neighborhood does not have any reinsurance agreements in effect under which reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits.

2). Neighborhood does not have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies.

Section 3 – Ceded Reinsurance Report – Part B

1). The estimated amount of the aggregate reduction in surplus of termination of all reinsurance agreements, by either party, is not applicable since it does not ceded its reinsurance.

2). Neighborhood does not executed or amended any existing agreements, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

B. Neighborhood does not experience a write-off for uncollectible reinsurance.
C. Neighborhood does not experience commutation of ceded reinsurance.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

As a result of changes in estimates of prior years reported insured health care costs, medical and hospital expenses were decreased by $2,591 and increased by $116 during the year ended December 31, 2010 and 2009, respectively. The claim adjustment expenses were decreased by $97 and increased by $4 during the year ended December 31, 2010 and 2009, respectively. Changes in estimates of insured health care costs resulted from differences between initially anticipated and actual costs incurred or revised estimated costs to be incurred.

26. Inter-company Pooling Arrangements

Not Applicable

27. Structured Settlements

Not Applicable

28. Health Care Receivable

Pharmaceutical rebates:

In accordance with NAIC SAP Statement No. 84, the following is a summary of the required disclosures relating to pharmaceutical rebates:

NOTES TO FINANCIAL STATEMENTS

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing / Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
December 31, 2010	$210	$121			
September 30, 2010	$180	$166			
June 30, 2010	$210	$252		$131	
March 31, 2010	$294	$257		$134	$123
December 31, 2009	$200	$290		$153	$137
September 30, 2009	$232	$226		$122	$104
June 30, 2009	$240	$229		$131	$99
March 31, 2009	$258	$247		$150	$97
December 31, 2008	$164	$255		$171	$84
September 30, 2008	$158	$162		$162	
June 30, 2008	$161	$159		$159	
March 31, 2008	$132	$147		$147	

Risk sharing receivables:
In accordance with NAIC SAP Statement No. 84, a summary of risk share receivables are required to disclose here. Since Neighborhood was in a gain share position as of December 31, 2010, this disclosure requirement is not applicable in 2010.

In accordance with NAIC SAP #64, assets and liabilities can be offset and reported net if a valid right of setoff exists. Neighborhood's risk share and gain share arrangements with DHS meet the setoff criteria. The gain share liabilities related to RIte Care, Substitute Care, and Children with Special Needs were $4,580, $2,600, and $4,145 at the year ended December 31, 2010, respectively. The total risk share receivables for Rhody Health Partners were $3,045 at the year ended December 31, 2010. The net risk/gain share liabilities of $8,280 are reported under Aggregate Health Policy Reserves of Liability page.

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserve

Neighborhood had liabilities of $0 and $11,400 related to premium deficiency reserves at the year ended December 31, 2010 and 2009, respectively. The anticipated investment income was considered when calculating Neighborhood's 2009 premium deficiency reserves.

31. Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] NA [X]

1.3 State Regulating?

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 [X] No [ ]

2.2 If yes, date of change: 08/19/2010

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2009

3.2 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. 12/31/2009

3.3 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). 12/31/2010

3.4 By what department or departments? RI Department of Business Regulation, Insurance Division

3.5 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]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [X] NA [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the 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

6.1 Has the 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]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney - in - fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney - in - fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young, LLP, 200 Clarendon Street, Boston, MA 02116

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?..... Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions to the audit committee requirements as allowed in Section 14H of the Annual Financial Reporting Model Regulation, or substantially similar state law or regulation?..... Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?..... Yes [ ] No [X]

10.6 If the response to 10.5 is yes, provide information related to this exemption:

10.7 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?..... Yes [X] No [ ] NA [ ]

10.8 If the response to 10.7 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....
Robert M. Damler, Principal and Consulting Actuary, Milliman, Inc., 111 Monument Circle, Suite 601, Indianapolis, IN 16204-6128

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [X]

12.11 Name of real estate holding company .....

12.12 Number of parcels involved.....

12.13 Total book/adjusted carrying value..... $.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] NA [ ]

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?..... Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

15. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [X] No [ ]

16. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [X] No [ ]

17. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?..... Yes [X] No [ ]

GENERAL INTERROGATORIES

FINANCIAL

18. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [X]

19.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 19.11 To directors or other officers .. $ 0
- 19.12 To stockholders not officers ... $ 0
- 19.13 Trustees, supreme or grand (Fraternal only) ..... $ 0

19.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 19.21 To directors or other officers ... $ 0
- 19.22 To stockholders not officers .... $ 0
- 19.23 Trustees, supreme or grand (Fraternal only) ..... $ 0

20.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [X]

20.2 If yes, state the amount thereof at December 31 of the current year:
- 20.21 Rented from others ..... $
- 20.22 Borrowed from others ..... $
- 20.23 Leased from others ..... $
- 20.24 Other ..... $

21.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [X]

21.2 If answer is yes:
- 21.21 Amount paid as losses or risk adjustment ..... $
- 21.22 Amount paid as expenses ..... $
- 21.23 Other amounts paid ..... $

22.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [X]

22.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... $

INVESTMENT

23.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 23.3) ..... Yes [X] No [ ]

23.2 If no, give full and complete information, relating thereto

23.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

Not Applicable

23.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] NA [X]

23.5 If answer to 23.4 is yes, report amount of collateral for conforming programs. ..... $

23.6 If answer to 23.4 is no, report amount of collateral for other programs. ..... $

23.7 Does the company's security lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] NA [X]

23.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] NA [X]

23.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] NA [X]

24.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 20.1 and 23.3) ..... Yes [ ] No [X]

24.2 If yes, state the amount thereof at December 31 of the current year:
- 24.21 Subject to repurchase agreements ..... $
- 24.22 Subject to reverse repurchase agreements ..... $
- 24.23 Subject to dollar repurchase agreements ..... $
- 24.24 Subject to reverse dollar repurchase agreements ..... $
- 24.25 Pledged as collateral ..... $
- 24.26 Placed under option agreements ..... $
- 24.27 Letter stock or securities restricted as to sale ..... $
- 24.28 On deposit with state or other regulatory body ..... $
- 24.29 Other ..... $

24.3 For category (24.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

25.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

25.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [X]
If no, attach a description with this statement.

26.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [X]

26.2 If yes, state the amount thereof at December 31 of the current year. ..... $

GENERAL INTERROGATORIES

27. 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 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [ ] No [X]

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

1 Name of Custodian(s)	2 Custodian's Address
Comerica Bank	411 West Lafayette, Detroit, MI 48226

27.02 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)
RBS Citizens, N.A.	Once Citizens Plaza, Providence, RI 02903	the Agreement with Citizens did not include certain safeguards and controls as required in the NAIC Financial Condition Examiners Handbook

27.03 Have there been any changes, including name changes, in the custodian(s) identified in 27.01 during the current year? ..... Yes [ ] No [X]

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

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

27.05 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 Number(s)	2 Name	3 Address
105997	Dwight Asset Management Company, LLC	100 Bank Street, Burlington, VT 05401
000000	RBS Citizens, N.A.	One Citizens Plaza, Providence, RI 02903

28.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?..... Yes [ ] No [X]

28.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
28.2999 TOTAL		0

28.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

29. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
29.1 Bonds	91,266,115	91,971,219	705,104
29.2 Preferred Stocks	0	0	0
29.3 Totals	91,266,115	91,971,219	705,104

29.4 Describe the sources or methods utilized in determining the fair values:

Interactive Data Pricing Service

30.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

30.2 If the answer to 30.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

30.3 If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Use Interactive Data Pricing Service to determine the fair value for Schedule D

31.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

31.2 If no, list exceptions:

OTHER

32.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 1,650

32.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
NCQA - HEDIS Annaul Assessment fees	1,650

33.1 Amount of payments for legal expenses, if any? $ 192,478

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
St. Peter & Kasle	78,386
Chace, Ruttenberg & Freedman, LLP	52,761

34.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U. S. business only. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 384,640,068	$ 337,045,189
2.2	Premium Denominator	$ 384,640,068	$ 337,045,189
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	$ 41,056,078	$ 53,894,340
2.5	Reserve Denominator	$ 41,056,078	$ 53,894,340
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $ 322,500

5.32 Medical Only $ 0

5.33 Medicare Supplement $ 0

5.34 Dental and Vision $ 0

5.35 Other Limited Benefit Plan $ 0

5.36 Other $ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Follow NAIC's RBC requirements

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 3,650

8.2 Number of providers at end of reporting year 3,442

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses	$	5,311,609
10.22 Amount actually paid for year bonuses	$	6,192,356
10.23 Maximum amount payable withholds	$	0
10.24 Amount actually paid for year withholds	$	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [X] No [ ]
11.14 A Mixed Model (combination of above) ?	Yes [ ] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such net worth.

State of Rhode Island

11.4 If yes, show the amount required. $ 13,559,882

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

The same as 100% RBC Authorized Control Level

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Rhode Island

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $

FIVE-YEAR HISTORICAL DATA

	1 2010	2 2009	3 2008	4 2007	5 2006
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	113,493,136	108,341,478	115,818,766	71,578,331	74,450,408
2. Total liabilities (Page 3, Line 24)	80,749,490	89,527,612	77,997,844	33,470,206	46,412,342
3. Statutory surplus	13,559,882	12,343,426	9,435,272	6,742,085	6,517,626
4. Total capital and surplus (Page 3, Line 33)	32,743,646	18,813,866	37,820,923	38,108,123	28,038,066
Income Statement (Page 4)					
5. Total revenues (Line 8)	386,111,063	338,504,708	256,443,428	189,928,796	183,082,033
6. Total medical and hospital expenses (Line 18)	344,397,709	313,504,412	235,115,146	165,406,091	161,748,026
7. Claims adjustment expenses (Line 20)	9,097,978	8,844,106	8,132,945	7,506,019	6,825,562
8. Total administrative expenses (Line 21)	29,817,177	25,453,722	15,642,425	9,303,444	8,860,546
9. Net underwriting gain (loss) (Line 24)	14,198,199	(20,697,532)	(2,447,088)	7,713,242	5,647,899
10. Net investment gain (loss) (Line 27)	750,368	1,149,525	2,485,105	3,093,668	2,266,252
11. Total other income (Lines 28 plus 29)	(1,572,664)	(179,652)	(97,496)	(105,458)	(58,662)
12. Net income or (loss) (Line 32)	13,375,903	(19,727,659)	(59,479)	10,701,452	7,855,489
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	10,120,257	(2,189,489)	32,504,182	(4,711,230)	18,583,665
Risk - Based Capital Analysis					
14. Total adjusted capital	32,743,646	18,813,866	37,820,923	38,108,123	28,038,066
15. Authorized control level risk-based capital	13,559,882	12,343,426	9,435,272	6,742,085	6,517,626
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	90,373	80,647	74,680	65,927	68,294
17. Total members months (Column 6, Line 7)	987,054	922,359	837,627	795,060	816,658
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	89.5	93.0	92.6	88.2	89.4
20. Cost containment expenses	1.7	1.9	2.0	2.6	XXX
21. Other claims adjustment expenses	0.7	0.8	1.2	1.4	1.3
22. Total underwriting deductions (Line 23)	96.7	106.6	102.0	97.1	98.1
23. Total underwriting gain (loss) (Line 24)	3.7	(6.1)	(1.0)	4.1	3.1
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	39,903,562	46,011,863	23,531,934	18,942,332	17,207,681
25. Estimated liability of unpaid claims–[prior year (Line 13, Col. 6)]	42,494,341	45,895,387	26,552,335	21,135,783	16,891,576
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, C05, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only 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	9 Deposit-Type Contracts
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	N							0	0
5. California CA	N							0	0
6. Colorado CO	N							0	0
7. Connecticut CT	N							0	0
8. Delaware DE	N							0	0
9. Dist. of Columbia DC	N							0	0
10. Florida FL	N							0	0
11. Georgia GA	N							0	0
12. Hawaii HI	N							0	0
13. Idaho ID	N							0	0
14. Illinois IL	N							0	0
15. Indiana IN	N							0	0
16. Iowa IA	N							0	0
17. Kansas KS	N							0	0
18. Kentucky KY	N							0	0
19. Louisiana LA	N							0	0
20. Maine ME	N							0	0
21. Maryland MD	N							0	0
22. Massachusetts MA	N							0	0
23. Michigan MI	N							0	0
24. Minnesota MN	N							0	0
25. Mississippi MS	N							0	0
26. Missouri MO	N							0	0
27. Montana MT	N							0	0
28. Nebraska NE	N							0	0
29. Nevada NV	N							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	N							0	0
32. New Mexico NM	N							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	N							0	0
36. Ohio OH	N							0	0
37. Oklahoma OK	N							0	0
38. Oregon OR	N							0	0
39. Pennsylvania PA	N							0	0
40. Rhode Island RI	L			387,086,742				387,086,742	0
41. South Carolina SC	N							0	0
42. South Dakota SD	N							0	0
43. Tennessee TN	N							0	0
44. Texas TX	N							0	0
45. Utah UT	N							0	0
46. Vermont VT	N							0	0
47. Virginia VA	N							0	0
48. Washington WA	N							0	0
49. West Virginia WV	N							0	0
50. Wisconsin WI	N							0	0
51. Wyoming WY	N							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N							0	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	387,086,742	0	0	0	387,086,742	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	0	387,086,742	0	0	0	387,086,742	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	
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

Not applicable

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

Schedule Y - Part 1

NONE

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