



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

OTHER OFFICERS

<u>Maria Montanaro #</u>	<u>Chairman</u>	<u>Jane Hayward #</u>	<u>Vice Chairman</u>
<u>Brenda Dowlatshahi</u>	<u>Secretary</u>	<u>Merrill Thomas</u>	<u>Treasurer</u>

DIRECTORS OR TRUSTEES

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

State of Rhode Island

ss

County of _____

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

Mark Reynolds
Chief Executive Officer

Thomas Clark Phillip Jr. CPA
Chief Financial Officer

Leon McTyeire Johnston MD
Chief Medical Officer

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

- a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Michelle Tetreault

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
RHODE ISLAND HOSPITAL.....	1,012,926	7,854	52,638	1,027	(58,459)	1,015,986
CHILDRENS HOSPITAL.....	407,576			61,631	372,195	841,402
WOMEN & INFANT HOSPITAL.....	450,050	(70)	3,049	(787)	(437)	451,803
MEMORIAL HOSPITAL.....	216,844	674	(761)	(916)	(1,659)	214,182
KENT COUNTY MEMORIAL HOSPITAL.....	199,761	7,652	(7,955)	(1,577)	(5,384)	192,498
MIRIAM HOSPITAL.....	158,095	(566)	(138)	(80)	(4,446)	152,865
LANDMARK MEDICAL CENTER.....	131,913				1,242	133,156
DANA FARBER CANCER INSTITUTE.....	99,745	614			(25)	100,333
ROGER WILLIAMS HOSPITAL.....	95,779	198			(179)	95,797
ST JOSEPH HOSPITAL.....	100,301	(4,174)	(1,011)	4,272	(6,628)	92,761
CCS RAYNHAM.....	96,256	(4,060)				92,196
UNIVERSITY EMERGENCY MEDICINE.....	54,798	(52)			(171)	54,575
NEWPORT HOSPITAL.....	51,933		(260)	548	(544)	51,678
ANESTHESIOLOGY INC.....	37,821				(813)	37,008
MASS GENERAL HOSPITAL.....	35,811					35,811
BETH ISRAEL MEDICAL.....	26,922					26,922
MINERAL SPRING PEDI.....	24,354	62	(25)	(70)	(2,296)	22,026
CHILDRENS FRIEND AND SERVICE.....	21,477					21,477
WESTMINSTER EYECARE.....	20,215					20,215
ARA PROVIDENCE DIALYSIS.....					16,429	16,429
THE WESTERLY HOSPITAL.....	15,976		29			16,005
THUNDERMIST HEALTH CENTER.....	15,615			(52)	103	15,666
ASSISTED DAILY LIVING.....	14,758					14,758
EAST SIDE CLINICAL LAB.....	14,247	107			135	14,489
J ARTHUR TRUDEAU.....	13,425	178	23	48	92	13,765
WOMEN'S CARE INC.....	12,405	275	110	95	77	12,962
ACCREDITO HEALTH GROUP.....	12,578					12,578
PARENTAL INFUSION.....	11,433	825				12,258
TENET HOSPITALS LTD.....	12,211	0	0	0	0	12,211
UNIVERSITY ORTHOPEDICS.....	11,482	213		0	(18)	11,678
PROVIDENCE KIDNEY CENTER.....	11,624	0	0	0	0	11,624
SOUTHCOAST HOSPITALS GROUP.....	11,223					11,223
SOUTH COUNTY HOSPITAL.....	12,931	742			(2,815)	10,858
BAYADA NURSES.....	10,842					10,842
UNIVERSITY MEDICINE.....	10,074	313	(15)		375	10,748
BLACKSTONE VALLEY.....	9,996	159	(41)	0	0	10,114
0199999 Individually listed claims unpaid.....	3,443,396	10,942	45,643	64,139	306,777	3,870,897
0299999 Aggregate accounts not individually listed-uncovered.....	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered.....	533,209	5,014	(4,123)	(3,414)	1,594	532,280
0499999 Subtotals	3,976,606	15,956	41,520	60,725	308,371	4,403,177
0599999 Unreported claims and other claim reserves.....						25,256,919
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						29,660,096
0899999 Accrued medical incentive pool and bonus amounts.....						3,627,806

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Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	8,882,670	2.5	37,511	41.5		8,882,670
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	8,882,670	2.5	37,511	41.5	0	8,882,670
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	341,563,292	95.8	XXX	XXX		341,563,292
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	6,192,356	1.7	XXX	XXX		6,192,356
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	347,755,648	97.5	XXX	XXX	0	347,755,648
13. Total (Line 4 plus Line 12)	356,638,318	100 %	XXX	XXX	0	356,638,318

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	629,820		387,328	242,492	242,492	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	629,820	0	387,328	242,492	242,492	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Neighborhood Health Plan of Rhode Island

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2010

NAIC Company Code 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	80,647								80,647	
2. First Quarter	80,010								80,010	
3. Second Quarter	80,332								80,332	
4. Third Quarter	82,041								82,041	
5. Current Year	90,373								90,373	
6. Current Year Member Months	987,054								987,054	
Total Member Ambulatory Encounters for Year:										
7. Physician	158,014								158,014	
8. Non-Physician	314,137								314,137	
9. Total	472,151	0	0	0	0	0	0	0	472,151	0
10. Hospital Patient Days Incurred	41,432								41,432	
11. Number of Inpatient Admissions	11,219								11,219	
12. Health Premiums Written (b).....	384,640,068								384,640,068	
13. Life Premiums Direct	0								0	
14. Property/Casualty Premiums Written.....	0								0	
15. Health Premiums Earned.....	384,640,068								384,640,068	
16. Property/Casualty Premiums Earned.....	0								0	
17. Amount Paid for Provision of Health Care Services	356,638,318								356,638,318	
18. Amount Incurred for Provision of Health Care Services	346,820,405								346,820,405	

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

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

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Neighborhood Health Plan of Rhode Island

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2010

NAIC Company Code 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	80,647	0	0	0	0	0	0	0	80,647	0
2. First Quarter	80,010	0	0	0	0	0	0	0	80,010	0
3. Second Quarter	80,332	0	0	0	0	0	0	0	80,332	0
4. Third Quarter	82,041	0	0	0	0	0	0	0	82,041	0
5. Current Year	90,373	0	0	0	0	0	0	0	90,373	0
6. Current Year Member Months	987,054	0	0	0	0	0	0	0	987,054	0
Total Member Ambulatory Encounters for Year:										
7. Physician	158,014	0	0	0	0	0	0	0	158,014	0
8. Non-Physician	314,137	0	0	0	0	0	0	0	314,137	0
9. Total	472,151	0	0	0	0	0	0	0	472,151	0
10. Hospital Patient Days Incurred	41,432	0	0	0	0	0	0	0	41,432	0
11. Number of Inpatient Admissions	11,219	0	0	0	0	0	0	0	11,219	0
12. Health Premiums Written (b).....	384,640,068	0	0	0	0	0	0	0	384,640,068	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	384,640,068	0	0	0	0	0	0	0	384,640,068	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	356,638,318	0	0	0	0	0	0	0	356,638,318	0
18. Amount Incurred for Provision of Health Care Services	346,820,405	0	0	0	0	0	0	0	346,820,405	0

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

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

29.GT

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 1 - SECTION 2

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

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

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

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SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	2,447	1,058	1,017	951	1,563
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	2,423	2,997	1,021	782	1,097
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	511	611	670	0	0
8. Reinsurance recoverable on paid losses.....	458	1,068	151	487	123
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	108,394,723		108,394,723
2. Accident and health premiums due and unpaid (Line 15).....	1,366,222		1,366,222
3. Amounts recoverable from reinsurers (Line 16.1).....	457,553	(457,553)	0
4. Net credit for ceded reinsurance.....	XXX	968,900	968,900
5. All other admitted assets (Balance).....	3,274,638		3,274,638
6. Total assets (Line 28)	113,493,136	511,347	114,004,483
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	29,148,749	511,347	29,660,096
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,627,806		3,627,806
9. Premiums received in advance (Line 8).....	32,285,054		32,285,054
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	15,687,881		15,687,881
13. Total liabilities (Line 24).....	80,749,490	511,347	81,260,837
14. Total capital and surplus (Line 33).....	32,743,646	XXX	32,743,646
15. Total liabilities, capital and surplus (Line 34)	113,493,136	511,347	114,004,483
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	511,347		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	457,553		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	968,900		
22. Premiums receivable.....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
24. Unauthorized reinsurance.....	0		
25. Other ceded reinsurance payables/offsets.....	0		
26. Total ceded reinsurance payables/offsets.....	0		
27. Total net credit for ceded reinsurance	968,900		

Schedule T - Part 2

NONE

Schedule Y - Part 2

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

- | | |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|--|---------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

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

MARCH FILING

- | | |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|---------------------------|
| 18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |
| 21. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |

AUGUST FILING

- | | |
|--|---------------------------|
| 23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |SEE EXPLANATION..... |
|--|---------------------------|

EXPLANATION:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21. Medicaid exempt from filing this exhibit
- 22. Medicaid exempt from filing this exhibit
- 23. Total written premium less than \$500 million, not required by Model Audit Rule

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 12. 
9 5 4 0 2 2 0 1 0 2 0 5 0 0 0 0 0
- 13. 
9 5 4 0 2 2 0 1 0 2 0 7 0 0 0 0 0
- 14. 
9 5 4 0 2 2 0 1 0 4 2 0 0 0 0 0 0
- 15. 
9 5 4 0 2 2 0 1 0 3 7 1 0 0 0 0 0
- 16. 
9 5 4 0 2 2 0 1 0 3 7 0 0 0 0 0 0
- 17. 
9 5 4 0 2 2 0 1 0 3 6 5 0 0 0 0 0
- 18. 
9 5 4 0 2 2 0 1 0 3 0 6 0 0 0 0 0
- 19. 
9 5 4 0 2 2 0 1 0 2 1 1 5 9 0 0 0
- 20. 
9 5 4 0 2 2 0 1 0 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Security Deposit.....	79,362	79,362	0	0
2505. Grant Receivable.....	50,000	0	50,000	0
2597. Summary of remaining write-ins for Line 25 from Page 2	129,362	79,362	50,000	0

M016 Additional Aggregate Lines for Page 16 Line 25.

*EXNONADMIT - Exhibit of Nonadmitted Assets

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2504.	79,362	0	(79,362)
2597. Summary of remaining write-ins for Line 25 from Page 16	79,362	0	(79,362)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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Cash Flow	6
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