



**HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2011  
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 Street , Providence, RI 02908  
(Street and Number) (City or Town, State and Zip Code)

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

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

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

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

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

**OFFICERS**

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

**OTHER OFFICERS**

<u>Merrill Thomas #</u>	<u>Chairman</u>	<u>Jane Hayward</u>	<u>Vice Chairman</u>
<u>Brenda Dowlatshahi</u>	<u>Secretary</u>	<u>Peter Walsh #</u>	<u>Treasurer</u>

**DIRECTORS OR TRUSTEES**

<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 MD</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 Wash</u>	<u>Christopher Little Esp. #</u>	<u>Charles Jones #</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 2011 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
<b>Claims Unpaid (Reported)</b>						
Rhode Island Hospital.....	620,998	172,329	63,342	31,936	16,852	905,456
Women & Infants Hospital.....	508,162	120,453	72,819	6,644	0	708,079
Kent County Memorial Hospital.....	141,120	268,881	5,336	0	0	415,337
Miriam Hospital.....	119,709	153,693	29,838	0	0	303,240
Beth Israel Deaconess Medical Center.....	50	272,111	0	0	0	272,161
Landmark Medical Center POB L.....	121,582	102,367	28,447	0	0	252,397
Bayada Nurses.....	128,850	5,048	8,491	0	0	142,389
Childrens Friend and Service.....	92,744	0	2,055	0	0	94,799
Memorial Hospital of Rhode Island.....	70,835	8,273	2,495	0	0	81,603
St Joseph Hospital of Rhode Island.....	65,895	6,146	7,107	0	0	79,148
Roger Williams Hospital.....	54,376	6,852	16,075	62	179	77,545
Newport Hospital.....	42,968	14,577	2,154	0	0	59,700
University Emergency Medicine Foundation.....	42,453	11,565	2,012	0	0	56,030
Anesthesiology Inc.....	38,002	8,043	7,518	0	0	53,563
Eastern Maine Medical Center.....	0	45,399	0	0	0	45,399
Kindred Nursing Centers.....	7,975	31,350	4,950	0	0	44,275
Providence Community Health.....	40,193	1,204	796	0	80	42,274
J Arthur Trudeau Memorial Center.....	37,025	2,228	1,593	0	0	40,846
Trident Medical Center.....	0	39,640	0	0	0	39,640
Assisted Daily Living Inc.....	23,758	13,616	456	0	0	37,830
Brigham And Women's Hospital.....	25	32,438	0	0	0	32,463
Rhode Island Medical Imaging Inc.....	25,406	3,422	690	0	0	29,518
South County Hospital Inc.....	14,277	10,635	1,384	0	0	26,296
Home Care Advantage.....	11,446	11,975	1,264	0	0	24,685
Bayside Nursing LLC.....	9,320	6,065	7,980	0	0	23,365
Neurosurgery Foundation Inc.....	3,105	7,993	10,867	0	0	21,964
Anesthesia Care, Inc.....	19,078	0	2,588	0	0	21,667
Womens Care Inc.....	14,780	2,244	4,469	0	0	21,493
University Otolaryngology.....	7,835	10,672	2,312	0	0	20,819
ASSOCIATES PHYSICIANS AT BIDMC.....	19,814	861	103	0	0	20,778
CHMC Cardiovascular Surgical Foundation.....	15,436	0	4,584	0	0	20,019
Advanced Radiology Inc.....	2,911	6,008	10,814	0	0	19,732
New England Baptist Hosp.....	0	17,801	0	0	0	17,801
Santiago Medical Group.....	15,795	425	597	0	0	16,817
The Westerly Hospital.....	12,444	4,050	72	0	0	16,566
University Medicine Foundation Inc.....	15,390	378	254	0	0	16,022
Blackstone Valley Community Health.....	15,538	0	188	0	0	15,725
Steward St Anne's Hospital Corporation.....	11,652	735	2,974	0	0	15,361
East Side Clinical Lab.....	12,899	971	930	0	0	14,801
Dominion Diagnostics.....	14,034	125	625	0	0	14,783
Klibanoff Eye Associates Ltd.....	13,973	103	578	0	0	14,654
Childrens Hospital Pediatric Ass.....	167	12,637	1,311	0	0	14,115
Meeting Street Early Intervention.....	0	6,272	7,320	0	0	13,592
Option Care Enterprises Inc.....	5,399	7,528	0	0	0	12,926
Looking Upwards Inc.....	10,642	280	1,703	0	0	12,625
NNA Pawtucket.....	6,405	4,270	1,830	0	0	12,505
HOME CARE SERVICES OF RI, INC.....	6,532	5,950	0	0	0	12,482
Christos H Erinakes.....	2,028	4,110	6,009	0	0	12,147
University Surgical Association Inc.....	8,589	2,096	424	582	0	11,691
Atmed Treatment Center, Inc.....	6,411	1,531	3,189	0	0	11,131
Thundermist Health Center.....	9,067	1,625	439	0	0	11,130
Family Resources, Inc.....	11,051	0	0	0	0	11,051
Woonsocket Urgent care PC.....	10,869	0	166	0	0	11,035
Mass Eye & Ear Infirmary.....	10,319	0	0	0	0	10,319
0199999 Individually listed claims unpaid.....	2,499,331	1,446,975	331,148	39,224	17,112	4,333,788
0299999 Aggregate accounts not individually listed-uncovered.....						0

20

ANNUAL STATEMENT FOR THE YEAR 2011 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
0199999 Individually listed claims unpaid.....	2,499,331	1,446,975	331,148	39,224	17,112	4,333,788
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	476,720	115,212	87,837	88	999	680,855
0499999 Subtotals.....	2,976,050	1,562,186	418,984	39,312	18,111	5,014,643
0599999 Unreported claims and other claim reserves.....						31,318,084
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						36,332,727
0899999 Accrued medical incentive pool and bonus amounts.....						5,052,901

Exhibit 5 - Amounts Due From Parent, Subs

**NONE**

Exhibit 6 - Amounts Due To Parent, Subs

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 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 .....	9,657,546	2.6	37,900	41.6		9,657,546
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	9,657,546	2.6	37,900	41.6	0	9,657,546
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	354,743,955	95.7	XXX	XXX		354,743,955
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	6,133,653	1.7	XXX	XXX		6,133,653
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 .....	360,877,608	97.4	XXX	XXX	0	360,877,608
13. Total (Line 4 plus Line 12)	370,535,154	100 %	XXX	XXX	0	370,535,154

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

23

ANNUAL STATEMENT FOR THE YEAR 2011 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		451,377	178,443	178,443	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	451,377	178,443	178,443	0



ANNUAL STATEMENT FOR THE YEAR 2011 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 2011

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							
<b>Total Members at end of:</b>										
1. Prior Year .....	90,373								90,373	
2. First Quarter .....	90,261								90,261	
3. Second Quarter .....	90,071								90,071	
4. Third Quarter .....	89,940								89,940	
5. Current Year	91,215								91,215	
6. Current Year Member Months	1,084,716								1,084,716	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	184,747								184,747	
8. Non-Physician .....	310,829								310,829	
9. Total	495,576	0	0	0	0	0	0	0	495,576	0
10. Hospital Patient Days Incurred	37,184								37,184	
11. Number of Inpatient Admissions	10,429								10,429	
12. Health Premiums Written (b).....	429,783,673								429,783,673	
13. Life Premiums Direct .....	0								0	
14. Property/Casualty Premiums Written.....	0								0	
15. Health Premiums Earned.....	429,783,673								429,783,673	
16. Property/Casualty Premiums Earned.....	0								0	
17. Amount Paid for Provision of Health Care Services .....	370,535,154								370,535,154	
18. Amount Incurred for Provision of Health Care Services	378,632,880								378,632,880	

(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 \$ \_\_\_\_\_

29.RI



ANNUAL STATEMENT FOR THE YEAR 2011 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 2011

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							
<b>Total Members at end of:</b>										
1. Prior Year .....	90,373	0	0	0	0	0	0	0	90,373	0
2. First Quarter .....	90,261	0	0	0	0	0	0	0	90,261	0
3. Second Quarter .....	90,071	0	0	0	0	0	0	0	90,071	0
4. Third Quarter .....	89,940	0	0	0	0	0	0	0	89,940	0
5. Current Year	91,215	0	0	0	0	0	0	0	91,215	0
6. Current Year Member Months	1,084,716	0	0	0	0	0	0	0	1,084,716	0
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	184,747	0	0	0	0	0	0	0	184,747	0
8. Non-Physician .....	310,829	0	0	0	0	0	0	0	310,829	0
9. Total	495,576	0	0	0	0	0	0	0	495,576	0
10. Hospital Patient Days Incurred	37,184	0	0	0	0	0	0	0	37,184	0
11. Number of Inpatient Admissions	10,429	0	0	0	0	0	0	0	10,429	0
12. Health Premiums Written (b).....	429,783,673	0	0	0	0	0	0	0	429,783,673	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.....	429,783,673	0	0	0	0	0	0	0	429,783,673	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 .....	370,535,154	0	0	0	0	0	0	0	370,535,154	0
18. Amount Incurred for Provision of Health Care Services	378,632,880	0	0	0	0	0	0	0	378,632,880	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 2011 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 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>NONE</b>											
0999999 Totals						0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Neighborhood Health Plan of Rhode Island**

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
22667	95-2371728	04/01/2010	Ace American Insurance Company	US	SSL/1/L	3,924,941	0	0				
0499999 - General Account - Authorized U.S. Non-Affiliates						3,924,941						
0699999 - Total Authorized Non-Affiliates						3,924,941						
0799999 - Total General Account Authorized						3,924,941						
1599999 - Total General Account Authorized and Unauthorized						3,924,941						
2999999 - Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
3099999 - Total Separate Accounts Authorized and Unauthorized						0	0	0	0	0	0	0
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						3,924,941	0	0	0	0	0	0
3299999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						0	0	0	0	0	0	0
3399999 Totals						3,924,941	0	0	0	0	0	0

32

**ANNUAL STATEMENT FOR THE YEAR 2011 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	Letter of Credit Issuing or Confirming Bank(a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols 9+13+14+15+16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
<b>NONE</b>																
2599999 Total				0	0	0	0	0				0	0	0	0	0

33

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

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

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	3,925	2,447	1,058	1,017	951
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	804	2,423	2,997	1,021	782
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	511	611	670	0
8. Reinsurance recoverable on paid losses.....	470	458	1,068	151	487
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	146,996,996		146,996,996
2. Accident and health premiums due and unpaid (Line 15).....	5,508,438		5,508,438
3. Amounts recoverable from reinsurers (Line 16.1).....	470,436	(470,436)	0
4. Net credit for ceded reinsurance.....	XXX	470,436	470,436
5. All other admitted assets (Balance).....	2,052,429		2,052,429
6. Total assets (Line 28)	155,028,299	0	155,028,299
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	36,332,727	0	36,332,727
8. Accrued medical incentive pool and bonus payments (Line 2).....	5,052,901		5,052,901
9. Premiums received in advance (Line 8).....	33,480,209		33,480,209
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).....	36,795,172		36,795,172
13. Total liabilities (Line 24).....	111,661,009	0	111,661,009
14. Total capital and surplus (Line 33).....	43,367,290	XXX	43,367,290
15. Total liabilities, capital and surplus (Line 34)	155,028,299	0	155,028,299
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	470,436		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	470,436		
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	470,436		

Schedule T - Part 2

**NONE**



**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
<b>NONE</b>												
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

40

# 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..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | .....NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | .....NO..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | .....NO..... |

**APRIL FILING**

- |  |                           |
|--|---------------------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO.....              |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO.....              |
| 23. 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.....              |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1?                             | .....SEE EXPLANATION..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | .....SEE EXPLANATION..... |

**AUGUST FILING**

- |  |                           |
|--|---------------------------|
| 26. 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.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24. Medicaid business only, exempt from filing this Exhibit

25. Medicaid business only, exempt from filing this Exhibit

26. Total written premium less than \$500 million, not required by Model Audit Rule

**BAR CODE:**

12.   
9 5 4 0 2 2 0 1 1 2 0 5 0 0 0 0 0

13.   
9 5 4 0 2 2 0 1 1 2 0 7 0 0 0 0 0

14.   
9 5 4 0 2 2 0 1 1 4 2 0 0 0 0 0 0

15.   
9 5 4 0 2 2 0 1 1 3 7 1 0 0 0 0 0

16.   
9 5 4 0 2 2 0 1 1 3 7 0 0 0 0 0 0

17.   
9 5 4 0 2 2 0 1 1 3 6 5 0 0 0 0 0

18.   
9 5 4 0 2 2 0 1 1 2 2 4 0 0 0 0 0

19.   
9 5 4 0 2 2 0 1 1 2 2 5 0 0 0 0 0

20.   
9 5 4 0 2 2 0 1 1 2 2 6 0 0 0 0 0

21.   
9 5 4 0 2 2 0 1 1 3 0 6 0 0 0 0 0

22.   
9 5 4 0 2 2 0 1 1 2 1 1 5 9 0 0 0

23.   
9 5 4 0 2 2 0 1 1 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.....	0	0	0	50,000
2597. Summary of remaining write-ins for Line 25 from Page 2	79,362	79,362	0	50,000

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	79,362	0
2597. Summary of remaining write-ins for Line 25 from Page 16	79,362	79,362	0

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C Section 2	SI13
Schedule DB – Part D	E22
Schedule DB – Verification	SI14
Schedule E – Part 1 – Cash	E23
Schedule E – Part 2 – Cash Equivalents	E24
Schedule E – Part 3 – Special Deposits	E25
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK (Continued)

Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

