53473201220100100

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

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

Organized under the Laws of STATE OF RHODE ISLAND **, State of Domicile or Port of Entry** RHODE ISLAND

Country of Domicile UNITED STATES

Licensed as business type: **Life, Accident & Health** [ ] **Property/Casualty** [ ] **Hospital, Medical & Dental Service or Indemnity** [X]
Dental Service Corporation [ ] **Vision Service Corporation** [ ] **Health Maintenance Organization** [ ]
Other [ ] **Is HMO Federally Qualified?** **Yes** [ ] **No** [ ]

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

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

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

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

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

Internet Website Address WWW.BCBSRI.COM

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

OFFICERS

	Name	Title
1.	PETER ANDRUSZKIEWICZ	PRESIDENT & CEO
2.	MICHELE B. LEDERBERG	EVP. & GEN. COUNSEL
3.	MICHAEL W. HUDSON #	EXECUTIVE VICE PRESIDENT & CFO

VICE-PRESIDENTS

Name	Title	Name	Title
CHRISTOPHER G. BUSH	V.P. - UNDERWRITING	JEREMY DUNCAN #	V.P. - COMMUNICATIONS
JIM GALLAGHER #	V.P. - PRODUCT DEVELOPMENT	PAUL HANLON	SR.VP & CHIEF INFORMATION OFFICER
MARC HUDAK #	V.P. - CARE INNOVAT. & INTEGRATION	AUGUSTINE A. MANOCCHIA M.D.	SR. V.P. & CHIEF MEDICAL OFFICER
SHANNA C. MARZILLI	SVP & CHIEF MARKETING OFFICER	MONICA A. NERONHA	V.P. - LEGAL SERVICES
BRIAN M. O'MALLEY	V.P. - FINANCE	VISAEL RODRIGUEZ #	CHIEF DIVERSITY OFFICER
MARK D. WAGGONER	SR. V.P. - NETWORK. & CONTRACTING	WILLIAM K. WRAY	CHIEF OPERATING OFFICER
ROBERT S. WOLFKIEL #	V.P. & CHIEF SALES OFFICER		

DIRECTORS OR TRUSTEES

DENISE A. BARGE	FREDRIC V. CHRISTIAN M.D.	JUDGE EDWARD C. CLIFTON	MEREDITH CURREN
MICHAEL V. D'AMBRA	SCOTT DUHAMEL	JAMES A. HARRINGTON #	SAMUEL H. HAVENS
PETER C. HAYES	JUANA I. HORTON	ELIZABETH LANGE M.D. #	WARREN LICHT M.D. #
CHUCK LOCURTO	JOHN P. MAGUIRE	CAROL A. MUMFORD	ROBERT G. NORTON
ANNE E. POWERS	RANDY A. WYROFSKY		

State of RHODE ISLAND

County of PROVIDENCE ss

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

(Signature)	(Signature)	(Signature)
PETER ANDRUSZKIEWICZ	MICHELE B. LEDERBERG	MICHAEL W. HUDSON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
PRESIDENT & CEO	EVP. & GEN. COUNSEL	EXECUTIVE VICE PRESIDENT & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
_____ day of _____ , 2013

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

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
Federal Employees Health Benefit Program	25,503,732					25,503,732
RI Laborers Health Fund	1,210,627					1,210,627
Bryant University	706,647	7,321				713,968
Westerly Hospital Employe	668,147					668,147
Roger Williams Medical Center Standard	559,548					559,548
St.Joseph Health Services of RI Standard	526,990	13,921				540,911
Washington Trust Company	490,560					490,560
RI Laborers Non Construction	458,584					458,584
Providence School Dept Misc Retirees Basic-1999-Pr	227,100	227,436				454,536
Carousel Industries	370,303					370,303
Landmark Medical Center	148,073	150,672				298,745
Fellowship Health Resources Inc	289,832					289,832
Technic, Inc.	276,434	2,255				278,689
South County Hospital	129,261	131,114				260,375
St.Joseph Health Services of RI Premium	251,075					251,075
Roger Williams University - Non Alligned	239,305					239,305
Carousel Industries - Coinsurance	217,443					217,443
Meeting Street	214,864					214,864
Roger Williams University - Faculty Union	213,184					213,184
Providence Retirees - Plan 65	104,212	106,149				210,361
W&I Nurses Union	95,892	95,898				191,790
East Side Clinical Laboratory	185,093					185,093
Navigant Credit Union	181,550					181,550
Providence Teachers	80,308	81,090				161,398
Direct Pay Basic	137,201	22,323				159,524
General Cable Corporation	157,285					157,285
Parkview Nursing Home	48,820	50,144	47,610			146,574
Hopkins Manor Ltd	144,955					144,955
St Mary's Home	69,608	68,583				138,191
Westin Fort Lauderdale, FL	37,499	98,247				135,746
Sencorp	128,579	5,518				134,097
Rehabilitation Hospital of RI	131,329					131,329
RWMC-CCHP	120,354	4,012				124,366
Elmhurst Extended Care Standard	117,437					117,437
Teknor Apex Active	111,579					111,579
Vishay Efi	111,294					111,294
Gem Plumbing & Heating	110,594					110,594
Women & Infants Hospital	48,012	57,559				105,571
Charlegate Nursing	104,780					104,780
Kent County Memorial Hospital	103,643					103,643
University Medical Group Inc	99,973	3,606				103,579
Blue Cross & Blue Shield of Rhode Island	102,333					102,333
Benefit Concepts Inc	94,706					94,706

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Sheet Metal Workers Local-# 17	94,629					94,629
Crowne Plaza At The Crossings	84,353					84,353
Roger Williams University - Professional Support	84,275					84,275
Roger Williams University - Facilities Management	83,590					83,590
Fineline Graphics Inc			54,127	26,121	80,248	
Bannister House, Inc	69,983	9,445				79,428
Gateway Healthcare Inc	75,804					75,804
Direct Pay Preferred	65,450	5,951	3,107			74,508
Visiting Nurse Home Care	71,956					71,956
Prov Leasing, LLC D/B/A Renaissance Prov Hotel	70,638					70,638
X-Ray Associates, Inc DBA-XRA Medical Imaging	70,037					70,037
Marriott Fort Lauderdale North, FL	33,874	34,910				68,784
Woonsocket School Department	66,522					66,522
United Methodist Elder Care	65,112					65,112
Roger Williams University - Dining Union	64,977					64,977
Plasterers & Cement Masons Loc 40 Hlth & Welfare	64,283					64,283
Care New England	28,990	34,871				63,861
Penske Automotive Group,Inc	62,514					62,514
Providence 1033 Sch Aides/Bus Monitors-Before 2004	30,919	31,548				62,467
Orthopedic Group Inc	61,773					61,773
R I Rehabilitation Institute	60,668					60,668
Cumberland School Dept-Certified	29,269	31,346				60,615
Marinosci Law Group, PC	60,012					60,012
Shechtman Halperin Savage, Llp	59,769					59,769
Infusion Resource LLC	59,338					59,338
Swarovski North America Ltd - Active	59,323					59,323
City Of Providence 1033	29,401	29,264				58,665
Dan's Management Company	44,698	12,482				57,180
Intercontinental Kansas City, MO	54,280					54,280
General Tech Corp DBA Computopia				50,926	50,926	
Quartermoon Inc	9,985	39,665				49,650
The Compass School	24,024	23,991				48,015
Central Coventry Fire District 3372	47,360					47,360
Hi-Tech Profiles, Inc.	46,523					46,523
Marriott Waterford Okc	17,208	27,919				45,127
Sargent Rehabilitation Center	44,721					44,721
Meridian Printing, Inc.	44,574					44,574
Advanced Radiology	43,887					43,887
Truex Incorporated	43,554					43,554
Liberty Title & Escrow Co,Inc	43,206					43,206
Independence Bank	21,370	21,582				42,952
Butler Hospital	42,258					42,258
Westerly Hospital Employe	41,420					41,420
RI Zoological Society	40,380	538				40,918
Providence Police Department	19,987	20,080				40,067
Bliss Properties Inc	38,672					38,672

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
American Wholesale Ins Na				37,644	37,644	
Providence School Dept Misc Retirees	18,111	19,524				37,635
Smithfield Peat Company Inc	16,709	16,709	4,100			37,518
981 Kings Town Road Operating Co DBA Scallop Shell	37,494					37,494
Robert F Audet, Inc	37,405					37,405
Aetna Bridge Company	18,089	19,120				37,209
Berkshire Place Ltd	37,180					37,180
Roger Williams University Adjunct Faculty	36,799					36,799
Electro Standards Lab	35,521					35,521
Providence Fire Department	17,541	17,680				35,221
Allesco Industries, Inc	34,922					34,922
Clipper Home	33,443	314				33,757
Tockwotton Home	33,529					33,529
Coventry Public Schools	33,439					33,439
West Warwick Public Schools	33,382	31				33,413
Lifespan - RIH	33,086					33,086
Edward Rowse Architects,Inc	16,476	16,476				32,952
Microfibres Inc	28,343	4,222				32,565
Penske Automotive Group,Inc	8,602	6,551	901	15,721	31,775	
University Internal Medicine, Inc.	15,221	15,221	1,062			31,504
Resolute Racing Shells	15,007	16,453				31,460
Vantage Oncology	30,991	366				31,357
Belmont Marketplace, Inc	29,139					29,139
Providence 1033, Non-Bargained Retirees Ext Ben-09	14,981	14,089				29,070
New England Anesthesiologists	27,385	449				27,834
Waste Haulers LLC	27,766					27,766
Century Drywall Inc	27,456					27,456
Marriott Palm Beach Gardens, FL	26,668					26,668
Warwick Public Schools - Teachers	26,033					26,033
A2B Tracking Solutions	25,898					25,898
Cranston Public Schools	25,436	434				25,870
Plan 65 Direct Pay	23,667	446	338	1,073	25,524	
Homefront Health Care	25,393					25,393
Maurice R Loiselle Agency	11,867	11,867	620			24,354
Advanced Print Tech	12,101	12,101				24,202
Raymond H Welch,md,Inc	7,611	6,608	6,608	3,342	24,169	
BLI Messaging	19,978	3,744				23,722
Family Resources Community Action	23,462					23,462
Direct Pay Basic AccessBlue Level 2	18,683	2,107	1,763	450	23,003	
Superior Bakery	9,380	9,380	4,051			22,811
Rambone Disposal Services, Inc	22,776					22,776
Town of W Warwick Municipal	21,898	409				22,307
Town of Westerly	22,162					22,162
Jewish Federation of RI				22,084	22,084	
Sheraton Providence Airport Hotel	21,978					21,978
Greater Providence Warwick Convention & Visitors B	11,484	10,363				21,847

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
The Apex Technology Groupinc	10,841	10,841				21,682
GBA Health Network Systems	21,633					21,633
Providence Fire Retirees-1995-2006	10,848	10,709				21,557
Diversified Products, Inc	7,424	7,424	6,706			21,554
Accent Display	21,430					21,430
Bowerman Associates	10,394	10,394				20,788
Roger Williams University - Plan 65	13,026	7,658				20,684
Bethany Home of RI	20,598					20,598
Your Advice Device	5,045	5,045	5,045	4,839	19,974	
Universal Ambulance	19,674					19,674
Valley Affordable Housing	19,430					19,430
Cumberland School Dept Non CE	8,744	10,634				19,378
Contractor's Supply Inc	17,688	1,672				19,360
Direct Pay Basic AccessBlue Level 1	17,645	1,161	170			18,976
Cacciola Provisions	10,191	8,746				18,937
Cranston Municipal Emp Credit Union	9,312	9,312	43			18,667
Providence Police Retirees-After 7/77	9,370	9,232				18,602
Garofalo And Associates	18,595					18,595
Providence Fire Dept Retirees-After 06/87	9,233	9,279				18,512
LGLN Cardiology Consultants LLC	18,023	360				18,383
Salk's Hardware & Marine	8,505	9,000				17,505
Providence Non-Union/Non-Bargained	8,678	8,406				17,084
Imondi Eggs,Inc	2,528	7,585	6,461			16,574
Town of Narragansett - Plan 65 with Rx	16,318					16,318
Apple Rehab Watch Hill	16,237					16,237
Westerly Hospital Employe	16,237					16,237
Times 2 Inc.	16,181					16,181
Fairlawn Oil Service	4,042	5,706	5,706	706	16,160	
Gordon Enterprises Inc	15,962					15,962
Providence 1339 School Clerks - Before 2004	7,954	7,999				15,953
Westerly Public Schools	15,940					15,940
Al Forno Inc (restaurant)DBA Al Forno Restaurant	2,871			12,798	15,669	
Cosco, Inc	12,909	2,582				15,491
Foreign Source Ltd	14,059	1,381				15,440
Providence Auto Eng Co Inc	7,729	7,709				15,438
Capstone Properties,Inc	7,709	7,709				15,418
Korel Controls Inc	9,727	5,675				15,402
Newport County Propane	7,286	7,286	804			15,376
Newport School Dept - Retirees Teachers Plan 65	1,954	13,392				15,346
D & B Machining Inc	15,338					15,338
Sinel, Wilfand & Vinci	15,326					15,326
M H Stallman	15,317					15,317
Kenneth Castellucci & Associates Inc	15,287					15,287
Northup's Services Ct Inc	6,780	8,328				15,108
Cortland Place	15,078					15,078
Cardiology Associates, Inc	15,074					15,074

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Providence Police Retirees-After 1995	7,616	7,404				15,020
Moore Co. Bristol Retiree	14,555	165				14,720
Encon LLC	2,304	2,304	2,304	7,746	14,658	
Roger Williams University - Public Safety	14,641					14,641
Churchill & Banks Companies LLC	14,443					14,443
Providence Business News	14,270					14,270
Rhode Island Septic Services	7,131	7,131				14,262
Holiday Inn Select - UCF Orlando, FL	14,242					14,242
Direct Pay Dental Only	6,615	4,969	2,631			14,215
Thompson Woodworking & Design, Inc.	14,151					14,151
Dorcas Place	13,366	784				14,150
Kevin Bates/DBA Ocean State Lobster Co, Inc	7,037	7,037				14,074
Cumberland School Cert-Retiree/Waiver	6,991	7,010				14,001
John Hope Settlement House	13,839					13,839
Stanley's Boat Yard Inc	13,748					13,748
Robert Baxter Associates Inc	8,366	5,169				13,535
Benefit Concepts Ffs	11,686	1,837				13,523
Providence 1033 Water	6,651	6,786				13,437
Saint Elizabeth Manor	13,297					13,297
Print Mount Company	13,202					13,202
Drs Pass & Bertherman,Inc	6,541	6,541				13,082
Perrino & Associates Inc	7,297	5,769				13,066
RI Coalition For The Homeless	4,809	4,809	3,399			13,017
Woodmansee Insurance, Inc	6,466	6,466				12,932
Dunns Corners Market DBA Dunns Corners Market	6,434	6,434				12,868
Soucy Insurance Agency	6,371	6,371				12,742
Agawam Hunt Employees	12,718					12,718
Techacess of RI	6,324	6,324				12,648
Aquidneck Radiologists,Inc	6,297	6,297				12,594
Providence 1033 School Dept B.E.S.T.-Before 2004	6,337	6,247				12,584
Preferred w/rx Monthly	12,507					12,507
Peter F Deblasio Jr MD	6,236	6,236				12,472
Chariho Regional School District	12,242	148				12,390
Holiday Inn Ft. Smith	11,123	1,062				12,185
Fastcash Pawn & Check Cashiers,inc/DBA Fastcash	6,078	6,078				12,156
RI Assoc. of Insurance Agents	6,077	6,077				12,154
Beacon Communications	12,105					12,105
New England Paper Tube	11,948					11,948
Squantum Association Inc	11,941					11,941
Sheraton Suites Elk Grove/Village	8,160	3,662				11,822
The Rhode Island Philharmonic Orchestra & Music Sc	11,758	2				11,760
New England Pain Associates, P C	11,716					11,716
R & B Services Inc	11,619					11,619
Precision Industries Inc	11,604					11,604
RIte Care SOBRA				11,598	11,598	
Jefferson Hotel Assoc -Holiday Inn	11,553					11,553

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Syqwest Inc	11,544					11,544
Modern Industries	11,501					11,501
The Jan Companies Cobra Administration & Health SE	5,977	5,522				11,499
Roger Williams Medical Center Standard -Cobra	9,701	1,789				11,490
South Kingstown School - Teachers	11,407					11,407
Swap Inc	2,929	4,602	3,801			11,332
Tarnell Company LLC	10,721	401				11,122
Boys & Girls Clubs of Providence	11,042					11,042
Ocean State Rehab Equipment Inc DBA Majors Medical	5,484	5,484				10,968
Jammat Housing And Community Development Corp,inc.	10,931					10,931
Robert T Leonard Jr DO Inc	5,754	5,122				10,876
F G Lees & Sons Inc	10,823					10,823
Direct Pay Monthly				10,777	10,777	
Bruin Holdings,Inc	5,385	5,385				10,770
Providence School Administrators	5,438	5,303				10,741
Rims Insurance Brokerage Corporation	5,361	5,361				10,722
UFCW - Stop & Shop Full-Time Cobra	10,706					10,706
Town of Narragansett School System	5,316	5,373				10,689
Wild Things, LLC	10,548					10,548
Saint Elizabeth Court	10,438					10,438
Women's Internal Medicine	5,180	5,180				10,360
Allesco Industries, Inc.	10,281	6				10,287
Paquin Insurance Agency Inc	5,856	4,423				10,279
Rapid Prep,LLC	8,728	1,547				10,275
Vincent Metals Corp	5,127	5,127				10,254
Psychological Associates of Warwick	10,216					10,216
Rhode Island Medical Society	5,086	5,086				10,172
Manufacturing Machine Corp	5,073	5,073				10,146
Green Tech Assets LLC	10,104					10,104
Paul J Matrullo DDS	5,048	5,048				10,096
Mellon Hr Solutions	1,478	1,478	1,478	5,641	10,075	
Gershon Psychological Associates LLC	10,039					10,039
A & B Anesthesia Associates, P C	10,017					10,017
0299997 Group subscriber subtotal	39,926,624	2,055,758	162,835	211,466	394,284	41,962,399
0299998 Premiums due and unpaid not individually listed	877,403	91,927	10,007	234,773	269,625	944,485
0299999 Total group	40,804,027	2,147,685	172,842	446,239	663,909	42,906,884
0399999 Premiums due and unpaid from Medicare entities	1,152,250	1,152,250	1,152,250	10,370,250		13,827,000
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	41,956,277	3,299,935	1,325,092	10,816,489	663,909	56,733,884

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
PHARMACY BENEFIT MANAGER	2,052,231	2,052,231	2,052,231	9,386,446	2,995,999	12,547,140
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	2,052,231	2,052,231	2,052,231	9,386,446	2,995,999	12,547,140
RHODE ISLAND HOSPITAL	79,551					79,551
SOUTH COUNTY HOSPITAL	36,439		10,609	13,375		60,423
BARABARA A. BOURBONNIERE				11,979		11,979
KENT COUNTY HOSPITAL	49,704					49,704
WOMEN & INFANTS HOSPITAL	52,549					52,549
STURDY MEMORIAL HOSPITAL	15,470					15,470
ACHUSNET HOSPITAL	35,836					35,836
NEWPORT HOSPITAL	73,232					73,232
MIRIAM HOSPITAL	71,337					71,337
WESTERLY HOSPITAL	13,488					13,488
BRADLEY HOSPITAL	14,610					14,610
ST. JOSEPH HOSPITAL				11,380	11,380	
ARA JOHNSTON	10,535					10,535
HALPREN RUDD				12,372		12,372
UNIVERSITY ORTHOPEDICS	44,655					44,655
JOSEPH PLAKYIL				10,736		10,736
ASSISTED RECOVERY				18,380		18,380
CARDIOVASCULAR GROUP			24,150			24,150
IAN BARLOW				381,476		381,476
0299998 Claim Overpayment Receivables Not Individually Listed	195,942	38,408	29,643	302,829	174,123	392,699
0299999 Claim Overpayment Receivables	693,348	38,408	64,402	762,527	185,503	1,373,182
RHODE ISLAND DEPARTMENT OF HEALTH AND HUMAN SERVICES				158,213		158,213
0599998 Risk sharing Receivables Not Individually Listed						
0599999 Risk sharing Receivables				158,213		158,213
MEDICARE COVERAGE GAP DISCOUNT	322,216	322,215	322,215	(2,298)		964,348
FEDERAL EMPLOYEES PROGRAM	2,078,790					2,078,790
FEDEAL DEPARTMENT OF HEALTH AND HUMAN SERVICES	247,010					247,010
SOUTH COUNTY HOSPITAL GLOBAL FUNDING	3,179,692					3,179,692
LIFESPAN				235,000		235,000
ROGER WILLIAMS HOSPITAL	200,000					200,000
KENT COUNTY HSOPITAL	125,000					125,000
0699998 Other Receivables Not Individually Listed						

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0699999 Other Receivables	6,152,708	322,215	322,215	232,702		7,029,840
0799999 Gross Health Care Receivables	8,898,287	2,412,854	2,438,848	10,539,888	3,181,502	21,108,375

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered	47,733,230	3,956,297	1,395,146	227,994	(3,023,191)	50,289,476
0499999 Subtotals	47,733,230	3,956,297	1,395,146	227,994	(3,023,191)	50,289,476
0599999 Unreported claims and other claim reserves						83,726,391
0799999 Total claims unpaid						134,015,867
0899999 Accrued medical incentive pool and bonus amounts						1,242,400

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
HEALTH & WELLNESS INSTITUTE	394,314					394,314	
0199999 Individually listed receivables	394,314					394,314	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	394,314					394,314	

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
HEALTH & WELLNESS INSTITUTE	PURCHASED SERVICES	539,184	539,184	
0199999 Individually listed payable		539,184	539,184	
0299999 Payables not individually listed				
0399999 Total gross payables		539,184	539,184	

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	370,656	0.027				370,656
2. Intermediaries	2,994,646	0.221	32,247	9.075		2,994,646
3. All other providers						
4. Total capitation payments	3,365,302	0.249	32,247	9.075		3,365,302
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,349,248,447	99.751	X X X	X X X		1,349,248,447
7. Bonus/withhold arrangements – fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements – contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	1,349,248,447	99.751	X X X	X X X		1,349,248,447
13. Total (Line 4 plus Line 12)	1,352,613,749	100.000	X X X	X X X		1,352,613,749

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	9,047,475		2,933,812		6,113,663	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	382,933				382,933	
6. Total	9,430,408		2,933,812		6,496,596	

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2012

NAIC Company Code 53473

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	351,804	15,042	190,280	24,374		28,035	22,960	31,973		39,140
2. First Quarter	357,631	15,542	184,597	24,261		27,584	22,979	32,139		50,529
3. Second Quarter	358,787	15,367	184,604	24,245		28,934	22,955	32,182		50,500
4. Third Quarter	358,965	16,047	184,081	24,912		28,496	22,973	32,292		50,164
5. Current Year	355,338	16,079	180,936	24,985		28,405	22,955	32,160		49,818
6. Current Year Member Months	4,280,870	188,386	2,196,650	295,221		339,533	275,525	386,435		599,120
Total Member Ambulatory Encounters For Year:										
7. Physician	1,529,458	84,473	985,753					459,232		
8. Non-Physician	867,495	54,797	689,507					123,191		
9. Total	2,396,953	139,270	1,675,260					582,423		
10. Hospital Patient Days Incurred	83,275	1,561	38,896					42,818		
11. Number of Inpatient Admissions	19,013	353	10,199					8,461		
12. Health Premiums Written (b)	1,562,105,649	68,052,926	900,128,773	53,964,484		28,710,508	101,536,145	384,937,513	2,642	24,772,658
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,558,114,822	68,052,926	900,100,418	53,964,484		28,710,508	101,536,145	384,937,513	2,642	20,810,186
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,352,613,749	57,576,018	764,665,872	43,757,539		22,752,799	92,660,687	357,214,893	331,907	13,654,034
18. Amount Incurred for Provision of Health Care Services	1,374,804,007	63,870,449	782,347,727	44,998,287		23,415,799	94,279,601	352,173,395	(199,116)	13,917,865

(a) For health business: number of persons insured under PPO managed care products 247,629 and number of persons insured under indemnity only products 4,343.

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

53473201243059100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2012

NAIC Company Code 53473

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	351,804	15,042	190,280	24,374		28,035	22,960	31,973		39,140
2. First Quarter	357,631	15,542	184,597	24,261		27,584	22,979	32,139		50,529
3. Second Quarter	358,787	15,367	184,604	24,245		28,934	22,955	32,182		50,500
4. Third Quarter	358,965	16,047	184,081	24,912		28,496	22,973	32,292		50,164
5. Current Year	355,338	16,079	180,936	24,985		28,405	22,955	32,160		49,818
6. Current Year Member Months	4,280,870	188,386	2,196,650	295,221		339,533	275,525	386,435		599,120
Total Member Ambulatory Encounters For Year:										
7. Physician	1,529,458	84,473	985,753					459,232		
8. Non-Physician	867,495	54,797	689,507					123,191		
9. Total	2,396,953	139,270	1,675,260					582,423		
10. Hospital Patient Days Incurred	83,275	1,561	38,896					42,818		
11. Number of Inpatient Admissions	19,013	353	10,199					8,461		
12. Health Premiums Written (b)	1,562,105,649	68,052,926	900,128,773	53,964,484		28,710,508	101,536,145	384,937,513	2,642	24,772,658
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,558,114,822	68,052,926	900,100,418	53,964,484		28,710,508	101,536,145	384,937,513	2,642	20,810,186
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,352,613,749	57,576,018	764,665,872	43,757,539		22,752,799	92,660,687	357,214,893	331,907	13,654,034
18. Amount Incurred for Provision of Health Care Services	1,374,804,007	63,870,449	782,347,727	44,998,287		23,415,799	94,279,601	352,173,395	(199,116)	13,917,865

(a) For health business: number of persons insured under PPO managed care products 247,629 and number of persons insured under indemnity only products 4,343.

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 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
				NONE							
0999999	Totals										

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
38245	36-6033921	07/01/2006	BCS INSURANCE COMPANY	IL	484,268	
0899999	Accident and Health - Affiliates - U.S. Affiliates				484,268	
1099999	Accident and Health - Total Affiliates				484,268	
1499999	Total Accident and Health				484,268	
1599999	Total U.S.				484,268	
1799999	Totals - Life, Annuity and Accident and Health				484,268	

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
								Reserve Credit Taken Other than for Unearned Premiums	10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)		Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
38245	36-6033921	07/01/2006	BCS INSURANCE COMPANY	IL	SSL/QA/G	3,962,473						
80985	36-2149353	05/01/2010	4 EVER LIFE INSURANCE COMPANY	IL	OTH/A/G	28,354						
0199999	Authorized General Account – Affiliates - U.S. Affiliates					3,990,827						
0399999	Total Authorized Affiliates					3,990,827						
0799999	Total General Account Authorized					3,990,827						
2299999	Total General Account Authorized, Unauthorized, and Certified					3,990,827						
4599999	Total U.S.					3,990,827						
4799999	Totals					3,990,827						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
2599999	Total								XXX	XXX	XXX					

NONE

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name

NONE

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral								
																16	17	Letter of Credit Issuing or Confirming Bank (a)			21	22	23	24
																		18	19	20				
Line Number	Federal ID Number	NAIC Company Code	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable from Reinsurer (Col. 9 + 10 + 11)	Miscellaneous Balances (credit)	Net Obligation Subject to Collateral	Dollar Amount of Collateral Required Collateral (Col. 14 Times Col. 8)	Multiple Beneficiary Trust	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Letter of Credit Issuing or Confirming Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 21 + 22 + 23)
2599999	Totals						XXX	XXX										XXX	XXX	XXX				

NONE

SCHEDULE S - PART 5 (Continued)

Resinurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Line Number		25 Percent of Collateral Provided for Net Amount Recoverable from Reinsurer (Col. 24 / Col. 14)	26 Percent Credit Allowed on Net Amount Recoverable From Reinsurer (Col. 25 / Col 8, not to exceed 100%)	27 Amount of Credit Allowed for Net Amount Recoverable From Reinsurer (Col. 14 x Col. 26)	28 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 27)
			NONE		
2599999	Totals	X X X	X X X		

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
		NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 OMITTED)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	3,990	6,591	6,621	4,515	5,684
2. Title XVIII-Medicare					
3. Title XIX-Medicaid			207	280	279
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	484	617	162	228	733
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19. Letters of credit (L)		XXX	XXX	XXX	XXX
20. Trust agreements (T)		XXX	XXX	XXX	XXX
21. Other (O)		XXX	XXX	XXX	XXX

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	453,334,867		453,334,867
2. Accident and health premiums due and unpaid (Line 15)	58,322,401		58,322,401
3. Amounts recoverable from reinsurers (Line 16.1)	484,268		484,268
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	71,547,453		71,547,453
6. Total assets (Line 28)	583,688,989		583,688,989
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	134,015,867		134,015,867
8. Accrued medical incentive pool and bonus payments (Line 2)	1,242,400		1,242,400
9. Premiums received in advance (Line 8)	16,710,450		16,710,450
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	171,536,817		171,536,817
15. Total liabilities (Line 24)	323,505,534		323,505,534
16. Total capital and surplus (Line 33)	260,183,456	X X X	260,183,456
17. Total liabilities, capital and surplus (Line 34)	583,688,990		583,688,990
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0	BLUE CROSS & BLUE SHIELD OF RHODE ISLAN	53473	05-0158952	0	0		BLUE CROSS & BLUE SHIELD OF RHODE ISLAN	RI	PARENT	BLUE CROSS & BLUE SHIELD OF RHODE ISLA	BOARD OF DIRECTORS		BOARD OF DIRECTORS	0
0	HEALTH & WELLNESS INSTITUTE	00000	20-4336322	0	0		HEALTH & WELLNESS INSTITUTE	RI	SUBSIDIARY	BLUE CROSS & BLUE SHIELD OF RHODE ISLA	OWNERSHIP	100.000	BLUE CROSS & BLUE SHIELD	0

Asterik	Explanation
	NONE

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parents, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53473	05-0158952	BLUE CROSS & BLUE SHIELD OF RI					5,641,016				5,641,016	
00000	20-4336322	HEALTH & WELLNESS INSTITUTE					(5,641,016)				(5,641,016)	
9999999	Control Totals								X X X			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

Explanation:

Bar Code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

53473201220500000

53473201242000000

53473201237000000

53473201222500000

53473201230600000

53473201221300000

53473201220700000

53473201237100000

53473201222400000

53473201222600000

53473201221100000

OVERFLOW PAGE FOR WRITE-INS

Supplement for the year 2012 of the **BLUE CROSS & BLUE SHIELD OF RHODE ISLAND**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

53473201236040100

For The Year Ended December 31, 2012
(To Be Filed By March 1)

FOR THE STATE OF RHODE ISLAND

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010, 2011, 2012			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	40	A	NO	246	07/01/1966		07/01/1996		PLAN 65	518,626	452,091	87.20	231	88,634	77,263	87.20	39
YES	40	B	NO	246	07/01/1966		07/01/1996		PLAN 65	276,600	241,115	87.20	123	47,271	41,207	87.20	21
YES	40	C	NO	246	07/01/1966		07/01/1996		PLAN 65	33,503,215	29,205,070	87.20	14,912	5,725,743	4,991,183	87.20	2,548
YES	40	L	YES	246	07/01/1966		07/01/1996		PLAN 65	276,600	241,115	87.20	123	47,271	41,207	87.20	21
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										34,575,041	30,139,391	87.20	15,389	5,908,919	5,150,860	87.20	2,629
YES	40	C	NO	246	07/01/1966		07/01/1996		PLAN 65	11,015,094	7,932,549	72.00	5,949	2,465,430	1,775,486	72.00	1,017
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										11,015,094	7,932,549	72.00	5,949	2,465,430	1,775,486	72.00	1,017

RI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
   - 2.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903-2699
   - 2.2 Contact Person and Phone Number: JACK EMERSON 401-459-2514
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
   - 3.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903-2699
   - 3.2 Contact Person and Phone Number: JACK EMERSON 401-459-2514
4. Explain any policies identified above as policy type 'O'

53473201236500100

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000 NAIC Company Code 53473

	Individual Coverage		Group Coverage		5
	1	2	3	4	Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	11,383,521	XXX	3,319,312	XXX	14,702,833
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits	2,234,760	XXX	802,009	XXX	3,036,769
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(4,508,575)	XXX	1,908,331	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits	(1,277,288)	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable	392,186	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	6,874,946	XXX	5,227,653	XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments	392,186	XXX		XXX	XXX
5.2 Supplemental Benefits	957,472	XXX	1,263,101	XXX	XXX
6. Total Premiums	8,224,604	XXX	6,490,754	XXX	17,739,602
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	8,322,767	XXX	4,537,986	XXX	12,860,753
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits	1,633,887	XXX	1,096,464	XXX	2,730,351
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	2,939,411	XXX	173,860	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	5,383,356	XXX	4,364,126	XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits	1,056,836	XXX	1,054,456	XXX	XXX
11. Total Claims	6,440,192	XXX	5,418,582	XXX	15,591,104
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	757,587	XXX	258,222	XXX	1,015,809
15. Expenses Incurred	924,956	XXX	315,269	XXX	XXX
16. Underwriting Gain/Loss	859,456	XXX	756,903	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	1,132,689

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