



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2012
 OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code 0000 , 0000 NAIC Company Code 95402 Employer's ID Number 05-0477052
(Current Period) (Prior Period)

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 [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] 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, State, Country and Zip Code)

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

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

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

Internet Web Site 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>James Hooley #</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>Shantha Diaz #</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>Christopher Little Esp.</u>	<u>Pablo Rodriguez MD</u>	<u>Jane Hayward</u>
<u>Peter Bancroft CPA</u>	<u>Doris De Los Santos</u>	<u>Jerald Fingerut MD</u>	<u>Peter Walsh</u>
<u>Charles Jones</u>	<u>William Hochstrasser-Walsh #</u>	<u>Dennis Roy #</u>	<u>Michael Lichtenstein #</u>
<u>Patricia Martinez #</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.

James Hooley
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 February, 2013

Michelle Tetreault,

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

ANNUAL STATEMENT FOR THE YEAR 2012 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.....	1,014,140	9,098	15,901	233	10,241	1,049,613
Women & Infants Hospital.....	451,660	6,203	1,338	554	(4,347)	455,407
Memorial Hospital of Rhode Island.....	223,441	(79)	189	86	(3,516)	220,122
Miriam Hospital.....	170,511	19,427	(1,258)	(9,674)	634	179,640
Kent County Memorial Hospital.....	112,159	11,083	(75)		2,699	125,866
Landmark Medical Center POB L.....	102,976	1,043	647		76	104,743
Newport Hospital.....	83,581		1,663		196	85,440
Family Service of Rhode Island.....	74,073					74,073
St Joseph Hospital of Rhode Island.....	58,991	1,235	197		(722)	59,701
Assisted Daily Living Inc.....	2,140	(190)	(190)	(671)	57,395	58,484
Roger Williams Hospital.....	53,127	(13)		(814)	(10)	52,290
Westminster Eyecare Associates, Inc.....	42,205	49	(52)		(108)	42,094
Meeting Street Early Intervention.....	34,525	494	17	(78)	989	35,948
Providence Community Health.....	34,623	(250)	(136)	1,012	(1,959)	33,289
Bayda Home Health Care, Inc.....	31,500	648				32,148
University Emergency Med Foundation.....	31,760	(57)	65		124	31,891
Rhode Island Medical Imaging Inc.....	29,975			19	(545)	29,449
Providence Anesthesiologist, Inc.....	27,188					27,188
W & I Health Care Alliance, LLC.....	26,574	42	(61)			26,554
Primary Care Medical Associates Inc.....					25,696	25,696
Anesthesiology Inc.....	27,006				(1,920)	25,086
Steward St Anne's Hospital.....	24,582			(11)	(6,171)	18,401
University Orthopedics Inc.....	16,799	666		(96)	435	17,805
Blackstone Valley CHC.....	19,026	(40)	(40)	(70)	(1,092)	17,783
Dominion Diagnostics.....	17,255			(134)	80	17,201
South County Hospital Inc.....	16,067	154	(329)		(952)	14,940
East Side Clinical Lab.....	13,845			12	45	13,902
Thundermist Health Center.....	11,997	1,301	139	459	(270)	13,626
The Westerly Hospital.....	12,823	(169)			(114)	12,540
Southcoast Hospital Group.....	10,291	1,166	(205)		295	11,548
Coastal Medical, Inc.....	12,188	(65)	(32)	(76)	(748)	11,267
0199999 Individually listed claims unpaid.....	2,787,027	51,745	17,778	(9,249)	76,432	2,923,733
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	560,094	(15,719)	(22,696)	(9,406)	(195,650)	316,622
0499999 Subtotals.....	3,347,121	36,025	(4,917)	(18,656)	(119,218)	3,240,355
0599999 Unreported claims and other claim reserves.....						31,705,364
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						34,945,719
0899999 Accrued medical incentive pool and bonus amounts.....						3,989,351

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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	10,041,729	2.6	39,627	43.5		10,041,729
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	10,041,729	2.6	39,627	43.5	0	10,041,729
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	364,899,039	95.1	XXX	XXX		364,899,039
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	8,868,965	2.3	XXX	XXX		8,868,965
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	373,768,004	97.4	XXX	XXX	0	373,768,004
13. Total (Line 4 plus Line 12)	383,809,733	100 %	XXX	XXX	0	383,809,733

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

ANNUAL STATEMENT FOR THE YEAR 2012 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	822,343	0	509,435	312,908	312,908	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	822,343	0	509,435	312,908	312,908	0



ANNUAL STATEMENT FOR THE YEAR 2012 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. Rhode Island

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Rhode Island	DURING THE YEAR 2012							NAIC Company Code	95402	
			1	Comprehensive (Hospital & Medical)		4	5	6	7			8
			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			91,215								91,215	
2. First Quarter			91,824								91,824	
3. Second Quarter			91,963								91,963	
4. Third Quarter			91,687								91,687	
5. Current Year			91,201								91,201	
6. Current Year Member Months			1,099,441								1,099,441	
Total Member Ambulatory Encounters for Year:												
7. Physician			2,854,364								2,854,364	
8. Non-Physician			581,248								581,248	
9. Total			3,435,612	0	0	0	0	0	0	0	3,435,612	0
10. Hospital Patient Days Incurred			40,215								40,215	
11. Number of Inpatient Admissions			9,433								9,433	
12. Health Premiums Written (b)			429,160,479								429,160,479	
13. Life Premiums Direct			0								0	
14. Property/Casualty Premiums Written			0								0	
15. Health Premiums Earned			429,160,479								429,160,479	
16. Property/Casualty Premiums Earned			0								0	
17. Amount Paid for Provision of Health Care Services			383,809,733								383,809,733	
18. Amount Incurred for Provision of Health Care Services			381,359,175								381,359,175	

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

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

29.RI



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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	91,215	0	0	0	0	0	0	0	91,215	0	
2. First Quarter	91,824	0	0	0	0	0	0	0	91,824	0	
3. Second Quarter	91,963	0	0	0	0	0	0	0	91,963	0	
4. Third Quarter	91,687	0	0	0	0	0	0	0	91,687	0	
5. Current Year	91,201	0	0	0	0	0	0	0	91,201	0	
6. Current Year Member Months	1,099,441	0	0	0	0	0	0	0	1,099,441	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,854,364	0	0	0	0	0	0	0	2,854,364	0	
8. Non-Physician	581,248	0	0	0	0	0	0	0	581,248	0	
9. Total	3,435,612	0	0	0	0	0	0	0	3,435,612	0	
10. Hospital Patient Days Incurred	40,215	0	0	0	0	0	0	0	40,215	0	
11. Number of Inpatient Admissions	9,433	0	0	0	0	0	0	0	9,433	0	
12. Health Premiums Written (b)	429,160,479	0	0	0	0	0	0	0	429,160,479	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	429,160,479	0	0	0	0	0	0	0	429,160,479	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	383,809,733	0	0	0	0	0	0	0	383,809,733	0	
18. Amount Incurred for Provision of Health Care Services	381,359,175	0	0	0	0	0	0	0	381,359,175	0	

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

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

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ANNUAL STATEMENT FOR THE YEAR 2012 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
NONE											
0999999 Total (Sum of 0399999 and 0699999)						0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

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.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	3,180	3,925	2,447	1,058	1,017
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	321	804	2,423	2,997	1,021
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	91	0	511	611	670
8. Reinsurance recoverable on paid losses.....	0	470	458	1,068	151
9. Experience rating refunds due or unpaid.....	815	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	XXX	XXX	XXX	XXX
19. Letters of credit (L).....	0	XXX	XXX	XXX	XXX
20. Trust agreements (T).....	0	XXX	XXX	XXX	XXX
21. Other (O).....	0	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE S - PART 7

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)	141,773,872		141,773,872
2. Accident and health premiums due and unpaid (Line 15).....	1,281,384		1,281,384
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	6,441,922		6,441,922
6. Total assets (Line 28)	149,497,178	0	149,497,178
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	34,854,793	90,926	34,945,719
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,989,351		3,989,351
9. Premiums received in advance (Line 8).....	30,956,452		30,956,452
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	37,624,264	(90,926)	37,533,338
15. Total liabilities (Line 24).....	107,424,860	0	107,424,860
16. Total capital and surplus (Line 33).....	42,072,318	XXX	42,072,318
17. Total liabilities, capital and surplus (Line 34)	149,497,178	0	149,497,178
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	90,926		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	90,926		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	90,926		
30. Total ceded reinsurance payables/offsets	90,926		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2

NONE

Schedule Y - Part 1A

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 being 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 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?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 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?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 with 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.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

24. Medicaid business only, exempt from filing this Exhibit

25. Medicaid business only, exempt from filing thsi Exhibit

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

Bar code:

11. 
9 5 4 0 2 2 0 1 2 3 6 0 5 9 0 0 0

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

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

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

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

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

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

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

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

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

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

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

23. 
9 5 4 0 2 2 0 1 2 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.....	91,504	91,504	0	0
2505. Grant Receivable.....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	91,504	91,504	0	0

M004 Additional Aggregate Lines for Page 04 Line 29.

*REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
2904. Dental Grant - State of RI.....		(900,000)	
2997. Summary of remaining write-ins for Line 29 from Page 04	0	(900,000)	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. Security Deposits.....	91,504	79,362	(12,142)
2597. Summary of remaining write-ins for Line 25 from Page 16	91,504	79,362	(12,142)

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