



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2013
 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, US 02908
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

Primary Location of Books and Records 299 Promenade Street
(Street and Number)
Providence, RI, US 02908 401-459-6124
(City or Town, 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

| | |
|---|--|
| <u>James Hooley</u> , <u>Chief Executive Officer</u> | <u>Thomas Clark Phillip Jr. CPA</u> , <u>Chief Financial Officer</u> |
| <u>Francisco Trilla 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 Esq.</u> | <u>Pablo Rodriguez MD</u> | <u>Jane Hayward</u> |
| <u>Peter Bancroft CPA</u> | <u>Doris De Los Santos</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> |
| <u>Richard Besdine MD #</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

Douglas Thompson
Chief Financial Officer

Francisco Trilla MD
Chief Medical Officer

Subscribed and sworn to before me this _____ day of February, 2014

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 2013 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivables | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|--|--|---|---|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Claims Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 620,337 | 267,604 | 0 | 720,000 | 620,337 | 540,000 |
| 2. Claim overpayment receivables | | | | | 0 | |
| 3. Loans and advances to providers | 2,262,021 | 3,539,625 | 30,674 | 3,062,211 | 2,292,695 | 2,292,695 |
| 4. Capitation arrangement receivables | | | | | 0 | |
| 5. Risk sharing receivables | | | | | 0 | |
| 6. Other health care receivables | 3,127,215 | 0 | 0 | 1,464,090 | 3,127,215 | 3,050,199 |
| 7. Totals (Lines 1 through 6) | 6,009,573 | 3,807,229 | 30,674 | 5,246,301 | 6,040,247 | 5,882,894 |

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 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 | 10,167,887 | 2.7 | 41,409 | 41.7 | | 10,167,887 |
| 2. Intermediaries | 0 | 0.0 | | 0.0 | | |
| 3. All other providers | 0 | 0.0 | | 0.0 | | |
| 4. Total capitation payments | 10,167,887 | 2.7 | 41,409 | 41.7 | 0 | 10,167,887 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 6. Contractual fee payments | 363,167,444 | 95.4 | XXX | XXX | | 363,167,444 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 7,387,267 | 1.9 | XXX | XXX | | 7,387,267 |
| 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 | 370,554,711 | 97.3 | XXX | XXX | 0 | 370,554,711 |
| 13. Total (Line 4 plus Line 12) | 380,722,598 | 100 % | XXX | XXX | 0 | 380,722,598 |

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 2013 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 | 845,839 | | 598,436 | 247,403 | 247,403 | 0 |
| 2. Medical furniture, equipment and fixtures | | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | 845,839 | 0 | 598,436 | 247,403 | 247,403 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2013 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. 299 Promenade Street, Providence, RI 02908

(LOCATION)

| NAIC Group Code | 0000 | BUSINESS IN THE STATE OF Rhode Island | DURING THE YEAR 2013 | | | | | | | 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 | | | 91,201 | | | | | | | | 91,201 | |
| 2. First Quarter | | | 90,919 | | | | | | | | 90,919 | |
| 3. Second Quarter | | | 91,763 | | | | | | | | 91,763 | |
| 4. Third Quarter | | | 92,139 | | | | | | | | 92,139 | |
| 5. Current Year | | | 99,194 | | | | | | | | 99,194 | |
| 6. Current Year Member Months | | | 1,110,948 | | | | | | | | 1,110,948 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | 1,556,240 | | | | | | | | 1,556,240 | |
| 8. Non-Physician | | | 334,630 | | | | | | | | 334,630 | |
| 9. Total | | | 1,890,870 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,890,870 | 0 |
| 10. Hospital Patient Days Incurred | | | 69,336 | | | | | | | | 69,336 | |
| 11. Number of Inpatient Admissions | | | 13,278 | | | | | | | | 13,278 | |
| 12. Health Premiums Written (b)..... | | | 429,746,030 | | | | | | | | 429,746,030 | |
| 13. Life Premiums Direct..... | | | 0 | | | | | | | | 0 | |
| 14. Property/Casualty Premiums Written..... | | | 0 | | | | | | | | 0 | |
| 15. Health Premiums Earned..... | | | 429,746,030 | | | | | | | | 429,746,030 | |
| 16. Property/Casualty Premiums Earned..... | | | 0 | | | | | | | | 0 | |
| 17. Amount Paid for Provision of Health Care Services | | | 380,722,598 | | | | | | | | 380,722,598 | |
| 18. Amount Incurred for Provision of Health Care Services | | | 384,176,199 | | | | | | | | 384,176,199 | |

(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 2013 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 2013

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 | 91,201 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91,201 | 0 |
| 2. First Quarter | 90,919 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90,919 | 0 |
| 3. Second Quarter | 91,763 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91,763 | 0 |
| 4. Third Quarter | 92,139 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 92,139 | 0 |
| 5. Current Year | 99,194 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 99,194 | 0 |
| 6. Current Year Member Months | 1,110,948 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,110,948 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 1,556,240 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,556,240 | 0 |
| 8. Non-Physician | 334,630 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 334,630 | 0 |
| 9. Total | 1,890,870 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,890,870 | 0 |
| 10. Hospital Patient Days Incurred | 69,336 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 69,336 | 0 |
| 11. Number of Inpatient Admissions | 13,278 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,278 | 0 |
| 12. Health Premiums Written (b) | 429,746,030 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 429,746,030 | 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 | 429,746,030 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 429,746,030 | 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 | 380,722,598 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 380,722,598 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 384,176,199 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 384,176,199 | 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 2013 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 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 | | | | | | | | | | | |
| 9999999 Totals | | | | | | 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 2013 | 2 2012 | 3 2011 | 4 2010 | 5 2009 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 0 | 0 | 0 | 0 | 0 |
| 2. Title XVIII-Medicare..... | 0 | 0 | 0 | 0 | 0 |
| 3. Title XIX-Medicaid..... | 3,347 | 3,180 | 3,925 | 2,447 | 1,058 |
| 4. Commissions and reinsurance expense allowance..... | 0 | 0 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses..... | 1,568 | 321 | 804 | 2,423 | 2,997 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable..... | 0 | 0 | 0 | 0 | 0 |
| 7. Claims payable..... | 319 | 91 | 0 | 511 | 611 |
| 8. Reinsurance recoverable on paid losses..... | 770 | 0 | 470 | 458 | 1,068 |
| 9. Experience rating refunds due or unpaid..... | 0 | 815 | 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 | 0 | 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 | 0 | XXX | XXX | XXX |
| 18. Funds deposited by and withheld from (F)..... | 0 | 0 | XXX | XXX | XXX |
| 19. Letters of credit (L)..... | 0 | 0 | XXX | XXX | XXX |
| 20. Trust agreements (T)..... | 0 | 0 | XXX | XXX | XXX |
| 21. Other (O)..... | 0 | 0 | XXX | XXX | XXX |

ANNUAL STATEMENT FOR THE YEAR 2013 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) | 124,682,612 | | 124,682,612 |
| 2. Accident and health premiums due and unpaid (Line 15)..... | 1,382,755 | | 1,382,755 |
| 3. Amounts recoverable from reinsurers (Line 16.1)..... | 770,424 | (770,424) | 0 |
| 4. Net credit for ceded reinsurance..... | XXX | 1,089,581 | 1,089,581 |
| 5. All other admitted assets (Balance)..... | 7,640,192 | | 7,640,192 |
| 6. Total assets (Line 28) | 134,475,983 | 319,157 | 134,795,140 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 36,265,398 | 319,157 | 36,584,555 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 4,398,007 | | 4,398,007 |
| 9. Premiums received in advance (Line 8)..... | 41,885,960 | | 41,885,960 |
| 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)..... | 16,179,808 | | 16,179,808 |
| 15. Total liabilities (Line 24)..... | 98,729,173 | 319,157 | 99,048,330 |
| 16. Total capital and surplus (Line 33)..... | 35,746,810 | XXX | 35,746,810 |
| 17. Total liabilities, capital and surplus (Line 34) | 134,475,983 | 319,157 | 134,795,140 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid..... | 319,157 | | |
| 19. Accrued medical incentive pool..... | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 770,424 | | |
| 22. Other ceded reinsurance recoverables | 0 | | |
| 23. Total ceded reinsurance recoverables | 1,089,581 | | |
| 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 | 0 | | |
| 30. Total ceded reinsurance payables/offsets | 0 | | |
| 31. Total net credit for ceded reinsurance | 1,089,581 | | |

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

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

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) |
| NONE | | | | | | | | | | | | |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

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 from this Exhibit

25. Medicaid business only, exempt from filing from this Exhibit

26. Total premium written less than \$500 million, not required to file this report.

Bar code:

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

12. 
9 5 4 0 2 2 0 1 3 2 0 5 0 0 0 0 0

13. 
9 5 4 0 2 2 0 1 3 2 0 7 0 0 0 0 0

14. 
9 5 4 0 2 2 0 1 3 4 2 0 0 0 0 0 0

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

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

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

18. 
9 5 4 0 2 2 0 1 3 2 2 4 0 0 0 0 0

19. 
9 5 4 0 2 2 0 1 3 2 2 5 0 0 0 0 0

20. 
9 5 4 0 2 2 0 1 3 2 2 6 0 0 0 0 0

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

22. 
9 5 4 0 2 2 0 1 3 2 1 1 5 9 0 0 0

23. 
9 5 4 0 2 2 0 1 3 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..... | 6,845 | 0 | 6,845 | 0 |
| 2597. Summary of remaining write-ins for Line 25 from Page 2 | 98,349 | 91,504 | 6,845 | 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) | (900,000) |
| 2997. Summary of remaining write-ins for Line 29 from Page 04 | 0 | (900,000) | (900,000) |

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. Security Deposits..... | 91,504 | 91,504 | 0 |
| 2597. Summary of remaining write-ins for Line 25 from Page 16 | 91,504 | 91,504 | 0 |

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