



53473201420100100

ANNUAL STATEMENT

For the Year Ended December 31, 2014
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
 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, PROVIDENCE, RI, US 02903
 (Street and Number) (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, PROVIDENCE, RI, US 02903
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.bcbsri.com

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

OFFICERS

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

VICE-PRESIDENTS

Name	Title	Name	Title
<u>CHRISTOPHER G. BUSH</u>	<u>VP - UNDERWRITING</u>	<u>MELISSA CUMMINGS #</u>	<u>SVP - CHIEF CUSTOMER OFFICER</u>
<u>JEREMY DUNCAN</u>	<u>VP - COMMUNICATIONS</u>	<u>PAUL HANLON</u>	<u>SVP - CHIEF INFORMATION OFFICER</u>
<u>ERIK HELMS</u>	<u>VP - PROV NET & MED ECONOMICS</u>	<u>MARC HUDAK</u>	<u>VP - CARE INNOVAT. & INTEGRATION</u>
<u>RICHARD KROPP #</u>	<u>SVP - CHIEF HUMAN RESOURCES OFFIC</u>	<u>RICHARD H. KRUPSKI #</u>	<u>VP - EMPLOYER SEGMENT</u>
<u>AUGUSTINE A. MANOCCHIA M.D.</u>	<u>SVP - CHIEF MEDICAL OFFICER</u>	<u>COREY R. MCCARTY #</u>	<u>VP - CONSUMER SEGMENT</u>
<u>MONICA A. NERONHA</u>	<u>VP - LEGAL SERVICES</u>	<u>BRIAN M. O'MALLEY</u>	<u>VP - FINANCE</u>
<u>VISAEL RODRIGUEZ</u>	<u>VP - CHIEF DIVERSITY OFFICER</u>	<u>MARK D. WAGGONER</u>	<u>SVP - CARE INTEGRATION & MGMT</u>
<u>WILLIAM K. WRAY</u>	<u>CHIEF OPERATING OFFICER</u>		

DIRECTORS OR TRUSTEES

<u>DENISE A. BARGE</u>	<u>FREDRIC V. CHRISTIAN M.D.</u>	<u>MICHAEL DICHIRO #</u>	<u>SCOTT GUNN #</u>
<u>JAMES A. HARRINGTON</u>	<u>PETER C. HAYES</u>	<u>JUANA I. HORTON</u>	<u>ELIZABETH B. LANGE M.D.</u>
<u>JOHN C. LANGENUS</u>	<u>WARREN E. LICHT M.D.</u>	<u>JOHN P. MAGUIRE</u>	<u>ROBERT G. NORTON</u>
<u>PAUL PORTER M.D. #</u>	<u>ANNE E. POWERS</u>	<u>MERRILL SHERMAN</u>	<u>RANDY A. WYROFSKY</u>

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.

<u>PETER ANDRUSZKIEWICZ</u> (Signature) <u>PETER ANDRUSZKIEWICZ</u> (Printed Name) 1. <u>PRESIDENT & CEO</u> (Title)	<u>MICHELE B. LEDERBERG</u> (Signature) <u>MICHELE B. LEDERBERG</u> (Printed Name) 2. <u>EVP. & GEN. COUNSEL</u> (Title)	<u>MICHAEL W. HUDSON</u> (Signature) <u>MICHAEL W. HUDSON</u> (Printed Name) 3. <u>EXECUTIVE VICE PRESIDENT & CFO</u> (Title)
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Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2015, by

a. Is this an original filing? 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	19,765,214					19,765,214
Advance Premium Tax Credit	2,196,143					2,196,143
Westerly Hospital - Pre-debt filing	2,000,000					2,000,000
Risk Adjustment Receivable	1,849,865					1,849,865
MinuteClinic	921,418	653,616				1,575,034
Direct Pay Group	183,452	51,447	35,342	930,190	1,200,431	
Roger Williams Medical Center Standard	681,500	514,093				1,195,593
St Joseph Health Services of RI Standard	522,370	388,236				910,606
HealthSource RI for DP	466,519					466,519
St Joseph Health Services of RI Premium	203,718	154,117				357,835
RWMC-CCHP	180,315	130,602				310,917
Teachers, Admins, Clerks 1033 Retirees	276,256					276,256
Alex And Ani Inc	242,623					242,623
Fellowship Health Resources Inc	234,476					234,476
Medicare SSA	155,000	27,178				182,178
W & I/NEHCEU 1199	86,243	86,611				172,854
Elmhurst Extended Care Standard	159,728					159,728
RI Laborers Health Fund	157,353					157,353
East Side Clinical Laboratory	155,434					155,434
Medicare Advantage Direct Pay	59,918	26,896	19,233	40,445	146,492	
Hopkins Manor Ltd	133,940	12				133,952
University Medical Group Inc	45,653	53,422	26,772			125,847
City of Central Falls	120,488					120,488
Plan 65	113,051					113,051
RWMA	53,326	50,702	89			104,117
South County Hospital	101,766					101,766
American Medical Alert Corp. dba Tunstall Americas	101,410					101,410
Women & Infants Hospital	50,080	50,022				100,102
YMCA of Greater Providence	98,814					98,814
Charlesgate Nursing Center	97,528					97,528
VNA Rhode Island	97,431					97,431
St Mary's Home	74,136	20,736				94,872
Teachers	88,807					88,807
Plan International Usa	85,213					85,213
Care New England	41,549	38,500				80,049
Quartermoon Inc	29,367	46,695				76,062
Benefit Concepts Inc	71,292					71,292
Marinosci Law Group, PC	71,024					71,024
United Methodist Elder Care	66,687					66,687
Shechtman Halperin Savage, LLP	64,530					64,530
Walco Electric Co	58,143					58,143
Woonsocket School Department	32,094	25,978				58,072
Magnetic Seal Corp	57,645					57,645
Crowne Plaza At The Crossings	57,328					57,328

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
RI Laborers Health Fund	53,882					53,882
Renaissance Suites Chicago O'Hare	53,760					53,760
Visiting Nurse Home Care	53,420					53,420
Lifespan - RIH	45,873					45,873
Marriott Palm Beach Gardens, FL	19,845	20,755	4,726			45,326
Hunt Valley HR, LLC	17,647	24,772	1,967			44,386
Northeast Behavioral Associates	24,501	19,164				43,665
Narragansett Indian Tribe	42,200					42,200
P W Enterprises, LLC		21,059	19,842			40,901
LGC & D, LLP	40,058					40,058
Atlantis Comfort Systems Corp.	40,037					40,037
Armbrust International LTD	40,032					40,032
Met Cap Management, LLC	39,069					39,069
Infusion Resource LLC	37,636					37,636
Sargent Rehabilitation Center	37,237					37,237
Allesco Industries, Inc	36,562					36,562
Westin Tyson's Corner	36,266					36,266
Renaissance Providence Downtown Hotel	35,999					35,999
Precision Design Studios, Inc.	35,565					35,565
ASLC OPCO RII, LLC d/b/a Trinity Health And Rehab	34,242	863				35,105
P+F Over 65 Retirees	34,909					34,909
Precision Dermatology, Inc	33,370					33,370
Aides/Monitors	33,195					33,195
National Investments, Ltd	33,050					33,050
General Fabrics Company	32,886					32,886
Liberty Title & Escrow Co, Inc	32,565					32,565
ATW Companies	32,022					32,022
PMD College Park HR, LLC d/b/a Sheraton College Pa	28,591	2,793				31,384
Clipper Home	30,900					30,900
Plan 65 Direct Pay Group	25,155	1,168	53	4,449	30,825	
Waste Haulers LLC	30,748					30,748
1033 City	30,416					30,416
Apple Rehab Watch Hill	29,955					29,955
Polyworks Inc.	13,537	16,081				29,618
City Of Prov Local 1033	29,487	8	8	62	29,565	
Chamilia	29,070					29,070
American Tele-Connect Services Inc	10,760	9,888	8,301			28,949
Community Care Alliance	28,858					28,858
Nephrology Associates Inc	17,612	9,842				27,454
United Water	27,428					27,428
Brigido's Iga Marketplace	26,934					26,934
Renaissance Boca Raton, FL	20,210	6,575				26,785
Mag Motors III, Inc. d/b/a Grieco Kia	21,579	4,951				26,530
Sheraton Suites Country Club Plaza, MO	15,828	10,589				26,417
New England Truck & Auto Shine	26,240					26,240
Hareld Glass Company Inc	25,884					25,884
McLeod Optical Co Inc	25,286					25,286

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
Double Tree Tulsa	24,492					24,492
Embolden Designs, Inc.	12,594	11,698				24,292
Coventry Fire District	24,100					24,100
Primacare Inc	7,478	8,748	7,498			23,724
Dunns Corners Market	5,593	5,001	5,888	7,234	23,716	
Schaumburg Marriott	23,351					23,351
General Tech Corp DBA Computopia				23,243	23,243	
Smithfield Peat Company Inc	22,992					22,992
Mercury Print & Mail Company, Inc dba TwoBolt	22,944					22,944
Holiday Inn Grand Montanabillings	21,711	1,188				22,899
RI Rehabilitation Institute	22,746					22,746
Pinnacle Home Care LLC	22,527					22,527
Fire Department	21,916					21,916
United Water	21,586					21,586
Police Department	21,573					21,573
Kirti B Pancholi / E Greenwich Animal Hospital	6,742	6,742	6,742	1,269	21,495	
Chase Machine & Engineering, Inc	20,644					20,644
BLI Messaging	20,290					20,290
American Tool Company	14,163	5,956				20,119
Arden Jewelry Mfg.Co.	19,791					19,791
Advantage Glass Co., Inc		9,852	9,349			19,201
Texcel, Inc.	18,158	1,002				19,160
G-Form, LLC	18,798					18,798
Marriott Waterford Okc	18,738					18,738
SITYS, LLC DBA Rusty Wallace Racing Experience	18,508					18,508
Kenneth Castellucci & Associates Inc	18,092					18,092
Northeast Distributors	17,912					17,912
Cogent Computer Systems, Inc.	3,586	3,586	2,400	8,061	17,633	
Homefront Health Care	17,618					17,618
Avtech Software, Inc	16,813					16,813
Trask Petroleum	16,789					16,789
Teachers, Admins, Clerks Retirees	16,180					16,180
Pilgrim Screw Corporation	8,027	8,027				16,054
Hyatt Regency Lexington	15,813					15,813
Gordon Enterprises Inc	15,221	309				15,530
Coto Technology, Inc	15,185	331				15,516
Stanley's Boat Yard Inc	15,416					15,416
Wild Things, LLC	15,346					15,346
Tower Construction Corp.	7,534	7,534				15,068
Creative Computing Inc	15,048					15,048
American Universal Insurance Company Dip	14,745					14,745
City of Providence	14,531					14,531
Cortland Place	14,516					14,516
Sheraton Providence Airport Hotel	14,397					14,397
Allesco Industries, Inc.	14,216					14,216
VNS Home Health Care	14,120					14,120
Jacob Licht Inc	13,955	26				13,981

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 Auto Eng Co Inc	7,244	6,470				13,714
VNA of Care New England	9,285	4,022				13,307
Pawtucket Boys' And Girls' Club	12,668	387				13,055
Grinnell Cabinet Makers, Inc.	13,031					13,031
Linear Title & Closing, Ltd	12,935					12,935
Pari Independent Living Center	2,026	(3,810)	7,862	6,769	12,847	
Providence Business News	12,798					12,798
A2B Tracking Solutions	12,276					12,276
Syqwest Inc	12,245					12,245
Procaccianti Group Corporate HMCC	12,200					12,200
Jefferson Hotel Assoc -Holiday Inn	12,098					12,098
Scituate Leasing Corporation	12,024					12,024
Amalgamated Financial Equities III, LLC	11,873					11,873
Hilton Suites Atlanta	11,748					11,748
John Rocchio Corp	11,720					11,720
Churchill & Banks Companies LLC	11,575					11,575
Greene Construction	11,549					11,549
Touchstone Crystal	11,314					11,314
Concrete Products Inc	11,114	190				11,304
M H Stallman	11,057					11,057
The Rhode Island Philharmonic Orchestra & Music Sc	10,984					10,984
Carnegie Abbey Club	10,944					10,944
R & R Construction	10,908					10,908
Venture Windows, Llc	2,748	2,748	2,748	2,544	10,788	
A A Wrecking Co, Inc	5,391	5,391				10,782
Depetrillo's Pizza & Bakery Inc		5,358	5,358			10,716
U.S. Watercraft Llc	10,583					10,583
B. Del Toro	5,785	4,738				10,523
Rambone Disposal Services, Inc	10,485					10,485
Amaral Custom Fabrications, Inc.	3,474	3,474	3,474			10,422
Semper Home Loans, Inc	10,047	359				10,406
Fire Retirees 1995-2006	10,198					10,198
National Steel Corp		4,355	5,818			10,173
NC3 LLC	8,171	1,885				10,056
Mckenna Roofing & Construction	10,020					10,020
Twin River Union SEIU	10,017					10,017
0299997 Group subscriber subtotal	34,848,183	2,572,938	173,470	1,024,266	1,517,035	37,101,822
0299998 Premiums due and unpaid not individually listed	1,540,490	87,983	50,762	179,259	210,409	1,648,085
0299999 Total group	36,388,673	2,660,921	224,232	1,203,525	1,727,444	38,749,907
0399999 Premiums due and unpaid from Medicare entities	1,500,000	1,500,000	1,500,000	13,500,000		18,000,000
0499999 Premiums due and unpaid from Medicaid entities						

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	1,986,716	1,986,716	1,986,715	2,437,369	137,035	8,260,481
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	1,986,716	1,986,716	1,986,715	2,437,369	137,035	8,260,481
ANDREA WEISMAN				25,538	25,538	
ASSIS RECOVERY				18,380		18,380
BACK TO HEALTH CHIRO/ IAN BARLOW				381,476		381,476
BARBARA A. BOURBONNIERE				11,979	11,979	
BERKSHIRE PL				17,070		17,070
BROCKTON DIALYSIS CTR				10,689		10,689
CAROLINAS MEDICAL CENTER				11,672	11,672	
CHARLTON MEMORIAL HOSP				10,568		10,568
CHRISTINA L. POPE				10,723	10,723	
DUSTIN JOHNSON				20,512	20,512	
FEDERAL EMPLOYEES PROGRAM	191,823					191,823
GATEWAY HEAL				11,559		11,559
HALLETT CTR				31,474		31,474
HERBERT CURTIS				16,926		16,926
JOSEPH PLAKYIL				10,736		10,736
KCI USA ,INC				35,045	35,045	
KENT COUNTY HOSPITAL				11,065		11,065
MARK R. TOMPKINS		14,389				14,389
MED CARE AMB				7,177		7,177
MORTON HOSP				11,544		11,544
OLIVIA I. WILLIAMS				12,387		12,387
PERSPECTIVES		11,647				11,647
REHABILITATION HOSPITAL O				12,593	12,593	
RHODE ISLAND HOSPITAL				14,777		14,777
ROGER WILLIAMS MEDICAL CTR	36,709			16,725		53,434
SOUTH SUBURBAN DIALYSIS C				15,491	15,491	
ST JOS HLTH SVCS OF RI		15,681	11,239			26,920
ST JOSEPH HOSP				36,028	11,380	24,648
THE MIRIAM HOSPITAL				5,357		5,357
0299998 Claim Overpayment Receivables Not Individually Listed	221,783	135,772	146,834	1,295,675	777,370	1,022,694
0299999 Claim Overpayment Receivables	450,315	177,489	158,073	2,063,166	932,303	1,916,740
MEDICARE COVERAGE GAP DISCOUNT	627,271	627,271	627,271	936,647		2,818,460
FEDERAL EMPLOYEES PROGRAM	1,457,910					1,457,910
FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES	25,416					25,416
LIFESPAN	600,000			235,000		835,000
KENT COUNTY HOSPITAL	425,920			371,354		797,274
MEMORIAL HOSPITAL				204,000		204,000
WOMEN & INFANTS HOSPITAL	41,743					41,743

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
0699998 Other Receivables Not Individually Listed						
0699999 Other Receivables	3,178,260	627,271	627,271	1,747,001		6,179,803
0799999 Gross Health Care Receivables	5,615,291	2,791,476	2,772,059	6,247,536	1,069,338	16,357,024

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

Type of Health Care Receivable	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 Amounts 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 (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	7,710,779	15,362,442	136,043	8,261,473	7,846,822	6,898,106
2. Claim overpayment receivables	2,260,046		971,747	1,877,299	3,231,793	3,231,594
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	3,943,992	1,665,160	854,974	5,324,826	4,798,966	6,277,652
7. Total (Lines 1 through 6)	13,914,817	17,027,602	1,962,764	15,463,598	15,877,581	16,407,352

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

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999	Total gross payables			

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	9,119,040		4,776,395	4,342,645	4,342,645	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,037,859		2,157,480	880,379	880,379	
6. Total	12,156,899		6,933,875	5,223,024	5,223,024	



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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 2014

NAIC Company Code 53473

30 RI

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	344,178	17,254	175,802	25,006		23,252	22,815	32,063		47,986
2. First Quarter	344,147	27,206	152,404	24,813		21,817	22,877	44,756		50,274
3. Second Quarter	352,809	37,777	148,762	24,800		21,781	22,837	45,399		51,453
4. Third Quarter	389,174	36,676	147,504	24,857		21,741	22,722	46,121		89,553
5. Current Year	388,106	36,173	145,137	25,053		22,142	22,724	47,364		89,513
6. Current Year Member Months	4,663,066	404,631	1,792,255	298,642		262,949	273,244	548,859		1,082,486
Total Member Ambulatory Encounters For Year:										
7. Physician	1,596,679	176,587	829,503					590,589		
8. Non-Physician	716,645	105,840	438,820					171,985		
9. Total	2,313,324	282,427	1,268,323					762,574		
10. Hospital Patient Days Incurred	94,811	7,556	32,593					54,662		
11. Number of Inpatient Admissions	20,128	1,614	7,495					11,019		
12. Health Premiums Written (b)	1,645,108,534	144,995,877	794,473,868	55,333,582		31,380,852	112,337,332	482,573,437		24,013,586
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,640,538,775	143,232,752	794,359,847	55,333,582		31,380,852	112,337,332	482,573,437		21,320,973
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,398,453,928	132,290,191	630,898,667	46,047,291		24,105,081	101,600,185	450,967,044		12,545,469
18. Amount Incurred for Provision of Health Care Services	1,423,392,577	130,539,254	657,636,542	45,902,910		24,055,081	101,348,644	451,346,840		12,563,306

(a) For health business: number of persons insured under PPO managed care products 249,178 and number of persons insured under indemnity only products 2,220.

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



53473201443059100

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 2014

NAIC Company Code 53473

30 GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	344,178	17,254	175,802	25,006		23,252	22,815	32,063		47,986
2. First Quarter	344,147	27,206	152,404	24,813		21,817	22,877	44,756		50,274
3. Second Quarter	352,809	37,777	148,762	24,800		21,781	22,837	45,399		51,453
4. Third Quarter	389,174	36,676	147,504	24,857		21,741	22,722	46,121		89,553
5. Current Year	388,106	36,173	145,137	25,053		22,142	22,724	47,364		89,513
6. Current Year Member Months	4,663,066	404,631	1,792,255	298,642		262,949	273,244	548,859		1,082,486
Total Member Ambulatory Encounters For Year:										
7. Physician	1,596,679	176,587	829,503					590,589		
8. Non-Physician	716,645	105,840	438,820					171,985		
9. Total	2,313,324	282,427	1,268,323					762,574		
10. Hospital Patient Days Incurred	94,811	7,556	32,593					54,662		
11. Number of Inpatient Admissions	20,128	1,614	7,495					11,019		
12. Health Premiums Written (b)	1,645,108,534	144,995,877	794,473,868	55,333,582		31,380,852	112,337,332	482,573,437		24,013,586
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,640,538,775	143,232,752	794,359,847	55,333,582		31,380,852	112,337,332	482,573,437		21,320,973
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,398,453,928	132,290,191	630,898,667	46,047,291		24,105,081	101,600,185	450,967,044		12,545,469
18. Amount Incurred for Provision of Health Care Services	1,423,392,577	130,539,254	657,636,542	45,902,910		24,055,081	101,348,644	451,346,840		12,563,306

(a) For health business: number of persons insured under PPO managed care products 249,178 and number of persons insured under indemnity only products 2,220.

(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 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							
999999	Total										

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
38245 80985	36-6033921 36-2149353	07/01/2006 05/01/2010	BCS INSURANCE COMPANY 4 EVER LIFE INSURANCE COMPANY	IL IL	SSL/QA/G OTH/A/G	CMM CMM	2,692,613 114,021						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	2,806,634						
00000	AA-9990032	01/01/2014	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	I/OTH	CMM	1,763,125						
0299999	General Account - Authorized - Affiliates - U.S. - Other					X X X	1,763,125						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	4,569,759						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	4,569,759						
1199999	General Account - Authorized - Total General Account Authorized					X X X	4,569,759						
3499999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	4,569,759						
6999999	Total U.S.					X X X	4,569,759						
9999999	Totals					X X X	4,569,759						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
NONE														
9999999	Total								XXX					

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(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

SCHEDULE S – PART 6Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1	2	3	4	5
	2014	2013	2012	2011	2010
A. OPERATIONS ITEMS					
1. Premiums	4,570	3,235	3,990	6,591	6,621
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					207
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	19,602	441	484	617	162
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
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
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				XXX	XXX

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)	453,941,178		453,941,178
2. Accident and health premiums due and unpaid (Line 15)	56,749,907		56,749,907
3. Amounts recoverable from reinsurers (Line 16.1)	19,602,994		19,602,994
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	84,317,751		84,317,751
6. Total assets (Line 28)	614,611,830		614,611,830
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	129,163,491		129,163,491
8. Accrued medical incentive pool and bonus payments (Line 2)	12,502,678		12,502,678
9. Premiums received in advance (Line 8)	25,785,400		25,785,400
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)	183,114,824		183,114,824
15. Total liabilities (Line 24)	350,566,393		350,566,393
16. Total capital and surplus (Line 33)	264,045,437	X X X	264,045,437
17. Total liabilities, capital and surplus (Line 34)	614,611,830		614,611,830
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

		Direct Business Only					6 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	
States, Etc.							
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						
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							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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Asterik	Explanation
	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	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								XXX			

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:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 12: Not required to file
.....
.....
- Explanation 13: Not required to file
.....
.....
- Explanation 14: not required to file
.....
.....
- Explanation 15: not required to file
.....
.....
- Explanation 16: not required to file
.....
.....
- Explanation 18: no relief requested
.....
.....
- Explanation 19: no relief requested
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.....
- Explanation 20: no relief requested
.....
.....
- Explanation 21: not required to file
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- Explanation 22: not required to file
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- Explanation 23: not required to file
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Bar Code:



53473201420500000



53473201420700000



53473201442000000



53473201437100000



53473201437000000



53473201422400000



53473201422500000



53473201422600000



53473201430600000



53473201421100000



53473201421300000

OVERFLOW PAGE FOR WRITE-INS



53473201436500100

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 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	7,657,231	X X X	6,206,208	X X X	13,863,439
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits	2,326,121	X X X		X X X	2,326,121
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(2,276,974)	X X X	1,713,111	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(691,701)	X X X		X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	5,380,257	X X X	7,919,319	X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits	1,634,420	X X X		X X X	X X X
6. Total Premiums	7,014,677	X X X	7,919,319	X X X	16,189,560
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	6,774,597	X X X	8,644,483	X X X	15,419,080
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	2,057,994	X X X		X X X	2,057,994
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	2,041,445	X X X	3,378,265	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	4,733,152	X X X	5,266,218	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	1,437,841	X X X		X X X	X X X
11. Total Claims	6,170,993	X X X	5,266,218	X X X	17,477,074
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied-change	X X X		X X X		
12.3 Reimbursements Receivable-change	X X X		X X X		X X X
12.4 Health Care Receivables-change	X X X		X X X		X X X
13. Aggregate Policy Reserves-change					X X X
14. Expenses Paid	801,467	X X X	321,864	X X X	1,123,331
15. Expenses Incurred	1,091,576	X X X	438,370	X X X	X X X
16. Underwriting Gain/Loss	(247,892)	X X X	2,214,731	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(2,410,845)

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