



53473201520100100

# ANNUAL STATEMENT

For the Year Ended December 31, 2015  
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 RHODE ISLAND, State of Domicile or Port of Entry RHODE ISLAND

Country of Domicile USA

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 MARK C. STEWART 401-459-5886  
 (Name) (Area Code) (Telephone Number) (Extension)  
MARK.STEWART@BCBSRI.ORG 401-459-1198  
 (E-Mail Address) (Fax Number)

### OFFICERS

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

### VICE-PRESIDENTS

Name	Title	Name	Title
<u>CHRISTOPHER G. BUSH</u>	<u>VP - UNDERWRITING</u>	<u>MATTHEW COLLINS M.D. #</u>	<u>VP - CLINICAL INTEGRATION</u>
<u>DEREK COSTA #</u>	<u>VP - CHIEF INFORMATION OFFICER</u>	<u>MELISSA CUMMINGS</u>	<u>SVP - CHIEF CUSTOMER OFFICER</u>
<u>KATHERINE DALLOW M.D. #</u>	<u>VP - CLINICAL AFFAIRS</u>	<u>JEREMY DUNCAN</u>	<u>VP - COMMUNICATIONS</u>
<u>ERIK HELMS</u>	<u>VP - PROV NET &amp; MED ECONOMICS</u>	<u>MARC HUDAK</u>	<u>VP - CARE INNOVAT. &amp; INTEGRATION</u>
<u>JEFFREY J. KOLARIK #</u>	<u>VP - OPERATIONS</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>VISAEAL RODRIGUEZ</u>	<u>VP - CHIEF DIVERSITY OFFICER</u>	<u>MARK C. STEWART #</u>	<u>SVP - ASSOCIATE CFO</u>
<u>MARK D. WAGGONER</u>	<u>SVP - CARE INTEGRATION &amp; MGMT</u>		

### DIRECTORS OR TRUSTEES

<u>DENISE A. BARGE</u>	<u>MICHAEL DICHIRO</u>	<u>SCOTT DUHAMEL #</u>	<u>SCOTT GUNN</u>
<u>JAMES A. HARRINGTON</u>	<u>PETER C. HAYES</u>	<u>DONNA HUNTLEY-NEWBY #</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>PATRICIA MORAN #</u>
<u>ROBERT G. NORTON</u>	<u>DEBRA PAUL #</u>	<u>PAUL PORTER M.D.</u>	<u>PETER QUATTROMANI #</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 &amp; CEO</u> (Title)	<u>MICHELE B. LEDERBERG</u> (Signature) <u>MICHELE B. LEDERBERG</u> (Printed Name) 2. <u>EVP. &amp; GEN. COUNSEL</u> (Title)	<u>MICHAEL W. HUDSON</u> (Signature) <u>MICHAEL W. HUDSON</u> (Printed Name) 3. <u>EXECUTIVE VICE PRESIDENT &amp; CFO</u> (Title)
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Subscribed and sworn to (or affirmed) before me this on this  
 \_\_\_\_\_ day of \_\_\_\_\_, 2016, 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	17,031,769					17,031,769
Direct Pay Group	245,224	69,286	27,516	1,384,738	1,726,764	
HealthSource RI for DP	1,123,130					1,123,130
HealthSource RI for DP	198,654					198,654
All PPSD Retirees Basic	288,159	291,345				579,504
Amtrol Inc	338,981					338,981
Medicare Advantage Direct Pay	76,506	49,189	40,600	167,901	334,196	
Coastal Medical Inc	276,401					276,401
Fellowship Health Resources Inc	254,595					254,595
Plan 65	120,106	118,630				238,736
Community Care Alliance	122,933	85,957				208,890
Meeting Street	208,783					208,783
Medicare SSA	107,000	87,552				194,552
PPSD Teachers Active	87,592	88,167	1			175,760
Smart Management	81,294	91,438				172,732
Lifespan - RIH	155,203	5,444				160,647
Hopkins Manor Ltd	160,222					160,222
Cooley Group	150,418					150,418
United Methodist Elder Care	77,365	67,886				145,251
Pullman Miami HR LLC	103,697	41,353				145,050
Brown University	124,703	1,916				126,619
Vishay Efi	126,353					126,353
American Medical Alert Corp. dba Tunstall Americas	115,473					115,473
Charlesgate Nursing Center	112,390					112,390
Walco Electric Co	55,118	55,620				110,738
Kent County Memorial Hospital	104,267					104,267
VNA Rhode Island	100,376					100,376
W & I/NEHCEU 1199	89,637					89,637
Intercontinental Kansas City, MO	75,856					75,856
P+F Over 65 Retirees	37,501	36,857				74,358
Community Provider Network of RI DBA CPN / John E	72,701	1,053				73,754
Eagle Cornice Co., Inc.	7,737	7,737	7,737	49,668	72,879	
The Allied Group	71,970					71,970
Community Care Alliance	53,677	17,800				71,477
J.A.M. Construction Co., Inc	35,380	35,338				70,718
J R Vinagro Corp	69,730					69,730
Lifespan - TMH	64,303	2,807				67,110
City Of Prov Local 1033	35,592	30,806	8	158	66,564	
Marinosci Law Group, PC	66,519					66,519
Visiting Nurse Home Care	64,959					64,959
PPSD Aides/Monitors	31,738	31,738				63,476
The Westin Chicago North Shore Hotel	63,311					63,311
Bannister House, Inc	63,165					63,165
Saint Elizabeth Manor	62,198	314				62,512

## 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
YMCA of Greater Providence	62,262					62,262
Liberty Title & Escrow Co, Inc	56,692					56,692
Smg	55,748					55,748
Morgan Health Center	53,130					53,130
Orthopedics Rhode Island, LLC	49,798					49,798
Hilton Scottsdale	48,325					48,325
Marriott Waterford Okc	24,608	23,669				48,277
Meridian Printing, Inc.	48,270					48,270
Quartermoon Inc	23,575	24,162				47,737
Butler Hospital	45,820					45,820
Marriott Norfolk	44,844					44,844
Harmony Hill School, Inc	44,594					44,594
PMD College Park HR, LLC d/b/a Sheraton College Pa	15,004	15,657	13,640			44,301
Met Cap Management, LLC	44,117					44,117
Laurelmead Cooperative Inc	41,974					41,974
Double Tree Tulsa	20,400	21,087				41,487
Westin Fort Lauderdale North	40,168					40,168
Plan 65 Direct Pay Group	28,372	1,497	1,031	9,232	40,132	
Mercury Print & Mail Company, Inc dba TwoBolt	18,652	19,569				38,221
Renaissance Boca Raton, FL	16,850	21,337				38,187
Armbrust International LTD	38,175					38,175
Bliss Properties Inc	36,301					36,301
Precision Design Studios, Inc.	35,570					35,570
Atlantis Comfort Systems Corp.	35,411					35,411
Silver Fern Practice LLC	34,623					34,623
National Investments, Ltd	33,863					33,863
Brigido's Iga Marketplace	33,847					33,847
Infusion Resource LLC	31,646					31,646
Renaissance Providence Downtown Hotel	31,611					31,611
Marriott Palm Beach Gardens, FL	30,457	625				31,082
West Warwick Public Schools	31,025	41				31,066
House of Hope Cdc	19,363	11,467				30,830
Nephrology Associates Inc	18,171	12,514				30,685
StepStone Hospitality, Inc.	30,341					30,341
St Mary's Home	30,283					30,283
Clipper Home	28,345	1,537				29,882
PPSD 1033 Retirees	14,121	15,223				29,344
1033 City	29,323					29,323
Rhode Island Legal Services, Inc	29,303					29,303
Magna Hospitality Group	29,081					29,081
Linear Title & Closing, Ltd	28,999					28,999
Majestic Hotel Corp	28,811					28,811
Riverwood MHS	28,809					28,809
Fire Retirees 1995-2006	16,483	11,534				28,017
Lifespan	26,820	1,180				28,000
City of Providence	13,900	14,087				27,987
Woonsocket School Department	27,683					27,683

## 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
D3Logic, Inc	27,389					27,389
Metro Motors, Inc. d/b/a Metro Honda	27,067	45				27,112
Independence Bank	25,036					25,036
General Fabrics Company	24,804					24,804
Town of W Warwick Municipal	24,220					24,220
Richmond Sand & Stone, LLC.	23,605					23,605
New York Yacht Club -Newport	23,301					23,301
RI Rehabilitation Institute	23,196					23,196
Hunt Valley HR, LLC	22,845					22,845
Gurit USA	22,782					22,782
Electro Standards Laboratories Inc.	22,731					22,731
Texcel Industries, Inc	22,509					22,509
University Medical Group Inc	22,498					22,498
Berus, LLC		5,276	5,053	11,130	21,459	
Huxtables Kitchen, Inc. - Mngt	10,822	10,589				21,411
Lifespan - NH	17,208	3,928				21,136
Doubletree Hotel New Orleans Airport	20,943					20,943
Northeast Behavioral Associates	18,666	2,052				20,718
McLeod Optical Co Inc	20,515					20,515
Police Department	20,401					20,401
Pascale Service Corporation	20,356					20,356
Neurohealth, Inc.	17,325	2,969				20,294
Link Environmental	20,237					20,237
Apple Rehab Watch Hill	20,131					20,131
Cortland Place	19,918					19,918
Police Retirees - After 1995	9,096	10,081				19,177
New England Linen	18,778					18,778
Overhead Door Co of Prov	18,773					18,773
Smg	18,750					18,750
Primacare Inc.				18,598	18,598	
Tower Construction Corp.	7,949	10,578				18,527
NC3 LLC	8,772	9,514				18,286
Mag Motors III, Inc. d/b/a Grieco Kia	17,932					17,932
Insurance Reconstruction Services, Inc	17,874					17,874
Smithfield Peat Company Inc	17,757					17,757
Innovex Advanced Business Machines, Inc	17,609					17,609
LifespanLPG	17,470					17,470
Fire Department	17,426					17,426
Syqwest Inc	15,406	1,892				17,298
PPSD Clerks	8,664	8,617				17,281
Prov Sch Dept Local 1033	7,927	8,233				16,160
Eagle Industries, Inc.	15,176	964				16,140
Jacob Licht Inc	15,146					15,146
Scituate Leasing Corporation	14,996					14,996
Homefront Health Care	14,939					14,939
Lifespan - BH	14,817					14,817
DoubleTree by Hilton BWI	14,663					14,663

**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
Stanley's Boat Yard Inc	14,580					14,580
Gateway Healthcare	12,152	2,387				14,539
PPSD BEST	7,324	7,181				14,505
HIP Construction, LLC	8,637	5,826				14,463
Cogent Computer Systems, Inc.	3,945	3,945	3,945	2,571	14,406	
Chace, Rutenberg, Freedman	13,666	616				14,282
Direct Bill Riperc	1,701	1,695	1,695	9,175	14,266	
David S Pomerantz MD Inc	14,150					14,150
Deepwater Wind LLC	13,811					13,811
Green Development, LLC	13,373					13,373
Carnegie Abbey Club	13,351					13,351
Sheraton Suites Dallas	12,730					12,730
E.B. Thomsen Inc	12,572					12,572
Atlas Insulation Co., Inc.	12,529					12,529
Gordon Enterprises Inc	12,497					12,497
Petrodriver Transportation Llc	12,365					12,365
Waddington Electronic Inc	4,230	4,230	3,889			12,349
The Rhode Island Philharmonic Orchestra & Music Sc	12,330					12,330
PPSD Administrators - Non-Union/Non-Bargaining	6,213	6,110				12,323
Creative Computing Inc	12,250					12,250
Jammat Housing And Community Development Corp,inc.	12,047					12,047
ShapeUp, Inc	12,017					12,017
Forty 1 Degrees North, LLC and 802 Partners, LLC	11,535	333				11,868
Boys & Girls Clubs of Providence	11,744					11,744
Linear Title & Closing, Ltd	11,443					11,443
Amalgamated Financial Equities III, LLC	11,161					11,161
Anesthesia Care Inc	11,095					11,095
Dunkin Donuts Center	11,060					11,060
Day One	11,027					11,027
McKee Brothers Oil, Inc.	11,000					11,000
House of Beauchemin	5,715	5,181				10,896
BLI Messaging	10,780					10,780
Hilton Providence	10,744					10,744
StepStone Hospitality, Inc.	10,682					10,682
Medsource, Inc	10,682					10,682
Highland Memorial Park	10,570					10,570
Twin River Union SEIU	10,483					10,483
R & R Construction	10,440					10,440
Twin River Union SEIU	10,329					10,329
StepStone Hospitality, Inc.	10,302					10,302
Greene Construction	10,267					10,267
Capco Steel Erection Company	10,143					10,143
American Tele-Connect Services Inc				10,130	10,130	
0299997 Group subscriber subtotal	25,746,351	1,525,661	105,115	1,663,301	2,319,394	26,721,034
0299998 Premiums due and unpaid not individually listed	1,822,818	422,925	125,622	160,896	133,261	2,399,000



## 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	3,032,038	3,021,219	3,021,219	8,187,742	347,252	16,914,966
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	3,032,038	3,021,219	3,021,219	8,187,742	347,252	16,914,966
MA DEPARTMENT OF HEALTH				2,021,389		2,021,389
ASSISTED DAILY LIVING INC		1,392	1,511	293,176		296,079
BACK TO HEALTH CHIRO/ IAN BARLOW				381,476		381,476
BERKSHIRE PL				17,070		17,070
BMA ROMULUS				29,172	29,172	
BUTLER HOSPITAL			22,510			22,510
CAREMARK, L.L.C.	1,839		213,589			215,428
CHARLESGATE				17,094		17,094
CHARLTON MEMORIAL	72,726					72,726
CHRISTINA L. POPE				10,723	10,723	
CORAM HEALTHCARE				70,627		70,627
CRITICAL CARE SYSTEMS, IN				23,798	23,798	
DENMARKS LLC-VANGUARD HOM				22,525	22,525	
EDWARD A. CASEY JR				69,950		69,950
HALLETT CENT				31,474		31,474
HOLIDAY RETIREMENT		14,282				14,282
JOSE A. ALVARADO				11,373	11,373	
KCI USA, INC				35,045	35,045	
Kent Co Mem Hosp				11,666		11,666
LAKEWOOD PATHOLOGY ASSOCI				11,482	11,482	
LANDMARK MED				33,770		33,770
MARCELLO PIACENTINO				16,134	16,134	
MEMORIAL HOSP				22,644		22,644
MICHAEL MCGINNIS				13,535	13,535	
MICHAEL P. GERVASIO				46,800	46,800	
MORTON HOSP				11,544		11,544
N.E HOME THERAPIES	14,746	23,763				38,509
NEUROSURGERY				11,217		11,217
NEW ENGLAND				29,961		29,961
NEWPORT HOSPITAL	11,397					11,397
OPTION CARE	13,437					13,437
OUR LADY OF				36,250		36,250
PROVIDENCE VAMCS AFFAIRS				12,060	12,060	
REHABILITATION HOSPITAL				13,413	13,413	
RHODE ISLAND HOSPITAL	88,498	23,228		14,777		126,503
ROGER WILLIAMS MEDICAL CTR	43,294	36,549	9,104	566,563	419,465	236,045
SOUTH COUNTY HOSPITAL	16,850	11,400				28,250
SOUTHERN NE				37,329		37,329
ST JOS HLTH SVCS OF RI	59,350	6,232	23,253	247,240	168,534	167,541
STEWART CARNEY HOSPITAL,				12,132	12,132	
THE ENT CENT				38,730		38,730

### 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
THE HOMESTEAD OF DENISON				43,500		43,500
THE MIRIAM HOSPITAL	14,241		64,371			78,612
THE PROVIDENCE V				44,277		44,277
UNIVERSITY EMERG				29,527		29,527
US BIOSERVICES CORP.				39,648	39,648	
WESTERLY HOSPITAL	977			42,958	14,439	29,496
WOMEN & INFANTS	17,871			88,087		105,958
0299998 Claim Overpayment Receivables Not Individually Listed	511,319	111,910	129,408	1,263,229	785,938	1,229,928
0299999 Claim Overpayment Receivables	866,545	228,756	463,746	5,773,365	1,686,216	5,646,196
FEDERAL EMPLOYEES PROGRAM	995,904					995,904
LIFESPAN				235,000		235,000
CARE NEW ENGLAND	1,508,000			443,000		1,951,000
0699998 Other Receivables Not Individually Listed	(5,900)					(5,900)
0699999 Other Receivables	2,498,004			678,000		3,176,004
0799999 Gross Health Care Receivables	6,396,587	3,249,975	3,484,965	14,639,107	2,033,468	25,737,166

### 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 .....	8,648,283	21,010,492		17,262,218	8,648,283	8,397,516
2. Claim overpayment receivables .....	1,414,300	19,449,754	2,533,589	4,798,828	3,947,889	2,849,046
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	4,022,249	674,557	678,000	2,498,004	4,700,249	6,179,800
7. Total (Lines 1 through 6)	14,084,832	41,134,803	3,211,589	24,559,050	17,296,421	17,426,362

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
<b>NONE</b>				
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	9,203,814		5,692,565	3,511,249	3,511,249	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,722,679		2,276,686	1,445,993	1,445,993	
6. Total	12,926,493		7,969,251	4,957,242	4,957,242	



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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 2015**

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	388,106	36,173	145,137	25,053		22,142	22,724	47,364		89,513
2. First Quarter	353,612	25,698	139,744	23,705		18,886	22,830	51,221		71,528
3. Second Quarter	352,320	25,317	138,617	23,837		19,060	22,699	51,598		71,192
4. Third Quarter	350,841	24,719	136,394	23,668		19,054	22,666	52,137		72,203
5. Current Year	349,438	23,582	136,039	23,661		19,110	22,615	52,379		72,052
6. Current Year Member Months	4,219,900	297,884	1,655,283	284,631		227,904	272,525	620,817		860,856
Total Member Ambulatory Encounters For Year:										
7. Physician	1,878,983	4,364	948,872				748,321	177,426		
8. Non-Physician	1,272,861	3,209	677,766				474,280	117,606		
9. Total	3,151,844	7,573	1,626,638				1,222,601	295,032		
10. Hospital Patient Days Incurred	94,605	5,595	29,108				2,250	57,652		
11. Number of Inpatient Admissions	20,192	1,238	6,634				824	11,496		
12. Health Premiums Written (b)	1,662,864,989	121,652,198	773,928,572	56,054,707		29,414,957	111,864,373	545,426,257		24,523,925
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,661,318,809	120,820,811	774,084,918	56,054,707		29,414,957	111,864,373	545,426,257		23,652,786
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,369,820,054	119,205,692	576,341,361	43,692,939		22,620,825	101,413,084	492,408,399		14,137,754
18. Amount Incurred for Provision of Health Care Services	1,405,015,977	107,944,073	627,526,982	42,584,516		23,015,825	99,541,447	490,331,021		14,072,113

(a) For health business: number of persons insured under PPO managed care products 232,671 and number of persons insured under indemnity only products 1,944.

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



53473201543059100

**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 2015**

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	388,106	36,173	145,137	25,053		22,142	22,724	47,364		89,513
2. First Quarter	353,612	25,698	139,744	23,705		18,886	22,830	51,221		71,528
3. Second Quarter	352,320	25,317	138,617	23,837		19,060	22,699	51,598		71,192
4. Third Quarter	350,841	24,719	136,394	23,668		19,054	22,666	52,137		72,203
5. Current Year	349,438	23,582	136,039	23,661		19,110	22,615	52,379		72,052
6. Current Year Member Months	4,219,900	297,884	1,655,283	284,631		227,904	272,525	620,817		860,856
Total Member Ambulatory Encounters For Year:										
7. Physician	1,878,983	4,364	948,872				748,321	177,426		
8. Non-Physician	1,272,861	3,209	677,766				474,280	117,606		
9. Total	3,151,844	7,573	1,626,638				1,222,601	295,032		
10. Hospital Patient Days Incurred	94,605	5,595	29,108				2,250	57,652		
11. Number of Inpatient Admissions	20,192	1,238	6,634				824	11,496		
12. Health Premiums Written (b)	1,662,864,989	121,652,198	773,928,572	56,054,707		29,414,957	111,864,373	545,426,257		24,523,925
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,661,318,809	120,820,811	774,084,918	56,054,707		29,414,957	111,864,373	545,426,257		23,652,786
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,369,820,054	119,205,692	576,341,361	43,692,939		22,620,825	101,413,084	492,408,399		14,137,754
18. Amount Incurred for Provision of Health Care Services	1,405,015,977	107,944,073	627,526,982	42,584,516		23,015,825	99,541,447	490,331,021		14,072,113

(a) For health business: number of persons insured under PPO managed care products 232,671 and number of persons insured under indemnity only products 1,944.

(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
				<b>NONE</b>							
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 of Reinsurance Ceded	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	36-6033921	07/01/2015	BCS INSURANCE COMPANY	IL	CMM	SSL/QA/G	152,710						
18694	76-0154296	01/01/2015	GREAT MIDWESTERN INSURANCE COMPANY	TX	CMM	SSL/QA/G	718,428						
80985	36-2149353	05/01/2010	4 EVER LIFE INSURANCE COMPANY	IL	CMM	OTHER/A/G	(156,346)						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	714,792						
0000	AA-9990032	01/01/2014	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	CMM	I/OTH	831,387						
0299999	General Account - Authorized - Affiliates - U.S. - Other					X X X	831,387						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	1,546,179						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	1,546,179						
1199999	General Account - Authorized - Total General Account Authorized					X X X	1,546,179						
3499999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	1,546,179						
6999999	Total U.S.					X X X	1,546,179						
9999999	Totals					X X X	1,546,179						

### 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
<b>NONE</b>														
9999999	Total								XXX					

34

(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
<b>NONE</b>				



## SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1	2	3	4	5
	2015	2014	2013	2012	2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums	1,546	4,570	3,235	3,990	6,591
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	12,666	19,602	441	484	617
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust					XXX
18. Funds deposited by and withheld from (F)					XXX
19. Letters of credit (L)					XXX
20. Trust agreements (T)					XXX
21. Other (O)					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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	435,611,782		435,611,782
2. Accident and health premiums due and unpaid (Line 15)	63,093,937		63,093,937
3. Amounts recoverable from reinsurers (Line 16.1)	12,666,138		12,666,138
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	113,919,949		113,919,949
6. Total assets (Line 28)	625,291,806		625,291,806
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	128,122,614		128,122,614
8. Accrued medical incentive pool and bonus payments (Line 2)	14,839,049		14,839,049
9. Premiums received in advance (Line 8)	16,998,131		16,998,131
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)	170,014,453		170,014,453
15. Total liabilities (Line 24)	329,974,247		329,974,247
16. Total capital and surplus (Line 33)	295,317,559	X X X	295,317,559
17. Total liabilities, capital and surplus (Line 34)	625,291,806		625,291,806
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
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
	<b>NONE</b>

## SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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
<b>AUGUST FILING</b>	
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.

<b>MARCH FILING</b>	
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?	See Explanation
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	See Explanation
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
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?	See Explanation
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?	See Explanation
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?	See Explanation
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?	See Explanation
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?	See Explanation
<b>APRIL FILING</b>	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	See Explanation
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	See Explanation
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?	See Explanation
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
<b>AUGUST FILING</b>	
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 filing will be submitted  
.....  
.....
- Explanation 19: No filing will be submitted  
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- Explanation 20: No filing will be submitted  
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- Explanation 21: No filing will be submitted  
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.....
- Explanation 22: No filing will be submitted  
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.....
- Explanation 23: No filing will be submitted  
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.....

**Bar Code:**



53473201520500000



53473201520700000



53473201542000000



53473201537100000



53473201537000000



53473201522400000



53473201522500000



53473201522600000



53473201530600000



53473201521100000



53473201521300000

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**OVERFLOW PAGE FOR WRITE-INS**

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# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473201536040100

For The Year Ended December 31, 2015  
(To Be Filed By March 1)

## FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473  
 Address (City, State and Zip Code) 500 EXCHANGE STREET  
 Person Completing This Exhibit MARK C. STEWART  
 Title SR. VICE PRES. & ASSOC. CFO Telephone Number 401-459-5886

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristic	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned				16 Amount	17 Percent of Premiums Earned		
YES	40	A	NO	246	07/01/1966		07/01/1966		PLAN 65	844,869	672,498	79.60	363	62,036	49,379	79.60	27		
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	158,413	126,093	79.60	66	11,632	9,259	79.60	5		
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	105,609	84,062	79.60	49	7,754	6,172	79.60	4		
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	16,686,154	13,281,827	79.60	7,300	1,225,210	975,242	79.60	536		
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	18,059,065	14,374,635	79.60	7,910	1,326,019	1,055,483	79.60	581		
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 66	686,456	546,404	79.60	297	50,404	40,121	79.60	22		
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 66	897,673	714,529	79.60	395	65,913	52,466	79.60	29		
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	211,217	168,124	79.60	99	15,509	12,345	79.60	7		
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										37,649,456	29,968,172	79.60	16,479	2,764,477	2,200,467	79.60	1,211		
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	15,409,921	10,262,143	66.60	7,009	230,852	153,734	66.60	105		
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										15,409,921	10,262,143	66.60	7,009	230,852	153,734	66.60	105		

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
  - Contact Person and Phone Number: JEFFREY J KOLARIK 401-459-1839
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
  - Contact Person and Phone Number: JEFFREY J KOLARIK 401-459-1839
- Explain any policies identified above as policy type 'O'



53473201536500100

## 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	12,412,458	X X X	7,243,297	X X X	19,655,755
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	1,692,608	X X X	987,722	X X X	2,680,330
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(5,828,712)	X X X	178,607	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(794,824)	X X X	24,356	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	6,583,746	X X X	7,421,904	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	897,784	X X X	1,012,078	X X X	X X X
6. Total Premiums	7,481,530	X X X	8,433,982	X X X	22,336,085
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	8,613,804	X X X	8,885,984	X X X	17,499,788
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	1,174,610	X X X	1,211,725	X X X	2,386,335
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	3,287,768	X X X	3,079,720	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	5,326,036	X X X	5,806,264	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	726,278	X X X	791,763	X X X	X X X
11. Total Claims	6,052,314	X X X	6,598,027	X X X	19,886,123
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	826,576	X X X	343,740	X X X	1,170,316
15. Expenses Incurred	1,317,387	X X X	547,848	X X X	X X X
16. Underwriting Gain/Loss	111,829	X X X	1,288,107	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	1,279,646

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