



53473201920100100

# ANNUAL STATEMENT

For the Year Ended December 31, 2019  
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 RI

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)  
401-459-5886 (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>KIM A. KECK</u>	<u>PRESIDENT &amp; CEO</u>
2.	<u>MICHELE B. LEDERBERG</u>	<u>EVP. CHIEF ADMINISTRATIVE OFFICER &amp; CHIEF LEGAL OFFICER</u>
3.	<u>MARK C. STEWART</u>	<u>EXECUTIVE VICE PRESIDENT &amp; CFO</u>

### VICE-PRESIDENTS

Name	Title	Name	Title
<u>MONICA A. AUCIELLO</u>	<u>VP - GENERAL COUNSEL</u>	<u>CHRISTOPHER G. BUSH</u>	<u>VP - NETWORK MANAGEMENT</u>
<u>MATTHEW COLLINS M.D.</u>	<u>EVP - CHIEF MEDICAL OFFICER</u>	<u>MELISSA B. CUMMINGS</u>	<u>EVP - CHIEF CUSTOMER OFFICER</u>
<u>TARA L. DEMOURA</u>	<u>VP - CUSTOMER OPERATIONS</u>	<u>JEREMY S. DUNCAN</u>	<u>VP - MARKETING</u>
<u>AMARNATH GURIVIREDDYGARI #</u>	<u>VP - CHIEF DATA &amp; ANALYTICS OFFICER</u>	<u>MICHAEL J. MARRONE</u>	<u>VP - FINANCE</u>
<u>COREY R. MCCARTY</u>	<u>VP - CONSUMER SEGMENT</u>	<u>CHRISTINA PITNEY</u>	<u>VP - STRATEGIC PLN &amp; PARTNERSHIPS</u>
<u>VISAEL RODRIGUEZ</u>	<u>VP - CHIEF PEOPLE OFFICER</u>	<u>SAMUEL B. SLADE</u>	<u>VP - EMPLOYER SEGMENT</u>
<u>KEVIN SPLAINE</u>	<u>EVP - CARE INTEGRATION &amp; MGMT</u>	<u>LINDA WINFREY</u>	<u>VP - INTERNAL AUDIT &amp; ERM</u>

### DIRECTORS OR TRUSTEES

<u>ERIC BEANE #</u>	<u>STEPHEN COHAN</u>	<u>CHRISTOPHER CROSBY</u>	<u>NICHOLAS DENICE</u>
<u>MICHAEL DICHIRO</u>	<u>PAUL DOUGHTY #</u>	<u>SCOTT DUHAMEL</u>	<u>LOUIS GIANCOLA #</u>
<u>KAREN HAMMOND #</u>	<u>DONNA HUNTLEY-NEWBY</u>	<u>MICHAEL A ISRAELITE</u>	<u>ELIZABETH B. LANGE M.D.</u>
<u>JOHN C. LANGENUS</u>	<u>WARREN E. LICHT M.D.</u>	<u>CELESTE MARSELLA #</u>	<u>DEBRA PAUL</u>
<u>PETER QUATTROMANI</u>	<u>ROBERT A. SANDERS</u>	<u>MERRILL SHERMAN</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.

\_\_\_\_\_  
 (Signature)  
KIM A. KECK  
 (Printed Name)  
 1.  
 \_\_\_\_\_  
 PRESIDENT & CEO  
 (Title)

\_\_\_\_\_  
 (Signature)  
MICHELE B. LEDERBERG  
 (Printed Name)  
 2.  
 \_\_\_\_\_  
 EVP. CHIEF ADMINISTRATIVE OFFICER & CHIEF LEGAL OFFICER  
 (Title)

Subscribed and sworn to (or affirmed) before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 2020, 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	20,809,168					20,809,168
HealthSource RI for DP	128,444	66,115	50,936	1,155,903	1,202,455	198,943
RI School of Design	1,101,957					1,101,957
Advance Premium Tax Credit	544,591					544,591
Medicare SSA	433,066					433,066
Home & Hospice Care of RI-Medical	413,747					413,747
Virginia Transportation Corp	402,604					402,604
PPSD Retirees Basic	346,311					346,311
Roger Williams University	294,575					294,575
Direct Pay Group	256,201	34,726	485			291,412
Meeting Street	290,686					290,686
Medicare Advantage Direct Pay	110,788	72,450	59,806			243,044
Community Care Alliance	193,297	47,247				240,544
Costa Del Mar	236,950					236,950
Thrive Behavioral Health	120,367	111,871				232,238
Roger Williams University	229,143					229,143
Fellowship Health Resources Inc	207,682	6,362				214,044
Solidifi Title & Closing, LLC	197,369					197,369
Blackstone Valley Community Health Center HSA	186,305					186,305
Gem Plumbing & Heating	181,615					181,615
Hopkins Manor Ltd	177,385	1,183				178,568
Pet Food Experts	168,951					168,951
Cooley Group	165,829					165,829
Bradford Soap International, Inc.	142,224					142,224
Plan 65	139,958	1,137				141,095
Upserve	130,133					130,133
Visiting Nurse Home Care	108,350					108,350
Ocean State Urgent Care	106,263					106,263
Woonsocket City Employees	90,894					90,894
PPSD Teachers Active	88,813					88,813
Roger Williams University	88,219					88,219
Roger Williams University	82,213					82,213
Charlesgate Nursing Center	81,102					81,102
Roger Williams University	74,350					74,350
Convention Center	72,476					72,476
Northeast Behavioral Associates dba Northeast Fami	56,393	15,536				71,929
Saint Elizabeth Manor	70,784					70,784
Roger Williams University -School of Law	68,070					68,070
Plan 65 Direct Pay Group	31,365	4,000	2,797	29,025	32,487	34,700
J R Vinagro Corp	66,714					66,714
ISAM DBA CORE Business Technologies	60,797					60,797
CPN	60,227					60,227
Lighthouse Computer Services Inc	60,150					60,150
TPG KC HOTEL MANAGER LLC	58,420					58,420

## 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
Renaissance Suites Chicago O'Hare	58,325					58,325
Scandinavian Home Inc	57,341	35				57,376
Child & Family Services of Newport County	57,297					57,297
American Medical Alert Corp. dba Tunstall Americas	54,038					54,038
Overlook Eden Operations LLC DBA Overlook Nursing	53,111					53,111
SquadLocker, Inc.	52,059					52,059
City of Warwick	51,049					51,049
Met Cap Management, LLC	47,989					47,989
Jay Packaging Group, Inc.	47,549					47,549
Carelink	44,638					44,638
Narragansett Elec Union	44,236					44,236
Touchstone Crystal	42,423					42,423
Friendly Home Inc	42,175					42,175
P+F Over 65 Retirees	41,475					41,475
Advanced Radiology	38,312	1,112				39,424
Bald Hill Realty Co.	39,292					39,292
Bliss Properties Inc	38,250					38,250
Athena Health Care Systems, Inc.	19,646	18,344				37,990
Rhode Island Legal Services, Inc	37,149					37,149
National Grid Plan 65	35,714					35,714
Sargent Rehabilitation Center	35,680					35,680
Town of Scituate	35,505					35,505
University Otolaryngology	33,970					33,970
Dome Publishing Co., Inc. DBA The Dome Companies	33,521					33,521
Hallworth House (Episcopal Housing Foundation)	33,117					33,117
1033 City	30,941					30,941
JBF Healthcare Management Inc. DBA Trinity Health-	25,882	4,751				30,633
Renaissance Providence Downtown Hotel	29,644					29,644
PPSD Aides/Monitors	27,578	96				27,674
City Of Prov	26,812	8		8	556	27,384
Roger Williams University	27,103					27,103
CPN	26,901					26,901
E Providence Housing Authority	26,882					26,882
Renaissance Waterford Oklahoma City	26,550					26,550
Home & Hospice Care of RI-Dental	26,367					26,367
Semper Home Loans, Inc	26,361					26,361
City Of Warwick	26,255					26,255
JBF Healthcare Management Inc. DBA Trinity Health-	23,207	2,780				25,987
Narr Electric Non-Union	25,872					25,872
Carpionato Properties, Inc	25,632					25,632
Carpionato Properties, Inc	25,553					25,553
Global Outdoors, Inc	12,121	12,183	702			25,006
Shechtman Halperin Savage, LLP	24,413					24,413
J.A.M. Construction Co., Inc	3,731	3,731	2,893	13,658	24,013	
Texcel Industries, Inc	23,339					23,339
Carpionato Properties, Inc	23,235					23,235
Automated Business Solutions	23,204					23,204

## 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	23,173					23,173
Carpionato Properties, Inc	23,019					23,019
Armbrust International LTD	22,851					22,851
Innovex (Advanced Business Machines)	22,821					22,821
RBC Industries, Inc.	8,531	11,972	2,063			22,566
Narragansett Electric -Non Union Providence	22,484					22,484
City of Warwick	22,248					22,248
Cortland Place	22,194					22,194
Fire Department	22,116					22,116
New England Realty Trust, LLC	22,082					22,082
D3Logic, Inc	22,076					22,076
CPN	21,917					21,917
National Grid Service Co Non-Union	21,870	1	1			21,872
Illuminoss Medical	21,551					21,551
Metro Motors Management, Inc.	21,107					21,107
Police Department	20,965					20,965
Fiesta Jewelry Corporation	20,929					20,929
Deluca & Weisenbaum, Ltd	20,683					20,683
Kenneth Castellucci & Associates Inc	10,218	10,446				20,664
Boys & Girls Clubs of Providence	20,623					20,623
Lepizzera & Laprocina	19,905	384				20,289
Eagle Industries, Inc.	19,824					19,824
Mirror Image Inc	9,739	9,739				19,478
DiLeonardo International, Inc.	10,052	8,136	1,246			19,434
Roger Williams University	19,242					19,242
North-Eastern Tree Service, Inc	19,198	1				19,199
Parking Union	19,010					19,010
Hartford Paving Corp	18,998	4				19,002
Majestic Hotel Corp	18,719					18,719
Town of Westerly	18,552					18,552
Marriott Buffalo Niagara	17,572					17,572
Electro Standards Laboratories Inc.	17,124					17,124
Mckenna Roofing & Construction	17,011					17,011
SyQwest, Inc.	16,722					16,722
Adlife Marketing & Communications	16,608					16,608
A2B Tracking Solutions, Inc.	16,196					16,196
Turnstyle Designs Inc	2,844	4,146	4,258	4,640	15,888	
The Rhode Island Philharmonic Orchestra & Music Sc	15,789					15,789
Mansion, Inc. DBA Mansion Nursing & Rehabilitation	15,605					15,605
Fire Retirees 1995-2006	15,467					15,467
Extend Health	1,153	799	470	13,018	15,440	
E.B. Thomsen Inc				15,309	15,309	
Summit Electrical Contractors, Inc.	11,193	4,100				15,293
High Purity New England	15,111					15,111
Narragansett Electric-Union Providence	15,026					15,026
Washington Trust Company	14,995					14,995
Modern Industries	7,466	7,467				14,933

**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
Heritage Healthcare Services, Inc.	13,690	869				14,559
Stonestreet Corporation	14,551					14,551
American Aerial Equipment, LLC	14,523					14,523
William J. Hirten Co LLC	14,325					14,325
C I T E	14,270					14,270
Coventry Public Schools	14,226					14,226
Full Circle Recycling LLC	13,940					13,940
Narragansett Electric -Non Union Cumberland	13,860					13,860
Dunkin Donuts Center	13,512					13,512
RI Rehabilitation Institute	13,450					13,450
Narragansett Electric/Nonunion-Plan 65	13,254					13,254
Lincoln Pediatric Associates, Inc.	12,613	406				13,019
Carpionato Properties, Inc	12,947					12,947
NitroTap Ltd	4,973	4,973	2,973			12,919
Mt Hope Animal Hospital	12,119	788				12,907
Advanced Auto Body, Inc.	5,254	5,255	2,083			12,592
Double Tree by Hilton Atlanta - Roswell	12,513					12,513
Direct Bill Riperc	1,062	354	354	10,649	12,419	
Roger Williams University	12,225					12,225
R & D Manufacturing	12,120					12,120
Smithfield Peat Company Inc	12,010					12,010
City Non-Union/Non-Bargained	11,854					11,854
South County Sand & Gravel Co Inc	11,834					11,834
Police Retirees - After 1995	11,507					11,507
Xpress Sweeping, Inc	10,516	790				11,306
Business Innovation Factory	11,220					11,220
Geisser Engineering Corp	11,152					11,152
Primacare Inc.				11,129	11,129	
E L J Inc	9,880	1,207				11,087
Verichem Laboratories Inc	10,855					10,855
Capco Steel Erection Company				10,743	10,743	
Cranston Welding Supply Company	10,603					10,603
Cosmed of PA	10,508					10,508
Cogent Computer Systems, Inc.				10,461	10,461	
City of Warwick	10,385					10,385
Millennium Consulting, Inc.	10,173					10,173
Resolute Racing LLC	10,153					10,153
American Tele-Connect Services Inc				10,130	10,130	
CPN	10,087					10,087
Lexington Lighting Group, LLC	4,652	5,213	198			10,063
0299997 Group subscriber subtotal	31,755,785	480,717	131,273	1,285,221	1,387,858	32,265,138
0299998 Premiums due and unpaid not individually listed	862,085	82,066	19,237	257,513	275,093	945,808
0299999 Total group	32,617,870	562,783	150,510	1,542,734	1,662,951	33,210,946



## 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
PRIME THERAPEUTICS	16,713,812	5,135,850	5,135,850	7,769,181	606,697	34,147,995
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	16,713,812	5,135,850	5,135,850	7,769,181	606,697	34,147,995
MA DEPARTMENT OF HEALTH WOMAN & INFANTS HOSPITAL	23,222	7		198,870		198,870
SUSAN F SHAGWERT	11,714					23,230
ROGER WILLIAMS MEDICAL CENTER	57,330					11,714
UNIVERSITY ORTHOPEDICS EAST BAY SUR	23,198					57,330
SOUTHCOAST VNA INC	10,788					23,198
ADCARE OF RHODE ISLAND INC	10,819					10,788
MED - TRANS CORP SKYHEALTH			1,866	18,975	18,975	10,819
EMMA PENDLETON BRADLEY HOS	52,766					1,866
PRIMA CARE PC	55	304	2,451	37,667	37,667	52,766
CAPITOL HOME CARE NETWORK		6,523	62,625			2,810
YALE-NEW HAVEN HOSPITAL				25,518	25,518	69,148
THE GRODEN CENTER INC		14,657	6,066			20,723
KENT COUNTY HOSPITAL	86,832					86,832
19 WOMEN & INFANTS HOSPITAL	135,502					135,502
WESTERLY HOSPITAL	9,397	680	277			10,353
THE MIRIAM HOSPITAL	47,448					47,448
RHODE ISLAND HOSPITAL	515,257					515,257
WEST VIEW NURSING & REHABILITATION	17,230					17,230
TOWN OF EAST GREENWICH	217	195	243	35,483	35,483	654
KENT REGENCY CENTER	20,519					20,519
OUR LADY OF FATIMA HOSPITAL	35,913					35,913
DERMATOLOGY PROFESSIONALS, INC	16,609					16,609
RESPIRATORY AND REHABILITATION CTR	15,110					15,110
SOUTH COUNTY HOSPITAL	102,781					102,781
VNS OF NEWPORT AND BRISTOL	15,782					15,781
0299998 Claim Overpayment Receivables Not Individually Listed	231,640	40,860	20,227	43,158	34,235	301,650
0299999 Claim Overpayment Receivables	1,440,129	63,226	93,755	359,671	151,878	1,804,901
COASTAL MEDICAL	375,000				375,000	
0399998 Loans and Advances to Providers Not Individually Listed	122					122
0399999 Loans and Advances to Providers	375,122				375,000	122
OAK STREET HEALTH	548,802					548,802
0499998 Capitation Arrangement Receivables Not Individually Listed						

### EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0499999 Capitation Arrangement Receivables	548,802					548,802
WESTERLY HOSPITAL	66,042					66,042
0699998 Other Receivables Not Individually Listed						
0699999 Other Receivables	66,042					66,042
0799999 Gross Health Care Receivables	19,143,907	5,199,076	5,229,605	8,128,852	1,133,575	36,567,862



### 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 .....	19,539,523	49,183,651	543,419	34,211,274	20,082,942	18,756,219
2. Claim overpayment receivables .....	1,711,709		206,464	1,750,317	1,918,173	2,005,747
3. Loans and advances to providers .....				375,122		750,000
4. Capitation arrangement receivables .....				548,802		
5. Risk sharing receivables .....						
6. Other health care receivables .....				66,042		
7. Total (Lines 1 through 6)	21,251,232	49,183,651	749,883	36,951,557	22,001,115	21,511,966

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, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliates	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
			<b>NONE</b>				
0399999 Total gross amounts receivable							

**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 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						
2. Intermediaries	1,046,084	0.075	1,570	0.409	1,046,084	
3. All other providers						
4. Total capitation payments	1,046,084	0.075	1,570	0.409	1,046,084	
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,394,077,658	99.925	X X X	X X X		1,394,077,658
7. Bonus/withhold arrangements – fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements – contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	1,394,077,658	99.925	X X X	X X X		1,394,077,658
13. Total (Line 4 plus Line 12)	1,395,123,742	100.000	X X X	X X X	1,046,084	1,394,077,658

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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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
0	OSH RI, LLC	1,046,084	87,174		
9999999	Totals	1,046,084	X X X	X X X	X X X

### EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	9,481,943		9,213,368	268,575	268,575	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	4,058,962		3,149,705	909,257	909,257	
6. Total	13,540,905		12,363,073	1,177,832	1,177,832	



53473201943040100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

**BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2019**

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	390,593	19,690	121,077	25,191	13,708	81,673	22,236	52,111		54,907
2. First Quarter	385,806	18,926	118,583	25,311	13,824	79,882	22,270	51,895		55,115
3. Second Quarter	383,884	18,449	115,843	25,405	14,330	80,693	22,162	51,943		55,059
4. Third Quarter	383,266	17,903	115,412	25,625	14,227	80,380	22,201	52,244		55,274
5. Current Year	383,534	17,224	115,989	25,716	14,580	79,979	22,114	52,487		55,445
6. Current Year Member Months	4,615,952	219,607	1,403,326	305,879	169,580	963,629	266,336	625,084		662,511
Total Member Ambulatory Encounters For Year:										
7. Physician	1,710,701	110,601	682,890				167,795	749,415		
8. Non-Physician	1,318,631	107,116	588,196				146,098	477,221		
9. Total	3,029,332	217,717	1,271,086				313,893	1,226,636		
10. Hospital Patient Days Incurred	83,897	5,250	25,060				3,446	50,141		
11. Number of Inpatient Admissions	16,683	909	5,333				693	9,748		
12. Health Premiums Written (b)	1,700,278,594	131,028,208	729,317,166	59,739,803	828,185	30,755,871	117,667,468	604,829,734		26,112,159
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,700,278,594	131,028,208	729,317,166	59,739,803	828,185	30,755,871	117,667,468	604,829,734		26,112,159
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,403,361,072	110,133,993	590,699,704	50,963,653	389,756	22,059,105	110,382,475	502,707,263		16,025,123
18. Amount Incurred for Provision of Health Care Services	1,435,820,145	110,162,937	607,729,324	52,854,313	479,784	21,839,118	108,018,347	515,662,950		19,073,372

(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 \$ 606,891,734 .



53473201943059100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

**BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2019**

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	390,593	19,690	121,077	25,191	13,708	81,673	22,236	52,111		54,907
2. First Quarter	385,806	18,926	118,583	25,311	13,824	79,882	22,270	51,895		55,115
3. Second Quarter	383,884	18,449	115,843	25,405	14,330	80,693	22,162	51,943		55,059
4. Third Quarter	383,266	17,903	115,412	25,625	14,227	80,380	22,201	52,244		55,274
5. Current Year	383,534	17,224	115,989	25,716	14,580	79,979	22,114	52,487		55,445
6. Current Year Member Months	4,615,952	219,607	1,403,326	305,879	169,580	963,629	266,336	625,084		662,511
Total Member Ambulatory Encounters For Year:										
7. Physician	1,710,701	110,601	682,890				167,795	749,415		
8. Non-Physician	1,318,631	107,116	588,196				146,098	477,221		
9. Total	3,029,332	217,717	1,271,086				313,893	1,226,636		
10. Hospital Patient Days Incurred	83,897	5,250	25,060				3,446	50,141		
11. Number of Inpatient Admissions	16,683	909	5,333				693	9,748		
12. Health Premiums Written (b)	1,700,278,594	131,028,208	729,317,166	59,739,803	828,185	30,755,871	117,667,468	604,829,734		26,112,159
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,700,278,594	131,028,208	729,317,166	59,739,803	828,185	30,755,871	117,667,468	604,829,734		26,112,159
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,403,361,072	110,133,993	590,699,704	50,963,653	389,756	22,059,105	110,382,475	502,707,263		16,025,123
18. Amount Incurred for Provision of Health Care Services	1,435,820,145	110,162,937	607,729,324	52,854,313	479,784	21,839,118	108,018,347	515,662,950		19,073,372

(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 \$ 606,891,734 .



### 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 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
999999 Totals												

## SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
18694 90581	76-0154296 91-1079693	01/01/2015 08/01/2018	GREAT MIDWESTERN INSURANCE COMPANY SYMETRA LIFE INSURANCE COMPANY	TX WA	(20,654) 83,111	
1999999	Accident and Health - Non-Affiliates - U.S. Non-Affiliates				62,457	
2199999	Accident and Health - Non-Affiliates - Total Non-Affiliates				62,457	
2299999	Accident and Health - Total Accident and Health				62,457	
2399999	Total U.S.				62,457	
9999999	Totals				62,457	

### 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		
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	SSL/G	CMM	718,922						
18694	76-0154296	01/01/2015	GREAT MIDWESTERN INSURANCE COMPANY	TX	SSL/G	CMM	1,271,257						
36056	13-3536448	01/01/2018	NAVIGATORS INSURANCE COMPANY	NY	SSL/G	SLEL	122,044						
0199999	General Account - Authorized - Affiliates - U.S. - Captive							X X X	2,112,223				
0399999	General Account - Authorized - Affiliates - U.S. - Total							X X X	2,112,223				
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates							X X X	2,112,223				
1199999	General Account - Authorized - Total General Account Authorized							X X X	2,112,223				
3499999	General Account - Total General Account Authorized, Unauthorized and Certified							X X X	2,112,223				
6999999	Total U.S.							X X X	2,112,223				
9999999	Totals							X X X	2,112,223				

**NONE**    **Schedule S - Part 4**

**NONE**    **Schedule S - Part 5**

## SCHEDULE S – PART 6

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

	1	2	3	4	5
	2019	2018	2017	2016	2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	2,112	2,089	2,151	2,544	1,546
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 .....	62	815	1,657	5,834	12,666
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 .....					
<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 .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

**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)	578,101,341		578,101,341
2. Accident and health premiums due and unpaid (Line 15)	71,028,417		71,028,417
3. Amounts recoverable from reinsurers (Line 16.1)	62,459		62,459
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	101,790,009		101,790,009
6. Total assets (Line 28)	750,982,226		750,982,226
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	122,513,583		122,513,583
8. Accrued medical incentive pool and bonus payments (Line 2)	47,167,000		47,167,000
9. Premiums received in advance (Line 8)	17,375,834		17,375,834
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)	192,342,040		192,342,040
15. Total liabilities (Line 24)	379,398,457		379,398,457
16. Total capital and surplus (Line 33)	371,583,769	X X X	371,583,769
17. Total liabilities, capital and surplus (Line 34)	750,982,226		750,982,226
<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			

**NONE    Schedule T - Part 2**

## 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	16
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)	Is an SCA Filing Required? (Y/N)	*
00	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND OSH-RI, LLC	53473 00000	05-0158952 61-1903507	00	00		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	RI RI	RE NIA	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	BOARD OF DIRECTORS BOARD OF DIRECTORS		BOARD OF DIRECTORS BOARD OF DIRECTORS	N N	0 0

Asterik	Explanation
<p style="font-size: 2em; font-weight: bold;">NONE</p>	



**NONE    Schedule Y - Part 2**

## 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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing, if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17. 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
18. 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
19. 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>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	See Explanation
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	See Explanation
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be files with the state of domicile and the NAIC by April 1?	See Explanation
23. 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	See Explanation
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if require be filed with the state of domicile and the NAIC by April 1?	See Explanation
<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

## 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 17: NOT REQUIRED TO FILE

Explanation 18: NOT REQUIRED TO FILE

Explanation 19: NOT REQUIRED TO FILE

Explanation 20: NOT REQUIRED TO FILE

Explanation 21: NOT REQUIRED TO FILE

Explanation 22: NOT REQUIRED TO FILE

Explanation 24: NOT REQUIRED TO FILE

Explanation 25: NOT REQUIRED TO FILE

**Bar Code:**



53473201920500000



53473201942000000



53473201936500000



53473201922500000



53473201930600000



53473201921600000



53473201920700000



53473201937100000



53473201922400000



53473201922600000



53473201921100000



53473201921700000

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# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473201936040100

For The Year Ended December 31, 2019  
(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 ST, PROVIDENCE, RI 02903  
Person Completing This Exhibit MARK STEWART  
Title EVP & 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 2016				Policies Issued in 2017, 2018, 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		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	1,455,527	1,306,436	89.80	622	103,038	92,484	89.80	44
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	84,243	75,614	89.80	36	4,684	4,204	89.80	2
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	46,801	42,008	89.80	20	2,342	2,102	89.80	1
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	13,417,989	12,043,573	89.80	5,734	939,051	842,863	89.80	401
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	11,251,080	10,098,622	89.80	4,808	786,836	706,240	89.80	336
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	4,846,295	4,349,885	89.80	2,071	339,557	304,776	89.80	145
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	6,327,562	5,679,425	89.80	2,704	442,595	397,260	89.80	189
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	121,684	109,220	89.80	52	9,367	8,408	89.80	4
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	1,911,841	1,716,010	89.80	817	133,481	119,809	89.80	57
YES	40	N	NO	246	07/01/1966		07/01/1966		PLAN 65	91,263	81,915	89.80	39	7,025	6,306	89.80	3
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										39,554,285	35,502,708	89.80	16,903	2,767,976	2,484,452	89.80	1,182
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	16,276,621	13,893,296	85.40	7,129	1,136,376	969,980	85.40	500
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65					4,546	3,880	85.30	2
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										16,276,621	13,893,296	85.40	7,129	1,140,922	973,860	85.40	502

### 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: COREY MCCARTY 401-459-5482
- 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: COREY MCCARTY 401-459-5482
- Explain any policies identified above as policy type 'O'



53473201936500100

## 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	5,166,768	X X X	9,244,020	X X X	14,410,788
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	(64,255)	X X X		X X X	(64,255)
1.2 Supplemental Benefits	806,374	X X X	1,442,708	X X X	2,249,082
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(3,905)	X X X	(1,261,271)	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	609	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	402,246	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	5,162,863	X X X	7,982,749	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	337,991	X X X		X X X	X X X
5.2 Supplemental Benefits	805,765	X X X	1,245,863	X X X	X X X
6. Total Premiums	6,306,619	X X X	9,228,612	X X X	16,595,615
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	8,600,993	X X X	8,147,110	X X X	16,748,103
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	1,342,352	X X X	1,271,514	X X X	2,613,866
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(6,357)	X X X	(701)	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	(992)	X X X	(109)	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(3,558,804)	X X X	(2,459,394)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	555,420	X X X	(383,836)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	5,035,832	X X X	5,913,564	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	785,939	X X X	922,926	X X X	X X X
11. Total Claims	5,821,771	X X X	6,836,490	X X X	19,361,969
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	1,101,521	X X X	459,498	X X X	1,561,019
15. Expenses Incurred	1,117,296	X X X	466,079	X X X	X X X
16. Underwriting Gain/Loss	(632,448)	X X X	1,926,043	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(4,327,373)

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