



53473201620100100

# ANNUAL STATEMENT

For the Year Ended December 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

## BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code 0000 0000 NAIC Company Code 53473 Employer's ID Number 05-0158952  
(Current Period) (Prior Period)

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 [ X ]  
 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 401-459-1000  
(City or Town, State, Country and Zip Code) (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. &amp; GEN. COUNSEL</u>
3. <u>MARK C. STEWART</u>	<u>SENIOR VICE PRESIDENT &amp; CFO</u>

### VICE-PRESIDENTS

Name	Title	Name	Title
<u>CHRISTOPHER G. BUSH</u>	<u>VP - NETWORK MANAGEMENT</u>	<u>MATTHEW COLLINS M.D.</u>	<u>VP - CLINICAL INTEGRATION</u>
<u>DEREK E. COSTA</u>	<u>VP - CHIEF INFORMATION OFFICER</u>	<u>MELISSA B. CUMMINGS</u>	<u>SVP - CHIEF CUSTOMER OFFICER</u>
<u>KATHERINE DALLOW M.D.</u>	<u>VP - CLINICAL AFFAIRS</u>	<u>TARA L. DEMOURA #</u>	<u>VP - OPERATIONS</u>
<u>JEREMY S. DUNCAN</u>	<u>VP - COMMUNICATIONS</u>	<u>JEFFREY J. KOLARIK</u>	<u>VP - STRATEGIC RELATIONSHIPS</u>
<u>AUGUSTINE A. MANOCCHIA M.D.</u>	<u>SVP - CHIEF MEDICAL OFFICER</u>	<u>MICHAEL J. MARRONE #</u>	<u>VP - FINANCE</u>
<u>COREY R. MCCARTY</u>	<u>VP - CONSUMER SEGMENT</u>	<u>MONICA A. NERONHA</u>	<u>VP - LEGAL SERVICES</u>
<u>KURT C. RINGO #</u>	<u>VP - CHIEF ANALYTICS OFFICER</u>	<u>VISAEL RODRIGUEZ</u>	<u>VP - CHIEF DIVERSITY OFFICER</u>
<u>SAMUEL B. SLADE #</u>	<u>VP - EMPLOYER SEGMENT</u>	<u>MARK D. WAGGONER</u>	<u>SVP - CARE INTEGRATION &amp; MGMT</u>

### DIRECTORS OR TRUSTEES

<u>DENISE A. BARGE</u>	<u>CHRISTOPHER CROSBY #</u>	<u>NICHOLAS DENICE #</u>	<u>MICHAEL DICHIRO</u>
<u>SCOTT DUHAMEL</u>	<u>SCOTT GUNN</u>	<u>JAMES A. HARRINGTON</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>JOHN P. MAGUIRE</u>	<u>ROBERT G. NORTON</u>	<u>DEBRA PAUL</u>	<u>PETER QUATTROMANI</u>
<u>ROBERT A. SANDERS #</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.

_____ (Signature) KIM A. KECK	_____ (Signature) MICHELE B. LEDERBERG	_____ (Signature) MARK C. STEWART
_____ (Printed Name) 1. PRESIDENT & CEO	_____ (Printed Name) 2. EVP. & GEN. COUNSEL	_____ (Printed Name) 3. SENIOR VICE PRESIDENT & CFO
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to (or affirmed) before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 2017, 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	19,959,797					19,959,797
HealthSource RI for DP	1,075,935	259,769	95,354	675,342	815,661	1,290,739
Medicare Advantage Direct Pay	123,904	86,097	71,547	600,219	881,767	
Memorial Hospital DBA Memorial Hospital	683,726					683,726
Direct Pay Group	295,862	57,150	17,931			370,943
All PPSD Retirees Basic	309,181	10				309,191
Coastal Medical Inc	289,446					289,446
Fellowship Health Resources Inc	271,912					271,912
Meeting Street Plan 65	247,792					247,792
University Emergency Medicine Foundation	123,877	122,525				246,402
207,852						207,852
Fiber Composites, LLC DBA Fiberon	205,640					205,640
Community Care Alliance	105,388	68,454				173,842
Gilbane Building Company	156,107	784				156,891
Hopkins Manor Ltd	150,292					150,292
The Hilb Group Operating Company, LLC	146,205					146,205
Cooley Group	144,601					144,601
18 Westin Fort Lauderdale North	43,555	46,405	45,478	584	136,022	
American Medical Alert Corp. dba Tunstall Americas	111,732					111,732
Walco Electric Co	52,396	54,437				106,833
Toray Plastics (America), Inc	99,627					99,627
Narragansett Elec Union	49,764	48,884	763			99,411
Marinosci Law Group, PC	96,859					96,859
Kent County Memorial Hospital	95,852					95,852
VNA Rhode Island	90,557					90,557
PPSD Teachers Active	87,512					87,512
P+F Over 65 Retirees	38,365	38,064	8,719			85,148
W & I/NEHCEU 1199	84,379					84,379
J.A.M. Construction Co., Inc	37,395	37,395	9,039			83,829
National Grid Plan 65	40,856	42,903				83,759
Charlesgate Nursing Center	82,543					82,543
The Children's Workshop	78,941	1,964				80,905
The Allied Group	78,901					78,901
Neptune-Benson	76,747					76,747
Mount St.Rita Health Centre	73,161	1				73,162
TPG KC HOTEL MANAGER LLC	73,110					73,110
The Kent Center	73,005					73,005
Plan 65 Direct Pay Group	40,145	4,378	3,735	24,650	31,774	41,134
The Providence Center	71,764	400				72,164
Rhode Island Distributing	69,407					69,407
Towerstream I, Inc.	68,335					68,335
Saint Elizabeth Manor	64,857					64,857
Riverview Nursing Home	62,945	892				63,837
City Of Prov Local 1033	33,978	28,626	8	256	62,868	

## 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
Equity National Title & Closing Services, Inc.	60,447					60,447
Venturcap Investment Group V, LLC	56,662					56,662
Atlantis Comfort Systems Corp.	56,402					56,402
Carpionato Properties, Inc	54,361					54,361
Narr Electric Non-Union	27,249	26,956				54,205
Friendly Home Inc	51,381					51,381
United Way of RI	51,233					51,233
Marriott Waterford Okc	24,644	26,301				50,945
Met Cap Management, LLC	50,829					50,829
Infusion Resource LLC	50,301					50,301
Narragansett Electric -Non Union Providence	23,443	24,025				47,468
Advanced Radiology	33,221	13,176				46,397
Sargent Rehabilitation Center	45,655					45,655
Huntress Inc	45,468					45,468
Police Department	20,212	20,212	3,801			44,225
Tedor Pharma Inc.	43,279					43,279
Bliss Properties Inc	42,322	697				43,019
Fiber Composites, LLC DBA Fiberon	42,382					42,382
Hyatt Regency Lexington	41,033					41,033
Carpionato Properties, Inc	40,764					40,764
David S Pomerantz MD Inc	18,127	22,105				40,232
Fire Department	18,156	17,755	4,239			40,150
Oceanpoint Insurance Agency Inc	38,826					38,826
Doubletree Hotel New Orleans Airport	18,616	19,796				38,412
Renaissance Providence Downtown Hotel	38,316					38,316
Rhode Island Distributing	38,229					38,229
Coventry Public Schools	38,201					38,201
Jesmac Inc	38,164					38,164
PMD College Park HR, LLC d/b/a Sheraton College Pa	18,886	18,499				37,385
National Grid Service Co Non-Union	19,047	18,165				37,212
Vantage Oncology	37,209					37,209
Chamilia	36,822					36,822
Meridian Printing, Inc.	36,641					36,641
Butler Hospital	36,435					36,435
Metropolitan Insurance	36,212					36,212
National Glass & Gate Services, Inc. DBA NG&G	35,163					35,163
Advanced Chemical Company	34,731					34,731
Link Environmental, LLC	17,267	17,267				34,534
Women & Infants Hospital	34,463					34,463
Narragansett Electric-Union Providence	16,965	16,696	5	136	33,802	
Narragansett Electric/Nonunion-Plan 65	16,351	16,830				33,181
TPG Rochester I Hotel Manager LLC DBA Hyatt Regenc	32,606					32,606
Homefront Health Care	14,888	17,520				32,408
Cumberland School Dept - Certified	29,846	2,084				31,930
Fire Retirees 1995-2006	13,741	14,192	3,714			31,647
Cranston Public Schools	31,497					31,497
Care New England	31,360					31,360

## 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
Marriott Fort Lauderdale North, FL	30,961					30,961
Northeast Behavioral Associates	24,306		6,631			30,937
Narragansett Electric -Non Union Cumberland 1033 City	11,427	11,427		7,911		30,765
Marriott Palm Beach Gardens, FL	30,698					30,698
Nephrology Associates Inc	30,676					30,676
Pine Grove Health Center	16,642	13,751				30,393
PPSD Aides/Monitors	30,051					30,051
Brigido's Iga Marketplace	29,985					29,985
Woonsocket School Department	29,088					29,088
PMC Lighting Inc	28,610					28,610
J. Goodison Co Inc.	28,471					28,471
Cortland Place	28,255					28,255
Rhode Island Legal Services, Inc	28,168					28,168
Warwick Public Schools	27,247					27,247
Fuller Box Co Inc.	27,171					27,171
StepStone Hospitality, Inc.	27,068					27,068
City of Providence	26,061					26,061
D3Logic, Inc	13,148	12,886				26,034
Summer Infant Inc	25,598					25,598
Overhead Door Co of Prov	25,431					25,431
Precision Design Studios, Inc.	25,404					25,404
Texcel Industries, Inc	24,828					24,828
RI Rehabilitation Institute	24,689					24,689
Double Tree Tulsa	21,025	3,567				24,592
Direct Bill Riperc	24,575					24,575
Providence Country Day School	1,718	1,695	1,695	19,259	24,367	
Hi-Tech Profiles, Inc.	23,961					23,961
Carpianto Properties, Inc	23,502					23,502
New England Realty Trust, LLC	22,989					22,989
Innovex (Advanced Business Machines)	22,465	347				22,812
Grieco Chevrolet Fort Lauderdale LLC DBA Grieco Ch	22,139					22,139
Police Retirees - After 1995	21,978					21,978
Diversified Global Technologies,LLC D/B/A Diversif	10,732	10,422				21,154
Town of Westerly	21,100					21,100
Independence Bank	21,036					21,036
Mounsey Acquisitions DBA M. Weisman Roofing Co	20,821					20,821
City Non-Union/Non-Bargained	20,272					20,272
McBurney Law Services, Inc.	10,231	10,030				20,261
General Fabrics Company	1,677	1,676	1,676	15,088	20,117	
All Island Landscape, Inc	19,623					19,623
The Mainstay Inn, Ltd	19,495					19,495
Iradion Laser Inc.	19,343					19,343
Insurance Reconstruction Services,Inc	19,023					19,023
Tapp'd Restaurant Group	18,940					18,940
Toray Plastics (America), Inc	18,009					18,009
Rambone Disposal Services, Inc	17,901					17,901
	17,750					17,750

## 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
Adlife Marketing & Communications	17,557					17,557
Electro Standards Laboratories Inc.	17,483					17,483
SyQwest, Inc.	17,482					17,482
Carpionato Properties, Inc	16,734					16,734
Whitmarsh Corporation	16,444					16,444
Ocean Community YMCA/Newport County YMCA	16,281					16,281
Cogent Computer Systems, Inc.				15,919	15,919	
M & M Disposal, Inc	2,512	2,512	2,512	7,917	15,453	
Magna Hospitality Group	15,301					15,301
Eagle Industries, Inc.	15,280					15,280
Rhode Island Distributing	14,945					14,945
Chariho Regional School District	14,877					14,877
Grieco Chevrolet Delray LLC DBA Grieco Chevrolet o	14,774					14,774
Boys & Girls Club of Pawtucket	14,163					14,163
Day One	13,861					13,861
Armando & Sons Meat Market Inc	13,753					13,753
Thompson Woodworking & Design, Inc.	13,685					13,685
I-195 Redevelopment District	1,691	1,692	1,692	8,585	13,660	
Stanley's Boat Yard Inc	13,609					13,609
Assisted Daily Living Inc	13,546					13,546
PPSD 1033 Retirees	13,246					13,246
1033 Water	6,643	6,419				13,062
Bliss Mfg. Co Inc.	12,666	362				13,028
Ivory Ella, LLC	13,024					13,024
Primacare Inc.				12,863	12,863	
Acertitude	12,822					12,822
Paul Masse Chevrolet South, Inc	10,246	2,549				12,795
Gilbert M. Teixeira D.O.	4,740	6,977	1,060			12,777
ALCOR Scientific Inc.	12,726					12,726
Smithfield Peat Company Inc	12,675					12,675
Moon Associates Inc DBA Moonworks	12,599					12,599
Wild Things, LLC	12,360					12,360
Churchill & Banks Companies LLC	12,331					12,331
Abacus Benefit Consultants Inc	12,315					12,315
Accent Accessories, LLC	12,237					12,237
Carpionato Properties, Inc	12,194					12,194
About Families LLC	12,139					12,139
Community Provider Network of RI DBA CPN / John E	12,045					12,045
Pond View Excavating Corporation	5,986	5,986				11,972
Chemtex Inc	11,854					11,854
Aacone Insulation Inc	11,634					11,634
The Rhode Island Philharmonic Orchestra & Music Sc	11,577					11,577
Ocean State Theatre Co, Inc	5,754	5,756				11,510
StepStone Hospitality, Inc.	11,469					11,469
R.I. Carbide Tool Company	11,423					11,423
Saint Elizabeth Court	11,360					11,360
Verichem Laboratories Inc	11,270					11,270

### 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
Specialty Hearth Products, LLC dba Hearthside Fire	11,170					11,170
Washington Trust Company	11,028					11,028
R & R Construction	10,978					10,978
DiLeonardo International, Inc.	(2,549)	6,346		7,178		10,975
Boys & Girls Clubs of Providence	10,926					10,926
Narragansett Electric-Union Cumberland	5,274	5,274		293		10,841
Scituate Leasing Corporation	10,764					10,764
Warwick Public Schools	10,717					10,717
Kay/Tak	10,588					10,588
StepStone Hospitality, Inc.	10,518					10,518
Diversified Products, Inc	5,597	4,874				10,471
American Aerial Equipment, LLC	10,422					10,422
Greater Providence Chamber of Commerce	10,274					10,274
Gordon Enterprises Inc	10,247					10,247
Mutual Cornell Environmental Corp	10,226					10,226
American Tele-Connect Services Inc				10,130	10,130	
Mearthane Products Corporation	10,075					10,075
0299997 Group subscriber subtotal	29,746,114	1,312,593	288,350	1,390,948	2,074,403	30,663,602
0299998 Premiums due and unpaid not individually listed	1,450,665	120,795	38,268	112,590	101,592	1,620,726
0299999 Total group	31,196,779	1,433,388	326,618	1,503,538	2,175,995	32,284,328
0399999 Premiums due and unpaid from Medicare entities	1,583,333	1,583,333	1,583,333	14,250,001		19,000,000
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	32,780,112	3,016,721	1,909,951	15,753,539	2,175,995	51,284,328

## 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	4,184,938	4,184,938	4,184,938	1,964,222	708,740	13,810,296
OPTUM Rx	5,751,092					5,751,092
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA	13,032	13,032	13,033	117,292	78,194	78,195
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	9,949,062	4,197,970	4,197,971	2,081,514	786,934	19,639,583
MA DEPARTMENT OF HEALTH				1,373,880		1,373,880
AFFINITY PHYSICIANS	12,301					12,301
BUTLER HOSPITAL	75,366					75,366
CHARLTON MEMORIAL HOSPITAL	18,694					18,694
CORAM HEALTHCARE CORP				70,572	70,572	
COVENTRY SKILLED NURSING & REHAB	21,510					21,510
KENT COUNTY HOSPITAL	438,538			17,108		455,646
MEMORIAL HOSPITAL OF RI	61,587					61,587
NEUROSURGERY FOUNDATION				11,217	11,217	
NEW ENGLAND HOME THERAPIES		3,287		47,341	47,341	3,287
NEWPORT HOSPITAL	46,288			47,801		94,089
OPTION CARE ENTERPRISES/DBA WALGREE				23,488	23,488	
OUR LADY OF FATIMA HOSPITAL	39,182					39,182
RHODE ISLAND HOSPITAL	529,710					529,710
RI MEDICAL IMAGING	13,851					13,851
ROGER WILLIAMS MEDICAL CENTER	81,170	1,900		405,728	405,728	83,070
SLVR SPG HLTH CARE-OB/GYN	48,561					48,561
SOUTH COUNTY HOSPITAL	24,219					24,219
SPAULDING HOSPITAL-CAMBRIDGE IN	26,726					26,726
SRC PROVIDENCE LLC DBA/WINGATE AT B				10,649		10,649
ST JOS HLTH SVCS OF RI	293	135	28,597	318,039	318,039	29,024
THE HOLIDAY RETIREMENT HOME	11,776					11,776
THE MIRIAM HOSPITAL	56,933			26,900		83,833
UNIVERSITY ORTHOPEDICS	24,039					24,039
UNIVERSITY SURG ASSOC	35,711					35,711
WALGREENS				35,039		35,039
WOMEN & INFANTS HOSPITAL	50,709		11,022			61,732
0299998 Claim Overpayment Receivables Not Individually Listed	251,215	65,712	28,180	110,725	74,786	381,046
0299999 Claim Overpayment Receivables	1,868,379	71,034	78,448	2,487,838	951,171	3,554,528
CARE NEW ENGLAND	175,000			2,210,000		2,385,000
LIFESPAN	1,303,000			235,000		1,538,000
0699998 Other Receivables Not Individually Listed	(7,984)					(7,984)
0699999 Other Receivables	1,470,016			2,445,000		3,915,016





### 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	16,157,967	32,794,323	5,751,092	14,675,424	21,909,059	17,262,218
2. Claim overpayment receivables	4,008,173	13,731,363	1,432,408	3,073,291	5,440,581	7,332,417
3. Loans and advances to providers		3,000,000				
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	1,658,324	2,926,886	2,445,000	1,470,017	4,103,324	3,176,004
7. Total (Lines 1 through 6)	21,824,464	52,452,572	9,628,500	19,218,732	31,452,964	27,770,639

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						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	1,439,882,671	100.000	XXX	XXX		1,439,882,671
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	1,439,882,671	100.000	XXX	XXX		1,439,882,671
13. Total (Line 4 plus Line 12)	1,439,882,671	100.000	XXX	XXX		1,439,882,671

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

24

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
<b>NONE</b>					
9999999	Totals		XXX	XXX	XXX

### 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	9,356,336		6,621,525	2,734,811	2,734,811	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,753,962		2,495,956	1,258,006	1,258,006	
6. Total	13,110,298		9,117,481	3,992,817	3,992,817	



53473201643040100

**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 2016**

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	334,034	23,582	136,039	23,661		19,110	22,615	52,379		56,648
2. First Quarter	341,641	27,805	137,385	23,579		18,016	22,639	52,579		59,638
3. Second Quarter	340,978	28,453	135,984	23,583		17,777	22,559	52,760		59,862
4. Third Quarter	342,024	28,429	135,128	23,704		17,719	22,537	53,143		61,364
5. Current Year	340,153	27,340	134,697	23,725		17,134	22,498	53,233		61,526
6. Current Year Member Months	4,090,732	333,572	1,627,218	283,920		212,997	270,925	634,608		727,492
Total Member Ambulatory Encounters For Year:										
7. Physician	1,908,885	163,135	796,798				177,112	771,840		
8. Non-Physician	1,329,157	137,530	577,980				122,711	490,936		
9. Total	3,238,042	300,665	1,374,778				299,823	1,262,776		
10. Hospital Patient Days Incurred	118,348	6,039	54,879				2,140	55,290		
11. Number of Inpatient Admissions	25,800	1,360	12,406				817	11,217		
12. Health Premiums Written (b)	1,716,679,490	139,021,090	769,059,588	57,631,845		30,694,827	113,836,309	581,753,377		24,682,454
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,714,135,582	138,438,001	769,059,588	57,631,845		30,694,827	113,836,309	581,753,377		22,721,635
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,439,882,671	130,175,947	616,612,694	45,135,053		22,617,123	101,021,909	511,063,478		13,256,467
18. Amount Incurred for Provision of Health Care Services	1,483,113,484	125,465,164	654,653,027	45,681,406		22,098,062	101,078,431	521,458,397		12,678,997

(a) For health business: number of persons insured under PPO managed care products 236,072 and number of persons insured under indemnity only products 1,696.

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



53473201643059100

**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 2016**

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	334,034	23,582	136,039	23,661		19,110	22,615	52,379		56,648
2. First Quarter	341,641	27,805	137,385	23,579		18,016	22,639	52,579		59,638
3. Second Quarter	340,978	28,453	135,984	23,583		17,777	22,559	52,760		59,862
4. Third Quarter	342,024	28,429	135,128	23,704		17,719	22,537	53,143		61,364
5. Current Year	340,153	27,340	134,697	23,725		17,134	22,498	53,233		61,526
6. Current Year Member Months	4,090,732	333,572	1,627,218	283,920		212,997	270,925	634,608		727,492
Total Member Ambulatory Encounters For Year:										
7. Physician	1,908,885	163,135	796,798				177,112	771,840		
8. Non-Physician	1,329,157	137,530	577,980				122,711	490,936		
9. Total	3,238,042	300,665	1,374,778				299,823	1,262,776		
10. Hospital Patient Days Incurred	118,348	6,039	54,879				2,140	55,290		
11. Number of Inpatient Admissions	25,800	1,360	12,406				817	11,217		
12. Health Premiums Written (b)	1,716,679,490	139,021,090	769,059,588	57,631,845		30,694,827	113,836,309	581,753,377		24,682,454
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,714,135,582	138,438,001	769,059,588	57,631,845		30,694,827	113,836,309	581,753,377		22,721,635
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,439,882,671	130,175,947	616,612,694	45,135,053		22,617,123	101,021,909	511,063,478		13,256,467
18. Amount Incurred for Provision of Health Care Services	1,483,113,484	125,465,164	654,653,027	45,681,406		22,098,062	101,078,431	521,458,397		12,678,997

(a) For health business: number of persons insured under PPO managed care products 236,072 and number of persons insured under indemnity only products 1,696.

(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	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
38245	36-6033921	07/01/2015	BCS INSURANCE COMPANY	IL	152,378	
1399999	Accident and Health - Affiliates - U.S. - Other				152,378	
1499999	Accident and Health - Affiliates - U.S. - Total				152,378	
1899999	Accident and Health - Affiliates - Total Affiliates				152,378	
18694 00000	76-0154296 AA-9990032	01/01/2015 01/01/2014	GREAT MIDWESTERN INSURANCE COMPANY UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	TX DC	44,270 5,272,752	364,921
1999999	Accident and Health - Non-Affiliates - U.S. Non-Affiliates				5,317,022	364,921
2199999	Accident and Health - Non-Affiliates - Total Non-Affiliates				5,317,022	364,921
2299999	Accident and Health - Total Accident and Health				5,469,400	364,921
2399999	Total U.S.				5,469,400	364,921
9999999	Totals				5,469,400	364,921

### 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 18694	36-6033921 76-0154296	07/01/2015 01/01/2015	BCS INSURANCE COMPANY GREAT MIDWESTERN INSURANCE COMPANY	IL TX	SSL/G SSL/G	CMM CMM	102,072 1,858,747						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	1,960,819						
0000	AA-9990032	01/01/2014	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	OTH/I	CMM	583,089						
0299999	General Account - Authorized - Affiliates - U.S. - Other					X X X	583,089						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	2,543,908						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	2,543,908						
1199999	General Account - Authorized - Total General Account Authorized					X X X	2,543,908						
3499999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	2,543,908						
6999999	Total U.S.					X X X	2,543,908						
9999999	Totals					X X X	2,543,908						

### 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	Totals								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 5**

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1 NAIC Comp- any Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)									
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreement	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)								
<b>NONE</b>																																	
9999999 Totals						XXX	XXX															XXX	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
<b>NONE</b>				

## SCHEDULE S – PART 6

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

	1	2	3	4	5
	2016	2015	2014	2013	2012
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	2,544	1,546	4,570	3,235	3,990
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 .....	5,834	12,666	19,602	441	484
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)	439,476,258		439,476,258
2. Accident and health premiums due and unpaid (Line 15)	63,804,925		63,804,925
3. Amounts recoverable from reinsurers (Line 16.1)	5,834,321		5,834,321
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	109,274,042		109,274,042
6. Total assets (Line 28)	618,389,546		618,389,546
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	126,674,172		126,674,172
8. Accrued medical incentive pool and bonus payments (Line 2)	32,206,382		32,206,382
9. Premiums received in advance (Line 8)	17,383,571		17,383,571
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)	175,654,840		175,654,840
15. Total liabilities (Line 24)	351,918,965		351,918,965
16. Total capital and surplus (Line 33)	266,470,581	X X X	266,470,581
17. Total liabilities, capital and surplus (Line 34)	618,389,546		618,389,546
<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	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)	*
0	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND	53473	05-0158952	0	0		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND	RI	RE	BLUE CROSS AND BLUE SHIELD OF RHODE	BOARD OF DIRECTORS		BOARD OF DIRECTORS	N	

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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)
<b>NONE</b>												
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 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 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

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 12: NOT REQUIRED TO FILE.  
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- Explanation 13: NOT REQUIRED TO FILE.  
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- Explanation 14: NOT REQUIRED TO FILE.  
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- Explanation 15: NOT REQUIRED TO FILE.  
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- Explanation 16: NOT REQUIRED TO FILE.  
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- Explanation 18: NOT REQUIRED TO FILE.  
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- Explanation 19: NOT REQUIRED TO FILE.  
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- Explanation 20: NOT REQUIRED TO FILE.  
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.....
- 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:**



53473201620500000



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# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473201636040100

For The Year Ended December 31, 2016  
(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  
 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 2013				Policies Issued in 2014, 2015, 2016			
										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	1,162,485	938,417	80.70	498	49,026	39,577	80.70	21
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	123,718	99,872	80.70	53	4,669	3,769	80.70	2
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	81,701	65,953	80.70	35	2,335	1,885	80.70	1
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	17,124,472	13,823,751	80.70	7,336	716,719	578,571	80.70	307
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	15,541,813	12,546,148	80.70	6,658	651,350	525,803	80.70	279
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	2,233,931	1,803,344	80.70	957	93,384	75,384	80.70	40
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	3,039,267	2,453,452	80.70	1,302	128,402	103,653	80.70	55
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	165,736	133,790	80.70	71	7,004	5,654	80.70	3
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										39,473,123	31,864,727	80.70	16,910	1,652,889	1,334,296	80.70	708
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	16,322,944	12,344,074	75.60	7,117	182,890	138,309	75.60	80
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										16,322,944	12,344,074	75.60	7,117	182,890	138,309	75.60	80

### 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: JEFFERY J KOLARIK 401-459-2308
- 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: JEFFERY J KOLARIK 401-459-1839
- Explain any policies identified above as policy type 'O'



53473201636500100

## 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	10,944,219	X X X	9,190,586	X X X	20,134,805
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	1,781,617	X X X	1,496,142	X X X	3,277,759
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(5,906,147)	X X X	(1,568,865)	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(961,466)	X X X	(255,397)	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	5,038,072	X X X	7,621,721	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	820,151	X X X	1,240,745	X X X	X X X
6. Total Premiums	5,858,223	X X X	8,862,466	X X X	23,412,564
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	4,745,148	X X X	9,266,917	X X X	14,012,065
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	772,466	X X X	1,508,568	X X X	2,281,034
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	1,066,655	X X X	3,449,964	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	3,678,493	X X X	5,816,953	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	598,825	X X X	946,946	X X X	X X X
11. Total Claims	4,277,318	X X X	6,763,899	X X X	16,293,099
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	754,885	X X X	337,277	X X X	1,092,162
15. Expenses Incurred	1,225,374	X X X	547,488	X X X	X X X
16. Underwriting Gain/Loss	355,531	X X X	1,551,079	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	6,027,303

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