



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	95402	Employer's ID Number	05-0477052
Organized under the Laws of	Rhode Island		State of Domicile or Port of Entry	RI		
Country of Domicile	United States of America					
Licensed as business type:	<input type="checkbox"/> Life, Accident & Health[] <input type="checkbox"/> Dental Service Corporation[] <input type="checkbox"/> Other[]		<input type="checkbox"/> Property/Casualty[] <input type="checkbox"/> Vision Service Corporation[] <input type="checkbox"/> Is HMO Federally Qualified? Yes[] No[X] N/A[]		<input type="checkbox"/> Hospital, Medical & Dental Service or Indemnity[] <input checked="" type="checkbox"/> Health Maintenance Organization[X]	
Incorporated/Organized	12/09/1993		Commenced Business	12/01/1994		
Statutory Home Office	910 Douglas Pike <small>(Street and Number)</small>			Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	910 Douglas Pike <small>(Street and Number)</small>			Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>		
Mail Address	910 Douglas Pike <small>(Street and Number or P.O. Box)</small>			Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	910 Douglas Pike <small>(Street and Number)</small>			Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>		
Internet Website Address	http://www.nhpri.org/			(401)459-6000 <small>(Area Code) (Telephone Number)</small>		
Statutory Statement Contact	Joanne Roux <small>(Name)</small>			(401)459-6118 <small>(Area Code)(Telephone Number)(Extension)</small>		
	jroux@nhpri.org <small>(E-Mail Address)</small>			(401)459-6043 <small>(Fax Number)</small>		

OFFICERS

Name	Title
Peter Marino	Chief Executive Officer
Frank Meaney	Chief Financial Officer
Francisco Trilla MD	Chief Medical Officer

OTHERS

Peter Bancroft, Chairman	Jane Hayward, Vice Chairman
Brenda Dowlatshahi, Secretary	Merrill Thomas, Treasurer #

DIRECTORS OR TRUSTEES

Merrill Thomas Raymond Joseph Lavoie Jr. Pablo Rodriguez MD Peter Bancroft CPA Jeanne LaChance # Dennis Roy Patricia Martinez Peter Marino Keith Oliveira #	Brenda Dowlatshahi Christopher Little Esq. Jane Hayward Doris De Los Santos William Hochstrasser-Walsh Michael Lichtenstein Richard Besdine MD Gary Furtado #
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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 the 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) Peter Marino <small>(Printed Name)</small>	(Signature) Frank Meaney <small>(Printed Name)</small>	(Signature) Francisco Trilla, MD <small>(Printed Name)</small>
1.	2.	3.
Chief Executive Officer <small>(Title)</small>	Chief Financial Officer <small>(Title)</small>	Chief Medical Officer <small>(Title)</small>

Subscribed and sworn to before me this _____ day of _____, 2018

- a. Is this an original filing? _____
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Yes[X] No[]

(Notary Public Signature)

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						
0299998 Premiums due and unpaid not individually listed	341,720	234,760	129,088	254,987	254,987	705,568
0299999 TOTAL Group	341,720	234,760	129,088	254,987	254,987	705,568
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	1,389,399	(8,754)	1,462,698	5,979,459		8,822,801
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,731,119	226,006	1,591,786	6,234,446	254,987	9,528,369

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
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	1,591,499	500,000	500,000	3,739,632	3,739,632	2,591,499
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,591,499	500,000	500,000	3,739,632	3,739,632	2,591,499
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed	500,000	44,312		1,046,192	1,160,128	430,376
0399999 Subtotal - Loans and Advances to Providers	500,000	44,312		1,046,192	1,160,128	430,376
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Stop Loss A/R from RI EOHHS				2,330,476		2,330,476
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables				2,330,476		2,330,476
0799999 Gross health care receivables	2,091,499	544,312	500,000	7,116,300	4,899,760	5,352,351

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 (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	3,164,104	3,702,067	2,718	6,328,414	3,166,822	1,459,266
2. Claim overpayment receivables						
3. Loans and advances to providers	122,757		366,192	1,224,312	488,949	488,949
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	3,455,257	9,656,759	356,473	1,974,003	3,811,730	12,110,475
7. TOTALS (Lines 1 through 6)	6,742,118	13,358,826	725,383	9,526,729	7,467,501	14,058,690

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	14,964,770	959,628	391,631	263,792	531,001	17,110,822
0499999 Subtotals	14,964,770	959,628	391,631	263,792	531,001	17,110,822
0599999 Unreported claims and other claim reserves						137,609,605
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						154,720,427
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,190,351

22 Exhibit 5 - Amounts Due From Parent NONE

23 Exhibit 6 - Amounts Due to Parent NONE

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	15,178,158	1.270	199,639	100.000		15,178,158
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	15,178,158	1.270	199,639	100.000		15,178,158
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,173,454,147	98.174	X X X	X X X		1,173,454,147
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	6,647,839	0.556	X X X	X X X		6,647,839
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	1,180,101,986	98.730	X X X	X X X		1,180,101,986
13. TOTAL (Line 4 plus Line 12)	1,195,280,144	100.000	X X X	X X X		1,195,280,144

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	2,039,161	334,318	1,541,883	831,596	831,596	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	1,178,348		1,098,443	79,904	79,904	
6.	TOTAL	3,217,509	334,318	2,640,326	911,500	911,500	



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

NAIC Company Code 95402

	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	192,678	13,810	595						178,273	
2. First Quarter	200,186	16,632	705						182,849	
3. Second Quarter	204,494	16,368	728						187,398	
4. Third Quarter	199,799	16,857	767						182,175	
5. Current Year	199,639	16,472	883						182,284	
6. Current Year Member Months	2,407,779	194,892	8,989						2,203,898	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	6,993,067	307,933	10,054						6,675,080	
8. Non-Physician	917,152	64,358	1,738						851,056	
9. TOTAL	7,910,219	372,291	11,792						7,526,136	
10. Hospital Patient Days Incurred	1,379,305	5,793	97						1,373,415	
11. Number of Inpatient Admissions	80,797	1,178	35						79,584	
12. Health Premiums Written (b)	1,365,941,326	51,686,106	2,667,908						1,311,587,312	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,365,941,326	51,686,106	2,667,908						1,311,587,312	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,195,280,144	36,363,417	1,464,199						1,157,452,528	
18. Amount Incurred for Provision of Health Care Services	1,234,596,579	35,707,083	1,536,422						1,197,353,074	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

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

NAIC Company Code 95402

	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	192,678	13,810	595						178,273	
2. First Quarter	200,186	16,632	705						182,849	
3. Second Quarter	204,494	16,368	728						187,398	
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6. Current Year Member Months	2,407,779	194,892	8,989						2,203,898	
TOTAL Member Ambulatory Encounters for Year:										
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8. Non-Physician	917,152	64,358	1,738						851,056	
9. TOTAL	7,910,219	372,291	11,792						7,526,136	
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11. Number of Inpatient Admissions	80,797	1,178	35						79,584	
12. Health Premiums Written (b)	1,365,941,326	51,686,106	2,667,908						1,311,587,312	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,365,941,326	51,686,106	2,667,908						1,311,587,312	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,195,280,144	36,363,417	1,464,199						1,157,452,528	
18. Amount Incurred for Provision of Health Care Services	1,234,596,579	35,707,083	1,536,422						1,197,353,074	

30 Grand Total

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (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	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;">N O N E</div>											
9999999 Total (Sum of 0799999 and 1099999)											

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
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total						
0799999 Total - Life and Annuity - Affiliates						
1199999 Total - Life and Annuity						
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total						
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total						
1899999 Total - Accident and Health - Affiliates						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	AA-9990032	01/01/2017	US Dept of Hlth & Human Serv	DC	34,518	
27855	36-2781080	01/01/2017	ZURICH AMER INS CO OF IL	IL	1,050,829	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,085,347	
2199999 Total - Accident and Health - Non-Affiliates					1,085,347	
2299999 Total - Accident and Health					1,085,347	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,085,347	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					1,085,347	

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		
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates													
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
27855	36-2781080	01/01/2017	ZURICH AMER INS CO OF IL	IL	SSL/A/I	CMM,MC	2,241,274						
00000	AA-9990032	01/01/2017	US Dept of Hlth & Human Serv	DC	SSL/A/I	CMM	28,287						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
1099999 Total - General Account - Authorized - Non-Affiliates													
1199999 Total - General Account Authorized													
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified													
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)													
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)													

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	235	640	1,137	62	
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	2,034	2,649	4,294	3,212	3,347
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	2,310	4,070	2,010	2,265	1,568
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable				24	319
8. Reinsurance recoverable on paid losses	1,085	1,293	1,081	839	770
9. Experience rating refunds due or unpaid				529	
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	345,971,194		345,971,194
2. Accident and health premiums due and unpaid (Line 15)	24,884,447		24,884,447
3. Amounts recoverable from reinsurers (Line 16.1)	1,085,347	(1,085,347)	0
4. Net credit for ceded reinsurance	X X X	1,085,347	1,085,347
5. All other admitted assets (Balance)	10,631,769		10,631,769
6. TOTAL Assets (Line 28)	382,572,757		382,572,757
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	154,720,427		154,720,427
8. Accrued medical incentive pool and bonus payments (Line 2)	3,190,351		3,190,351
9. Premiums received in advance (Line 8)	91,787,572		91,787,572
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)	32,596,838		32,596,838
15. TOTAL Liabilities (Line 24)	282,295,188		282,295,188
16. TOTAL Capital and Surplus (Line 33)	100,277,568	X X X	100,277,568
17. TOTAL Liabilities, Capital and Surplus (Line 34)	382,572,756		382,572,756
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,085,347		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	1,085,347		
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	1,085,347		

39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NONE

40 Schedule Y - Part 1 NONE

41 Schedule Y - Part 1A NONE

42 Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will 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. 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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 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? | No |
| 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? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 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? | No |
| 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 electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



95402201721100000

2017

Document Code: 211

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Deposits	91,504	91,504		
2505. Other Receivables	107,989	107,989		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	199,493	199,493		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Other Miscellaneous Expenses (Income)					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504. Deposits	91,504	127,296	35,792
2505. Other Receivables	107,989	174,661	66,672
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	199,493	301,957	102,464

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