



53473202020100100

ANNUAL STATEMENT

For the Year Ended December 31, 2020
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>MICHELE B. LEDERBERG #</u>	<u>INTERIM PRESIDENT & CEO</u>
2.	<u>MONICA A AUCIELLO</u>	<u>INTERIM SECRETARY & VP - GENERAL COUNSEL</u>
3.	<u>MARK C. STEWART</u>	<u>EXECUTIVE VICE PRESIDENT & 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>EVP - CHIEF MEDICAL OFFICER</u>
<u>DAVID COMELLA</u>	<u>VP - CHIEF INFORMATION OFFICER</u>	<u>MELISSA B. CUMMINGS</u>	<u>EVP - CHIEF CUSTOMER OFFICER</u>
<u>TARA L. DEMOURA</u>	<u>VP - EMPLOYER SEGMENT</u>	<u>JEREMY S. DUNCAN</u>	<u>VP - MARKETING</u>
<u>AMARNATH GURIVIREDDYGARI</u>	<u>VP - CHIEF DATA & 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 & PARTNERSHIPS</u>
<u>KEVIN SPLAINE</u>	<u>EVP - CARE INTEGRATION & MGMT</u>	<u>LINDA WINFREY</u>	<u>VP - INTERNAL AUDIT & 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>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.

DocuSigned by:

 (Signature)
MICHELE B. LEDERBERG
 (Printed Name)
 1.
 INTERIM PRESIDENT & CEO
 (Title)

DocuSigned by:

 (Signature)
MONICA A AUCIELLO
 (Printed Name)
 2.
 INTERIM SECRETARY & VP - GENERAL COUNSEL
 (Title)

DocuSigned by:

 (Signature)
MARK C. STEWART
 (Printed Name)
 3.
 EXECUTIVE VICE PRESIDENT & CFO
 (Title)

Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2021, 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	18,674,371					18,674,371
HealthSource RI for DP	72,594	54,912	42,445	1,386,001	1,435,308	120,644
Virginia Transportation Corp	598,000	532,603	398,925			1,529,528
Medicare Advantage Direct Pay	8,846	44,358	33,453	1,068,542	1,128,431	26,768
Retiree School Basic No Rx	356,088	356,795	346,256			1,059,139
Retiree City Plan 65	141,433	141,961	139,672	433,068	856,134	
Advance Premium Tax Credit	855,437					855,437
Direct Pay Group	295,097	93,691	63,510	72,042	180,169	344,171
Medicare SSA	401,751					401,751
Fellowship Health Resources Inc	214,149	63,621		117,683	394,071	1,382
The Hilb Group Operating Co, LLC	370,760	23,358				394,118
Active School Teachers	92,145	89,375	96,158			277,678
Retiree Fire	46,085	46,086	47,581	131,040	270,792	
Rhode Island Distributing	239,058					239,058
Pet Food Experts	195,916					195,916
Meeting Street	183,184					183,184
Providence Housing Authority	180,841					180,841
Active City 1033	30,164	28,859	30,240	90,200	179,463	
City Of Prov	29,052	29,052	29,053	88,253	175,410	
Central Falls Detention Facility DBA Wyatt	171,985					171,985
Saint Elizabeth Manor	78,573	67,375				145,948
Active Fire	22,270	22,166	22,273	67,118	133,827	
J. Arthur Trudeau	132,596					132,596
Active Police	21,496	21,754	21,239	64,590	129,079	
Plan 65 Direct Pay Group	54,338	20,242	11,425	37,732	49,238	74,499
Nelipak Corporation	109,767					109,767
ALCOR Scientific Inc.				101,006	101,006	
SORI - OPC	99,822	262				100,084
Procaccianti Companies	88,441	8,930		1	416	96,956
Renaissance Providence Downtown Hotel	27,108	23,622	24,485	20,948	96,163	
Retiree Fire Pre 65 1995-2006	15,465	15,619	15,465	46,550	93,099	
Community Care Alliance	89,682					89,682
Bonanza Acquisition LLC	47,106	42,395				89,501
Village Retirement Communities	82,472					82,472
AT Cross Company, LLC	50,373	31,744				82,117
Toray Plastics (America), Inc	81,959	10				81,969
Active School Aides/Safety	26,908	26,807	28,002			81,717
J R Vinagro Corp	80,558			1	462	80,097
Retiree Police Pre 65 1995	12,733	12,475	12,630	38,148	75,986	
Active City NU/NB	12,244	12,243	12,086	37,006	73,579	
Charlesgate Nursing Center	73,186					73,186
Carpiionato Properties, Inc	2,072	23,274	26,353	19,181	70,880	
Solidifi Title & Closing, LLC	69,781					69,781
NATCO Products Corporation	69,360					69,360

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
Carpionato Properties, Inc	1,304	22,440	25,440	17,728	66,912	
Acs Industries	60,702					60,702
Convention Center	28,892	29,774				58,666
Cortland Place	29,682	27,942				57,624
Retiree City 1033	9,356	9,457	9,102	29,348	57,263	
Forensic Risk Alliance Inc	57,096					57,096
Lockheed Window Corp	54,557					54,557
Eto Sterilization Inc	53,675					53,675
Dunkin Donuts Center	14,118	12,790	14,162	11,093	52,163	
American Medical Alert Corp. dba Tunstall Americas	47,602					47,602
International Charter School	45,295					45,295
Armbrust International LTD	23,713	20,189				43,902
Active WSB	7,108	6,905	6,752	21,019	41,784	
Lincoln School Department Plan Year	41,212					41,212
YMCA of Greater Providence	41,064					41,064
Rhode Island Distributing	13,746	13,746	13,121			40,613
Institute For Behavioral Medicine	39,924					39,924
Jewish Alliance of Greater RI	39,447					39,447
Toray Plastics (America), Inc	18,724	19,565	704			38,993
Rhode Island Legal Services, Inc	37,887					37,887
Renaissance Suites Chicago O'Hare				33,634	33,634	
South County Hospital	31,690	1,766				33,456
Orthopedics Rhode Island, LLC	32,085					32,085
Bonanza Acquisition LLC	16,790	15,110				31,900
Phil's Bottled Gas Service Co. Inc. DBA Phil's Pro	31,803					31,803
A & L Plumbing Inc	31,060					31,060
Nephrology Associates Inc	16,177	14,226				30,403
Automated Business Solutions	29,314					29,314
Bethany Home of Rhode Island	28,858					28,858
Retiree School	10,018	9,517	8,521			28,056
Active School NU	9,036	8,479	9,748	442	27,705	
Rhode Island Distributing	11,062	6,054	7,738	2,321	27,175	
Innovex (Advanced Business Machines)	26,456					26,456
Carpionato Properties, Inc	25,251					25,251
Metro Motors Management, Inc.	25,134					25,134
Active School Clerks	8,022	8,326	8,140			24,488
Active School PPSD BEST	8,072	8,225	8,123	51	24,471	
Rambone Disposal Services, Inc	24,249					24,249
Meridian Printing, Inc.	24,058					24,058
Active WSB NU/NB	3,859	3,960	3,960	11,880	23,659	
D3Logic, Inc	23,633					23,633
Union Studio Architecture & Community Design	14,353	9,269				23,622
House of Hope Cdc	11,453	11,547				23,000
Carpionato Properties, Inc	22,916					22,916
Carpionato Properties, Inc	2,976	7,196	9,229	3,209	22,610	
State of Rhode Island	2,380	1,927	2,364	15,129	21,800	
The Paradigm Group	21,745					21,745

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
Curreri Collision Center Inc	6,958	4,870	6,958	2,876	21,662	
Omni Resource Management, Inc. DBA Security Concep	12,144	9,426				21,570
Richmond Sand & Stone, LLC.	21,155					21,155
State of Rhode Island	3,251	2,715	2,961	11,456	20,185	198
Diversified Global Technologies,LLC D/B/A Diversif	20,101					20,101
Orthopedics Rhode Island, LLC	19,475					19,475
J.A.M. Construction Co., Inc	3,540	3,241	3,839	8,546	19,166	
RI Engine Company Inc	19,162					19,162
Alee Behavioral	12,208	6,579				18,787
Retiree City Class A After 09/85	3,094	3,094	3,199	9,174	18,556	5
Electro Standards Laboratories Inc.	18,445					18,445
Lawrence & Associates, Inc	3,608	2,526	3,608	8,446	18,188	
Fif Acquisition LLC	1,377	3,562	4,080	8,663	17,682	
Texcel Industries, Inc	17,676					17,676
Retiree Civic Center	2,909	2,910	2,910	8,729	17,458	
Direct Bill Riperc	1,770	354	354	14,897	17,375	
Prov Sch Dept	8,448	8,800				17,248
New England Realty Trust, LLC	16,937					16,937
CMIT Solutions of Central RI	16,626					16,626
CBS Therapy	16,612					16,612
SyQwest, Inc.	16,389					16,389
American Aerial Equipment, LLC	16,328					16,328
Providence School Department	8,059	8,092				16,151
Deluca & Weisenbaum, Ltd	16,002					16,002
Turnstyle Designs Inc	3,149	4,043	4,243	4,365	15,800	
A2B Tracking Solutions, Inc.	15,761					15,761
The Rhode Island Philharmonic Orchestra & Music Sc	15,445					15,445
Hyatt Regency Lexington	15,411					15,411
E.B. Thomsen Inc				15,309	15,309	
University Otolaryngology	15,250					15,250
Hopkins Manor Ltd	14,705			1	710	13,996
ARPIN GROUP, INC	14,616					14,616
Lansco Colors LLC	9,935	4,615				14,550
Retiree City NU	2,423	2,423	2,526	7,114	14,486	
Moxy Washington DC, Downtown	9,606	4,865				14,471
EH Turf Supply, Inc DBA Allen's Seed	3,704	2,592	3,703	4,205	14,204	
Trisan Corporation	5,740	4,112	4,274			14,126
NitroTap Ltd		2,824	4,034	7,242	14,100	
Peregrine Property Management, LLC	14,052					14,052
Metro Motors Management, Inc.	13,520					13,520
Extend Health	3	378	209	12,926	12,926	590
American Tool Company	13,480					13,480
Northeast Behavioral Associates DBA Northeast Fami				13,472	13,472	
Stonestreet Corporation	13,426					13,426
Sons of Liberty Spirits Co.	13,402					13,402
Greylawn Foods	13,350					13,350
The Hilb Group Operating Co, LLC - COBRA	13,349					13,349

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
Carpionato Properties, Inc	13,314					13,314
City of Providence	2,890	2,312	2,601	5,491	13,294	
Sheila C. Skip Nowell Leadership Academy DBA Nowel	12,957					12,957
R & R Construction	12,874					12,874
Bristol County Rehabilitation	7,928	4,771				12,699
The Compass School	12,667					12,667
Eagle Cornice Co., Inc.	12,624	1				12,625
Geisser Engineering Corp	12,586					12,586
BMD Incorporated DBA 1170 Designs			49	12,519	12,568	
Saint Elizabeth Cobra	3,578	2,899	6,090			12,567
Atwood Medical Associates, LTD	12,379					12,379
Cachcopa LLC dba Barrett Group	12,375					12,375
R & D Manufacturing	12,366					12,366
Verichem Laboratories Inc	12,014					12,014
Ideal Auto Body	5,865	5,865	273			12,003
Mello Construction Co.Inc	6,853	4,857				11,710
Wannamoisett Country Club	11,578					11,578
DiLeonardo International, Inc.	10,482	921				11,403
Trac Builders Inc	11,386					11,386
Bonanza Acquisition LLC	5,945	5,350				11,295
Priority Communication Services, LLC	1,389	2,908	4,155	2,794	11,246	
D.Lewis & Son, Inc.	11,216					11,216
Nathan W. Tilman, DDS, PC	5,569	4,546	1,035			11,150
Carpionato Properties, Inc	11,130					11,130
Primacare Inc.				11,129	11,129	
Spilltech Acquisition Company LLC	9,583	1,483				11,066
Rlte Care Group				11,023	11,023	
Global Outdoors, Inc	10,839					10,839
Capco Steel Erection Company				10,743	10,743	
Cogent Computer Systems, Inc.				10,461	10,461	
Full Circle Recycling LLC	10,457					10,457
Adlife Marketing & Communications	10,457					10,457
Kelly, Souza, Rocha, Parmenter PC	10,438					10,438
Ripac	10,428					10,428
The Highlander Institute	10,391					10,391
Community Living RI	10,291	8				10,299
Rebello Funeral Home Inc	10,155					10,155
American Tele-Connect Services Inc				10,130	10,130	
Sagamore Sales & Marketing, Inc	10,038					10,038
0299997 Group subscriber subtotal	26,490,463	2,219,941	1,589,456	4,176,675	6,184,562	28,291,973
0299998 Premiums due and unpaid not individually listed	953,116	119,930	(38,540)	390,217	462,255	962,468
0299999 Total group	27,443,579	2,339,871	1,550,916	4,566,892	6,646,817	29,254,441
0399999 Premiums due and unpaid from Medicare entities						

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
PRIME THERAPEUTICS	6,699,048	6,699,048	6,699,048	7,913,714	2,151,122	25,859,734
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	6,699,048	6,699,048	6,699,048	7,913,714	2,151,122	25,859,734
WOMEN& INFANTS HOSPITAL	52,712					52,712
RHODE ISLAND HOSPITAL	19,288					19,288
LAUREN GUIMOND	21,500					21,500
ROGER WILLIAMS MEDICAL CENTER	80,827					80,827
LAWRENCE AND MEMORIAL HOSPITAL	13,903	109	51	2,571	2,571	14,064
WOMEN & INFANTS-IVF	11,358					11,358
KENT COUNTY HOSPITAL	42,395		2,500,000			2,542,395
WOMEN & INFANTS HOSPITAL	33,374		2,500,000			2,533,374
WESTERLY HOSPITAL	13,314	1,715				15,030
THE MIRIAM HOSPITAL	58,280					58,280
OAK HILL OPERATIONS ASSOCIATES	3,910	3,520		3,450	3,450	7,430
RHODE ISLAND HOSPITAL	242,652					242,652
LANDMARK MEDICAL CENTER	12,125					12,125
SOUTH COUNTY HOSPITAL	100,345					100,345
0299998 Claim Overpayment Receivables Not Individually Listed	237,276	24,917	27,498	22,385	22,385	289,691
0299999 Claim Overpayment Receivables	943,259	30,261	5,027,549	28,406	28,406	6,001,071
OAK STREET HEALTH	4,115,835					4,115,835
0499998 Capitation Arrangement Receivables Not Individually Listed						
0499999 Capitation Arrangement Receivables	4,115,835					4,115,835
0799999 Gross Health Care Receivables	11,758,142	6,729,309	11,726,597	7,942,120	2,179,528	35,976,640

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	34,894,856	56,226,598		28,010,856	34,894,856	34,754,693
2. Claim overpayment receivables	1,955,361		1,420	6,028,056	1,956,781	1,956,782
3. Loans and advances to providers	375,122				375,122	375,122
4. Capitation arrangement receivables			548,802	3,567,033	548,802	548,802
5. Risk sharing receivables						
6. Other health care receivables	66,042				66,042	66,042
7. Total (Lines 1 through 6)	37,291,381	56,226,598	550,222	37,605,945	37,841,603	37,701,441

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

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,693,155		3,693,155			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,793,789		3,162,192	631,597	631,597	
6. Total	7,486,944		6,855,347	631,597	631,597	



53473202043040100

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 2020

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	383,534	17,224	115,989	25,716	14,580	79,979	22,114	52,487		55,445
2. First Quarter	386,890	17,332	112,233	25,089	16,069	81,053	22,550	56,397		56,167
3. Second Quarter	382,633	17,181	110,628	25,142	15,979	78,412	22,597	56,810		55,884
4. Third Quarter	384,423	17,074	109,760	25,049	16,200	78,228	22,668	57,946		57,498
5. Current Year	383,138	16,868	109,711	24,975	16,263	77,476	22,641	58,340		56,864
6. Current Year Member Months	4,615,572	206,404	1,329,645	301,098	192,919	947,527	271,090	686,501		680,388
Total Member Ambulatory Encounters For Year:										
7. Physician	1,556,803	92,648	588,734				144,560	730,861		
8. Non-Physician	1,307,499	98,430	572,662				132,536	503,871		
9. Total	2,864,302	191,078	1,161,396				277,096	1,234,732		
10. Hospital Patient Days Incurred	82,340	3,794	22,893				3,391	52,262		
11. Number of Inpatient Admissions	15,559	696	4,700				682	9,481		
12. Health Premiums Written (b)	1,708,958,753	110,555,143	696,555,491	60,680,703	952,752	28,158,222	116,044,770	669,127,891		26,883,781
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,708,958,753	110,555,143	696,555,491	60,680,703	952,752	28,158,222	116,044,770	669,127,891		26,883,781
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,358,813,666	83,876,186	555,458,315	48,868,342	576,990	17,988,249	101,650,388	533,323,172		17,072,024
18. Amount Incurred for Provision of Health Care Services	1,409,411,597	89,469,034	578,437,344	44,047,450	497,350	18,084,656	102,459,160	557,387,460		19,029,143

(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 \$ 667,769,891 .



53473202043059100

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 2020

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	383,534	17,224	115,989	25,716	14,580	79,979	22,114	52,487		55,445
2. First Quarter	386,890	17,332	112,233	25,089	16,069	81,053	22,550	56,397		56,167
3. Second Quarter	382,633	17,181	110,628	25,142	15,979	78,412	22,597	56,810		55,884
4. Third Quarter	384,423	17,074	109,760	25,049	16,200	78,228	22,668	57,946		57,498
5. Current Year	383,138	16,868	109,711	24,975	16,263	77,476	22,641	58,340		56,864
6. Current Year Member Months	4,615,572	206,404	1,329,645	301,098	192,919	947,527	271,090	686,501		680,388
Total Member Ambulatory Encounters For Year:										
7. Physician	1,556,803	92,648	588,734				144,560	730,861		
8. Non-Physician	1,307,499	98,430	572,662				132,536	503,871		
9. Total	2,864,302	191,078	1,161,396				277,096	1,234,732		
10. Hospital Patient Days Incurred	82,340	3,794	22,893				3,391	52,262		
11. Number of Inpatient Admissions	15,559	696	4,700				682	9,481		
12. Health Premiums Written (b)	1,708,958,753	110,555,143	696,555,491	60,680,703	952,752	28,158,222	116,044,770	669,127,891		26,883,781
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,708,958,753	110,555,143	696,555,491	60,680,703	952,752	28,158,222	116,044,770	669,127,891		26,883,781
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,358,813,666	83,876,186	555,458,315	48,868,342	576,990	17,988,249	101,650,388	533,323,172		17,072,024
18. Amount Incurred for Provision of Health Care Services	1,409,411,597	89,469,034	578,437,344	44,047,450	497,350	18,084,656	102,459,160	557,387,460		19,029,143

(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 \$ 667,769,891.

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
NONE												
999999	Totals					XXX						

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	SLEL	864,714						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	ASL/G	SLEL	13,818						
18694	76-0154296	01/01/2015	GREAT MIDWESTERN INSURANCE COMPANY	TX	QA/G	SLEL	121,512						
80926	06-0893662	01/10/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	SSL/G	SLEL	691,927						
80926	06-0893662	01/10/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	ASL/G	SLEL	23,583						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	1,715,554						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	1,715,554						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	1,715,554						
1199999	General Account - Authorized - Total General Account Authorized					X X X	1,715,554						
3499999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Captive					X X X							
3699999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total					X X X							
4099999	General Account - Reciprocal Jurisdiction - Affiliates - Total Reciprocal Jurisdiction Affiliates					X X X							
4199999	General Account - Reciprocal Jurisdiction - Non-Affiliates - U.S. Non-Affiliates					X X X							
4399999	General Account - Reciprocal Jurisdiction - Non-Affiliates - Total Reciprocal Jurisdiction Non-Affiliates					X X X							
4499999	General Account - Total General Account Reciprocal Jurisdiction					X X X							
4599999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	1,715,554						
9199999	Total U.S.					X X X	1,715,554						
9999999	Totals					X X X	1,715,554						

SCHEDULE S – PART 6

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

	1	2	3	4	5
	2020	2019	2018	2017	2016
A. OPERATIONS ITEMS					
1. Premiums	1,716	2,112	2,089	2,151	2,544
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	5,630	62	815	1,657	5,834
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					
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	680,544,275		680,544,275
2. Accident and health premiums due and unpaid (Line 15)	60,105,900		60,105,900
3. Amounts recoverable from reinsurers (Line 16.1)	5,630,009	(5,630,009)	
4. Net credit for ceded reinsurance	X X X	11,297,656	11,297,656
5. All other admitted assets (Balance)	115,823,962		115,823,962
6. Total assets (Line 28)	862,104,146	5,667,647	867,771,793
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	132,505,448	5,818,709	138,324,157
8. Accrued medical incentive pool and bonus payments (Line 2)	45,991,166		45,991,166
9. Premiums received in advance (Line 8)	14,959,303		14,959,303
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)	252,833,995	(151,062)	252,682,933
15. Total liabilities (Line 24)	446,289,912	5,667,647	451,957,559
16. Total capital and surplus (Line 33)	415,814,234	X X X	415,814,234
17. Total liabilities, capital and surplus (Line 34)	862,104,146	5,667,647	867,771,793
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	5,818,709		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	5,630,009		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	11,448,718		
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	151,062		
30. Total ceded reinsurance payables/offsets	151,062		
31. Total net credit for ceded reinsurance	11,297,656		

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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
00	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND OSH-RI, LLC	5347300000	05-015895261-1903507	00	00		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	RI	RE N/A	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	00

41

Asterik	Explanation
	NONE

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53473 00000	05-0158952 61-1903507	BLUE CROSS AND BLUE SHIELD OF RHODE ISLA OSH-RI, LLC		(5,943,000) 5,943,000							(5,943,000) 5,943,000	
9999999	Control Totals								XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will 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.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	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
APRIL FILING	
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?	YES
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
AUGUST FILING	
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 24: NOT REQUIRED TO FILE

Explanation 25: NOT REQUIRED TO FILE

Bar Code:



53473202020500000



53473202020700000



53473202042000000



53473202037100000



53473202036500000



53473202022400000



53473202022500000



53473202022600000



53473202030600000



53473202021600000



53473202021700000

OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473202036040100

For The Year Ended December 31, 2020
(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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018, 2019, 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	40	A	NO	246	07/01/1966		07/01/1966		PLAN 65	1,384,978	1,001,378	72.30	556	94,635	68,424	72.30	38
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	79,711	57,633	72.30	32	4,981	3,601	72.30	2
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	37,365	27,016	72.30	15	2,490	1,801	72.30	1
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	13,134,874	9,496,883	72.30	5,273	891,565	644,626	72.30	358
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	10,696,216	7,733,665	72.30	4,294	724,708	523,984	72.30	291
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	5,106,484	3,692,132	72.30	2,050	346,166	250,288	72.30	139
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	6,386,842	4,617,866	72.30	2,564	433,330	313,310	72.30	174
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	102,130	73,843	72.30	41	7,471	5,402	72.30	3
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	24,910	18,010	72.30	10	2,490	1,801	72.30	1
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	3,619,376	2,616,911	72.30	1,453	246,550	178,263	72.30	99
YES	40	N	NO	246	07/01/1966		07/01/1966		PLAN 65	224,187	162,094	72.30	90	14,942	10,804	72.30	6
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										40,797,073	29,497,431	72.30	16,378	2,769,328	2,002,304	72.30	1,112
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	15,966,305	11,706,038	73.30	6,645	602,031	441,392	73.30	451
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	60,069	44,041	73.30	25	485,896	356,245	73.30	364
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										16,026,374	11,750,079	73.30	6,670	1,087,927	797,637	73.30	815

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'



53473202036500100

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	5,375,375	X X X	8,078,969	X X X	13,454,344
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	353,340	X X X		X X X	353,340
1.2 Supplemental Benefits	386,013	X X X	580,162	X X X	966,175
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	43,151	X X X	65,318	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	3,099	X X X	4,691	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	7,479	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	5,418,526	X X X	8,144,287	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	360,819	X X X		X X X	X X X
5.2 Supplemental Benefits	389,112	X X X	584,852	X X X	X X X
6. Total Premiums	6,168,457	X X X	8,729,139	X X X	14,773,859
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	8,862,768	X X X	9,646,464	X X X	18,509,232
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	636,447	X X X	692,726	X X X	1,329,173
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	89,241	X X X	1,571	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	6,409	X X X	113	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(4,267,891)	X X X	(2,708,259)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(306,483)	X X X	(194,484)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	4,684,118	X X X	6,939,776	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	336,373	X X X	498,355	X X X	X X X
11. Total Claims	5,020,491	X X X	7,438,131	X X X	19,838,405
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of 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	1,315,812	X X X	672,009	X X X	1,987,821
15. Expenses Incurred	1,309,239	X X X	669,290	X X X	X X X
16. Underwriting Gain/Loss	(161,273)	X X X	621,718	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(7,052,367)