



**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2018**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Neighborhood Health Plan of Rhode Island**

NAIC Group Code 0000 , 0000 NAIC Company Code 95402 Employer's ID Number 05-0477052  
(Current Period) (Prior Period)

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: Life, Accident & Health[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 12/09/1993 Commenced Business 12/01/1994

Statutory Home Office 910 Douglas Pike , Smithfield, RI, US 02917  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 910 Douglas Pike  
(Street and Number)

Smithfield, RI, US 02917 (401)459-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 910 Douglas Pike , Smithfield, RI, US 02917  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 910 Douglas Pike  
(Street and Number)

Smithfield, RI, US 02917 (401)459-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address http://www.nhpri.org/

Statutory Statement Contact Joanne Roux (401)459-6118  
(Name) (Area Code)(Telephone Number)(Extension)

jroux@nhpri.org (401)459-6043  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Name</u>	<u>Title</u>
Peter Marino	Chief Executive Officer
Frank Meaney	Chief Financial Officer
Peter Lymm	Chief Operating Officer

**OTHERS**

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

**DIRECTORS OR TRUSTEES**

Merrill Thomas	Brenda Dowlatshahi
Raymond Joseph Lavoie Jr.	Christopher Little Esq.
Pablo Rodriguez MD	Jane Hayward
Peter Bancroft CPA	Doris De Los Santos
Jeanne LaChance	William Hochstrasser-Walsh
Dennis Roy	Michael Lichtenstein
Patricia Martinez	Richard Besdine MD
Peter Marino	Gary Furtado
Keith Oliveira	

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) Peter Marino _____ (Printed Name) 1. Chief Executive Officer _____ (Title)	_____ (Signature) Frank Meaney _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) Peter Lymm _____ (Printed Name) 3. Chief Operating Officer _____ (Title)
--	--	--

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)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	103,458,829		103,458,829	102,349,117
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....11,244,657), cash equivalents (\$.....96,067,423) and short-term investments (\$.....46,163,085) .....	153,475,164		153,475,164	243,611,242
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....	6,040,212		6,040,212	10,835
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	262,974,205		262,974,205	345,971,194
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	834,723		834,723	846,575
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	19,304,813	241,804	19,063,009	9,528,368
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....19,476,147) and contracts subject to redetermination (\$.....0) .....	19,476,147		19,476,147	15,356,078
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,119,661		3,119,661	1,085,347
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	1,484,053	214,242	1,269,811	1,361,628
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	702,409	702,409		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....4,121,269) and other amounts receivable .....	8,914,348	4,793,079	4,121,269	5,352,352
25. Aggregate write-ins for other-than-invested assets .....	7,535,300	1,563,762	5,971,538	3,071,215
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	324,345,659	7,515,296	316,830,363	382,572,757
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	324,345,659	7,515,296	316,830,363	382,572,757
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Premium Tax .....	4,550,129		4,550,129	3,071,215
2502. Prepaid Expenses .....	1,291,979	1,291,979		
2503. Receivable from State .....	1,421,409		1,421,409	
2598. Summary of remaining write-ins for Line 25 from overflow page .....	271,783	271,783		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	7,535,300	1,563,762	5,971,538	3,071,215

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	155,765,682		155,765,682	154,720,427
2. Accrued medical incentive pool and bonus amounts .....	3,040,421		3,040,421	3,190,351
3. Unpaid claims adjustment expenses .....	3,896,603		3,896,603	3,816,620
4. Aggregate health policy reserves, including the liability of \$.....236,302 for medical loss ratio rebate per the Public Health Service Act .....	14,000,654		14,000,654	10,413,158
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	19,108,897		19,108,897	91,787,572
9. General expenses due or accrued .....	15,634,600		15,634,600	14,148,524
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....	3,542,378		3,542,378	1,765,572
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....				
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....	1,553,379		1,553,379	2,446,518
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....	8,021		8,021	6,447
24. Total liabilities (Lines 1 to 23) .....	216,550,635		216,550,635	282,295,189
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X		
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	100,279,728	100,277,568
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	100,279,728	100,277,568
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	316,830,363	382,572,757
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed Property Payable .....	7,902		7,902	6,447
2302. Other Payables .....	119		119	
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	8,021		8,021	6,447
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	1,239,756	1,201,069	2,407,779
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	709,153,811	666,678,192	1,363,671,765
3. Change in unearned premium reserves and reserves for rate credits .....	X X X			
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X			
5. Risk revenue .....	X X X			
6. Aggregate write-ins for other health care related revenues .....	X X X	1,400,000	1,000,000	2,214,798
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	710,553,811	667,678,192	1,365,886,563
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		301,679,447	283,302,831	591,563,495
10. Other professional services .....		148,741,737	132,592,556	268,392,516
11. Outside referrals .....		87,485,549	87,644,187	177,646,290
12. Emergency room and out-of-area .....		23,751,096	23,685,509	47,183,129
13. Prescription drugs .....		84,981,117	82,125,202	152,120,221
14. Aggregate write-ins for other hospital and medical .....		1,224,284	(12,180,745)	(8,129,753)
15. Incentive pool, withhold adjustments and bonus amounts .....		3,526	2,499,733	5,820,681
16. Subtotal (Lines 9 to 15) .....		647,866,756	599,669,273	1,234,596,579
<b>Less:</b>				
17. Net reinsurance recoveries .....		3,483,947	262,906	2,310,810
18. Total hospital and medical (Lines 16 minus 17) .....		644,382,809	599,406,367	1,232,285,769
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....9,298,002 cost containment expenses .....		15,259,406	16,209,729	29,889,981
21. General administrative expenses .....		52,742,515	52,532,250	103,393,547
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23. Total underwriting deductions (Lines 18 through 22) .....		712,384,730	668,148,346	1,365,569,297
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(1,830,919)	(470,154)	317,266
25. Net investment income earned .....		1,648,288	956,208	2,138,981
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		(197,948)	(50,333)	(87,109)
27. Net investment gains or (losses) (Lines 25 plus 26) .....		1,450,340	905,875	2,051,872
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....147,721) (amount charged off \$.....0)] .....		147,721	(290,544)	(4,032,989)
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	(232,858)	145,177	(1,663,851)
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(232,858)	145,177	(1,663,851)
<b>DETAILS OF WRITE-INS</b>				
0601. EOHHS Incentive Income .....	X X X	1,400,000	1,000,000	2,212,298
0602. Grant Revenue .....	X X X			2,500
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X	1,400,000	1,000,000	2,214,798
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
1401. Stop Loss Recoveries from EOHHS .....		1,224,284	(8,378,843)	(1,743,877)
1402. Gain Shares due to EOHHS .....				(6,385,876)
1403. CMS Cost Sharing Reduction Recoveries .....			(3,801,902)	
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		1,224,284	(12,180,745)	(8,129,753)
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	100,277,569	102,702,672	102,702,671
34. Net income or (loss) from Line 32 .....	(232,858)	145,177	(1,663,851)
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	282,681	170,576	342,423
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(47,663)	1,583,485	(1,103,674)
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	2,160	1,899,238	(2,425,102)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	100,279,729	104,601,910	100,277,569
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	626,421,105	610,681,389	1,359,394,589
2. Net investment income .....	1,802,528	1,243,823	2,460,657
3. Miscellaneous income .....	1,400,000	1,000,000	2,214,798
4. TOTAL (Lines 1 to 3) .....	629,623,633	612,925,212	1,364,070,044
5. Benefit and loss related payments .....	644,954,538	579,375,409	1,192,761,687
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	67,181,279	60,494,678	139,079,399
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10. TOTAL (Lines 5 through 9) .....	712,135,817	639,870,087	1,331,841,086
11. Net cash from operations (Line 4 minus Line 10) .....	(82,512,184)	(26,944,875)	32,228,958
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	14,844,401	20,683,416	35,154,634
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....		4,104,718	4,103,374
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	14,844,401	24,788,134	39,258,008
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	16,011,181	22,363,178	38,192,828
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....	6,029,964		1,152
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	22,041,145	22,363,178	38,193,980
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(7,196,744)	2,424,956	1,064,028
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	(427,151)	(11,196,583)	2,178,781
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(427,151)	(11,196,583)	2,178,781
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(90,136,079)	(35,716,502)	35,471,767
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	243,611,242	208,139,475	208,139,475
19.2 End of period (Line 18 plus Line 19.1) .....	153,475,163	172,422,973	243,611,242

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001				
---------	--	--	--	--

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	199,639	16,472	883						182,284	
2. First Quarter .....	207,101	23,227	1,022						182,852	
3. Second Quarter .....	206,667	23,565	1,076						182,026	
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	1,239,756	136,722	6,065						1,096,969	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	3,772,407	212,249	7,482						3,552,676	
8. Non-Physician .....	539,315	51,553	1,608						486,154	
9. Total .....	4,311,722	263,802	9,090						4,038,830	
10. Hospital Patient Days Incurred .....	751,100	3,579	132						747,389	
11. Number of Inpatient Admissions .....	43,413	708	27						42,678	
12. Health Premiums Written (a) .....	711,062,571	47,895,721	1,303,248						661,863,602	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	711,062,571	47,895,721	1,303,248						661,863,602	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	646,404,170	26,017,983	1,202,443						619,183,744	
18. Amount Incurred for Provision of Health Care Services .....	647,866,756	28,219,845	1,232,398						618,414,513	

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

**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
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	21,527,935	854,050	773,133	514,852	1,716,852	25,386,822
0499999 Subtotals .....	21,527,935	854,050	773,133	514,852	1,716,852	25,386,822
0599999 Unreported claims and other claim reserves .....						130,378,860
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						155,765,682
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						3,040,421



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	4,130,974	23,064,457	2,358,144	7,957,514	6,489,118	7,946,607
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....	106,271,363	509,299,973	27,683,491	117,766,533	133,954,854	146,773,819
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	110,402,337	532,364,430	30,041,635	125,724,047	140,443,972	154,720,426
10. Healthcare receivables (a) .....	1,368,353	6,725,995			1,368,353	8,661,608
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....	153,457		2,883,006	157,413	3,036,463	3,190,350
13. Totals (Lines 9 - 10 + 11 + 12) .....	109,187,441	525,638,435	32,924,641	125,881,460	142,112,082	149,249,168

(a) Excludes \$.....820,000 loans or advances to providers not yet expensed.

## Notes to Financial Statement

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of Neighborhood Health Plan of Rhode Island (the "Company" or "Neighborhood") have been prepared in conformity with accounting practices prescribed or permitted by the state of Rhode Island for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Rhode Island Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Rhode Island.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Rhode Island is shown below:

		SSAP #	F/S Page	F/S Line #	2018	2017
<u>NET INCOME</u>						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(232,858)	(1,663,851)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				0	0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				0	0
(4)	NAIC SAP (1-2-3=4)				(232,858)	(1,663,851)
<u>SURPLUS</u>						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				100,279,728	100,277,568
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				0	0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				0	0
(8)	NAIC SAP (5-6-7=8)				100,279,728	100,277,568

## **Notes to Financial Statement**

**B. Use of Estimates in the Preparation of the Financial Statements.**

No Material Change

**C. Accounting Policy**

(1) – (5) – No Material Change

(6) The Company only has loan-backed securities designated with NAIC 1 designations and are reported at amortized cost.

(7) – (13) - No Material Change

**D. Going Concern**

None

**2. Accounting Changes and Corrections of Errors**

No Material Change

**3. Business Combinations and Goodwill**

No Material Change

**4. Discontinued Operations**

No Material Change

**5. Investments**

A. Mortgage Loans – No Material Change

B. Debt Restructuring – No Material Change

C. Reverse Mortgages – No Material Change

D. Loan-Backed Securities

(1) Prepayment assumptions for loan-backed securities were obtained from third party sources

(2), (3) There are no other-than-temporary impairments on any loan-backed securities

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

H. Repurchase Agreements Transactions Accounted for as a Sale – None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None

J. Real Estate – No Material Change

K. Low-income housing tax credits (LIHTC) – No Material Change

L. Restricted Assets – No Material Change

## **Notes to Financial Statement**

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – No Material Change

P. 5\* Securities – No Material Change

Q. Short Sales – No Material Change

R. Prepayment Penalty and Acceleration Fees – No Material Change

### **6. Joint Ventures, Partnerships and Limited Liability Companies**

No Material Change

### **7. Investment Income**

No Material Change

### **8. Derivative Instruments**

None

### **9. Income Taxes**

No Material Change

### **10. Information Concerning Parent, Subsidiaries and Affiliates**

No Material Change

### **11. Debt**

A. Debt - No Material Change

B. FHLB (Federal Home Loan Bank) Agreements - None

### **12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.**

A. Defined Benefit Plan – None

B. Investment Policies and Strategies – No Material Change

C. Plan Assets – No Material Change

D. Long-term Rate-of-return-on-assets Assumption - No Material Change

E. Defined Contribution Plans – No Material Change

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

H. Post-Employment Benefits and Compensated Absences – No Material Change

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

## **Notes to Financial Statement**

### **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

(1) – (11) - No Material Change

(12) – (13) - No Material Change

### **14. Contingencies**

No Material Change

### **15. Leases**

A. Lessee Operating Leases - No Material Change

B. (1) Lessor Leases – No Material Change

(2) Leveraged Leases - No Material Change

### **16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.**

No Material Change

### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.**

A. Transfers of Receivables reported as Sales – No Material Change

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales – None

### **18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.**

No Material Change

### **19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.**

No Material Change

### **20. Fair Value Measurements**

A. Fair Market Value at Reporting Date

## Notes to Financial Statement

(1) Fair Value Measurements at reporting date: During 2018, Neighborhood only reports Money Market Mutual Funds in Cash Equivalents at fair value using Level 2. The Company has no other assets or liabilities reported at fair value. Level 1 measurement is the unadjusted quoted price for identical assets or liabilities in active markets accessible at the measurement date, Level 2 measurement requires significant other observable inputs, and Level 3 requires significant unobservable inputs. Neighborhood's investments, comprised principally of bonds, are recorded at amortized cost.

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Value Included in Level 2
a.	Assets at fair value					
	Cash Equivalents					
	Money Market Fund		96,067,423		96,067,423	96,067,423
	Total Cash Equivalents		96,067,423		96,067,423	96,067,423
	Subtotal – Assets at fair value		96,067,423		96,067,423	96,067,423
b.	Liabilities at fair value					
	Subtotal – Liabilities at fair value					

(2) Fair Value Measurements in (Level 3) of the Fair Value - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The valuation techniques and inputs used in the fair value measurement Level 2: The fair value of most securities is priced automatically through Neighborhood's primary pricing vendor: Interactive Data Pricing and Reference Data, Inc., and other industry leading pricing sources like Bloomberg and PricingDirect Inc. In the event an automated price is not available from pricing vendors, other pricing sources, like investment managers and brokers, are used to ensure accurate and timely pricing.

The valuation techniques and inputs used in the fair value measurement Level 3 - Not Applicable.

(5) Derivative assets and liabilities- None

B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	101,387,512	103,458,829		101,387,512		
Short-term Investments	46,142,951	46,163,084		46,142,951		
Cash Equivalents	96,067,423	96,067,423		96,067,423		

D. Not Practicable to Estimate Fair Value - None

### 21. Other Items

A. Unusual or Infrequent Items – No Material Change

B. Troubled Debt Restructuring – No Material Change

C. Other Disclosures – No Material Change

D. Business Interruption Insurance Recoveries - No Material Change

**Notes to Financial Statement**

E. State Transferable and Nontransferable Tax Credits - No Material Change

F. Subprime Related Risk Exposure – No Material Change

G. Retained Assets - No Material Change

H. Insurance Linked Securities – No Material Change

**22. Events Subsequent**

Type I. – Recognized Subsequent Events

No Material Change

Type II. – Nonrecognized Subsequent Events

No Material Change

**23. Reinsurance**

No Material Change

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

A. Estimates accrued retrospective premium adjustments – No Material Change

B. Accrued retrospective premium – No Material Change.

C. Net premiums written subject to retrospective rating features – No Material Change.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred					
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred		236,302			236,302
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid		236,302			236,302
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	236,302

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes

## Notes to Financial Statement

### (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	AMOUNT
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	18,474
3. Premium adjustments payable due to ACA Risk Adjustment	13,764,352
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(3,351,194)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	18,474
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	0
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	0
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	15,609
9. ACA Reinsurance contributions – not reported as ceded premium	0
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	0
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	0
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	0
4. Effect of ACA Risk Corridors on change in reserves for rate credits	0



## Notes to Financial Statement

- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	1	2	3	4	5	6	7	8	Ref	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable											
2. Premium adjustments (payable)		10,413,158				10,413,158			B		10,413,158
3. Subtotal ACA Permanent Risk Adjustment Program		10,413,158				10,413,158					10,413,158
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	34,518		50,126		(15,608)		15,608		C		
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	34,518		50,126		(15,608)		15,608				
<b>c. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium									I		
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program											
<b>d. Total for ACA Risk Sharing Provisions</b>	<b>34,518</b>	<b>10,413,158</b>	<b>50,126</b>		<b>(15,608)</b>	<b>10,413,158</b>	<b>15,608</b>				<b>10,413,158</b>

Explanations of Adjustments

C Adjustment to 2016

- (4) Roll Forward of ACA Risk Corridor Asset and Liability Balances - None

- (5) ACA Risk Corridor Receivable - None

### 25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2017 were \$161,727,398. As of June 30, 2018, \$114,372,413 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$32,924,641 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$14,430,343 favorable prior-year development since December 31, 2017 to June 30, 2018. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

### 26. Intercompany Pooling Arrangements

No Material Change

## **Notes to Financial Statement**

**27. Structured Settlements**

No Material Change

**28. Health Care Receivables**

No Material Change

**29. Participating Policies**

No Material Change

**30. Premium Deficiency Reserves**

No Material Change

**31. Anticipated Salvage and Subrogation**

No Material Change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[ ] No[X]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2017.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2013.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....11/21/2014.....
- 6.4 By what department or departments?  
Rhode Island Department of Business Regulation, Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[X] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... No .....	..... No .....	..... No .....	..... No .....

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
13. Amount of real estate and mortgages held in short-term investments: \$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]
- 14.2 If yes, please complete the following:

## GENERAL INTERROGATORIES (Continued)

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes  No   
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes  No  N/A   
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0  
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0  
 16.3 Total payable for securities lending reported on the liability page \$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes  No

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
.....	.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Comerica Bank .....	411 West Lafayette, Detroit, MI 48226 .....	Not all provisions related to safeguards and controls were included in Custodial Agreement .....
RBS Citizens Bank .....	One Citizens Plaza, Providence, RI 02903 .....	Not all provisions related to safeguards and controls were included in Custodial Agreement .....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes  No   
 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Income Research & Management .....	U .....
RBS Citizens Bank - Private Wealth .....	U .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes  No   
 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes  No

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104863 .....	Income Research & Management .....	.....	SEC .....	DS .....
.....	RBS Citizens Bank - Private Wealth .....	DRMSV1Q0EKMEXLAU1P80 .....	Inv Mgr, not a registered Investment Advisor .....	NO .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes  No   
 18.2 If no, list exceptions:

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

**GENERAL INTERROGATORIES (Continued)**

Has the reporting entity self-designated 5\*GI securities?

Yes[ ] No[X]

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

- |   |               |
|---|---------------|
| 1. Operating Percentages:   |               |
| 1.1 A&H loss percent  | ..... 92.178% |
| 1.2 A&H cost containment percent  | ..... 1.311%  |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 8.278%  |
| 2.1 Do you act as a custodian for health savings accounts?  | Yes[ ] No[X]  |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.   | \$..... 0     |
| 2.3 Do you act as an administrator for health savings accounts?   | Yes[ ] No[X]  |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date.  | \$..... 0     |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?   | Yes[ ] No[X]  |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[ ] No[X]  |

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Non-affiliates</b>								
27855 .....	36-2781080 .....	01/01/2018 .....	ZURICH AMER INS CO OF IL .....	IL .....	SSL/A/I .....	Authorized .....		

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL) .....	N								
2. Alaska (AK) .....	N								
3. Arizona (AZ) .....	N								
4. Arkansas (AR) .....	N								
5. California (CA) .....	N								
6. Colorado (CO) .....	N								
7. Connecticut (CT) .....	N								
8. Delaware (DE) .....	N								
9. District of Columbia (DC) .....	N								
10. Florida (FL) .....	N								
11. Georgia (GA) .....	N								
12. Hawaii (HI) .....	N								
13. Idaho (ID) .....	N								
14. Illinois (IL) .....	N								
15. Indiana (IN) .....	N								
16. Iowa (IA) .....	N								
17. Kansas (KS) .....	N								
18. Kentucky (KY) .....	N								
19. Louisiana (LA) .....	N								
20. Maine (ME) .....	N								
21. Maryland (MD) .....	N								
22. Massachusetts (MA) .....	N								
23. Michigan (MI) .....	N								
24. Minnesota (MN) .....	N								
25. Mississippi (MS) .....	N								
26. Missouri (MO) .....	N								
27. Montana (MT) .....	N								
28. Nebraska (NE) .....	N								
29. Nevada (NV) .....	N								
30. New Hampshire (NH) .....	N								
31. New Jersey (NJ) .....	N								
32. New Mexico (NM) .....	N								
33. New York (NY) .....	N								
34. North Carolina (NC) .....	N								
35. North Dakota (ND) .....	N								
36. Ohio (OH) .....	N								
37. Oklahoma (OK) .....	N								
38. Oregon (OR) .....	N								
39. Pennsylvania (PA) .....	N								
40. Rhode Island (RI) .....	L	49,198,969		661,863,602				711,062,571	
41. South Carolina (SC) .....	N								
42. South Dakota (SD) .....	N								
43. Tennessee (TN) .....	N								
44. Texas (TX) .....	N								
45. Utah (UT) .....	N								
46. Vermont (VT) .....	N								
47. Virginia (VA) .....	N								
48. Washington (WA) .....	N								
49. West Virginia (WV) .....	N								
50. Wisconsin (WI) .....	N								
51. Wyoming (WY) .....	N								
52. American Samoa (AS) .....	N								
53. Guam (GU) .....	N								
54. Puerto Rico (PR) .....	N								
55. U.S. Virgin Islands (VI) .....	N								
56. Northern Mariana Islands (MP) .....	N								
57. Canada (CAN) .....	N								
58. Aggregate other alien (OT) .....	X X X								
59. Subtotal .....	X X X	49,198,969		661,863,602				711,062,571	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X								
61. Total (Direct Business) .....	X X X	49,198,969		661,863,602				711,062,571	
<b>DETAILS OF WRITE-INS</b>									
58001. ....	X X X								
58002. ....	X X X								
58003. ....	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above - Not allowed to write business in the state

1

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

56



**15 Schedule Y - Part 1 ..... NONE**

**16 Schedule Y Part 1A - Detail of Insurance Holding Company System ..... NONE**

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**RESPONSE**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95402201836500002

2018

Document Code: 365

**OVERFLOW PAGE FOR WRITE-INS****ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....				
2504. Deposits .....	104,504	104,504		
2505. Other Receivables .....	167,279	167,279		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	271,783	271,783		

STATEMENT AS OF **June 30, 2018** OF THE **Neighborhood Health Plan of Rhode Island**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other-than-temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

**NONE**

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points .....		
9. Total foreign exchange change in book value/recorded investment .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**NONE**

**SCHEDULE BA - VERIFICATION**

**Other Long-Term Invested Assets**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	102,349,117	99,564,790
2. Cost of bonds and stocks acquired .....	16,011,181	38,192,828
3. Accrual of discount .....	41,179	98,544
4. Unrealized valuation increase (decrease) .....	282,681	342,423
5. Total gain (loss) on disposals .....	(197,361)	(85,957)
6. Deduct consideration for bonds and stocks disposed of .....	14,848,908	35,154,634
7. Deduct amortization of premium .....	183,567	608,877
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	4,508	
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	103,458,829	102,349,117
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	103,458,829	102,349,117

## SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	250,761,477	19,492,091	24,952,010	173,941	250,761,477	245,475,499		154,186,755
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	250,761,477	19,492,091	24,952,010	173,941	250,761,477	245,475,499		154,186,755
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	250,761,477	19,492,091	24,952,010	173,941	250,761,477	245,475,499		154,186,755

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....46,163,084; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

**SCHEDULE DA - PART 1****Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	46,163,085	X X X	46,062,846	220,108	86,913

**SCHEDULE DA - Verification****Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	51,837,639	143,517,635
2. Cost of short-term investments acquired .....	27,835,950	88,731,289
3. Accrual of discount .....	104,530	67,651
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		(1,113)
6. Deduct consideration received on disposals .....	33,542,000	180,335,929
7. Deduct amortization of premium .....	73,034	141,895
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	46,163,085	51,837,638
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	46,163,085	51,837,638

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	95,613,431	147,976
2.	Cost of cash equivalents acquired .....	47,482,952	202,958,283
3.	Accrual of discount .....	5,366	1,789
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....	(587)	(39)
6.	Deduct consideration received on disposals .....	47,033,739	107,494,578
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	96,067,423	95,613,431
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	96,067,423	95,613,431



**E01 Schedule A Part 2 ..... NONE**

**E01 Schedule A Part 3 ..... NONE**

**E02 Schedule B Part 2 ..... NONE**

**E02 Schedule B Part 3 ..... NONE**

**E03 Schedule BA Part 2 ..... NONE**

**E03 Schedule BA Part 3 ..... NONE**

## SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
9128282L3	UNITED STATES TREASURY		04/30/2018	UBS WARBURG LLC	X X X	416,642	429,545	472	1
9128283F5	UNITED STATES TREASURY		05/30/2018	VARIOUS	X X X	424,247	448,000	1,549	1
9128283R9	UNITED STATES TREASURY		05/31/2018	VARIOUS	X X X	395,328	405,126	659	1
9128283U2	UNITED STATES TREASURY		05/30/2018	VARIOUS	X X X	2,505,200	2,544,000	18,062	1
9128283W8	UNITED STATES TREASURY		06/28/2018	RBC CAPITAL MARKETS	X X X	417,958	421,000	4,286	1
9128284H0	UNITED STATES TREASURY		04/30/2018	DEUTSCHE BANK ALEX BROWN	X X X	489,895	491,181	134	1
9128284S6	UNITED STATES TREASURY		06/28/2018	CREDIT LYONNAISE SECS	X X X	528,194	527,000	1,148	1
912828XB1	UNITED STATES TREASURY		04/27/2018	NOMURA SECURITIES/FIXED INCOME	X X X	369,185	389,000	3,813	1
0599999	Subtotal - Bonds - U.S. Governments				X X X	5,546,649	5,654,852	30,123	X X X
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
02005AGU6	AMOT 182 A - ABS		05/22/2018	CITIGROUP GLOBAL MARKETS INC.	X X X	719,993	720,000		1FE
210795PZ7	UNITED AIRLINES INC.		04/24/2018	BAIRD (ROBERT W.) & CO. INC.	X X X	13,706	13,570	23	1FE
784710AB1	SSM HEALTH CARE CORP		04/25/2018	CITIGROUP GLOBAL MARKETS INC.	X X X	304,000	304,000		1FE
931142EK5	WALMART INC.		06/20/2018	CITIGROUP GLOBAL MARKETS INC.	X X X	391,894	392,000		1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	1,429,593	1,429,570	23	X X X
8399997	Subtotal - Bonds - Part 3				X X X	6,976,243	7,084,422	30,147	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	6,976,243	7,084,422	30,147	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X		X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	6,976,243	X X X	30,147	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE04



## SCHEDULE D - PART 4

### Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
9799999	Subtotal - Common Stocks				XXX		XXX													XXX	XXX	
9899999	Subtotal - Preferred and Common Stocks				XXX		XXX													XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks				XXX	6,467,268	XXX	6,667,230	6,512,237	(54,426)	(20,318)		(74,743)		6,553,010		(90,250)	(90,250)		89,735	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**E06 Schedule DB Part A Section 1 ..... NONE**

**E07 Schedule DB Part B Section 1 ..... NONE**

**E08 Schedule DB Part D Section 1 ..... NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10 Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E11 Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
Bank of America - Operating ..	Providence, RI .....					58,160,512	45,895,143	11,997,899	X X X
Bank of America - A/P .....	Providence, RI .....					(810,651)	(729,195)	(750,239)	X X X
Bank of America - Claims .....	Providence, RI .....					(685)	(685)	(685)	X X X
Fidelity .....	Covington, KY .....					1,367	1,367	1,367	X X X
Comerica .....	Providence, RI .....						(92)		X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..		X X X	X X X						X X X
0199999 Totals - Open Depositories .....		X X X	X X X			57,350,543	45,166,538	11,248,342	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....		X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....		X X X	X X X						X X X
0399999 Total Cash On Deposit .....		X X X	X X X			57,350,543	45,166,538	11,248,342	X X X
0499999 Cash in Company's Office .....		X X X	X X X	X X X	X X X	(7,785)	(5,910)	(3,685)	X X X
0599999 Total Cash .....		X X X	X X X			57,342,758	45,160,628	11,244,657	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999	Subtotals - Bonds - Total Bonds - Issuer Obligations							
7899999	Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999	Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999	Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999	Subtotals - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds - Total Bonds							
8499999	Subtotals - Sweep Accounts							
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
262006208	DREYFUS GVT CSH MGT;INST		06/25/2018	1.850	X X X	66,533	92	235
38142B500	GOLDMAN:FS TRS I;INST		06/26/2018	1.740	X X X	95,861,191	119,189	555,513
38142B500	GOLDMAN:FS TRS I;INST	SD	06/26/2018	1.740	X X X	139,699	620	
8599999	Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO					96,067,423	119,902	555,747
8699999	Subtotals - All Other Money Market Mutual Funds							
8799999	Subtotals - Other Cash Equivalents							
8899999	Total - Cash Equivalents					96,067,423	119,902	555,747

QE13

# INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11  
Accounting Practices and Policies; Q5; Q10, Note 1  
Admitted Assets; Q2  
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05  
Bonuses; Q3; Q4; Q8; Q9  
Borrowed Funds; Q3; Q6  
Business Combinations and Goodwill; Q10, Note 3  
Capital Gains (Losses)  
    Realized; Q4  
    Unrealized; Q4; Q5  
Capital Stock; Q3; Q10, Note 13  
Capital Notes; Q6; Q10, Note 11  
Caps; QE06; QSI04  
Cash; Q2; Q6; QE12  
Cash Equivalents; Q2; Q6; QE13  
Claims; Q3; Q4; Q8; Q9  
Collars; QE06; QSI04  
Commissions; Q6  
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2  
Cost Containment Expenses; Q4  
Contingencies; Q10, Note 14  
Counterparty Exposure; Q10, Note 8; QE06; QE08  
Debt; Q10, Note 11  
Deferred Compensation; Q10, Note 12  
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08  
Discontinued Operations; Q10, Note 4  
Electronic Data Processing Equipment; Q2  
Encumbrances; Q2; QSI01; QE01  
Emergency Room; Q4  
Expenses; Q3; Q4; Q6  
Extinguishment of Liabilities; Q10, Note 17  
Extraordinary Item; Q10, Note 21  
Fair Value; Q7, Note 20  
Fee for Service; Q4  
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05  
Forwards; QE06; QSI04  
Furniture, Equipment and Supplies; Q2  
Guaranty Fund; Q2  
Health Care Receivables; Q2; Q9; Q10, Note 28  
Holding Company; Q16  
Hospital/Medical Benefits; Q4  
Incentive Pools; Q3; Q4; Q8; Q9  
Income; Q4; Q5; Q6  
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9  
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25  
Intercompany Pooling; Q10, Note 26  
Investment Income; Q10, Note 7  
    Accrued; Q2  
    Earned; Q2; QSI03  
    Received; Q6  
Investments; Q10, Note 5; Q11.1; Q11.2; QE08  
Joint Venture; Q10, Note 6  
Leases; Q10, Note 15  
Limited Liability Company (LLC); Q10, Note 6  
Limited Partnership; Q10, Note 6  
Long-Term Invested Assets; Q2; QE03  
Managing General Agents; Q10, Note 19  
Medicare Part D Coverage; QSupp1  
Member Months; Q4; Q7  
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02  
Nonadmitted Assets; Q2; Q5; QSI01; QSI03  
Off-Balance Sheet Risk; Q10, Note 16  
Options; QE06; QSI04  
Organizational Chart; Q11; Q14  
Out-of-Area; Q4  
Outside Referrals; Q4  
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1  
Participating Policies; Q10, Note 29  
Pharmaceutical Rebates; Q10, Note 28  
Policyholder Dividends; Q5; Q6  
Postemployment Benefits; Q10, Note 12  
Postretirement Benefits; Q10, Note 12  
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2



## INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30  
Premiums and Considerations  
    Advance; Q3  
    Collected; Q6  
    Deferred; Q2  
    Direct; Q7; Q13  
    Earned; Q7  
    Retrospective; Q2  
    Uncollected; Q2  
    Unearned; Q4  
    Written; Q4; Q7  
Prescription Drugs; Q4  
Quasi Reorganizations; Q10, Note 13  
Real Estate; Q2; Q6; QE01; QSI01  
Redetermination, Contracts Subject to; Q10, Note 24  
Reinsurance; Q9; Q10, Note 23  
    Ceded; Q3; Q12  
    Funds Held; Q2  
    Payable; Q3  
    Premiums; Q3  
    Receivable; Q2; Q4  
    Unauthorized; Q3; Q5  
Reserves  
    Accident and Health; Q3; Q4  
    Claim; Q3; Q5; Q8  
    Life; Q3  
Retirement Plans; Q10, Note 12  
Retrospectively Rated Policies; Q10, Note 24  
Risk Revenue; Q4  
Salvage and Subrogation; Q10, Note 31  
Securities Lending; Q2; Q3; QE09; QE11  
Servicing of Financial Assets; Q10, Note 17  
Short-Term Investments; Q2; Q6; Q11.1; QSI03  
Stockholder Dividends; Q5; Q6  
Subsequent Events; Q10, Note 22  
Surplus; Q3; Q5; Q6  
Surplus Notes; Q3; Q5; Q6  
Swaps; QE07; QSI04  
Synthetic Assets; QSI04; QSI05  
Third Party Administrator; Q10, Note 19  
Treasury Stock; Q3; Q5  
Uninsured Accident and Health; Q2; Q3; Q10, Note 18  
Valuation Allowance; QSI01  
Wash Sales; Q10, Note 17  
Withholds; Q4; Q8