



53473202120100100

ANNUAL STATEMENT

For the Year Ended December 31, 2021
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.	MARTHA L. WOFFORD #	PRESIDENT & CEO
2.	MICHELE B. LEDERBERG	EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER
3.	MARK C. STEWART	EXECUTIVE VICE PRESIDENT & CFO

VICE-PRESIDENTS

Name	Title	Name	Title
MONICA A. AUCIELLO #	SVP - GENERAL COUNSEL	CHRISTOPHER G. BUSH #	SVP - NETWORK MANAGEMENT
MATTHEW COLLINS M.D.	EVP - CHIEF MEDICAL OFFICER	DAVID COMELLA	VP - CHIEF INFORMATION OFFICER
MELISSA B. CUMMINGS	EVP - CHIEF CUSTOMER OFFICER	TARA L. DEMOURA #	SVP - EMPLOYER SEGMENT
JEREMY S. DUNCAN	VP - MARKETING	AMARNATH GURIVREDDYGARI	VP - CHIEF DATA & ANALYTICS OFFICER
MICHAEL J. MARRONE #	SVP - FINANCE	CHRISTINE MUSIAL #	VP - SHARED SERVICES
CHRISTINA PITNEY #	SVP - GOVERNMENT PROGRAMS	RENA SHEEHAN #	VP - CLINICAL INTEGRATION
LINDA WINFREY	VP - INTERNAL AUDIT & ERM		

DIRECTORS OR TRUSTEES

ROSAMARIA AMOROS JONES #	ERIC BEANE	STEPHEN COHAN	CHRISTOPHER CROSBY
NICHOLAS DENICE	JOSEPH DIAZ M.D. #	MICHAEL DICHIRO	PAUL DOUGHTY
LOUIS GIANCOLA	KAREN HAMMOND	DONNA HUNTLEY-NEWBY	MICHAEL A ISRAELITE
CELESTE MARSELLA	SHARON MORRIS #	DEBRA PAUL	PETER QUATTROMANI
ROBERT A. SANDERS	MERRILL SHERMAN		

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) <u>MARTHA L. WOFFORD</u> (Printed Name) 1.	(Signature) <u>MICHELE B. LEDERBERG</u> (Printed Name) 2.	(Signature) <u>MARK C. STEWART</u> (Printed Name) 3.
PRESIDENT & CEO (Title)	EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER (Title)	EXECUTIVE VICE PRESIDENT & CFO (Title)

Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2022, 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	2,390,204	220,897	143,098	2,583,195	2,844,487	2,492,907
Group subscribers:						
Federal Employees Health Benefit Program	12,489,233					12,489,233
Retiree School Basic No Rx	368,922	368,484	362,870			1,100,276
Virginia Transportation Corp	510,784	436,379		3	48,660	898,506
Retiree City Plan 65	144,992	143,381	145,174			433,547
Lifespan Health	48,893	49,658	50,640	201,019	350,210	
Fellowship Health Resources Inc	193,782			117,683	310,537	928
Active School Teachers	94,862	96,149	94,729			285,740
State of Rhode Island	272,986	6,830				279,816
Phoenix House of New England	70,079	100,270	100,050			270,399
Meeting Street	250,437					250,437
Rhode Island Distributing	241,268					241,268
Solidifi Title & Closing, LLC	231,019					231,019
Community Care Alliance	164,179	41,770				205,949
East Side Clinical Laboratory	166,421					166,421
Retiree Fire	52,103	51,878	51,539			155,520
Medicare Advantage	110,673	11,751				122,424
Pet Food Experts	122,276					122,276
NWN Carousel	115,894					115,894
Thrive Behavioral Health	115,049					115,049
Magna Hospitality Group	108,917					108,917
J R Vinagro Corp	106,694				551	106,143
Kenney Manufacturing Company	106,460					106,460
Active City 1033	33,014	32,876	32,402			98,292
Upserve	95,341					95,341
Visiting Nurse Home & Hospice	93,237					93,237
AT Cross Company, LLC	45,944	45,944			399	91,489
Active School Aides/Safety	29,561	29,004	28,901			87,466
Woonsocket City Employees	87,228					87,228
West Warwick Public Schools	41,426	41,695	3,422			86,543
Medicare Advantage	83,850					83,850
Medicare Advantage	26,702	27,422	26,849	59	81,032	
Village Retirement Communities	76,181					76,181
Medicare Advantage	21,257	20,077	18,897	15,729	75,960	
State of Rhode Island - RIPTA	1,782	4,073	4,163	59,857	72,209	(2,334)
Active Fire	23,145	23,427	22,570			69,142
Active Police	22,749	22,580	23,088			68,417
Guaranteed Transport Services		55,602	9,336			64,938
Woonsocket School Department	64,686					64,686
Charlesgate Nursing Center	61,847					61,847
Rhode Island PBS Foundation	60,480					60,480
Bonanza Acquisition LLC	59,818					59,818
Pet Food Experts	58,519					58,519
City of Warwick	57,723					57,723
Disanto, Priest And Company	57,030					57,030

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
Lockheed Window Corp	55,975					55,975
AstroNova, Inc.	54,959					54,959
Retiree Fire Pre 65 1995-2006	17,612	17,669	17,669			52,950
State of Rhode Island	928	3,350	3,178	45,092	52,548	
Medicare Advantage	52,292					52,292
Active City NU/NB	16,488	16,943	15,971			49,402
Medicare Advantage	12,980	13,865	11,505	10,620	48,970	
Lincolnwood Operator DBA Lincolnwood Rehab and Hea	47,852					47,852
RI School of Design	47,270					47,270
South County Hospital	23,568	23,299				46,867
Johnston School	44,914					44,914
Scandinavian Home Inc	44,889					44,889
Pet Food Experts	44,543					44,543
Phil's Bottled Gas Service Co. Inc. DBA Phil's Pro	43,709					43,709
Retiree Police Pre 65 1995	14,282	14,621	14,056			42,959
Friendly Home Inc	42,562					42,562
Tarbox Management LLC DBA Tarbox Toyota	41,340					41,340
Medicare Advantage	39,301	1,575				40,876
Newport School Department	40,432					40,432
Rhode Island Legal Services, Inc	38,137					38,137
Armbrust International LTD	19,001	19,106				38,107
Elite Physical Therapy, Inc.	36,516					36,516
Danfords Port Jefferson Convention Center	17,005	9,591	9,591			36,187
Mill Falls Hotel Manager, LLC	36,114					36,114
Metro Motors Management, Inc.	21,430	12,401				33,831
Retiree City 1033	30,618	2,401				33,019
D3Logic, Inc	10,921	10,978	10,865			32,764
Rhode Island Distributing	32,190					32,190
Tarbox Management LLC DBA Tarbox Hyundai	31,910					31,910
Ivory Ella, LLC	30,383					30,383
Retiree School	29,866					29,866
Active School PPSD BEST	10,169	10,387	9,238			29,794
Active School NU	9,798	10,466	9,464			29,728
Northeast Behavioral Associates DBA Northeast Fami	9,741	9,797	9,962			29,500
Rhode Island Distributing	29,108					29,108
Rise Prep Mayoral Academy	5,464	6,653	989	15,494	28,600	
Rosciti Communications LLC	27,759					27,759
Town of Johnston HSA	13,295	14,009				27,304
Toray Plastics (America), Inc	26,960					26,960
Active School Clerks	25,843	905				26,748
The Highlander Institute	8,907	8,963	8,772			26,642
E L J Inc	12,460	13,545				26,005
Texcel Industries, Inc	8,490	8,490	8,490			25,470
Medicare Advantage	24,371	914				25,285
Rambone Disposal Services, Inc	11,669	11,996	1,295	15	24,975	
Carpionato Properties, Inc	24,120					24,120
	23,820					23,820

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
SyQwest, Inc.	23,751					23,751
City of Newport	23,061	532				23,593
Medicare Advantage	23,482					23,482
Marriott Fort Lauderdale North, FL	18,325	3,882				22,207
DiLeonardo International, Inc.	7,316	7,087	7,026			21,429
Active WSB	7,348	6,847	7,181			21,376
Gem Plumbing & Heating	20,702					20,702
Medicare Advantage	1,086	362	362	18,863	20,673	
The French American School	20,372					20,372
Bethany Home of Rhode Island	19,862					19,862
Carpiionato Properties, Inc	19,782					19,782
Kay/Tak	19,702					19,702
American Tool Company	12,983	6,332				19,315
Nephrology Associates Inc	18,798					18,798
Aspen Blue, LLC	18,787					18,787
TruAccess Networks LLC	9,373	9,373				18,746
Meridian Printing, Inc.	18,371					18,371
City of Newport	18,368					18,368
Saint Elizabeth Court	9,168	9,168				18,336
City of Newport	17,850	440				18,290
RI Rehabilitation Institute	8,589	9,222				17,811
Rol Flo Engineering Inc	17,440					17,440
State of Rhode Island	86	17,121				17,207
Newport School Department	17,095					17,095
Metro Motors Management, Inc.	15,409	1,537				16,946
Fit & Fresh, Inc	16,743					16,743
Audubon Society of Rhode Island	16,612					16,612
Digital Octane DBA Linchpin	9,303	7,222				16,525
Commercial Painting Inc	16,471					16,471
Town of Johnston	16,379					16,379
Geisser Engineering Corp	8,126	8,126				16,252
Mansion, Inc. DBA Mansion Nursing & Rehabilitation	16,177					16,177
Bremer Law & Associates, LLC	16,061					16,061
Town of Narragansett	14,403	1,631				16,034
Turnstyle Designs Inc	3,758	3,758	3,804	4,624	15,944	
Medicare Advantage	15,930					15,930
E.B. Thomsen Inc				15,309	15,309	
Design Fabricators, Inc	15,095					15,095
International Insignia - Lorac	14,910					14,910
J.A.M. Construction Co., Inc	6,083	6,083	2,629			14,795
Dunkin Donuts Center	14,775					14,775
City of Warwick	13,454	894				14,348
Medicare Advantage	14,342					14,342
Community Living RI	14,298					14,298
R & D Manufacturing	14,000	13				14,013
Northeast Behavioral Associates DBA Northeast Fami				13,472	13,472	
Active WSB NU/NB	4,454	4,509	4,454			13,417

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
Rebello Funeral Home Inc	13,393					13,393
Innovex (Advanced Business Machines)	13,328					13,328
Town of North Kingstown	13,284					13,284
Eagle Cornice Co., Inc.	12,947	324				13,271
Washington Trust Company	13,160					13,160
The Hilb Group Operating Co. LLC	12,947					12,947
House of Hope Cdc	12,563	32				12,595
Medicare Advantage	671	545	384	10,724	11,877	447
Summit Electrical Contractors, Inc.	3,590	3,476	3,476	1,481	12,023	
Big Brothers Big Sisters of Rhode Island	11,955					11,955
Mirror Image Inc	6,192	5,704				11,896
Smithfield Peat Company Inc	11,893					11,893
Bonanza Acquisition LLC	11,889					11,889
Medicare Advantage	11,667					11,667
Toray Plastics (America), Inc	6,555	5,047				11,602
Torre Corp DBA Trattoria Romana	6,447	4,992				11,439
Medicare Advantage	1,080	810	810	8,689	11,389	
Ximedica	11,291					11,291
AS220, Inc DBA AS220	11,101	46				11,147
Primacare Inc.				11,129	11,129	
Evergreen Plumbing & Heating Inc.	2,014	4,507	4,507	96	11,124	
J & S Scrap Metal & Recycling	3,489	5,150	2,216			10,855
DiFruscia Industries Inc	11,402	(568)				10,834
Lansco Colors LLC	8,877	1,903				10,780
Capco Steel Erection Company				10,743	10,743	
Horizon Healthcare Partners	9,874	709				10,583
Stonestreet Corporation	10,532					10,532
North-Eastern Tree Service, Inc	10,511					10,511
Cogent Computer Systems, Inc.				10,461	10,461	
Peckham Brothers Company Inc	5,199	5,199				10,398
Farm Fresh Rhode Island Inc.	9,036	1,312				10,348
Advanced Auto Body, Inc.	3,479	1,874		4,789	10,142	
American Tele-Connect Services Inc				10,130	10,130	
Ocean CJDR Inc. DBA Ocean Chrysler Dodge Jeep Ram	6,152	3,853				10,005
0299997 Group subscriber subtotal	19,394,402	2,000,228	1,142,524	586,081	1,259,067	21,864,168
0299998 Premiums due and unpaid not individually listed	747,209	139,450	(34,539)	423,366	484,673	790,813
0299999 Total group	20,141,611	2,139,678	1,107,985	1,009,447	1,743,740	22,654,981
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	22,531,815	2,360,575	1,251,083	3,592,642	4,588,227	25,147,888

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	8,220,926	8,220,926	8,220,926	6,145,194	2,558,585	28,249,388
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	8,220,926	8,220,926	8,220,926	6,145,194	2,558,585	28,249,388
OCEAN STATE HEARING AID			41,784			41,784
SCALABRINI VILLA INC				10,636	10,636	
VARIOUS	10,925	19,391	9,794	4,482	4,482	40,110
DAVID A. PICARD		27,662				27,662
EVE B. WEINER				26,000	26,000	
HOPKINS MANOR LTD				17,170	17,170	
ROGER WILLIAMS MEDICAL CENTER	140,006					140,006
LAWRENCE AND MEMORIAL HOSPITAL, BUTLER HOSPITAL	5,759	21,293	8,757			35,809
ADCARE OF RHODE ISLAND INC	15,736			15,160	15,160	
OPTION CARE ENTERPRISES INC	10,632					10,632
AFFINITY PHYSICIANS	13,480			226	226	13,480
ACCU REFERENCE MEDICAL LAB	6,318	773	554	2,570	2,570	7,645
UNIVERSITY ORTHOPEDICS	15,650					15,650
CHARLTON MEMORIAL HOSPITAL	77,353					77,353
SOUTHCOAST PHYSICIAN GROUP	23,256		59	66	66	23,315
YALE-NEW HAVEN HOSPITAL		98	9,172	15,048	15,048	9,270
KENT COUNTY HOSPITAL	55,000			1,500,134	134	1,555,000
LIFESPAN PHYSICIAN GROUP	10,844	90				10,935
WOMEN & INFANTS HOSPITAL	63,898			1,500,000		1,563,898
WESTERLY HOSPITAL	20,901					20,901
NEWPORT HOSPITAL	15,620					15,620
THE MIRIAM HOSPITAL	32,887					32,887
YALE NEW HAVEN HOSPITAL	373	14,492	50			14,915
RHODE ISLAND HOSPITAL	356,426					356,426
LANDMARK MEDICAL CENTER	37,678					37,678
OUR LADY OF FATIMA HOSPITAL	24,206					24,206
SOUTH COUNTY HOSPITAL	10,301					10,301
DENTAL PROVIDER RECOVERIES	13,545					13,545
BCBS FLORIDA	1,327,329					1,327,329
0299998 Claim Overpayment Receivables Not Individually Listed	182,578	44,389	26,517	43,237	43,237	253,484
0299999 Claim Overpayment Receivables	2,470,701	128,188	96,687	3,134,729	134,729	5,695,577
OAK STREET HEALTH	3,837,105					3,837,105
0499998 Capitation Arrangement Receivables Not Individually Listed						
0499999 Capitation Arrangement Receivables	3,837,105					3,837,105

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
CARE NEW ENGLAND	1,231,523					
LIFESPAN	533,654					
WESTERLY HOSPITAL	321,541					2,086,718
0699998 Other Receivables Not Individually Listed	636,928					636,928
0699999 Other Receivables	2,723,646					2,723,646
0799999 Gross Health Care Receivables	17,252,378	8,349,114	8,317,613	9,279,923	2,693,314	40,505,716

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset 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 from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	24,198,721	14,673,887		30,807,973	24,198,721	28,010,856
2. Claim overpayment receivables	6,022,740		6,736	5,823,571	6,029,476	6,029,476
3. Loans and advances to providers						
4. Capitation arrangement receivables	3,662,952		452,883	3,384,222	4,115,835	4,115,835
5. Risk sharing receivables						
6. Other health care receivables				2,723,646		
7. Total (Lines 1 through 6)	33,884,413	14,673,887	459,619	42,739,412	34,344,032	38,156,167

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		3,219,142	574,647	574,647	
6. Total	7,486,944		6,912,297	574,647	574,647	



53473202143040100

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 2021

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	383,138	16,868	109,711	24,975	16,263	77,476	22,641	58,340		56,864
2. First Quarter	388,665	17,159	109,191	24,320	16,249	77,632	22,663	60,649		60,802
3. Second Quarter	386,308	17,223	107,706	24,186	16,788	76,122	22,659	61,077		60,547
4. Third Quarter	384,767	17,306	108,410	23,669	17,504	76,209	22,671	62,340		56,658
5. Current Year	384,423	16,950	109,047	23,582	17,604	75,646	22,574	62,698		56,322
6. Current Year Member Months	4,632,706	205,950	1,303,268	287,938	203,183	916,560	271,981	738,356		705,470
Total Member Ambulatory Encounters For Year:										
7. Physician	1,686,426	99,717	609,802				152,515	824,392		
8. Non-Physician	1,579,296	116,795	675,913				153,025	633,563		
9. Total	3,265,722	216,512	1,285,715				305,540	1,457,955		
10. Hospital Patient Days Incurred	90,589	3,941	25,084				2,750	58,814		
11. Number of Inpatient Admissions	17,446	842	4,994				609	11,001		
12. Health Premiums Written (b)	1,799,857,476	118,758,966	719,024,412	60,351,082	954,242	28,817,595	129,715,584	714,122,350		28,113,245
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,795,520,104	118,703,360	718,346,319	60,351,082	954,242	28,817,595	129,715,584	714,122,350		24,509,572
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,496,149,951	104,423,081	568,083,422	46,450,643	484,860	20,920,850	115,968,621	619,038,428		20,780,046
18. Amount Incurred for Provision of Health Care Services	1,552,348,466	107,150,081	605,516,103	48,032,131	432,198	20,869,286	118,805,711	631,378,441		20,164,515

(a) For health business: number of persons insured under PPO managed care products 210,554 and number of persons insured under indemnity only products 715.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 714,122,350 .



53473202143059100

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 2021

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	383,138	16,868	109,711	24,975	16,263	77,476	22,641	58,340		56,864
2. First Quarter	388,665	17,159	109,191	24,320	16,249	77,632	22,663	60,649		60,802
3. Second Quarter	386,308	17,223	107,706	24,186	16,788	76,122	22,659	61,077		60,547
4. Third Quarter	384,767	17,306	108,410	23,669	17,504	76,209	22,671	62,340		56,658
5. Current Year	384,423	16,950	109,047	23,582	17,604	75,646	22,574	62,698		56,322
6. Current Year Member Months	4,632,706	205,950	1,303,268	287,938	203,183	916,560	271,981	738,356		705,470
Total Member Ambulatory Encounters For Year:										
7. Physician	1,686,426	99,717	609,802				152,515	824,392		
8. Non-Physician	1,579,296	116,795	675,913				153,025	633,563		
9. Total	3,265,722	216,512	1,285,715				305,540	1,457,955		
10. Hospital Patient Days Incurred	90,589	3,941	25,084				2,750	58,814		
11. Number of Inpatient Admissions	17,446	842	4,994				609	11,001		
12. Health Premiums Written (b)	1,799,857,476	118,758,966	719,024,412	60,351,082	954,242	28,817,595	129,715,584	714,122,350		28,113,245
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,795,520,104	118,703,360	718,346,319	60,351,082	954,242	28,817,595	129,715,584	714,122,350		24,509,572
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,496,149,951	104,423,081	568,083,422	46,450,643	484,860	20,920,850	115,968,621	619,038,428		20,780,046
18. Amount Incurred for Provision of Health Care Services	1,552,348,466	107,150,081	605,516,103	48,032,131	432,198	20,869,286	118,805,711	631,378,441		20,164,515

(a) For health business: number of persons insured under PPO managed care products 210,554 and number of persons insured under indemnity only products 715.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 714,122,350.

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	CMM	898,779						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	ASL/G	CMM	4,468						
38245	36-6033921	01/01/2021	BCS INSURANCE COMPANY	IL	SSL/G	SLEL	656,170						
80926	06-0893662	01/10/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	SSL/G	SLEL	2,738,765						
80926	06-0893662	01/10/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	ASL/G	SLEL	39,189						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	4,337,371						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	4,337,371						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	4,337,371						
1199999	General Account - Authorized - Total General Account Authorized					X X X	4,337,371						
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	4,337,371						
9199999	Total U.S.					X X X	4,337,371						
9999999	Totals					X X X	4,337,371						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8	
NONE															
9999999 Totals															

34

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

SCHEDULE S – PART 6

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

	1	2	3	4	5
	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1. Premiums	4,337	1,716	2,112	2,089	2,151
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	7,722	5,630	62	815	1,657
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)	697,727,211		697,727,211
2. Accident and health premiums due and unpaid (Line 15)	60,811,125		60,811,125
3. Amounts recoverable from reinsurers (Line 16.1)	7,721,924	(7,721,924)	
4. Net credit for ceded reinsurance	X X X	12,498,008	12,498,008
5. All other admitted assets (Balance)	158,000,042		158,000,042
6. Total assets (Line 28)	924,260,302	4,776,084	929,036,386
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	136,825,413	5,103,709	141,929,122
8. Accrued medical incentive pool and bonus payments (Line 2)	50,408,939		50,408,939
9. Premiums received in advance (Line 8)	25,834,351		25,834,351
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)	276,498,738	(327,625)	276,171,113
15. Total liabilities (Line 24)	489,567,441	4,776,084	494,343,525
16. Total capital and surplus (Line 33)	434,692,861	X X X	434,692,861
17. Total liabilities, capital and surplus (Line 34)	924,260,302	4,776,084	929,036,386
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	5,103,709		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	7,721,924		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	12,825,633		
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	327,625		
30. Total ceded reinsurance payables/offsets	327,625		
31. Total net credit for ceded reinsurance	12,498,008		

SCHEDULE T - PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Totals							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
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 RI	RE NIA	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	BOARD OF DIRECTORS BOARD OF DIRECTORS		BOARD OF DIRECTORS BOARD OF DIRECTORS	NO NO	

Asterik	Explanation
<div style="font-size: 48pt; font-weight: bold;">NONE</div>	

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		(4,141,700) 4,141,700							(4,141,700) 4,141,700	
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.

	<u>Responses</u>
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

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	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	See Explanation
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
13. 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
14. 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
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
16. 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
17. 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
18. 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	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	See Explanation
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	See Explanation
21. 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
22. 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
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	See Explanation
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation 11: NOT REQUIRED TO FILE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 12: NOT REQUIRED TO FILE
.....
.....

Explanation 13: NOT REQUIRED TO FILE
.....
.....

Explanation 14: NOT REQUIRED TO FILE
.....
.....

Explanation 16: 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 23: NOT REQUIRED TO FILE
.....
.....

Bar Code:



53473202120500000



53473202120700000



53473202142000000



53473202137100000



53473202136500000



53473202122400000



53473202122500000



53473202122600000



53473202130600000



53473202121600000

OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473202136040100

For The Year Ended December 31, 2021
(To Be Filed By March 1)

FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473
 Address (City, State and Zip Code) 500 EXCHANGE STREET, PROVIDENCE, RI 02903
 Person Completing This Exhibit MARK STEWART
 Telephone Number 401-459-5886

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020, 2021			
										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	1,134,521	878,352	77.40	435	67,679	52,397	77.40	26
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	65,202	50,480	77.40	25	5,206	4,031	77.40	2
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	28,689	22,211	77.40	11	2,603	2,015	77.40	1
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	12,547,541	9,714,372	77.40	4,811	762,691	590,479	77.40	293
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	10,056,811	7,786,035	77.40	3,856	611,714	473,592	77.40	235
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	5,250,093	4,064,650	77.40	2,013	320,174	247,880	77.40	123
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	6,248,994	4,838,003	77.40	2,396	380,044	294,232	77.40	146
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	91,283	70,672	77.40	35	5,206	4,031	77.40	2
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	153,878	119,133	77.40	59	10,412	8,061	77.40	4
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	4,905,825	3,798,115	77.40	1,881	299,350	231,758	77.40	115
YES	40	N	NO	246	07/01/1966		07/01/1966		PLAN 65	346,877	268,554	77.40	133	20,824	16,122	77.40	8
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										40,829,714	31,610,577	77.40	15,655	2,485,903	1,924,598	77.40	955
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	15,633,180	13,303,629	85.10	5,902	604,021	514,014	85.10	482
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	116,547	99,180	85.10	44	681,717	580,132	85.10	544
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										15,749,727	13,402,809	85.10	5,946	1,285,738	1,094,146	85.10	1,026

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: CHRISTINA PITNEY 401-459-1103
- 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: CHRISTINA PITNEY 401-459-1103
- Explain any policies identified above as policy type 'O'



53473202136500100

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	4,518,252	X X X	8,463,998	X X X	12,982,250
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	(46,437)	X X X		X X X	(46,437)
1.2 Supplemental Benefits	345,313	X X X	646,872	X X X	992,185
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(86,631)	X X X	(189,245)	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(6,621)	X X X	(14,463)	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	(57,136)	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	4,431,621	X X X	8,274,753	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	(103,573)	X X X		X X X	X X X
5.2 Supplemental Benefits	338,692	X X X	632,408	X X X	X X X
6. Total Premiums	4,666,740	X X X	8,907,161	X X X	13,927,998
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	8,606,832	X X X	10,641,104	X X X	19,247,936
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	657,788	X X X	813,260	X X X	1,471,048
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(59,774)	X X X	44,114	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	(4,568)	X X X	3,372	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(5,052,395)	X X X	(4,189,811)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(386,136)	X X X	(320,212)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	3,494,663	X X X	6,495,407	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	267,084	X X X	496,420	X X X	X X X
11. Total Claims	3,761,747	X X X	6,991,827	X X X	20,718,984
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	1,059,073	X X X	450,651	X X X	1,509,725
15. Expenses Incurred	1,049,242	X X X	446,468	X X X	X X X
16. Underwriting Gain/Loss	(144,249)	X X X	1,468,866	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(8,300,711)