	ANNUAL STATEMENT
	OF THE
	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
of	PROVIDENCE COUNTY
	RHODE ISLAND
	TO THE
	Insurance Department
	OF THE
	STATE OF RHODE ISLAND
	FOR THE YEAR ENDED
	December 31, 2022

HEALTH



ANNUAL STATEMENT

For the Year Ended December 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

		BLUE	CROSS	& BLUE SHIEL	D OF RHO	DE ISLA	AND			
· · · · · · · · · · · · · · · · · · ·	0000	0000	NAIO	Company Code	53473	3	Employe	r's ID Number	05-0158952	
	rrent Period)	(Prior Period)								
Organized under the Laws of		E ISLAND		, State	of Domicile or I	Port of E	ntry	RI		
	USA			D <i>i i</i> O <i>ii</i>						
Licensed as business type:		Accident & Health	[]	Property/Casualty	•	[]	• •	Medical & Dental Se	•	[X]
		al Service Corporation	[]	Vision Service Co	•	[]		aintenance Organiza	ition	[]
	Othe		[]	Is HMO Federally] No []	0		
Incorporated/Organized		February	27, 1939		Com		Business		tember 1, 1939	
Statutory Home Office	500 EXCHANG		and Numb	er)	,	P	ROVIDENCE, (Cit	RI, US 02903 ty or Town, State, Coun	try and Zip Code)	
Main Administrative Office	500 EX	CHANGE STREET					(, , . , .	,	
					(Street and N	Number)				
	PROVI	DENCE, RI, US 02903					401-459-588			
		(City or Town, S	ate, Countr	y and Zip Code)		(Area C	, ,	lephone Number)		
Mail Address 500 EXC	CHANGE STRE	<u>E I</u> (Street and Numbe	r or P O B	אר	,	P	ROVIDENCE,	RI, US 02903 ty or Town, State, Coun	try and Zin Code)	
Primary Location of Books an	d Records	500 EXCHANGE S			F	PROVIDE	NCE, RI, US		401-459-1000	
			Street and	Number)					Code) (Telephone Numb	er)
Internet Web Site Address	WWW.BCE	SRI.COM								
Statutory Statement Contact	MARK	C. STEWART)1-459-5886			
			(Name)			(Area C	ode) (Te	. ,	(Extension)	
	MARK.	STEWART@BCBSRI.ORG	E-Mail Addı	2000)				401-459-1 (Fax Num		
		(,				(i ax ivuii	iber)	
				OFFICE	RS					
	_	Name			DDEOIDE			Title		
MARTHA L. WOFFORM MICHELE B. LEDERBE								CHIEF LEGAL OFFICE	D	
3. MARK C. STEWART							PRESIDENT &		N	
				VICE-PRESID	DENTS					
Name			Title			Nar			Title	
ANASTASIA BERGMAN #		VP - CHIEF PEOPLE O			CHRISTOPHER		1		VORK MANAGEMENT	
MATTHEW COLLINS M.D.		EVP - CHIEF MEDICAL			DAVID COMEL				INFORMATION OFFICE	۲
MELISSA B. CUMMINGS JEREMY S. DUNCAN		EVP - CHIEF CUSTOM VP - MARKETING		<u>.</u>	JON FREDRIC				OYER SEGMENT	
NICK LEFEBER #		SVP - VALUE BASED C	ARE		MICHAEL J. MA			SVP - FINA		
KRISTEN MCLEAN #		VP & GENERAL COUN			MICHAEL MEN			VP - MEDIC		
CHRISTINE MUSIAL		VP - SHARED SERVICI	S		CHRISTINA PIT	TNEY		SVP - GOVE	ERNMENT PROGRAMS	
RENA SHEEHAN		VP - CLINICAL INTEGR	ATION		LINDA WINFRE	ΞY		VP - CHIEF	AUDITOR	
			וח	RECTORS OR 1	TRUISTEES					
ROSAMARIA AMOROS JONES		CHRISTOPHER BU			STEPHEN COF	μανι		CHRIST	OPHER CROSBY	
NICHOLAS DENICE	,	JOSEPH DIAZ M.D		<u> </u>	MICHAEL DICH				GIANCOLA	
KAREN HAMMOND		MARGARET HOLL		UFF #	DONNA HUNTI		BY		L A ISRAELITE	
SHARON MORRIS		WILLIAM MURRAY			DEBRA PAUL				QUATTROMANI	
ROBERT A. SANDERS										
State of RHODE ICI AN	D									
State of RHODE ISLAN										
County of PROVIDENCE		SS								
The officers of this reporting entity			that they a	re the described office	rs of said reportin	na entity	and that on the	e reporting period state	d above, all of the herein	described
assets were the absolute propert			-							
	-	red to, is a full and true stat						-		
		,								

assets v les and explanat above. and of its i nd have been co 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.

(Signatu MARTHA L. W (Printed N 1.	OFFORD	(Signature) MICHELE B. LEDERBERG (Printed Name) 2.	(Signature) MARK C. STEWART (Printed Name) 3.			
PRESIDENT	& CEO	EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER	EXECUTIVE VICE PRESID	DENT & CFO		
(Title))	(Title)	(Title)	(Title)		
Subscribed and sworn to (or affirme	ed) before me this on this					
day of	, 2023, by					
			a. Is this an original filing?	[X]Yes []No		
			b. If no:1. State the amendment number2. Date filed3. Number of pages attached			

ASSETS

		Addend							
			Current Year		Prior Year				
		1	2	3	4				
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets				
	Bonds (Schedule D) Stocks (Schedule D):	458,106,866		458,106,866	454,436,000				
	2.1 Preferred stocks2.2 Common stocks	26,068,041 81,865,522		26,068,041 81,865,522	29,154,345 109,558,644				
	Mortgage loans on real estate (Schedule B): 3.1 First liens 3.2 Other than first liens								
4.	Real estate (Schedule A): 4.1 Properties occupied by the company (less \$ 43,915,033 encumbrances) 4.2 Properties held for the production of income (less \$ 0 encumbrances)	42,583,869		42,583,869	43,572,107				
5.	4.2 Properties held for the production of income (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances) Cash (\$ (6,778,410), Schedule E - Part 1), cash equivalents (\$ 2,459,281,								
6.	Schedule E - Part 2), and short-term investments (\$0, Schedule DA) Contract loans (including \$0 premium notes)	(4,319,130)		(4,319,130)	35,669,597				
	Derivatives (Schedule DB) Other invested assets (Schedule BA) Receivables for securities Securities lending reinvested collateral assets (Schedule DL)	25,285,654 255	· · · · · · · · · · · · · · · · · · ·	25,285,654 255	25,305,080 31,438				
11.	Aggregate write-ins for invested assets (Schedule BL) Subtotals, cash and invested assets (Lines 1 to 11)	620 501 077		629,591,077	697,727,211				
13.	Title plants less \$ 0 charged off (for Title insurers only)								
1	Premiums and considerations:	3,138,174		3,138,174	2,634,901				
	 15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums) 	38,263,591	10,218,684	28,044,907	25,147,888				
16	15.3 Accrued retrospective premiums (\$ 479,773) and contracts subject to redetermination (\$ 70,609,053) Reinsurance:	71,088,826		71,088,826	35,663,237				
	16.1 Amounts recoverable from reinsurers16.2 Funds held by or deposited with reinsured companies	20,480,988		20,480,988	7,721,924				
	16.3 Other amounts receivable under reinsurance contracts Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon	79,970,786	718,570	79,252,216	66,683,946				
18.2 19. 20.	Net deferred tax asset Guaranty funds receivable or on deposit Electronic data processing equipment and software	36,970,047	36,878,268	91,779	134,138				
21. 22.	Furniture and equipment, including health care delivery assets (\$ 0) Net adjustment in assets and liabilities due to foreign exchange rates	517,697	517,697						
23. 24. 25.	Receivables from parent, subsidiaries and affiliates Health care (\$ 46,663,680) and other amounts receivable Aggregate write-ins for other-than-invested assets	49,679,299 79,588,168	3,015,619 35,236,478	46,663,680 44,351,690	40,505,717 48,041,340				
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) From Separate Accounts, Segregated Accounts and Protected Cell Accounts	1,009,288,653	86,585,316	922,703,337	924,260,302				
28.		1,009,288,653	86,585,316	922,703,337	924,260,302				
	DETAILS OF WRITE-IN LINES								
1101. 1102.									
	Summary of remaining write-ins for Line 11 from overflow page Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)								
2501.	OTHER RECEIVABLES PREPAID EXPENSES	33,536,390 33,004,444	1,343,233 33,004,444	32,193,157	34,112,670				
2503. 2598.	FEP UNPAID CLAIMS Summary of remaining write-ins for Line 25 from overflow page	9,499,967 3,547,367	888,801	9,499,967 2,658,566	10,441,000 3,487,670				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	79,588,168	35,236,478	44,351,690	48,041,340				

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ 0 reinsurance ceded)	139,367,499		139,367,499	136,825,413
	Accrued medical incentive pool and bonus amounts	42,897,616		42,897,616	50,408,939
	Unpaid claims adjustment expenses	24,377,316		24,377,316	21,001,037
4.	Aggregate health policy reserves, including the liability of \$ 0 for medical				
	loss ratio rebate per the Public Health Services Act	82,983,616		82,983,616	92,767,146
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.		3,821,000		3,821,000	3,359,000
8.		22,209,188		22,209,188	25,834,351
9.	General expenses due or accrued	66,332,986		66,332,986	58,079,680
10.1.	Current federal and foreign income tax payable and interest thereon				
	(including \$ 0 on realized gains (losses))	759.048		759,048	638,802
10.2.	Net deferred tax liability				
	Ceded reinsurance premiums payable	521,986		521,986	385,306
12.	Amounts withheld or retained for the account of others	1,600,471		1,600,471	1,323,385
	Remittances and items not allocated	3,147,643		3,147,643	3,319,481
	Borrowed money (including \$ 48,000,000 current) and interest				
	thereon \$ 40,550 (including \$ 0 current)	48,040,550		48,040,550	
15	Amounts due to parent, subsidiaries and affiliates				
	Derivatives				
	Payable for securities	2,327,117		2,327,117	
	Devela for econvition landing	2,021,111			
	Funds held under reinsurance treaties (with \$ 0 authorized reinsurers,				
15.	Image: state of the s				
20	Reinsurance in unauthorized and certified \$ (0) companies				
20.					
	Liability for amounts held under uninsured plans	58,749,961		58,749,961	57,292,852
22.		16,612,757		16,612,757	38,332,049
23. 24.	Total liabilities (Lines 1 to 22)	513,748,754		513,748,754	489,567,441
	A second se	X X X	ХХХ		409,007,441
	Common conital stack				
26. 27		X X X	X X X		
	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX		
30. 24	Aggregate write-ins for other than special surplus funds	XXX	XXX	400.054.500	424 002 004
31.	Unassigned funds (surplus)	XXX	X X X	408,954,583	434,692,861
32.	Less treasury stock, at cost:	~ ~ ~ ~	~ ~ ~ ~		
	32.1 0 shares common (value included in Line 26 \$0)	X X X	XXX		
~~	32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	100 054 500	404 000 004
	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	408,954,583	434,692,861
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	922,703,337	924,260,302

DETAILS OF WRITE-IN LINES				
2301. OTHER ACCOUNTS PAYABLE	15,608,463		15,608,463	28,281,156
2302. ACCRUED CAPITAL EXPENSES	2,012,398		2,012,398	5,070,211
2303. FEP & MISCELLANEOUS CLAIMS PAYABLES	248,427		248,427	894,768
2398. Summary of remaining write-ins for Line 23 from overflow page	(1,256,531)		(1,256,531)	4,085,914
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	16,612,757		16,612,757	38,332,049
2501.	XXX	XXX		
2502.		XXX		
2502. 2503.		XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002. N. L. C		XXX		
3003. N.C.		XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page		XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Curre	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months	XXX	4,607,876	4,632,706
2.		XXX	1,879,553,710	1,801,705,242
3.	Change in unearned premium reserves and reserve for rate credits		4,044,694	(6,185,138)
4.				
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	ХХХ		
7.				
8.	Total revenues (Lines 2 to 7)		1,883,598,404	1,795,520,104
	tal and Medical:			· · · · · · · · · · · · · · · · · · ·
9.	Hospital/medical benefits		1,124,423,608	1,064,133,006
10.			20,544,369	21,301,483
11.	Outside referrals			
12.	Emergency room and out-of-area			167,113,518
13.			000 050 044	216,040,137
14.			70,046,440	66.009,766
15.	Incentive pool, withhold adjustments and bonus amounts		23,883,396	17,750,554
16.			1,651,095,991	1,552,348,464
Less:	· · · · · · · · · · · · · · · · · · ·			
17.	Net reinsurance recoveries		19,979,956	9,638,725
18.	Total hospital and medical (Lines 16 minus 17)		1,631,116,035	1,542,709,739
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$ 29,124,669 cost containment expenses		F0 000 000	58,743,347
21.			181,846,685	183,427,950
22.	Increase in reserves for life and accident and health contracts (including			
	\$0 increase in reserves for life only)		(8,000,000)	1,400,000
23.	Total underwriting deductions (Lines 18 through 22)		1,864,593,543	1,786,281,036
24.		N/N/N/	19,004,861	9,239,068
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		12,198,100	11,562,380
26.	Net realized capital gains (losses) less capital gains tax of \$ 0		(4,939,902)	5,946,730
27.			7,258,198	17,509,110
28.	Net gain or (loss) from agents' or premium balances charged off [(amount			
	recovered \$ 0) (amount charged off \$ 0)]			
29.	Aggregate write-ins for other income or expenses		(5,219,669)	(13,580,656)
	Net income or (loss) after capital gains tax and before all other federal income taxes			
	(Lines 24 plus 27 plus 28 plus 29)	XXX	21,043,390	13,167,522
31.		XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	21,043,390	13,167,522

	DETAILS OF WRITE-IN LINES			
0601.		XXX		
0602.	NANE	× X X		
0603.	NONE	XXX		
0698.	Summary of remaining write-ins for Line 06 from overflow page	X X X		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX		
0701.		XXX		
0702.	NANE	x x x		
0703.	NONE	xxx		
0798.	Summary of remaining write-ins for Line 07 from overflow page	xxx		
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	XXX		
1401.	MENTAL HEALTH		70,046,440	66,009,766
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		70,046,440	66,009,766
2901.	INCOME HISTORIC TAX CREDITS		180,000	180,000
2902.	INDIGO COMMISSIONS		14,399	15,942
2903.	INTEREST EXPENSE IRS		(120,687)	(102,995)
2998.	Summary of remaining write-ins for Line 29 from overflow page		(5,293,381)	(13,673,603)
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		(5,219,669)	(13,580,656)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	434,692,861	415,814,234
34.	Net income or (loss) from Line 32	21,043,390	13,167,522
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		11,508,124
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(23,096,236)	(6,361,333
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.			
	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		564,314
48.	Net change in capital and surplus (Lines 34 to 47)	(25,738,277)	18,878,627
49.	Capital and surplus end of reporting year (Line 33 plus 48)	408,954,584	434,692,861

	DETAILS OF WRITE-IN LINES		
4701.	OTHER POSTEMPLOYMENT BENEFITS	4,096,117	304,273
4702.	NON-QUALIFIED PENSION PLAN	1,246,328	260,041
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	5,342,445	564,314

CASH FLOW

		I	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance	1,824,232,228	1,773,613,715
2.	Net investment income	12,701,956	12,789,245
3.	Miscellaneous income	(19,944,618)	(17,565,583
4.	Total (Lines 1 through 3)	1,816,989,566	1,768,837,37
5.	Benefit and loss related payments	1,656,646,133	1,542,424,73
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	227,447,156	201,840,41
	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)	1,884,093,289	1,744,265,14
11.	Net cash from operations (Line 4 minus Line 10)	(67,103,723)	24,572,23
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	121,322,874	83,443,732
	12.2 Stocks	25,029,838	24,043,107
	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	31,184	12
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	146,383,896	107,486,96
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	131,507,526	117,605,766
	13.2 Stocks	22,112,444	5,488,74
	13.3 Mortgage loans		
	13.4 Real estate	4 000 070	4,625,423
	13.5 Other invested assets	492,173	5,028,294
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	159,008,213	132,748,23
14.	Net increase (decrease) in contract loans and premium notes		
	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(12,624,317)	(25,261,263
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds	48,040,550	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(8,301,237)	(21,068,666
17.		39,739,313	(21,068,666
	· · · · · · · · · · · · · · · · · · ·	00,700,010	(21,000,000
18.	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(39,988,727)	(21 757 60-
	Cash, cash equivalents and short-term investments:	(39,900,727)	(21,757,697
19.		35,669,597	57,427,294
	19.1 Beginning of year19.2 End of year (Line 18 plus Line 19.1)	(4,319,130)	
		(4,319,130)	55,009,597
: Sup	oplemental disclosures of cash flow information for non-cash transactions:		
001			
002			

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6 Federal	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,879,553,710	834,265,343	58,390,815	29,029,906	844,253	124,961,339	808,184,394		23,877,660	
Change in unearned premium reserves and reserve for rate credit	4,044,694					4,044,694				
3. Fee-for-service (net of \$ 0 medical expenses)										XXX
 Risk revenue Aggregate write-ins for other health care related revenues 										X X X X X X
6. Aggregate write-ins for other non-health care related revenues		ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	1,883,598,404	834,265,343	58,390,815	29,029,906	844,253	129,006,033	808,184,394		23,877,660	
8. Hospital/medical benefits	1 124 423 608	414,424,407	47,577,115			82,664,986	562,796,642		16,960,458	XXX
9. Other professional services	20,544,369			20,030,235	514,134					XXX
10. Outside referrals										XXX
10. Outside referrals 11. Emergency room and out-of-area	178,946,167	101,293,611					77,652,556			XXX
12 Dreporting drugs	233,252,011	147,046,693	1,390,331			27,298,523	47,669,464		9,847,000	ХХХ
 Prescription drugs Aggregate write-ins for other hospital and medical 	70,046,440	45,040,203				7,924,140	17,082,097			ХХХ
14. Incentive pool, withhold adjustments and bonus amounts	23,883,396	21,220,890	50,786				2,611,720			ХХХ
15. Subtotal (Lines 8 to 14)	1,651,095,991	729,025,804	49,018,232	20,030,235	514,134	117,887,649	707,812,479		26,807,458	XXX
16. Net reinsurance recoveries	19,979,956	12,136,982							7,842,974	XXX
 Net reinsurance recoveries Total hospital and medical (Lines 15 minus 16) Net health along (a) 	1,631,116,035	716,888,822	49,018,232	20,030,235	514,134	117,887,649	707,812,479		18,964,484	XXX
18 Non-nealth claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	
19. Claims adjustment expenses including \$ 29,124,669 cost containment expenses	59,630,823	24,658,757	2,431,595	1,287,315	135,497	3,575,588	26,887,409		654,662	
20. General administrative expenses	181,846,685	84,632,389	6,978,601	3,694,554	388,872	7,107,375	77,166,033		1,878,861	
21. Increase in reserves for accident and health contracts	(8,000,000)	12,300,000					(20,300,000)			XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,864,593,543	838,479,968	58,428,428	25,012,104	1,038,503	128,570,612	791,565,921		21,498,007	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	19,004,861	(4,214,625)	(37,613)	4,017,802	(194,250)	435,421	16,618,473		2,379,653	

DETAILS OF WRITE-IN LINES										
0501.										ХХХ
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 05 from overflow page										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX		XXX	XXX	XXX	ХХХ	XXX	XXX	
0603.		XXX	A K K K K K K K K K K K K K K K K K K K	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 06 from overflow page		X X X		XXX	XXX	XXX	ХХХ	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. MENTAL HEALTH	70,046,440	45,040,203				7,924,140	17,082,097			XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	70,046,440	45,040,203				7,924,140	17,082,097			XXX

PART 1 – PREMIUMS

	1	2	3	4
Line				
of				Net Premium Income
Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	(Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	121,424,184		60,051	121,364,133
2. Comprehensive (hospital and medical) group	713.594.562		693,352	712,901,210
3. Medicare Supplement	58.390.815			58,390,815
4. Dental only	29.029.906			29,029,906
5. Vision only	844,253			844,253
6. Federal Employees Health Benefits Plan	129 006 033			129,006,033
7. Title XVIII – Medicare	808,184,394			808,184,394
8. Title XIX – Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health	28,560,046		4,682,386	23,877,660
13. Health subtotal (Lines 1 through 12)	1,889,034,193		5,435,789	1,883,598,404
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	1,889,034,193		5,435,789	1,883,598,404

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Compret	nensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital &	Medical)				Federal							
		2	3				Employees	Title	Title					
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Health Benefits Plan	XVIII Medicare	XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	1,630,695,237	111,432,865	603,515,496	47,558,794	20,147,736	514,170	118,886,666	703,168,343					25,471,167	
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	7,220,892	1,349,712											5,871,180	
1.4 Net	1,623,474,345	110,083,153	603,515,496	47,558,794	20,147,736	514,170	118,886,666	703,168,343					19,599,987	
2. Paid medical incentive pools and bonuses	31,394,718	1,566,623	13,625,628	50,786				16,151,681					''	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	139,367,499	8,616,740	49,930,274	6,949,374	1,024,000	(36)	9,784,848	56,622,299					6,440,000	
3.2 Reinsurance assumed													''	
3.3 Reinsurance ceded														
3.4 Net	139,367,499	8,616,740	49,930,274	6,949,374	1,024,000	(36)	9,784,848	56,622,299					6,440,000	
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	3,821,000	3,821,000												
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	3,821,000	3,821,000												
5. Accrued medical incentive pools and bonuses, current year	42,897,616	2,259,528	31,733,446					8,904,642						
6. Net healthcare receivables (a)	6,486,726	89,300	(642,811)		12,501			7,027,736						
7. Amounts recoverable from reinsurers December 31, current	20,480,987	18,372,565											2,108,422	
8. Claim liability December 31, prior year from Part 2A:	20,100,001	10,012,000											2,100,122	
8.1 Direct	136,825,415	9,673,000	57,032,972	5,540,722	1,129,000		10,783,865	47,562,147					5,103,709	
8.2 Reinsurance assumed	100,020,110	0,010,000		0,010,122			10,100,000						0,100,100	
8.3 Reinsurance ceded														
8.4 Net	136,825,415	9,673,000	57,032,972	5,540,722	1,129,000		10,783,865	47,562,147					5,103,709	
9. Claim reserve December 31, prior year from Part 2D:	100,020,110	0,010,000		0,010,122			10,100,000						0,100,100	
9.1 Direct	3,359,000	3,359,000												
9.2 Reinsurance assumed	0,000,000	0,000,000												
9.3 Reinsurance ceded														
9.4 Net	3,359,000	3,359,000												
10. Accrued medical incentive pools and bonuses, prior year	50,408,938	4,756,102	23.208.233					22,444,603						
11. Amounts recoverable from reinsurers December 31, prior ye	7,721,924	7,585,295											136.629	
12. Incurred benefits:	1,121,024	1,000,200											100,020	
12.1 Direct	1,627,212,595	110,749,305	597,055,609	48,967,446	20,030,235	514,134	117,887,649	705,200,759					26,807,458	
12.2 Reinsurance assumed	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10,001,110									20,007,100	
12.3 Reinsurance ceded	19.979.955	12.136.982											7.842.973	
12.4 Net	1,607,232,640	98,612,323	597,055,609	48.967.446	20,030,235	514,134	117,887,649	705,200,759					18.964.485	
13. Incurred medical incentive pools and bonuses	23,883,396	(929,951)	22,150,841	50,786	20,000,200	, 104	117,007,040	2.611.720					10,000,100	
13. Incurred medical incentive pools and polluses	23,003,390	(929,931)	22,100,041	50,760				2,011,720						

(a) Excludes \$ 6,868 loans or advances to providers not yet expensed.

9

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprel	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital 8	Medical)				Federal							
		2	3				Employees	Title	Title					
				Medicare	Dental	Vision	Health	XVIII	XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	51,740,143	(17,395,128)	40,776,715	1,020,898	304,724	(36)	2,708,106	17,884,864					6,440,000	
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	51,740,143	(17,395,128)	40,776,715	1,020,898	304,724	(36)	2,708,106	17,884,864					6,440,000	
2. Incurred but Unreported:														
2.1 Direct	87,627,356	26,011,868	9,153,559	5,928,476	719,276		7,076,742	38,737,435						
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
3 2.4 Net	87,627,356	26,011,868	9,153,559	5,928,476	719,276		7,076,742	38,737,435						
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	139,367,499	8,616,740	49,930,274	6,949,374	1,024,000	(36)	9,784,848	56,622,299					6,440,000	
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	139,367,499	8,616,740	49,930,274	6,949,374	1,024,000	(36)	9,784,848	56,622,299					6,440,000	

PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

	Claims		Claim Reserve a Liability Decem		5	6
	Paid During th	e Year	of Current Y	ear	Claims	Estimated Claim
	1	2	3	4	Incurred	Reserve and
	On Claims Incurred	On Claims Incurred	On Claims Unpaid	On Claims Incurred	in	Claim Liability
	Prior to January 1	During the	December 31	During the	Prior Years	December 31
Line of Business	of Current Year	Year	of Prior Year	Year	(Columns 1 + 3)	of Prior Year
1. Comprehensive (hospital and medical) individual	7,710,863	94,757,422	54,023	12,383,717	7,764,886	13,032,000
2. Comprehensive (hospital and medical) group	48,270,977	552,052,217	1,496,684	48,433,590	49,767,661	57,032,971
3. Medicare Supplement	5,168,134	42,441,447	274,283	6,675,091	5,442,417	5,540,722
4. Dental only	900 688	19,247,048	10,494	1,013,506	911,182	1,129,000
5. Vision only		497,897		(36)	16,273	
6. Federal Employees Health Benefits Plan	10,074,084	108,830,397	154,222	9,630,626	10,228,306	10,783,865
7. Title XVIII – Medicare	40,609,230	663,793,838	733,598	55,888,701	41,342,828	47,562,147
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health	1,749,846	15,878,347		6,440,000	1,749,846	5,103,709
13. Health subtotal (Lines 1 to 12)	114,500,095	1,497,498,613	2,723,304	140,465,195	117,223,399	140,184,414
14. Health care receivables (a)		49,072,558		596,243		43,182,074
15. Other non-health						
16. Medical incentive pools and bonus amounts	30,351,187	1,043,531	639,825	42,257,792	30,991,012	50,408,938
17. Totals (Lines 13 - 14 + 15 + 16)	144,851,282	1,449,469,586	3,363,129	182,126,744	148,214,411	147,411,278

(a) Excludes \$ 6,868 loans or advances to providers not yet expensed.

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Hospital & Medical

Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2018	2019	2020	2021	2022
1. Prior	764,361	764,732	764,486	764,403	764,271
2. 2018	675,910	718,756	717,618	717,740	717,661
3. 2019	XXX	662,738	705,347	705,400	705,318
4. 2020	XXX	XXX	606,294	648,665	648,689
5. 2021	XXX	XXX	XXX	659,193	704,448
6. 2022	XXX	XXX	XXX	XXX	637,782

Section B – Incurred Health Claims

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year										
Year in Which Losses	1 2 3 4 5										
Were Incurred	2018	2019	2020	2021	2022						
1. Prior	764,738	764,732	764,486	764,403	764,271						
S 2. 2018	750,454	718,625	717,618	717,740	717,661						
3. 2019	XXX	749,695	708,877	705,400	705,318						
4. 2020	XXX	XXX	691,736	654,981	648,689						
5. 2021	XXX	XXX	XXX	722,943	705,998						
6. 2022	XXX	XXX	XXX	XXX	698,599						

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	869,572	675,910			675,910	77.729			675,910	77.729
2. 2019	860,345	662,738			662,738	77.032			662,738	77.032
3. 2020	807,111	606,294			606,294	75.119			606,294	75.119
4. 2021	837,050	659,193	12,158	1.844	671,351	80.204	1,778	194	673,323	80.440
5. 2022	834,265	637,782	12,158	1.906	649,940	77.906	94,630	10,343	754,913	90.488

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Medicare Supplement

Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2018	2019	2020	2021	2022
1. Prior	46,654	46,771	46,777	46,781	46,786
2. 2018	42,938	48,800	48,968	48,540	48,553
3. 2019	XXX	44,760	51,452	51,091	51,149
4. 2020	XXX	XXX	41,172	44,594	44,582
5. 2021	XXX	XXX	XXX	43,711	48,770
6. 2022	ХХХ	XXX	XXX	XXX	42,441

Section B – Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year									
	Year in Which Losses	1	2	3	4	5						
	Were Incurred	2018	2019	2020	2021	2022						
12.1	1. Prior	46,694	46,771	46,777	46,781	46,786						
S	2. 2018	49,788	48,919	48,968	48,540	48,553						
	3. 2019	XXX	53,420	50,821	51,091	51,149						
	4. 2020	XXX	XXX	45,763	44,599	44,582						
	5. 2021	XXX	XXX	XXX	49,248	49,044						
	6. 2022	XXX	XXX	XXX	XXX	49,117						

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	59,572	42,938			42,938	72.077			42,938	72.077
2. 2019	59,740	44,760			44,760	74.925			44,760	74.925
3. 2020	60,681	41,172			41,172	67.850			41,172	67.850
4. 2021	60,351	43,711	834	1.908	44,545	73.810	274	29	44,848	74.312
5. 2022	58,391	42,441	834	1.965	43,275	74.112	6,675	695	50,645	86.734

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Dental Only

Section A – Paid Health Claims

			Cumulative Net Amounts Paid			
Year in Which Losses	1	2	3	4	5	
Were Incurred	2018 2019		2020	2021	2022	
1. Prior	21,764	21,771	21,772	21,772	21,772	
2. 2018	21,396	22,499	22,505	22,505	22,506	
3. 2019	XXX	20.987	22,073	22,083	22,084	
4. 2020	XXX	XXX	16,914	17,794	17,807	
5. 2021	XXX	XXX	XXX	20,031	20,915	
6. 2022	XXX	XXX	XXX	XXX	19,247	

Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2018	2019	2020	2021	2022				
12.0	1. Prior	21,780	21,771	21,772	21,772	21,772				
ŏ	2. 2018	22,703	22,506	22,505	22,505	22,506				
	3. 2019	XXX	22,083	22,077	22,083	22,084				
	4. 2020	ХХХ	XXX	18,095	17,802	17,807				
	5. 2021	ХХХ	XXX	XXX	21,151	20,926				
	6. 2022	XXX	XXX	XXX	XXX	20,261				

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	31,960	21,396			21,396	66.946			21,396	66.946
2. 2019	30,756	20,987			20,987	68.237			20,987	68.237
3. 2020	28,158	16,914			16,914	60.068			16,914	60.068
4. 2021	28,818	20,031	353	1.762	20,384	70.734	10	3	20,397	70.779
5. 2022	29,030	19,247	353	1.834	19,600	67.516	1,014	303	20,917	72.053

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Vision Only

Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Year in Which Losses Were Incurred	2018	2019	2020	2021	2022
1. Prior	140	140	140	140	140
2. 2018	374	384	384	384	384
3. 2019	XXX	337	342	342	342
4. 2020	XXX	XXX	440	449	449
5. 2021	XXX	XXX	XXX	424	440
6. 2022	XXX	XXX	XXX	XXX	498

Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year							
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2018	2019	2020	2021	2022			
12.	1. Prior	140	140	140	140	140			
9	2. 2018	416	384	384	384	384			
	3. 2019	XXX	337	342	342	342			
	4. 2020	XXX	XXX	440	449	449			
	5. 2021	XXX	XXX	XXX	424	440			
	6. 2022	XXX	XXX	XXX	XXX	498			

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	764	374			374	48.953			374	48.953
2. 2019	828	337			337	40.700			337	40.700
3. 2020	953	440			440	46.170			440	46.170
4. 2021	954	424			424	44.444			424	44.444
5. 2022	844	498			498	59.005			498	59.005

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Fed Emp Health Benefits Plan

Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2018	2019	2020	2021	2022
1. Prior	105,801	105,812	105,812	100,637	100,633
2. 2018	100,591	93,085	93,085	105,777	105,773
3. 2019	XXX	102,865	102,865	93,054	93,018
4. 2020	XXX	XXX	95,133	105,493	105,543
5. 2021	XXX	XXX	XXX	105,693	115,646
6. 2022	XXX	XXX	XXX	XXX	108,830

Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2018	2019	2020	2021	2022				
12.F	1. Prior	105,893	105,812	105,796	105,777	100,633				
mi	2. 2018	109,997	93,095	93,088	93,054	105,773				
	3. 2019	XXX	109,992	109,325	109,228	93,018				
	4. 2020	XXX	XXX	103,078	106,063	105,543				
	5. 2021	XXX	XXX	XXX	115,907	115,800				
	6. 2022	XXX	XXX	XXX	XXX	118,461				

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	124,336	100,591			100,591	80.903			100,591	80.903
2. 2019	117,667	102,865			102,865	87.420			102,865	87.420
3. 2020	116,045	95,133			95,133	81.979			95,133	81.979
4. 2021	129,716	105,693	2,084	1.972	107,777	83.087	154	28	107,959	83.227
5. 2022	129,006	108,830	2,084	1.915	110,914	85.976	9,631	1,778	122,323	94.820

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Title XVIII - Medicare

Section A – Paid Health Claims

		Cumulative Net Amounts Paid								
Year in Which Losses	1	2	3	4	5					
Were Incurred	2018	2019	2020	2021	2022					
1. Prior	512,163	512,669	512,840	512,908	512,988					
2. 2018	469,154	438,955	438,590	438,583	438,517					
3. 2019	XXX	472,427	507,508	507,513	507,616					
4. 2020	XXX	XXX	498,362	536,807	536,617					
5. 2021	XXX	XXX	XXX	587,167	622,520					
6. 2022	XXX	XXX	XXX	XXX	665,766					

Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2018	2019	2020	2021	2022				
12.	1. Prior	513,120	512,669	512,840	512,908	512,988				
2	2. 2018	526,004	439,588	438,590	438,583	438,517				
	3. 2019	XXX	536,386	510,982	507,513	507,616				
	4. 2020	XXX	XXX	568,671	546,449	536,617				
	5. 2021	XXX	XXX	XXX	675,496	622,994				
	6. 2022	XXX	XXX	XXX	XXX	764,813				

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	600,598	469,154			469,154	78.114			469,154	78.114
2. 2019	604,830	472,427			472,427	78.109			472,427	78.109
3. 2020	669,128	498,362			498,362	74.479			498,362	74.479
4. 2021	714,122	587,167	12,380	2.108	599,547	83.956	1,147	188	600,882	84.143
5. 2022	808,184	665,766	12,380	1.860	678,146	83.910	64,333	10,541	753,020	93.174

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Title XIX - Medicaid

Section A – Paid Health Claims

		Cumulative Net Amounts Paid							
Year in Which Losses	1	2	3	4	5				
Were Incurred	2018	2019	2020	2021	2022				
1. Prior									
2. 2018									
3. 2019	XXX								
4. 2020	XXX								
5. 2021	XXX	XXX	XXX						
6. 2022	XXX	XXX	XXX	XXX					

Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year										
	Year in Which Losses	1	2	3	4	5						
	Were Incurred	2018	2019	2020	2021	2022						
12	1. Prior											
≚	2. 2018											
	3. 2019	XXX										
	4. 2020	XXX										
	5. 2021	XXX	xxx	—								
	6. 2022	XXX	XXX	XXX	XXX							

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018										
2. 2019										
3. 2020										
4. 2021										
5. 2022										

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Other

Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2018	2019	2020	2021	2022
1. Prior	13,177	13,177	13,177	13,177	13,177
2. 2018	15,597	16,874	16,874	16,874	16,874
3. 2019	XXX	14,275	16,317	16,317	16,317
4. 2020	XXX	XXX	13,948	97,935	97,935
5. 2021	XXX	XXX	XXX	17,621	206,663
6. 2022	XXX	XXX	XXX	XXX	15,878

Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2018	2019	2020	2021	2022				
12.0	1. Prior	13,177	13,177	13,177	13,177	13,177				
4	2. 2018	16,410	16,874	16,874	16,874	16,874				
	3. 2019	XXX	18,137	16,317	16,317	16,317				
	4. 2020	XXX	XXX	19,767	97,935	97,935				
	5. 2021	XXX	XXX	XXX	22,725	206,663				
	6. 2022	XXX	XXX	XXX	XXX	22,318				

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	22.065	15.597			15.597	70.687			15,597	70.687
2. 2019	24,000	14,275			14,275	59.479			14,275	59.479
3. 2020	25,168	13,948			13,948	55.420			13,948	55.420
4. 2021	24,510	17,621	309	1.754	17,930	73.154			17,930	73.154
5. 2022	23,878	15,878	309	1.946	16,187	67.790	6,440	268	22,895	95.883

UNDERWRITING AND INVESTMENT EXHIBIT PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted) Grand Total

Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2018	2019	2020	2021	2022
1. Prior	1,464,060	1,465,072	1,465,004	1,459,818	1,459,767
2. 2018	1,325,960	1,339,353	1,338,024	1,350,403	1,350,268
3. 2019	XXX	1,318,389	1,405,904	1,395,800	1,395,844
4. 2020	XXX	XXX	1,272,263	1,451,737	1,451,622
5. 2021	XXX	XXX	XXX	1,433,840	1,719,402
6. 2022	XXX	XXX	XXX	XXX	1,490,442

Section B – Incurred Health Claims

[Sum of Cumulative Net Amoun	t Paid and Claim Liability, Claim Reserve and Medic	al Incentive Pool and Bonuses							
			Outstanding at End of Year									
	Year in Which Losses	1	2	3	4	5						
12.0	Were Incurred	2018	2019	2020	2021	2022						
9 [1. Prior	1,465,542	1,465,072	1,464,988	1,464,958	1,459,767						
	2. 2018	1,475,772	1,339,991	1,338,027	1,337,680	1,350,268						
	3. 2019	XXX	1,490,050	1,418,741	1,411,974	1,395,844						
	4. 2020	XXX	XXX	1,447,550	1,468,278	1,451,622						
	5. 2021	XXX	XXX	XXX	1,607,894	1,721,865						
	6. 2022	XXX	XXX	XXX	XXX	1,674,067						

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2018	1,708,867	1,325,960			1,325,960	77.593			1,325,960	77.593
2. 2019	1,698,166	1,318,389			1,318,389	77.636			1,318,389	77.636
3. 2020	1,707,244	1,272,263			1,272,263	74.521			1,272,263	74.521
4. 2021	1,795,521	1,433,840	28,118	1.961	1,461,958	81.422	3,363	442	1,465,763	81.634
5. 2022	1,883,598	1,490,442	28,118	1.887	1,518,560	80.620	182,723	23,928	1,725,211	91.591

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

		1	Compre (Hospital &		4	5	6	7 Federal	8	9	10	11	12	13
			2	3	-			Employees	Title	Title				
					Medicare	Dental	Vision	Health	XVIII	XIX		Disability	Long-Term	
		Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A & H	Income	Care	Other
1	I. Unearned premium reserves	16,533,927						16,533,927						
2	2. Additional policy reserves (a)	30,400,000	3,000,000	27,400,000										
3	 Reserve for future contingent benefits Reserve for rate credits or experience rating refunds (including 													
	\$ 0 for investment income)	149,689	149,689											
5	5. Aggregate write-ins for other policy reserves	35,900,000							35,900,000					
6	5. Totals (gross)	82,983,616	3,149,689	27,400,000				16,533,927	35,900,000					
7	7. Reinsurance ceded													
8	3. Totals (Net) (Page 3, Line 4)	82,983,616	3,149,689	27,400,000				16,533,927	35,900,000					
9	Present value of amounts not yet due on claims													
ವ 10	. Reserve for future contingent benefits	500,000	75,170	424,830										
11	I. Aggregate write-ins for other claim reserves	3,321,000	3,321,000											
12	2. Totals (gross)	3,821,000	3,396,170	424,830										
13	3. Reinsurance ceded													
14	4. Totals (Net) (Page 3, Line 7)	3,821,000	3,396,170	424,830										

	DETAILS OF WRITE-IN LINES									
0501	RETROSPECTIVE RISK ADJUSTER	35,900,000		 	 		35,900,000			
0502				 	 			 		
0503				 	 			 		
0598	Summary of remaining write-ins for Line 05 from overflo									
0599	Summary of remaining write-ins for Line 05 from overflo Totals (Lines 0501 through 0503 plus 0598) (Line 05 ab	35,900,000					35,900,000			
	MATERNITY	3,321,000	3,321,000	 	 			 		
1102				 	 			 		
1103				 	 			 		
1198	Summary of remaining write-ins for Line 11 from overflo									
1199	Summary of remaining write-ins for Line 11 from overflo Totals (Lines 1101 through 1103 plus 1198) (Line 11 ab	3,321,000	3,321,000							

(a) Includes \$ 30,400,000 premium deficiency reserve.

PART 3 – ANALYSIS OF EXPENSES

		Claim Adjustm	ent Expenses	3	4	5
		1	2			
		Cost	Other Oleim	Connect		
		Cost Containment	Other Claim Adjustment	General Administrative	Investment	
		Expenses	Expenses		Investment	Total
		Expenses	Expenses	Expenses	Expenses	I Uldi
1.	Rent (\$ 10,372,246 for occupancy of own building)		76,310	11,207,899		11,284,209
2.	Salaries, wages and other benefits	26,287,299	12,375,398	61,856,045		100,518,742
3.	Commissions (less \$ 0 ceded plus					
	\$0 assumed)			17,030,580		17,030,580
4.	Legal fees and expenses			2,386,645		2,386,645
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services	364,300	339,942	14,286,960		14,991,202
7.		34,845	97,062	567,031		698,938
8.	Marketing and advertising	10,018	3,009	3,818,041		3,831,068
9.	Postage, express and telephone		971,009	2,850,880		4,051,860
10.	Printing and office supplies	7 4 5 0	980,528	2,133,747		3,121,428
11.	Occupancy, depreciation and amortization	10,127	85,640	2,537,878		2,633,645
12.	Equipment					
13.	Cost or depreciation of EDP equipment and software	8,720,518	2,027,970	31,056,452		41,804,940
14.	Outsourced services including EDP, claims, and other services	3,772,701	17,209,349	59,365,038		80,347,088
15.	Boards, bureaus and association fees	4,135	29,355	1,704,339		1,737,829
16.	Insurance, except on real estate			3,481,319		3,481,319
17.	Collection and bank service charges					
18.				2,541,720		2,541,720
19.	Reimbursements by uninsured plans	(10,935,691)	(11,459,141)			(86,670,570
20.	Reimbursements from fiscal intermediaries		(1,100,11)	(01,210,100)		
21.	D I (1)				2,438,162	2,438,162
22.					1,595,685	1,595,685
23.						1,000,000
20.	23.1 State and local insurance taxes			2,280,692		2,280,692
				18,744,730		18,744,730
	23.2 State premium taxes 23.3 Regulatory authority licenses and fees			3,620,094		3,620,094
	23.4 Payroll taxes	1,681,364	742,264	3,430,340		5,853,968
	23.5 Other (excluding federal income and real estate taxes)	1,001,004	72,204	0,700,070		3,030,300
24.	Investment expenses not included elsewhere					
24.	Accreacte write ine for expenses	(1,062,071)	7,027,460	1,221,993	1,466,767	8,654,149
25. 26.	Total averages insurred (Lines 1 to 25)	29,124,669	30,506,155	181,846,685	5,500,614	
-	Less expenses unpaid December 31, current year	11,903,764	12,473,552	66,332,986	3,300,014	(a) 246,978,123 90,710,302
27. 28.	Add expenses unpaid December 31, prior year	10,239,901	10,761,136	58,079,680		79,080,717
		10,239,901	10,701,130	50,079,000		19,000,717
29.	5					
20	plans, prior year					
30.	Amounts receivable relating to uninsured					
24	plans, current year	27 400 000	00 700 700	170 500 070	E 500 044	005 040 500
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	27,460,806	28,793,739	173,593,379	5,500,614	235,348,538

DETAILS OF WRITE-IN LINES					
2501. HOME PLAN SRVICE CHARGE		8,168,517			8,168,517
2502. ADMINISTRATIVE ALLOWANCES	1,798,025	1,884,089			3,682,114
2503. AGENCY & PORTFOLIO MANAGEMENT FEES				1,466,767	1,466,767
2598. Summary of remaining write-ins for Line 25 from overflow page	(2,860,096)	(3,025,146)	1,221,993		(4,663,249)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(1,062,071)	7,027,460	1,221,993	1,466,767	8,654,149

(a) Includes management fees of \$ _____0 to affiliates and \$ _____0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 1,057,030	1,159,161
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 11,278,681	11,647,436
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b) 1,453,127	1,453,127
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	1,716,342	1,716,358
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d) 8,643,057	8,642,965
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 367,806	400,176
7.	Derivative instruments	(f)	
8.	Other invested assets	85,610	85,610
9.	Aggregate write-ins for investment income		(1,067,813)
10.	Total gross investment income	24,601,653	24,037,020
11.	Investment expenses		(g) 5,500,522
12.	Investment taxes, licenses and fees, excluding federal income taxes		.(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets	(i) 6,338,398	
15.			
16.	11,838,920		
17.	Net investment income (Line 10 minus Line 16)		12,198,100

	DETAILS OF WRITE-IN LINES	
0901.	INVESTMENT EXPENSES INTERNAL COSTS INVESTING AND INCOME	(708,164)
0902.	PROMPT PAY INTEREST	(359,649)
0903.		
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	(1,067,813)
1501.		
1502.		
1503.	NUNE	
1598.	Summary of remaining write-ins for Line 15 from overflow page	
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	

(a)	Includes \$	375,545 accrual of discount less \$	1,382,674 amortization of premium and less \$	246,941 paid for accrued interest on purchases.
(b)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued dividends on purchases.
(C)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(d)	Includes \$	0 for company's occupancy of its o	wn buildings; and excludes \$ 0 inte	rest on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fees, e	excluding federal income taxes,
	attributable to s	egregated and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	6 0 depreciation on other invested a	ssets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(961,111)	(45,245)	(1,006,356)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)		(468,967)	(2,754,546)	(1,745,761)	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)				(6,964,574)	
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	1,032,556	(2,124,072)	(1,091,516)	(19,805,942)	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate	(87,484)		(87,484)		
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets				(511,599)	
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(2,301,618)	(2,638,284)	(4,939,902)	(29,027,876)	
	DETAILS OF WRITE-IN LINES					
0901. 0902.						

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term			
	investments (Schedule DA)			
6.	Contract loans			
7.				
8.				
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.				
12.				
13.				
	have a first second due and a second			
	Premiums and considerations:			
10.	15.1 Uncollected premiums and agents' balances in the course of collection	10,218,684	4,588,227	(5,630,457
	15.2 Deferred premiums, agents' balances and installments booked but deferred	10,210,004	4,500,227	(0,000,407
	and patient due			
	and not yet due			
40	15.3 Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	• • • • • • • • • • • • • • • • • • • •	718,570	421,179	(297,391
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	36,878,268	38,746,441	1,868,173
21.	Furniture and equipment, including health care delivery assets	517,697	574,647	56,950
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable	3,015,619	2,693,315	(322,304
25.	Aggregate write-ins for other-than-invested assets	35,236,478	16,465,271	(18,771,207
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	86,585,316	63,489,080	(23,096,236
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
27.				

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103. N() N			
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 EXPENSES	33,004,444	14,637,739	(18,366,705)
2502. OTHER RECEIVABLES	1,343,233	352,985	(990,248)
2503. LEASEHOLD IMPROVEMENTS	643,462	1,019,547	376,085
2598. Summary of remaining write-ins for Line 25 from overflow page	245,339	455,000	209,661
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	35,236,478	16,465,271	(18,771,207)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

				Total Members at End of			6
		1	2	3	4	5	
							Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations						
2.	Provider Service Organizations						
3.	Preferred Provider Organizations	210,554	208,701	209,458	210,965	212,199	2,521,176
4.	Point of Service						
5.	Indemnity Only	715	701	684	647	638	8,098
6.	Aggregate write-ins for other lines of business	173,154	173,817	172,932	173,031	173,104	2,078,602
7.	Total	384,423	383,219	383,074	384,643	385,941	4,607,876
L,							
	DETAILS OF WRITE-IN LINES						
0601.	DENTAL ONLY	75,646	75,313	74,580	75,092	75,222	900,342
0602.	STOP LOSS	46,145	48,095	47,746	46,425	46,227	565,905
⇒ 0603.	MEDICARE SUPPLEMENT	23,582	23,057	22,941	22,612	22,467	274,143
	Summary of remaining write-ins for Line 06 from overflow page	27,781	27,352	27,665	28,902	29,188	338,212
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	173,154	173,817	172,932	173,031	173,104	2,078,602

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

(1) The Annual Statement has been completed in accordance with the NAIC Accounting Practices and Procedures manual and as prescribed by the State of Rhode Island Department of Business Regulation – Insurance Division.

(2) The Plan's 2022 Annual Statement excludes Administrative Service Contract (ASC) business from revenue, and medical and hospital claims. The ASC reimbursement has been classified as a reduction to claims adjustment and general administrative expenses.

A reconciliation of the Plan's net income and capital surplus between NAIC SAP and practices prescribed and permitted by the State of RI is shown below:

	SSAP #	F/S Page	F/S Line #	2022	2021
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	ХХХ	XXX	\$ 21,043,390	\$ 13,167,522 .
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	ХХХ	XXX	\$ 21,043,390	\$ 13,167,522
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	ХХХ	XXX	\$ 408,954,583	\$ 434,692,861
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)		XXX	XXX	\$ 408,954,583	\$ 434,692,861

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

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that effect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the effective interest rate method.
- (3) Common stocks at fair market value except the investments in stocks of uncombined subsidiaries and affiliates in which the Plan has an interest of 20% or more are carried on the equity basis.
- (4) Preferred stock is stated in accordance with guidance provided in SSAP No. 32.
- (5) The Plan does not have mortgage loans on real estate.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The prospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative.
- (7) The Plan has a minority interest in International Blue Solutions, LLC with a carrying value of \$1,284,973. The Plan also has a minority interest in Blue Health Intelligence Co, LLC of \$1,338,741. The Plan also has a minority interest in Prime Therapeutics of \$20,794,608. The Plan also has a minority interest in Oak Street Health-RI, LLC of \$0. The Plan also has a minority interest in BCBS Venture Partners, LLC of \$1,867,332.
- (8) The Plan has minor ownership interests in partnerships and limited liability companies. The value of these interests are based on the underlying audited GAAP equity of the investee.
- (9) The Plan does not own derivative investments.
- (10) The Plan considers anticipated investment income as a factor in premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Plan has not modified its capitalization policy from the prior period.
- (13) The Plan's pharmacy benefit manager provides estimated pharmacy rebates on a quarterly basis.
- D. Going Concern

Management continually evaluates the Plan's ability to continue as a going concern. After considering management's plans, potential events and principal conditions, there is no substantial doubt about the Plan's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

There were no Accounting Changes and Correction of Errors in 2022.

3. Business Combinations and Goodwill

There were no Business Combinations and resulting Goodwill in 2022.

A. Statutory Purchase Method - Not Applicable

3. Business Combinations and Goodwill (Continued)

- B. Statutory Merger Not Applicable
- C. Assumption Reinsurance Not Applicable
- D. Impairment Loss Not Applicable
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill Not Applicable

4. Discontinued Operations

The Plan did not incur discontinued operations for 2022.

- A. Discontinued Operation Disposed of or Classified as Held for Sale Not Applicable
- B. Change in Plan of Sale of Discontinued Operation Not Applicable
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal Not Applicable
- D. Equity Interest Retained in the Discontinued Operation After Disposal Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
 - The Plan did not have any outstanding mortgage loans in 2022.
 - (1) Maximum and minimum lending rates for mortgage loans Not Applicable
 - (2) Maximum percentage of any one loan to the value of security Not Applicable
 - (3) Taxes, assessments and any amounts advanced and not included in mortgage loan total Not Applicable
 - (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement Not Applicable
 - (5) Investment in impaired loans with or without allowance for credit losses and impaired loans subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan - Not Applicable
 - (6) Investment in impaired loans average recorded investment, interest income recognized, recorded investment on nonaccrual status and amount of interest income recognized using a cash-basis method of accounting Not Applicable
 - (7) Allowance for credit losses Not Applicable
 - (8) Mortgage loans derecognized as a result of foreclosure Not Applicable
 - (9) Policy for recognizing interest income and impaired loans Not Applicable
- B. Debt Restructuring
 - The Plan did not have any debt restructuring in 2022.
- C. Reverse Mortgages
 - The Plan did not have any reverse mortgages in 2022.
 - (1) Accounting policies and methods Not Applicable
 - (2) Commitment under agreement Not Applicable
 - (3) Reserve netted against reverse mortgage assets Not Applicable
 - (4) Investment income or loss recognized as a result of re-estimated cash flows Not Applicable
- D. Loan-Backed Securities
 - (1) The Plan utilizes the prospective method for loan backed securities. The Plan obtains the prepayment assumptions for mortgage-backed/asset-backed securities from the following hierarchy: Bloomberg median speed; if none, then 6 month historical CPR; if none, then YieldBook prepayment model that runs fixed rate MBS at 100% of the model and Hybrid Arms at 100% of MTB (Model to Balloon). CMBS are run at a 0% constant prepayment rate. If this information is not obtainable from one of these sources then analysts determine the cash flows to be used. The Plan utilizes the fair market value as published by the NAIC Valuation Securities Manual. If the rate is not published by the Securities Valuation Office (SVO), the security is carried at amortized value in accordance with NAIC guidelines.
 - (2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI)

The Plan did not recognize other-than-temporary impairment (OTTI) for loan-backed securities:

5. Investments (Continued)

		(1) Amortized Cost Basis Before OTTI	(2) OTTI Recognized in Loss	(3) Fair Value (1 - 2)
OTTI R	Recognized 1st Quarter			
a. Inte	ent to sell	\$	\$	\$
	ability or lack of intent to retain the investment in the security for a riod of time sufficient to recover the amortized cost basis			
c. To	tal 1st Quarter (a+b)	\$	\$	\$
OTTI R	Recognized 2nd Quarter			
d. Int	ent to sell	\$	\$	\$
	ability or lack of intent to retain the investment in the security for a riod of time sufficient to recover the amortized cost basis			
f. To	tal 2nd Quarter (d+e)	. \$	\$	\$
	Recognized 3rd Quarter			
g. Int	ent to sell	\$	\$	\$
	ability or lack of intent to retain the investment in the security for a riod of time sufficient to recover the amortized cost basis			
i. To	tal 3rd Quarter (g+h)	\$	\$	\$
OTTI R	Recognized 4th Quarter			
j. Inte	ent to sell	\$	\$	\$
k. Ina pei	ability or lack of intent to retain the investment in the security for a riod of time sufficient to recover the amortized cost basis			
I. To	tal 4th Quarter (j+k)	\$	\$	\$
m. An	inual aggregate total (c+f+i+l)		\$	

(3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities

The Plan did not recognize OTTI for loan-backed securities see table below:

(1)	(2)	(3)	(4)	(5)	(6)	(7)
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized OTTI	Amortized Cost After OTTI	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
Total			\$			

(4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss

Loan-backed securities with unrealized losses as of December 31, 2022:

а.	The aggregate amount of unrealized losses:	
----	--	--

	1.	Less than 12 months.	\$ 6,577,452
	2.	12 months or longer	11,009,107
b.	The	e aggregate related fair value of securities with unrealized losses:	
	1.	Less than 12 months	\$ 85,131,185
	2.	12 months or longer	49,013,555

(5) The evaluation of impairments is a quantitative and qualitative process, which is subject to risks and uncertainties and is intended to determine whether declines in the fair value of investments should be recognized in the current period. The risks and uncertainties include changes in general economic conditions, the issuer's financial condition or near term recovery prospects, the effects of changes in interest rates or credit spreads and the recovery period. As of December 31, 2022, the Plan does not consider loan-backed securities in an unrealized loss position to be other-than-temporarily impaired as reported in the table above.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) For repurchase agreements, the Plan ensures that the fair market value of the collateralized security is equal to or exceeds the amount under agreement to repurchase.
- (2) The Plan has investments pledged as collateral. The securities are US Treasury Bonds and Corporate Bonds with a carrying value of \$115,404,783.
- (3) Collateral received
 - The Plan has not accepted any collateral.
 - (b) Fair value and portion sold or repledged Not Applicable
- (4) The Plan does not have any securities lending transactions.
- (5) Collateral reinvestment

The Plan does not have any collateral reinvestment.

(6) The Plan has not accepted any collateral.

5. Investments (Continued)

- (7) Collateral for securities lending transactions that extend beyond one year from the reporting date The Plan does not have any securities lending transactions.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate
 - The Plan does not hold real estate for investment purposes.
 - (1) Impairment loss Not Applicable
 - (2) Real estate sold or classified held for sale Not Applicable
 - (3) Changes to a plan of sale for an investment in real estate Not Applicable
 - (4) Retail land sales operations Not Applicable
 - (5) Participating mortgage loan features Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC)
 - The Plan does not have any low-income housing credits.
 - (1) Remaining years of unexpired tax credits Not Applicable
 - (2) Amount of LIHTC and other tax benefits Not Applicable
 - (3) Balance of investment recognized Not Applicable
 - (4) Regulatory reviews Not Applicable
 - (5) Significance of an investment Not Applicable
 - (6) Impaired assets Not Applicable
 - (7) Write-downs and reclassifications Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

		(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Restricted Asset Category	Total Gross (Admitted & Nonadmited) Restricted from Current Year	Total Gross (Admitted & Nonadmited) Restricted From Prior Year	Increase / (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted Restricted to Total Assets	Admitted)Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown	\$ 37,417,000	\$ 31,158,000	\$ 6,259,000	\$	\$ 37,417,000	3.707 %.	4.055 %.
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements	77,590		65,191			0.008	0.008
d.	Subject to reverse repurchase agreements.							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock	2,382,200		2,030,400		2,382,200	0.236	0.258
j.	On deposit with states							
k.	On deposit with other regulatory bodies							
I.	Pledged as collateral to FHLB (including assets backing funding agreements)	75,527,993	66,722,094	8,805,899		75,527,993	7.483	8.186
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
0.	Total restricted assets (Sum of a through n)	\$ 115,404,783	\$ 98,244,293	\$ 17,160,490	\$	\$ 115,404,783	11.434 %	12.507 %

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate)

Pledged Assets not captured in other categories is not applicable to the Plan.

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate)

Other Restricted Assets is not applicable to the Plan.

(4) Collateral received and reflected as assets within the reporting entity's financial statements

The Plan does not have any Collateral received in Assets.

M. Working Capital Finance Investments

The Plan does not have any Working Capital Finance Investments.

(1) Aggregate working capital finance investments (WCFI) book/adjusted carrying value by NAIC designation - Not Applicable

5. Investments (Continued)

- (2) Aggregate maturity distribution on the underlying working capital finance programs Not Applicable
- (3) Events of default of working capital finance investments during the reporting period Not Applicable
- N. Offsetting and Netting of Assets and Liabilities
 - The Plan does not offset Assets and Liabilities of Investments.
- 0. 5GI Securities

The Plan does not own only 5GI* Securities.

- P. Short Sales
 - The Plan does not have any short sales.
 - (1) Unsettled short sale transactions (outstanding as of reporting date) Not Applicable
 - (2) Settled short sale transactions Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

The Plan did not have any prepayment and acceleration fees in 2022.

	General Account
(1) Number of CUSIPs	
(2) Aggregate amount of investment income.	\$

R. Reporting Entity's Share of Cash Pool by Asset type

	Asset Type	Percent Share
(1)	Cash	(156.900)%
(2)	Cash Equivalents	
(3)	Short-Term Investments	%
(4)	Total	(100.000)%

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets

The Plan does not have an investment interest in joint ventures, partnerships and limited liability companies that individually exceeds 10% of its admitted assets.

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Plan has not excluded from assigned funds (surplus) any investment income due and accrued.

B. Total Amount Excluded - Not Applicable

8. Derivative Instruments

The Plan does not own any derivative instruments.

- A. Derivatives under SSAP No. 86 Derivatives Not Applicable
- B. Derivatives under SSAP No. 108 Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) Not Applicable

9. Income Taxes

The Inflation Reduction Act created the Corporate Alternative Minimum Tax (CAMT), which imposes a 15% minimum tax on the adjusted financial statement income of large corporations for taxable years beginning after December 31, 2022. The CAMT generally applies to large corporations with average annual financial statement income exceeding \$1.0 billion. Given the \$1.0 billion dollar threshold, BCBSRI will not be subject to the CAMT.

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

		2022			2021			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets	\$ 48,674,965	\$ 855,562	\$ 49,530,527	\$ 53,784,992	\$	\$ 53,784,992	\$	\$ 855,562	\$(4,254,465)
(b) Statutory valuation allowance adjustments	47,674,883		48,530,445	45,283,466		45,283,466	2,391,417		
 (c) Adjusted gross deferred tax assets (1a - 1b) 	1,000,082						(7,501,444)		(7,501,444)
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 1,000,082	\$	\$ 1,000,082	\$ 8,501,526	\$	\$ 8,501,526	\$(7,501,444)	\$	\$(7,501,444)
(f) Deferred tax liabilities		1,000,082	1,000,082		8,501,526				(7,501,444)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 1,000,082	\$ (1,000,082)	\$ –	\$ 8,501,526	\$ (8,501,526)	\$ -	\$ (7,501,444)	\$ 7,501,444	\$ –

9. Income Taxes (Continued)

В. С. (2) Admission calculation components SSAP No. 101

		2022			2021			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks.	\$	\$. \$	\$	\$. \$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b) 1 and 2(b) 2 below)	1,000,082						(7,501,444)		– .
 Adjusted gross deferred tax assets expected to be realized following the balance sheet date 									
 Adjusted gross deferred tax assets allowed per limitation threshold 									
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 1,000,082	\$ (1,000,082)	<u>\$ </u>	\$ 8,501,526	\$ (8,501,526)	<u>\$ </u>	\$ (7,501,444)	\$ 7,501,444	<u>\$ </u>
(3) Ratio used as ba	asis of admis	sibility							

 (a) Ratio percentage used to determine recovery period and threshold limitation amount
 637.000 %
 686.500 %

 (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above
 \$37,69,968 \$
 \$4,516,235

2021

2022

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

			20	22	20	2021		ange
			(1)	(2)	(3)	(4)	(5)	(6)
			Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
	1	 Adjusted gross DTAs amount from Note 9A1(c) 	\$ 1,000,082	\$	\$ 8,501,526	\$	\$(7,501,444)) \$
	2	 Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 	– %	– %	%		á – %	%
	3	 Net admitted adjusted gross DTAs amount from Note 9A1(e). 	\$ 1,000,082	\$	\$ 8,501,526	\$. \$(7,501,444)) \$
	2	 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies 	– %	– %	- %		<u>د</u> – %	- <u>%</u>
	(b) U	se of reinsurance-related tax-planning stra	tegies					
	D	oes the company's tax-planning strategies	include the use	of reinsurance	?			NO
Reg	arding	Deferred Tax Liabilities That Are Not Reco	gnized - Not App	licable				
-	-	ponents of Current Income Taxes Incurred						
iviaj	01 0011							
						(1)	(2)	(3)
Cu		come taxes incurred consist of the following	major compone	nts:		2022	2021	Change (1-2)
1.		ent Income Tax						
	(a)	Federal			\$	\$		\$
	• •	Foreign						
	(c)	Subtotal (1a+1b)			\$	\$		\$
	(d)	Federal income tax on net capital gains						
	(e)	Utilization of capital loss carry-forwards						
	(f)	Other						
	(g)	Federal and foreign income taxes incurred (10	c+1d+1e+1f)		\$	\$		\$

9. Income Taxes (Continued)

					(1)		(2)		(3)
					2022		2021	Ch	ange (1-2)
			Tax Assets						
(. ,	Ordi							(·
		(1)	Discounting of unpaid losses						
		(2)	Unearned premium reserve						
		(3)	Policyholder reserves.						
		(4)	Investments						
		(5)	Deferred acquisition costs						
		(6)	Policyholder dividends accrual						
		(7) (0)	Fixed assets						
		(8)	Compensation and benefits accrual						
		(9)	Pension accrual		,				
		• •	Receivables - nonadmitted						
		• •	Net operating loss carry-forward						
		` '	Tax credit carry-forward						
		(13)	Other						
			(99) Subtotal (sum of 2a1 through 2a13)						
			utory valuation allowance adjustment						
(· /		admitted						
			itted ordinary deferred tax assets (2a99 - 2b - 2c)	\$	1,000,082	\$	8,501,526	\$	(7,501,444
((e)	Сарі							
		(1)	Investments						
		(2)	Net capital loss carry-forward						
		(3)	Real estate						
		(4)	Other						
			(99) Subtotal (2e1+2e2+2e3+2e4)						
((f)	Stat	utory valuation allowance adjustment		855,562				855,562
((0)		admitted						
(itted capital deferred tax assets (2e99 - 2f - 2g)						
((i)	Adm	itted deferred tax assets (2d + 2h)	<u>\$</u>	1,000,082	\$	8,501,526	\$	(7,501,444
					(1)		(2)		(3)
					2022		2021	Ch	ange (1-2)
	Defe	rred	Tax Liabilities						
((a)	Ordi	nary						
		(1)	Investments	\$		\$		\$	
		(2)	Fixed assets						
		(3)	Deferred and uncollected premium						
		(4)	Policyholder reserves						
		(5)	Other						
		. ,	(99) Subtotal (3a1+3a2+3a3+3a4+3a5)						
((b)	Сарі		•		•		•	
	• •	(1)	Investments	Ś	1.000.082	Ś	8,501,526	Ś	(7.501.444
		(2)	Real estate						· · ·
		(3)	Other						
		(-)	(99) Subtotal (3b1+3b2+3b3)						
	(c)	Defe	erred tax liabilities (3a99 + 3b99)		1,000,082		8,501,526		
	. ,			<u>.</u>	1,000,082	Ş	0,301,320	Ŷ	(7,501,444
. 1	Net o	defer	red tax assets/liabilities (2i - 3c)	\$	-	\$	-	\$	-

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

9. Income Taxes (Continued)

	 2022	Effective Tax Rate
Income before Taxes (including all realized capital gains/losses)	\$ 4,419,112	
Health Insurer fee	 	
Special 3 month reserve deduction	 	-11.946
Change in Unrealized gains/losses	 (4,973,941).	-23.637
Revisions to estimates	 3,482,992	
Statutory Valuation Allowance Adjustment	 3,246,980	
Permanent differences	 1,108,386	5.267
Change in non-admitted assets	 (4,850,209)	-23.049
Other	 	
Total	\$ -	- %
	2022	Effective Tax Rate
Federal Income Taxes Incurred	\$ 	%
Change in net deferred income taxes	 	
Total statutory income taxes	\$ 	%

E. Operating Loss and Tax Credit Carryforwards

(1) Carryfowards, recoverable taxes, and IRC 6603 deposits

Plan has net operating loss carryforwards of \$72,339,452 expiring through calendar years 2032 to 2036.

Plan has contribution carryfowards of \$7,223,670 expiring in calendar year 2026 to 2027.

Plan has capital loss carryforwards of \$4,074,107 expiring in calendar year 2027.

(2) Income tax expense available for recoupment

The Plan has no income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses.

(3) Deposits admitted under IRS Code Section 6603 - Not Applicable

F. Consolidated Federal Income Tax Return

- (1) The Plan does not join in the filing of a consolidated federal income tax return.
- (2) Method of allocation Not Applicable
- G. Federal or Foreign Income Tax Loss Contingencies
 - The Plan has not recorded any contingencies related to taxes.
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. See Schedule Y Part 1 for nature of relationship.
- B. BCBSRI made an initial investment in OSH-RI, LLC on November 20, 2018 of \$3,493,000. BCBSRI made additional contributions in OSH-RI, LLC for the periods ended December 31, 2022 and 2021 of \$0 and \$4,141,700, respectively. BCBSRI current carrying value as of December 31, 2022 in OSH-RI, LLC is \$0.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y Not Applicable
- D. Amounts Due To or From Related Parties Not Applicable
- E. Management Service Contracts and Cost Sharing Arrangements Not Applicable
- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments Not Applicable
- N. Investment in Insurance SCAs Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

0.	SCA and SSAP No. 48 Entity Loss Tracking
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	(1)	(2)	(3)	(4)	(5)	(6)
Entity		Reporting Entity's Share of Net Income (Loss)	Accumulated Share of Net Income (Losses)	Reporting Entity's Share of Equity, Including Negative Equity	Guaranteed Obligation / Commitment for Financial Support (Yes / No)	Amount of the Recognized Guarantee Under SSAP No. 5R
OSH-RI, LLC		\$(3,668,433)	\$(3,668,433).	\$(1,136,723)	NO	\$

11. Debt

A. Mortgage on Building

(1) Date issued is January 14, 2008.

(2) Bank loan for corporate office building.

(3) The maximum loan amount is \$90,000,000.

(4) Carrying value of loan is \$43,915,033.

(5) The rate at which interest accrues is 30-day LIBOR plus an agreed upon spread (basis points).

(6) The effective interest rate is equivalent to the 30-day LIBOR plus an agreed upon spread (basis points).

(7) Office building structure.

(8) Interest paid year to date is \$2,646,288.

(9) Loan converted to fixed rate mortgage instrument in February 2010.

(10) Not Applicable

(11) Not Applicable

(12) Not Applicable

B. FHLB (Federal Home Loan Bank) Agreements

(1) The Plan is a member of the Federal Home Loan Bank (FHLB) of Boston. Through its membership, the Plan has conducted business activity with FHLB. It is part of the Plan's strategy to utilize these funds as backup liquidity if necessary. The Plan has determined the actual maximum borrowing capacity as \$60,000,000. The Plan has calculated this amount with approval from the Plans Board of Directors.

- (2) FHLB capital stock
 - (a) Aggregate totals

		Total
1.	Current Year	
	(a) Membership stock - Class A	\$
	(b) Membership stock - Class B	
	(c) Activity stock	
	(d) Excess stock	
	(e) Aggregate total (a+b+c+d)	\$ 2,382,200
	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 60,000,000
2.	Prior Year-End	
	(a) Membership stock - Class A	\$
	(b) Membership stock - Class B	
	(c) Activity stock	
	(d) Excess stock	
	(e) Aggregate total (a+b+c+d)	\$ 351,800
	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 60,000,000

(b) Membership stock (class A and B) eligible and not eligible for redemption

				Eligible for	Redemption	
	(1)	(2)	(3)	(4)	(5)	(6)
Membership Stock	Current Year Total (2+3+4+5+6)	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less Than 1 Year	1 to Less Than 3 Years	3 to 5 Years
1. Class A	\$	\$	\$	\$	\$	\$
2. Class B	\$	\$	\$	\$	\$	\$

11. Debt (Continued)

- (3) Collateral pledged to FHLB
 - (a) Amount pledged as of reporting date

			(1)	(2)	(3)
			Fair Value	Carrying Value	Aggregate Total Borrowing
	1.	Current year total collateral pledged.	\$ 70,964,422	\$ 75,527,993	\$ 48,000,000
	2.	Prior year-end total collateral pledged	71,102,714	66,722,094	
(b)	Max	ximum amount pledged during reporting period			
			(1)	(2)	(3)
			Fair Value	Carrying Value	Amount Borrowed at Time of Maximum Collateral
	1.	Current year total maximum collateral pledged	\$ 70,964,422	\$ 75,527,993	\$ 48,000,000
	2.	Prior year-end total maximum collateral pledged	71,102,714	66,722,094	

- (4) Borrowing from FHLB
 - (a) Amount as of the reporting date

	Total	Funding Agreements Reserves Established
1. Current Year		
(a) Debt	\$ \$48,000,000)XXX
(b) Funding agreements		\$
(c) Other		XXX
(d) Aggregate total (a+b+c)	\$ 48,000,000) \$
2. Prior Year-end		
(a) Debt	\$	XXX
(b) Funding agreements		\$
(c) Other		XXX
(d) Aggregate total (a+b+c)	\$	\$
Maximum amount during reporting period (current year		

(b) Maximum amount during reporting period (current year)

			 Total
	1.	Debt	\$ 48,000,000
	2.	Funding agreements	
	3.	Other	
	4.	Aggregate total (Lines 1+2+3)	\$ 48,000,000
(c) I	FHL	B - Prepayment obligations	

	Does the Company Have Prepayment Obligations Under the Following Arrangements? (YES/NO)
1. Debt	NO
2. Funding agreements	NO

2	Othor	NO	
э.	Other	NU	

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

The Plan terminated its defined benefit plan in 2015.

Supplemental Executive Retirement Plans (SERP)

The Supplemental Executive Retirement Plans ("SERP") are non-qualified defined benefit pension plans for certain executives as designated by the Board of Directors. There are annuities and installment payments made to retired participants.

Effective January 1, 2014 the SERP was frozen for active executives as designated by the Board of Directors. The designated executives will no longer accrue additional benefits based on pay and service subsequent to December 31, 2013.

Postretirement Benefit Plans

Eligible employees hired prior to January 1, 1992, who retire on or after attaining normal retirement age and who have rendered specific years of service under the provisions of the Blue Cross & Blue Shield of Rhode Island Retirement Plan are entitled to certain postretirement health care, medical coverage, and life insurance benefits. The Plan may amend or change the postretirement benefits periodically. Effective January 1, 1993, except for those employees who have an exemption based on circumstances previously existing, these benefits are now subject to copayment provisions and other limitations. Effective April 1, 2013, a plan amendment for retiree insurance benefits was adopted whereby eligible active and former employees that had not attained retirement age of 55 or older and had not been collecting these benefits would not be entitled to these benefits upon retirement. The discontinued retiree benefits were life insurance and a group health insurance subsidy.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

(1) Change in benefit obligation

The following tables set forth the funding status and amounts recognized in the Plan's Statutory Statements of Admitted Assets, Liabilities and Reserves at December 31, 2022 and 2021 for the Defined Benefit Plan, for the SERP and the Postretirement Benefit Plan:

(a) Pension benefits

		Overfunded		Underfunded			d
		2022	2021		2022		2021
1.	Benefit obligation at beginning of year	\$	\$	\$	4,381,099	\$	4,618,317
2.	Service cost						
3.	Interest cost				116,884		107,930
4.	Contribution by plan participants.						
5.	Actuarial gain (loss)				1,219,962		227,353
6.	Foreign currency exchange rate changes						
7.	Benefits paid				114,543		117,795
8.	Plan amendments						
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits						
10.	Benefit obligation at end of year	\$	\$	\$	3,163,478	\$	4,381,099

(b) Postretirement benefits

		Overfunded		Underfunded		
		2022	2021	 2022		2021
1.	Benefit obligation at beginning of year	\$	\$	\$ 12,881,976	\$	13,793,021
2.	Service cost			 		
3.	Interest cost			 289,243		258,571
4.	Contribution by plan participants			 		
5.	Actuarial gain (loss)			 4,058,707		236,814
6.	Foreign currency exchange rate changes			 		
7.	Benefits paid			 788,572		932,802
8.	Plan amendments			 		
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits					
10.	Benefit obligation at end of year	\$	Ś	\$ 8,323,940	\$	12,881,976

(2) Change in plan assets

		Pension	Benefits	Postretirem	nent Benefits	Special or Contractual Benefits Per SSAP No. 11		
		2022	2021	2022	2021	2022	2021	
a.	Fair value of plan assets at beginning of year	\$	\$	\$	\$	\$	\$	
b.	Actual return on plan assets							
c.	Foreign currency exchange rate changes							
d.	Reporting entity contribution	114,543	117,795		932,802			
e.	Plan participants' contributions							
f.	Benefits paid	114,543	117,795		932,802			
g.	Business combinations, divestitures and settlements.							
h.	Fair value of plan assets at end of year	\$ -	\$ -	\$ –	\$ -	\$	\$	

(3) Funded status

			Pen	sion Benefits	Postretire	ment Benefits
			2022	2021	2022	2021
a.	Compone	nts				
	1. Prepa	id benefit costs	\$	\$	\$	\$
	2. Overf	unded plan assets				
	3. Accru	ied benefit costs	3,093,	73 3,065,066	9,650,176	10,112,095
	4. Liabil	ity for pension benefits		705 1,316,033)
b.	Assets an	d liabilities recognized				
	1. Asset	s (nonadmitted)	\$	\$	\$	\$
	2. Liabil	ities recognized	3,163,4	4,381,099	8,323,940	12,881,976
c.	Unrecogn	ized liabilities	\$	\$	\$	Ś

(4) Components of net periodic benefit cost

Net periodic benefit cost for 2022 and 2021 included the following components:

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

		_	Pension Benefits		Postretirement Benefits			Special or Contractual Benefits Per SSAP No. 11			
			2022		2021	2022		2021	20	022	2021
a.	Service cost	\$		\$		\$ 	\$		\$		\$
b.	Interest cost		116,884		107,930	 289,243		258,571			
C.	Expected return on plan assets					 					
d.	Transition asset or obligation					 					
e.	Gains and losses		26,366		32,688	 249,760		279,808			
f.	Prior service cost or credit					 (212,350)		(212,350)			
g.	Gain or loss recognized due to a settlement or curtailment					 					
h.	Total net periodic benefit cost			-	140,618	 326,653		326,029	\$		\$

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost - Not Applicable

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost - Not Applicable

(7) Weighted-average assumptions used to determine net periodic benefit cost

Weighted-average assumptions used to determine net periodic benefit cost as of Dec.

31:	ignted-average assumptions used to determine net periodic benefit cost as of Dec.	2022	2021
		0.710.%	2 270 %
а.	Weighted-average discount rate		Z.370 %
b.	Expected long-term rate of return on plan assets	%	%
C.	Rate of compensation increase	%	%
d.	Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%
	ighted-average assumptions used to determine projected benefit obligations as of c. 31:	2022	2021
e.	Weighted-average discount rate		2.710 %
f.	Rate of compensation increase.	%	%
g.	Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates).	%	%

(8) The accumulated benefit obligation for the SERP was \$3,163,478 and \$4,381,099 as of year ended 2022 and 2021 respectively

(9) The assumed annual rate of increase in the per capita cost of medical benefits is 6.00% in 2022 and is assumed to decrease through years 2030 and remain level at 5.01% through 2040.

(10) Estimated future payments, which reflect expected future service, as appropriate

The following benefit payment, which is reflected expected future services, as appropriate, are expected to be paid.

	Year	Amount
a.	2023	\$ 1,012,000
b.	2024	
c.	2025	
d.	2026	
e.	2027	
f.	2028 through 2032	4,099,000

(11) The Plan expects to contribute \$118,000 to its SERP and \$894,000 to its postretirement benefits in 2023.

(12) Amounts and types of securities of the reporting entity and related parties included in plan assets - Not Applicable

(13) Alternative method used to amortize prior service amounts or net gains and losses - Not Applicable

(14) Substantive commitments used as the basis for accounting for the benefit obligation - Not Applicable

(15) Special or contractual termination benefits recognized during the period - Not Applicable

(16) Significant changes in the benefit obligation or plan assets not otherwise disclosed - Not Applicable

(17)

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

Pension Plans with an accumulated benefit obligation in excess of plan asset:

	SE	RP	Postretirement			
	2022	2021	2022	2021		
Projected benefit obligation	\$ 3,163,478	\$ 4,381,099	\$ 8,323,940	\$12,881,976		
Accumulated benefit obligation	3,163,478	4,381,099	8,323,940	12,881,976		
Fair value of plan assets	-	-	-	-		

Pension Plans with plan asset in excess of accumulated benefit obligations:

	SE	RP	Postre	tirement	
	2022	2021	2022	2021	
ojected benefit obligation	N/A	N/A	N/A	N/A	
cumulated benefit obligation	N/A	N/A	N/A	N/A	
air value of plan assets	N/A	N/A	N/A	N/A	

(18) Remaining surplus impact during transition period after adoption of SSAP No. 92 and SSAP No. 102 - Not Applicable

B. Investment Policies and Strategies of Plan Assets

Not applicable the Plan does not hold any plan assets.

- C. Fair Value of Each Class of Plan Assets
 - (1) Fair value measurements of plan assets at reporting date Not Applicable
 - (2) Valuation technique(s) and inputs to measure fair value Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets

The Plan does not hold any plan assets.

E. Defined Contribution Plans

Pro Acc Eai

Participant contributions to the Plan are derived from voluntary salary reduction agreements with the Employer that is subject to the Internal Revenue Service (IRS) compensation deferral limits. Participants who are at least age 50 before the end of the Plan year may make catch-up contributions equal to any whole number percentage of their eligible compensation or whole dollar amount. Participants may not contribute in excess of the maximum allowed by the Internal Revenue Code (IRC). Employer contributions to the Plan are in an amount equal to 100% of a participant's eligible compensation.

Upon enrollment in the plan, a participant may direct participant and employer contributions in 1% increments with a minimum contribution of 1% in any of the investment options. Participants may change their contribution percentage and investment selections in accordance with stated plan requirements. Participants that contribute on a pre-tax basis up to 6% an equal amount will be matched by the Plan. Total employer contributions to the 401(k) savings plan in 2022 and 2021 were approximately \$5,121,845 and \$6,322,561, respectively.

- F. Multiemployer Plans Not Applicable
- G. Consolidated/Holding Company Plans Not Applicable
- H. Postemployment Benefits and Compensated Absences

The Plan provides for certain postemployment benefits including disability benefits for eligible employees. The Plan has not recorded a liability for these benefits at December 31, 2022 and 2021, respectively.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Impact of Medicare Modernization Act on Postretirement Benefits is no longer applicable as of 2010.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Plan does not have any capital stock.
- B. The Plan does not have any preferred stock.
- C. The Plan does not have any dividend restrictions.
- D. The Plan does not have any ordinary dividends.
- E. The Plan does not have any paid dividends.
- F. The Plan does not have any restrictions on unassigned funds.
- G. The Plan does not have any advances to surplus unpaid.
- H. Stock Held for Special Purposes

The Plan does not have any conversion of preferred stock, employee stock options and stock purchase warrants.

- I. Changes in Special Surplus Funds Not Applicable
- J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented was reduced by each of the following item:

a) Nonadmitted assets - \$86,585,316

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

- K. Company-Issued Surplus Debentures or Similar Obligations
 - The Plan does not have any surplus notes.
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations
- The Plan did not have any quasi-reorganization in 2022.
- M. The Plan did not have any quasi-reorganization in 2022.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Plan is a defendant in several legal proceedings arising in the normal course of business. The Plan also remains a co-defendant in a multidistrict litigation, consisting of two distinct assertions, in federal court relating to allegations that the Plan has acted in conspiracy with other Blue Cross and Blue Shield plans in violation of antitrust laws. A settlement was reached, in part, during 2020, for which the Plan's liability was roughly \$16.4 million. While liability for the remaining assertion in this multi-district litigation is presently difficult to estimate, it is management's belief that the outcome is not likely to have a material adverse effect on the Plan's financial position or results of operations, statutory reserves and risk based capital. However, it is possible that a court decision or settlement could have an unanticipated material adverse effect on the Plan's results of operations, and risk-based capital.

- (1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company Not Applicable
- (2) Nature and circumstances of guarantee Not Applicable
- (3) Aggregate compilation of guarantee obligations Not Applicable
- B. Assessments

The Plan does not have any assessments.

- (1) Not Applicable
- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges Not Applicable
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies Not Applicable
- C. Gain Contingencies

The Plan does not have any gain contingencies.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

The Plan did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits.

E. Joint and Several Liabilities

The Plan did not have any Joint and Several liability arrangements.

F. All Other Contingencies

All other contingencies see "A" above.

- 15. Leases
 - A. Lessee Operating Lease
 - (1) Leasing arrangements

The Plan leases office space and ground lease under operating leases. Rent expense for operating leases in 2022 and 2021 was approximately \$572,342 and \$539,997, respectively.

- (2) For leases having initial or remaining noncancelable lease terms in excess of one year
 - (a) Minimum aggregate rental commitments at year end

The Plan is committed, under long-term noncancelable operating leases and installment purchase agreements to minimum payments as follows:

	Year Ending December 31	Operating Leases
1.	2023	\$ 702,221
2.	2024	430,832
3.	2025	
4.	2026	
5.	2027	
6.	Thereafter	
7.	Total (sum of 1 through 6)	\$ 2,241,249

Certain rental commitments e.g. ground lease is a 97 year agreement through the year 2108 with two successive 75 year renewal options. Some of these renewals are subject to adjustments in future periods.

The Plan has a long-term service contract with NTT, whose scope of services to the Plan are claims processing, enrollment, provider and member call center support (for the commercial lines of business), business analysis, project management, credentialing services, application development support and maintenance. These services are provided at Plan facilities, however, certain functions may be provided outside of Rhode Island as well as offshore under the direction of NTT staff. Services include operational services for technology and claims operations and business project services.

15. Leases (Continued)

The agreement is in effect through March 31, 2024, unless terminated earlier or extended in accordance with contract terms. The agreement included continuous improvement, innovation and cost management activities to drive average annual expense reductions of \$18,900,000 for years 2018-2023. The expected future payments of the contract, net of expense reductions, total approximately \$68,720,000 as of December 31, 2022.

In January of 2016, the Plan furthered the partnership with NTT and agreed to a make a three-year investment into Data and Analytics capabilities. In 2018, the Plan extended this partnership through 2023. The Data & Analytics investment will total \$22,000,000 over this eight-year period.

The contract provides for termination of the agreement between the parties based on events that may occur during the contract. There are critical service levels that NTT must meet on an ongoing basis. The Plan is obligated to reimburse NTT for services performed in accordance with the contract. The Plan paid approximately \$53,202,000 and \$55,387,000 to NTT for calendar years 2022 and 2021 respectively. Beginning in January 2021, termination fees are no longer applicable.

- (b) Sublease minimum rentals to be received Not Applicable
- (3) The Plan is not involved in material sales leaseback transactions.
- B. Lessor Leases
 - (1) Operating leases
 - (a) The Plan has several lease agreements for the use of its Corporate Office. The total rental square footage leased is 71,330 sq ft. The lease terms range from 88 months to 127 months with lease termination dates ranging from March 2025 through August 2029. Each arrangement is a triple net lease and lessees are responsible for electricity usage for the specific rented space.
 - (b) Cost and carrying amount of leased property Not Applicable
 - (c) Future minimum lease payment receivables under non-cancelable leasing arrangements

	Year Ending December 31	Operating Leases
1.	2023	\$ 2,560,977
2.	2024	2,605,473
3.	2025	2,346,222
4.	2026	2,049,902
5.	2027	1,006,800
6.	Thereafter	1,366,088
7.	Total (sum of 1 through 6)	\$ 11,935,462

- (d) The Plan does not have contingent rentals.
- (2) Leveraged leases

The Plan does not have leveraged leases.

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

- 1. Face Amount of the Company's Financial Instruments with Off-Balance-Sheet Risk
 - The Plan does not have any swaps or option instruments.
- 2. The Plan does not have any interest rate swaps to reduce market risk.
- 3. The Plan does not have any credit related losses.
- 4. A pool of securities with a combined par value of \$37,417,000 are pledged to satisfy Blue Cross Blue Shield Association membership standards for out-of-area provider claim settlements. The Plan also has pledged corporate and Treasury fixed income securities carrying a combined par value of \$75,780,127 to FHLB as collateral for its line of credit

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

The Plan did not have a sale, transfer and servicing of financial assets and extinguishments of liabilities.

- A. Transfers of Receivables Reported as Sales Not Applicable
- B. Transfer and Servicing of Financial Assets Not Applicable
- C. Wash Sales Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The Plan is not an ASO Administrator for uninsured A&H Plans and the uninsured portion of partially insured plans.

B. ASC Plans

The Plan is an ASC Administrator for uninsured A&H Plans and the uninsured portion of partially insured plans.

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during December 31, 2022:

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (Continued)

	AS	C Uninsured Plans	of Partia	red Portion ally Insured Ians		Total ASC
a. Gross reimbursement for medical cost incurred	\$1	,098,885,113	\$	-	\$1	,098,885,113
b. Gross administrative fees accrued		78,396,361		-		78,396,361
c. Total revenue	\$1	,177,281,474	\$	-	\$1	,177,281,474
d. Claims incurred	1	,098,885,113		-	1	,098,885,113
e. Variable cost		25,452,353		-		25,452,353
f. Contribution to fixed overhead	\$	52,944,008	\$	-	\$	52,944,008
g. Total fixed overhead		59,388,824		-		59,388,824
h. Total net gain or (loss) from operations	\$	(6,444,816)	\$	-	\$	(6,444,816)

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Plan has a Medicare or similarly structured cost based reimbursement contract during 2022 and 2021.

The Medicare Part D program is a partially insured plan. The Plan recorded a receivable in amounts receivable relating to uninsured plans in the statutory basis of admitted assets, liabilities, and capital and surplus of \$45,290,307 as of December 31, 2022 for cost reimbursement under the Medicare Part D program for catastrophic reinsurance, low-income member cost-sharing subsidies and coverage gap discount programs.

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

The Plan does not have direct premium written/produced by managing general agents/third party administrators.

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

The Plan's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by FASB ASC 820, *Fair Value Measurements and Disclosures.* The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

· Level 1 - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

• Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.

• Level 3 - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The following table provides information as of December 31, 2022 about the Plan's financial assets and liabilities measured at fair value on a recurring basis.

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Bonds	\$	\$ 415,740,494	\$	\$	\$ 415,740,494
	Preferred stock-unaffiliated	26,068,041				26,068,041
	Common stock-affiliated					
	Common stock-unaffiliated	78,119,095	2,382,200	26,649,881		107,151,176
	Total assets at fair value/NAV	\$ 104,187,136	\$ 418,122,694	\$ 26,649,881	\$	\$ 548,959,711
b.	Liabilities at fair value					
	Line of Credit	\$	\$ 48,040,550	\$	\$	\$ 48,040,550
	Mortgage Loan		46,825,457			46,825,457
	Total liabilities at fair value	\$	\$ 94,866,007	\$	\$	\$ 94,866,007

The fair value of the Plan's equity securities categorized as Level 1 is based on quoted market prices for identical securities traded in active markets that are readily and regularly available to the Plan.

The fair value of the Plan's equity securities classified as Level 3 consist of private placement stocks for three companies for which there are limited or no observable valuation inputs. The fair value of these Level 3 equities is based upon analytics derived by the respective companies for which a fair value per share is published in the Securities Valuation Office manual.

(2) Fair value measurements in Level 3 of the fair value hierarchy

The following table presents the changes in our equity securities classified as Level 3 for the year-ended December 31, 2022.

20. Fair Value Measurements (Continued)

	Description	Beginning balance as of 01/01/2022	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2022
а.	Assets										
	Common stock-affiliated	\$ 2,531,710	\$	\$	\$	\$(2,531,710).	\$	\$	\$	\$	\$
	Common stock-unaffiliated	24,345,049				1,919,975					26,649,881
	Total assets	\$ 26,876,759	\$	\$	\$	\$ (611,735)	\$ 384,857	\$	\$	\$	\$ 26,649,881
b.	Liabilities										
	Total liabilities	\$	\$	\$	Ś	\$	Ś	\$	Ś	\$	Ś

There were unrealized losses of \$611,735 for the period ending December 31, 2022.

(3) There were no transfers between levels as of December 31, 2022.

- (4) The Plan carries certain financial instruments carried at fair value. Other financial instruments are periodically measured at fair value, such as when impaired, or, for certain bonds and preferred stock when carried at the lower of cost or market.
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ \$15,740,494	\$ 458,106,866	\$	\$ 415,740,494	\$	\$	\$
Preferred stock-unaffiliated	26,068,041	26,068,041	26,068,041				
Common stock-affiliated							
Common stock-unaffiliated	107,151,176	107,151,176	78,119,095	2,382,200	26,649,881		

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

A. Unusual or Infrequent Items

The Plan does not have any extraordinary items.

B. Troubled Debt Restructuring

The Plan does not have any troubled debt restructuring.

C. Other Disclosures

The Plan participates in the Federal Employee Health Benefits Program (FEHBP) with other Blue Cross Blue Shield Plans. This program includes a fully-insured experience-rated contract, commonly known as the Federal Employee Program (FEP), between the Office of Personnel Management (OPM) and BCBSA, which acts as an agent for the participating Blue Cross Blue Shield plans. Each participating plan, including the Plan, executes a contract with BCBSA which obligates these plans to underwrite FEP benefits in its service area.

Premium rates are developed by BCBSA and negotiated with OPM annually. These are the rates which each participating Blue Cross Blue Shield will receive to provide insurance to Federal employees that enrolled with Blue Cross Blue Shield FEP. The excess of gross premiums over the charges for the life of the program on an accrual basis is accounted for as a rate stabilization reserve (commonly referred to as the special reserve), as required by the contract between OPM and BCBSA.

Each year, OPM also allocates a portion of the premiums to a contingency reserve which may be utilized by participating plans in the event annual premiums paid to the insurance carrier are insufficient or the rate stabilization reserve falls below certain levels prescribed by OPM. Premiums paid to the carrier and available to each participating Blue Cross Blue Shield plan, including the special reserve and contingency reserve, including amounts unused from prior periods are held at the U.S. Treasury. Any premiums that remain in the rate stabilization reserve upon termination of the BCBSA contract, after the claims run-out and reimbursement of the allowable administrative expenses, would be returned to OPM for the benefit of the FEHBP. The FEP contract automatically renews each year unless written notice of termination is given by either party.

In accordance with the FEP contract, premium funds that exceed daily operating needs are held on behalf of the Plan in letter of credit accounts at the U.S. Treasury to provide funding for claims, administrative expenses, and other charges to the contract. The Plan, along with other Blue Cross Blue Shield plans who participate in the FEHBP contract, has an unrestricted right to draw funds held in the U.S. Treasury.

The Plan has recorded its allocable share of a special reserve fund held in the U.S. Treasury as an asset, with an equivalent amount recorded as a rate stabilization reserve. This amount is \$16,533,927 as of December 31, 2022 and is included in other current assets and other current liabilities in the accompanying consolidated balance sheets.

FEP represented approximately 59.0% of accounts receivable and approximately 6.8% of net revenue as of and for the year ended December 31, 2022, respectively.

Additionally, the Center for Medicare & Medicaid Services (CMS) adjusts payments to Medicare Advantage plans and Medicare Part D plans according to the predicted health status of each beneficiary as supported by data from health care providers. The Plan collects claim and encounter data from providers whom the Plan generally relies to appropriately code claim submissions and document applicable medical records. CMS then determines the risk score and payment amount for each enrolled member based on the health care data submitted and member demographic information.

CMS and the Office of Inspector General for Health and Human Services periodically perform RADV audits of selected Medicare health plans to validate the coding practices of and supporting documentation maintained by health care providers. Such audits have in the past resulted in, and in the future could result in, retrospective adjustments to payments made to the Plan, fines, corrective action plans or other adverse action by CMS.

21. Other Items (Continued)

D. Business Interruption Insurance Recoveries

The Plan did not have any business interruption insurance recoveries in 2022.

- E. State Transferable and Non-Transferable Tax Credits
 - (1) Carrying value of transferable and non-transferable state tax credits gross of any related tax liabilities and total unused transferable and non-transferable state tax credits by state and in total

Description of State Transferable and Non-transferable Tax Credits	State	Carry	ing Value	Unuse	ed Amount
Historic Investment Tax Credit	RI	\$	2,460,000	\$	3,000,000
Total		\$	2,460,000	\$	3,000,000

(2) Method of estimating utilization of remaining transferable and non-transferable state tax credits

The Plan estimated the utilization of the remaining non-transferable state tax credits by projecting future premium taking into account policy growth and rate changes, projecting future tax liability based on projected premium, tax rates and tax credits, and comparing projected future tax liability to the availability of remaining non-transferable state tax credits.

(3) Impairment loss

The Plan did not have any impairment losses for state transferable tax credits in 2022.

(4) State tax credits admitted and nonadmitted

		Total Admitted	Total Nonadmitted
a.	Transferable	\$ 2,460,000	\$
b.	Non-transferable	\$	\$

- F. Subprime-Mortgage-Related Risk Exposure
 - (1) The following is the Plan's narrative description of a subprime investment. A mortgage loan which has one or more of the following attributes: weak credit score high debt-to-income-ratio, high loan-to-value ratio or undocumented income.
 - (2) Direct exposure through investments in subprime mortgage loans Not Applicable
 - (3) Direct exposure through other investments Not Applicable
 - (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage Not Applicable
- G. Retained Assets Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts

The Plan did not receive proceeds from insurance-linked securities.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

The Plan has not realized on life insurance policy.

22. Events Subsequent

Nonrecognized Subsequent Event:

There are no recognized or non-recognized events subsequent to December 31, 2022, that require recognition or disclosure.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

23. Reinsurance (Continued)

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ -
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

The Plan did not experience a write-off for uncollectible reinsurance.

C. Commutation of Reinsurance Reflected in Income and Expenses

The Plan did not experience a commutation of ceded reinsurance.

- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- E. Reinsurance Credit Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The Plan estimates accrued retrospective premium adjustments for its group health insurance business based on the Plan's underwriting polices, experience rating practices and claims reserve calculation.

B. Method Used to Record

The Plan records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Plan at December 31, 2022 that are subject to retrospective rating features was \$9,268,117, that represented 0.49% of the total net premiums written. No other net premiums written by the Plan are subject to retrospective rating features.

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	\$	\$ 1,860,000	\$	\$(1,599,088).	\$ 260,912
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid		1,860,000			9,977,912
(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	\$ 9,977,912
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$(1,860,000)	\$	\$	\$(1,860,000)
(8) Medical loss ratio rebates paid					8,117,912
(9) Medical loss ratio rebates unpaid					
(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	\$

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

Effective January 1, 2014, the ACA imposed fees and premium stabilization provisions on health insurance issuers offering commercial health insurance. The three premium stabilization programs are commonly referred to as the 3R's – risk adjustment, risk corridor and reinsurance.

Risk Adjustment - This permanent program is designed to mitigate the potential impact of adverse selection and provide stability for health
insurance issuers and applies to all non-grandfathered plans in the individual and small group markets both on and off the insurance
exchanges. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and
user fees are accounted for as assessments.

• Risk Corridor - This temporary program was designed to provide aggregate protection for variability for issuers in the individual and small group markets during the 2014 to 2016 time period and applies to qualified health plans (QHPs) in the individual and small group markets both on and off the insurance exchanges. Premium adjustments pursuant to the risk corridor program are accounted for as premium adjustments for retrospectively rated contracts.

The plan has accident and health insurance premiums for CY 2022 subject to the risk sharing provisions of ACA.

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? <u>YES</u>

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(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 the ACA risk adjustment (including high-risk pool payments)	\$ 6,343,000
	Liabilities	
	2. Risk adjustment user fees payable for ACA risk adjustment	\$ 174,401
	3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk	
	adjustment	
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA reinsurance	\$ 18,024,513
	2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability)	
	3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance	
	Liabilities	
	4. Liabilities for contributions payable due to ACA reinsurance – not reported as ceded premium	
	5. Ceded reinsurance premiums payable due to ACA reinsurance.	
	6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance	
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA reinsurance.	\$
	8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments	10,787,270
	9. ACA reinsurance contributions - not reported as ceded premium	
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA risk corridors liabilities.	\$
	2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors	
	Operations (Revenue & Expense)	
	3. Effect of ACA risk corridors on net premium income (paid/received)	\$
	4. Effect of ACA risk corridors on change in reserves for rate credits	

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(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

							Differ	rences	A	djustments			ances as of the ng Date
			on Business	g the Prior Year Written Before he Prior Year	Current Year Written Before	Paid as of the r on Business e Dec 31 of the r Year	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.		rmanent ACA Risk justment Program											
	1.	Premium adjustments receivable (including high risk pool payments)	\$ 4,698,364	. \$	\$ 9,548,687	\$	\$(4,850,323)	\$	\$ 4,850,323	\$	A	\$	\$
	2.	Premium adjustments (payable) (including high risk pool premium)		(172,951)		(174,677).		1,726		(1,726)	В		
	3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 4,698,364	\$(172,951)	\$ 9,548,687	\$(174,677)	\$(4,850,323)	\$ 1,726	\$ 4,850,323	\$(1,726)		\$	\$
b.		ansitional ACA insurance Program											
	1.	Amounts recoverable for claims paid	\$ 7,585,295	\$	\$	\$	\$ 7,585,295	\$	\$ 369,361	\$	С	\$ 7,954,656	\$
	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									н		
	7.	Subtotal ACA Transitional Reinsurance Program	\$ 7,585,295	\$	\$	\$	\$ 7,585,295	\$	\$ 369,361	\$		\$ 7,954,656	\$
C.		nporary ACA Risk rridors Program											
	1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
	2.	Reserve for rate credits or policy experience rating refunds									J		
		Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
	sha	tal for ACA risk aring provisions ations of Adjustments	\$ 12,283,659	\$ (172,951)	\$ 9,548,687	\$ (174,677)	\$ 2,734,972	\$ 1,726	\$ 5,219,684	\$ (1,726)		\$ 7,954,656	\$

Explanations of Adjustments

Explanations of Adjustments A: Risk Adjustment updated based on HHS Notification B: Risk Adjustment updated based on HHS Notification C: Reinsurance updated based on HHS Notification D: None E: None F: None G: None H: None I: None J: None (1) D: H (1) D

(4) Roll-forward of risk corridors asset and liability balances by program benefit year - Not Applicable

(5) ACA risk corridors receivable as of reporting date

		(1)	(2)	(3)	(4)	(5)	(6)
Ris	k Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance Gross of Nonadmissions (1-2-3)	Nonadmitted Amount	Net Admitted Asset (4-5)
a.	2014	\$	\$	\$	\$	\$	\$
b.	2015						
C.	2016						
d.	Total (a+b+c)	\$	\$	\$	\$	\$	\$

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

The Plan has Medicare Part D program business that is subject to a retrospective rating feature related to Part D premiums. The Plan has estimated risk corridor as an asset as reported in the amounts receivable relating to the uninsured plans of \$5,956,053. The amount of Part D direct premiums written approximated \$808,184,394 representing 42.9% of total direct premiums written for accident and health contracts net as of December 31, 2022.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2021, were \$161,185,000 and as of December 31, 2022, \$178,958,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,187,000 as a result of reestimation of unpaid claims and claim adjustment expenses principally on Comprehensive and Medicare lines of insurance. Therefore, there has been a \$20,960,000 unfavorable prior-year development since December 31, 2021, to December 31, 2022. The increase 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. The Plan did not experience prior year claim development on retrospectively rated policies.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses -Not Applicable

26. Intercompany Pooling Arrangements

The Plan is not part of any intercompany pooling arrangement.

27. Structured Settlements - Not Applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
	\$	\$	\$	\$	\$
			33,759,645		
			29,654,008		2,690,627
		31,776,515	28,849,647		2,926,868
		30,914,907			2,633,269
		31,139,343			2,691,672
		23,537,822			2,046,277
					2,203,200
		24,809,561	22,596,267		2,213,294
		21,488,967			2,015,975
03/31/2020			20,198,978		1,961,477

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies

Participating policies do not apply to the Plan.

30. Premium Deficiency Reserves

The Plan has a statutory premium deficiency reserve (PDR) of \$30,400,000 and \$38,400,000 for the periods ended December 31, 2022 and December 31, 2021, respectively. The PDR related to the Commercial and Medicare Advantage lines of business for the periods ended December 31, 2022 and 2021.

1.	Liability carried for premium deficiency reserves:	\$30,400,000
2.	Date of the most recent evaluation of this liability:	12/31/2022
3.	Was anticipated investment income utilized in the calculation?	YES

31. Anticipated Salvage and Subrogation

The amount of undiscounted estimated salvage and subrogation recoverable, taken into account in determining the undiscounted unpaid losses as reported in the Underwriting and Investment Exhibit and Page 3 – Liabilities, Reserves and Special Funds, Line I for December 31, 2022 and 2021, was \$14,012,000 and \$13,517,000, respectively.

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1	1 Is the reporting entity a member of an Insurance Holding Company System consisting of two o persons, one or more of which is an insurer?	r more affiliated	Yes [X] No []
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3		
1.2	2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissione Superintendent or with such regulatory official of the state of domicile of the principal insurer in System, a registration statement providing disclosure substantially similar to the standards ado Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company Syst and model regulations pertaining thereto, or is the reporting entity subject to standards and dis substantially similar to those required by such Act and regulations?	the Holding Company opted by the National tem Regulatory Act	Yes[X] No[] N/A []
1.3	3 State Regulating?		RHODE ISLAND
1.4	4 Is the reporting entity publicly traded or a member of a publicly traded group?		Yes[]No[X]
1.5	5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the SE	he entity/group.	
2.1	1 Has any change been made during the year of this statement in the charter, by-laws, articles o settlement of the reporting entity?	f incorporation, or deed of	Yes[] No[X]
2.2	2 If yes, date of change:		
3.1	1 State as of what date the latest financial examination of the reporting entity was made or is bei	ng made.	12/31/2018
3.2	2 State the as of date that the latest financial examination report became available from either th the reporting entity. This date should be the date of the examined balance sheet and not the d completed or released.		12/31/2018
3.3	3 State as of what date the latest financial examination report became available to other states of the state of domicile or the reporting entity. This is the release date or completion date of the end not the date of the examination (balance sheet date).		09/03/2019
3.4	4 By what department or departments? RHODE ISLAND DEPARTMENT OF BUSINESS REGULATION - INSURANCE DIVISION		
35	5 Have all financial statement adjustments within the latest financial examination report been acc	counted for in a	
	subsequent financial statement filed with departments?		Yes[X] No[] N/A []
3.6	6 Have all of the recommendations within the latest financial examination report been complied v	vith?	Yes[X] No[] N/A []
4.1	1 During the period covered by this statement, did any agent, broker, sales representative, non-a sales/service organization or any combination thereof under common control (other than salari reporting entity) receive credit or commissions for or control a substantial part (more than 20 per of business measured on direct premiums) of:	ed employees of the	
	4.11 sales of new business? 4.12 renewals?		Yes [] No [X] Yes [] No [X]
4.2	2 During the period covered by this statement, did any sales/service organization owned in whole reporting entity or an affiliate, receive credit or commissions for or control a substantial part (me any major line of business measured on direct premiums) of:		
	4.21 sales of new business? 4.22 renewals?		Yes [] No [X] Yes [] No [X]
	4.22 Tenewals?		וטסן וייט [א]
5.1	1 Has the reporting entity been a party to a merger or consolidation during the period covered by	this statement?	Yes[] No[X]

If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the 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		2		3		
		Name of Entity		2 NAIC Company Code	Sta	s ate of Domic	ile	
		entity had any Certificates of Authority, licenses or regi bended or revoked by any governmental entity during th				Yes[]	No [X]	
.2 If	yes, give full info	ormation:						
• •					· · · · · · · · · · ·			
7.1 Do	oes any foreign	(non-United States) person or entity directly or indirectl	ly control 10	% or more of the reporting enti	y?	Yes[]	No [X]	
70 16.								
7.2 lf	7.21 7.22	State the percentage of foreign control. State the nationality(s) of the foreign person(s) or e reciprocal, the nationality of its manager or attorney (e.g., individual, corporation, government, manager	y-in-fact and	identify the type of entity(s)				
		1		2				
		Nationality		Type of Entity				
8.2 If	response to 8.1	is yes, please identify the name of the DIHC.						
3.4 If af of	response to 8.3 filiates regulated the Comptroller	filiated with one or more banks, thrifts or securities firm is yes, please provide the names and locations (city ar d by a federal financial regulatory services agency [i.e. of the Currency (OCC), the Federal Deposit Insurance ission (SEC)] and identify the affiliate's primary federal	nd state of th the Federal e Corporation	Reserve Board (FRB), the Offi	ce	Yes []	No [X]	
		1		2	3	4	5	6
		Affiliate Name		Location (City, State)	FRB	000	FDIC	SEC
		ntity a depository institution holding company with signif ernors of Federal Reserve System or a subsidiary of the				Yes[]	No [X]	
		is no, is the reporting entity a company or subsidiary on ne Federal Reserve Board's capital rule?	f a company	that has otherwise been		Yes[]	No[X] N/#	A []
CO	onduct the annua	and address of the independent certified public accour al audit? LLP, 185 Asylum Street, City Place I, 33rd Floor, Hart		-				

	GENERAL INTERROGATORIES	
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model	
	Audit Rule), or substantially similar state law or regulation?	Yes[] No[X]
10.2	If response to 10.1 is yes, provide information related to this exemption:	
	······	
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?	Yes[]No[X]
10.4	If response to 10.3 is yes, provide information related to this exemption:	
10 F	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	
10.5		Yes[X] No[] N/A []
10.6	If the response to 10.5 is no or n/a, please explain.	
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? BRIAN MACKINTOSH IS THE CHIEF ACTUARY OF BLUE CROSS BLUE SHIELD OF RHODE ISLAND. THE ADDRESS IS 500 EXCHANGE STREET, PROVIDENCE RI, 02903.	
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes[] No[X]
	12.11 Name of real estate holding company 12.12 Number of parcels involved	
	12.12 Number of parcets involved	\$
12.2	If yes, provide explanation:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
	· · · · · · · · · · · · · · · · · · ·	
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes[]No[X]
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes[] No[X]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[X] N/A []

Annual Statement for the year 2022 of the BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

	Annual Statement for the year 2022 of the BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	
	GENERAL INTERROGATORIES	5
14.1	 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controlled persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the followind standards? a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between 	er, or ng
	 personal and professional relationships; b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reportity; c. Compliance with applicable governmental laws, rules, and regulations; 	porting
	 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. 	Yes[X] No[]
14.11	1 If the response to 14.1 is no, please explain:	
14.2	.2 Has the code of ethics for senior managers been amended?	Yes [] No [X]
14.21	21 If the response to 14.2 is yes, provide information related to amendment(s).	· · · · · · · · · · · · · · · · · · ·
14.3	.3 Have any provisions of the code of ethics been waived for any of the specified officers?	Yes[] No[X]
14.31	31 If the response to 14.3 is yes, provide the nature of any waiver(s).	
	 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name or issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit 	Yes [] No [X]

is triggered.

1	2	3	4
American			
Bankers			
Association	Issuing or Confirming		
(ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
		Circumstances That Can Trigger the Letter of Credit	

BOARD OF DIRECTORS

16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?	Yes[X] No[]
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?	Yes[X] No[]
18.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?	Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g.,	
Generally Accepted Accounting Principles)?	Yes[]No[X]

20.1	Total amount loaned during the year (inclusive of Separate A	Accounts exclusiv	e of policy loans).	
20.1			ors or other officers	\$
			nolders not officers	\$
			, supreme or grand (Fraternal only)	\$
20.2	Total amount of loans outstanding at the end of year (inclusiv	vo of Soparato Ac	accurate avaluativa of policy loops):	
20.2			ors or other officers	\$
			holders not officers	\$
			, supreme or grand (Fraternal only)	\$
			,, , , , ,	·
21.1	Were any assets reported in this statement subject to a contr liability for such obligation being reported in the statement?	ractual obligation	to transfer to another party without the	Yes[] No[X]
21.2	If yes, state the amount thereof at December 31 of the currer	nt year:		
		21.21 Rented fr	om others	\$
		21.22 Borrowed	d from others	\$
		21.23 Leased fr	rom others	\$
		21.24 Other		\$
22.1	Does this statement include payments for assessments as de guaranty fund or guaranty association assessments?	escribed in the Ar	nnual Statement Instructions other than	Yes[X] No[]
22.2	If answer is yes:			
		22.21 Amount p	paid as losses or risk adjustment	\$11,294,605
		22.22 Amount p	paid as expenses	\$1,920,596
		22.23 Other am	nounts paid	\$
23.1	Does the reporting entity report any amounts due from paren statement?	nt, subsidiaries or	affiliates on Page 2 of this	Yes[] No[X]
				<u>^</u>
23 2	If yes, indicate any amounts receivable from parent included	in the Page 2 am	ount:	4
	If yes, indicate any amounts receivable from parent included Does the insurer utilize third parties to pay agent commission	-		\$ Yes[]No[X]
24.1	If yes, indicate any amounts receivable from parent included Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the ar	nounts advanced by the third parties	\$ Yes[]No[X]
24.1	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the ar	nounts advanced by the third parties whether they are a related party.	
24.1	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the ar	nounts advanced by the third parties whether they are a related party.	Yes[] No[X]
24.1	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the ar	nounts advanced by the third parties whether they are a related party.	Yes[] No[X]
24.1	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the ar	nounts advanced by the third parties whether they are a related party.	Yes [] No [X] d Party (Yes/No)
24.1	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate	Yes [] No [X] d Party (Yes/No)
24.1	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the an	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate	Yes [] No [X] d Party (Yes/No)
24.1 24.2 25.01	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the and /s the agents and ////////////////////////////////////	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT	Yes [] No [X]
24.1 24.2 25.01	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the and /s the agents and ////////////////////////////////////	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT	Yes [] No [X] d Party (Yes/No)
24.1 24.2 25.01	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay	ns in which the and /s the agents and ////////////////////////////////////	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT	Yes [] No [X]
24.1 24.2 25.01	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03)	ns in which the and /s the agents and ////////////////////////////////////	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT	Yes [] No [X]
24.1 24.2 25.01	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03)	ns in which the and /s the agents and ////////////////////////////////////	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT	Yes [] No [X]
24.1 24.2 25.01 25.02 25.03	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03)	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT It year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	Yes [] No [X]
24.1 24.2 25.01 25.02 25.03	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03) If no, give full and complete information, relating thereto: For security lending programs, provide a description of the pr securities, and whether collateral is carried on or off-balance	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT It year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	Yes [] No [X]
24.1 24.2 25.01 25.02 25.03	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03) If no, give full and complete information, relating thereto: For security lending programs, provide a description of the pr securities, and whether collateral is carried on or off-balance	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT It year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	Yes [] No [X]
24.1 24.2 25.01 25.02 25.03	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03) If no, give full and complete information, relating thereto: For security lending programs, provide a description of the pr securities, and whether collateral is carried on or off-balance	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT It year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	Yes [] No [X]
24.1 24.2 25.01 25.02 25.03	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03) If no, give full and complete information, relating thereto: For security lending programs, provide a description of the pr securities, and whether collateral is carried on or off-balance	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT At year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned ative is to reference Note 17 where this	Yes [] No [X]
24.1 24.2 25.01 25.02 25.03	Does the insurer utilize third parties to pay agent commission are not settled in full within 90 days? If the response to 24.1 is yes, identify the third-party that pay 1 Name of Third Party Were all the stocks, bonds and other securities owned Decer exclusive control, in the actual possession of the reporting er addressed in 25.03) If no, give full and complete information, relating thereto: For security lending programs, provide a description of the pri securities, and whether collateral is carried on or off-balance information is also provided)	ns in which the ar	nounts advanced by the third parties whether they are a related party. 2 Is the Third-Party Agent a Relate ESTMENT At year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned ative is to reference Note 17 where this	Yes [] No [X]

Annual Statement for the year 2022 of the	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
•	

25.06		ur securities lending progra arty at the outset of the co		omestic sec	urities) and 105% (foreign securities) from the	Yes[]No[]	N/A [X]
25.07	Does the	reporting entity non-admit	when the collateral	received fro	om the counterparty falls below 100%?	Yes[] No[]	N/A [X]
25.08		reporting entity or the repo ent (MSLA) to conduct secu	0,	ties lending	agent utilize the Master Securities Lending	Yes[]No[]	N/A [X]
25.09	For the r	eporting entity's security le	nding program, state	e the amour	nt of the following as of December 31 of the current year:		
	25.091	Total fair value of reinvest	ted collateral assets	reported or	n Schedule DL, Parts 1 and 2	\$	
	25.092	Total book adjusted/carry	ing value of reinvest	ed collatera	al assets reported on Schedule DL, Parts 1 and 2	\$	
	25.093	Total payable for securitie	es lending reported o	on the liabili	ty page	\$	
	exclusive a put opt	ely under the control of the ion contract that is currentl	reporting entity or have a second s	as the repo e securities	ty owned at December 31 of the current year not rting entity sold or transferred any assets subject to subject to Interrogatory 21.1 and 25.03).	Yes[X] No[]	l
20.2	if yes, st	ate the amount thereof at D	Jecember 31 of the (,	г.		
				26.21	Subject to repurchase agreements	\$	77,590
				26.22	Subject to reverse repurchase agreements	\$	
				26.23	Subject to dollar repurchase agreements	\$	
				26.24	Subject to reverse dollar repurchase agreements	\$	

26.25 Placed under option agreements

26.27 FHLB Capital Stock

26.32

Other

26.28 On deposit with states

26.26 Letter stock or securities restricted as to sale excluding FHLB Capital Stock

26.29 On deposit with other regulatory bodies

pledged to an FHLB 26.31 Pledged as collateral to FHLB - including

26.30 Pledged as collateral - excluding collateral

assets backing funding agreements

1	2	3
Nature of Restriction	Description	Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

26.3 For category (26.26) provide the following:

Yes[] No[X]

\$

\$_

\$

\$

\$

\$_

\$_

2,382,200

\$_____37,417,000

75,527,993

	Annual Statement for the year 2022 of the BLUE CROSS &	BLUE SHIELD OF RHODE ISLAND	
	GENER	AL INTERROGATORIES	
27.2	If yes, has a comprehensive description of the hedging program b If no, attach a description with this statement.	een made available to the domiciliary state?	Yes[]No[]N/A[X]
ES 27	.3 through 27.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES	ONLY:	
27.3	Does the reporting entity utilize derivatives to hedge variable annu of interest rate sensitivity?	uity guarantees subject to fluctuations as a result	Yes[]No[X]
27.4	If the response to 27.3 is YES, does the reporting entity utilize:		
	27.41	Special accounting provision of SSAP No. 108	Yes[] No[X]
	27.42	Permitted accounting practice	Yes[] No[X]
	27.43	Other accounting guidance	Yes[] No[X]
27.5	By responding YES to 27.41 regarding utilizing the special account entity attests to the following:	nting provisions of SSAP No. 108, the reporting	Yes[] No[X]
•	The reporting entity has obtained explicit approval from the domin Hedging strategy subject to the special accounting provisions is of Actuarial certification has been obtained which indicates that the H establishment of VM-21 reserves and provides the impact of the H Conditional Tail Expectation Amount. Financial Officer Certification has been obtained which indicates the Clearly Defined Hedging Strategy within VM-21 and that the Clear strategy being used by the company in its actual day-to-day risk m	onsistent with the requirements of VM-21. nedging strategy is incorporated within the nedging strategy within the Actuarial Guideline hat the hedging strategy meets the definition of a rly Defined Hedging Strategy is the hedging	
28.1	Were any preferred stocks or bonds owned as of December 31 of equity, or, at the option of the issuer, convertible into equity?	the current year mandatorily convertible into	Yes[] No[X]
28.2	If yes, state the amount thereof at December 31 of the current year	ar.	\$
29.	Excluding items in Schedule E - Part 3 - Special Deposits, real es physically in the reporting entity's offices, vaults or safety deposit		

Yes[X] No[]

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

or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

1	2
Name of Custodian(s)	Custodian's Address
NORTHERN TRUST	333 S. Wabash Ave., WB-42 Chicago, IL 60604
RELIANCE TRUST	1100 Abernathy Road 500 Northpark, Suite 400 Atlanta, GA 30328-5646

29.02 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	2	3
Name(s)	Location(s)	Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

LINES

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

29.05 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	2
Name Firm or Individual	Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC	U

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[X] No[]

Yes[X] No[]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

29.06 For those firms or individuals listed in the table 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
	Central Registration	Legal Entity		Investment Management
Name Firm or Individual	Depository Number	Identifier (LEI)	Registered With	Agreement (IMA) Filed
107105	BlackRock Financial	549300LVXYIVJKE13M84	SECURITIES EXCHANGE COMMISS	No

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes[X] No[]

30.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
024071-81-3	AMERICAN FUNDS BAL R6	10,224
649280-81-5	AMERICAN FUNDS NWLD R6	37,644
256219-10-6	DODGE & COX STCK I	12,712
315911-75-0	FIDELITY 500 INDEX FUND	644,295
315911-72-7	FIDELITY INTERNATIONL IX	6,870
316146-35-6	FIDELITY US BOND INDEX	3,590
41665H-78-9	HARTFD:SCHR EM E SDR	5,520,729
57630E-87-5	MASSMUTUAL S:BL CH I	88,783
57630E-57-8	MASSMUTUAL S:ST BD I	70,539
57630G-49-0	MASSMUTUAL S:TRP 20 I	20,588
57630G-45-8	MASSMUTUAL S:TRP 25 I	259,835
57630G-41-7	MASSMUTUAL S:TRP 30 I	12,346
57630G-36-7	MASSMUTUAL S:TRP 35 I	7,624
57630G-32-6	MASSMUTUAL S:TRP 40 I	236,033
57630G-27-6	MASSMUTUAL S:TRP 45 I	133,495
552966-80-6	MFS INSTL:INTL EQUITY R6	17,024,140
704329-24-2	PAYDEN:EM MKT BD SI	5,689,003
779562-20-6	T ROWE PRICE NH I	120,859
922908-83-5	VANGUARD MD-CP I INST	108,627
921908-87-7	VANGUARD RE IDX ADM	57,768
922908-87-6	VANGUARD S-C ID INST	73,688
969251-71-9	WM BLAIR:INTL LDRS I	80,242
30.2999 TOTAL		30,219,634

 $30.3\ \mbox{For each}$ mutual fund listed in the table above, complete the following schedule:

1	2	3 Amount of Mutual Fund's	4
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
AMERICAN FUNDS BAL R6	Microsoft Corp	10,224	12/31/2022
AMERICAN FUNDS BAL R6	Broadcom Inc	10,224	12/31/2022
AMERICAN FUNDS BAL R6	UnitedHealth Group Inc	10,224	12/31/2022
AMERICAN FUNDS BAL R6	Philip Morris International Inc	10,224	12/31/2022
AMERICAN FUNDS BAL R6	Pfizer Inc	10,224	12/31/2022
AMERICAN FUNDS NWLD R6	Microsoft Corp	37,644	12/31/2022
AMERICAN FUNDS NWLD R6	Taiwan Semiconductor Manufacturing Co		12/31/2022
AMERICAN FUNDS NWLD R6	MercadoLibre Inc	37,644	12/31/2022
AMERICAN FUNDS NWLD R6	PayPal Holdings Inc	37,644	12/31/2022
AMERICAN FUNDS NWLD R6	Tencent Holdings Ltd	37,644	12/31/2022
DODGE & COX STOCK	Charles Schwab Corp	12,712	12/31/2022
DODGE & COX STOCK	Occidental Petroleum Corp	12,712	12/31/2022
DODGE & COX STOCK	Wells Fargo & Co	12,712	12/31/2022
DODGE & COX STOCK	Sanofi SA ADR	12,712	12/31/2022
	MetLife Inc	12,712	12/31/2022
FIDELITY 500 INDEX FUND FIDELITY 500 INDEX FUND	Apple Inc	644,295	12/31/2022
FIDELITY 500 INDEX FUND	Microsoft Corp Amazon.com Inc	644,295 644,295	12/31/2022 12/31/2022
FIDELITY 500 INDEX FUND	Alphabet Inc Class A	644.005	12/31/2022
FIDELITY 500 INDEX FUND	Tesla Inc	644,295	12/31/2022
FIDELITY INTERNATIONL IX	Nestle SA	6,870	12/31/2022
FIDELITY INTERNATIONL IX	Novo Nordisk A/S	6,870	12/31/2022
FIDELITY INTERNATIONL IX	ASML Holding NV	6,870	12/31/2022
FIDELITY INTERNATIONL IX	Roche Holding AG	6,870	12/31/2022
FIDELITY INTERNATIONL IX	AstraZeneca PLC	6,870	12/31/2022
FIDELITY US BOND INDEX	United States Treasury Notes 2.75%	3,590	12/31/2022
FIDELITY US BOND INDEX	United States Treasury Notes 1.5%	3,590	12/31/2022
FIDELITY US BOND INDEX	United States Treasury Notes 2.25%	3,590	12/31/2022
FIDELITY US BOND INDEX	Federal Home Loan Mortgage Corporatio	3,590	12/31/2022
FIDELITY US BOND INDEX	United States Treasury Notes 2.625%	3,590	12/31/2022
HARTFD:SCHR EM E SDR	Taiwan Semiconductor Manufacturing Co	5,520,729	12/31/2022
HARTFD:SCHR EM E SDR	Samsung Electronics Co Ltd	5,520,729	12/31/2022
HARTFD:SCHR EM E SDR	Tencent Holdings Ltd	5,520,729	12/31/2022
HARTFD:SCHR EM E SDR HARTFD:SCHR EM E SDR	ICICI Bank LTD JD.com Inc Ordinary Shares - Class A	5,520,729	12/31/2022 12/31/2022
MASSMUTUAL S:BL CH I	Microsoft Corp	5,520,729 88,783	12/31/2022
MASSMUTUAL S:BL CH I	Amazon.com Inc	88,783	12/31/2022
MASSMUTUAL S:BL CH I	Apple Inc	88,783	12/31/2022
MASSMUTUAL S:BL CH I	Visa Inc Class A	88,783	12/31/2022
MASSMUTUAL S:BL CH I	Alphabet Inc Class C	88,783	12/31/2022
MASSMUTUAL S:ST BD I	Us 5yr Note (Cbt) Mar23 Xcbt 20230331	70,539	12/31/2022
MASSMUTUAL S:ST BD I	Sws075507 Cds Usd R F 1.00000 2 Ccp	70,539	12/31/2022
MASSMUTUAL S:ST BD I	3 Month Sofr Fut Dec24 Xcme 20250318	70,539	12/31/2022
MASSMUTUAL S:ST BD I	Us Ultra Bond Cbt Mar23 Xcbt 20230322	70,539	12/31/2022
MASSMUTUAL S:ST BD I	Us Long Bond(Cbt) Mar23 Xcbt 2023032	70,539	12/31/2022
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Large Cap Blen	20,588	12/31/2022
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Bond Asset I	20,588	12/31/2022
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Intl Equity I	20,588	12/31/2022
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Ltd Dur Infl Foc	20,588	12/31/2022
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Sm&Mid Cap Bl	20,588	12/31/2022
MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Large Cap Blen	259,835	12/31/2022
MASSMUTUAL STRP 25 I	MassMutual Select TRP Intl Equity I	259,835	12/31/2022
MASSMUTUAL S:TRP 25 I MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Bond Asset I	259,835	12/31/2022 12/31/2022
MASSMUTUAL STRP 251 MASSMUTUAL STRP 251	MassMutual Select TRP Sm&Mid Cap BI MassMutual Select TRP Ltd Dur Infl Foc	259,835 259,835	12/31/2022
MASSMUTUAL STRP 251 MASSMUTUAL STRP 301	MassMutual Select TRP Ltd Dur Infi Foc	259,835	12/31/2022
MASSMUTUAL STRP 301	MassMutual Select TRP Large Cap Bien	12,346	12/31/2022
MASSMUTUAL STRP 301	MassMutual Select TRP Intreducty I	12,346	12/31/2022
MASSMUTUAL STRP 30 I	MassMutual Select TRP Sm&Mid Cap BI	12,346	12/31/2022
MASSMUTUAL S:TRP 30 I	MM S&P 500® Index I	12,346	12/31/2022
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Large Cap Blen	7,624	12/31/2022
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Intl Equity I	7,624	12/31/2022

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Sm&Mid Cap Bl	7,624	12/31/2022
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Bond Asset I	7,624	12/31/2022
MASSMUTUAL S:TRP 35 I	MM S&P 500® Index I	7,624	12/31/2022
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Large Cap Blen	236,033	12/31/2022
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Intl Equity I	236,033	12/31/2022
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Sm&Mid Cap Bl	236,033	12/31/2022
MASSMUTUAL S:TRP 40 I	MM S&P 500® Index I	236,033	12/31/2022
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Real Asset I	236,033	12/31/2022
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Large Cap Blen	133,495	12/31/2022
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Intl Equity I	133,495	12/31/2022
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Sm&Mid Cap Bl	133,495	12/31/2022
MASSMUTUAL S:TRP 45 I	MM S&P 500® Index I	133,495	12/31/2022
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Real Asset I	133,495	12/31/2022
MFS INSTL:INTL EQUITY R6	Nestle SA	17,024,140	12/31/2022
MFS INSTL:INTL EQUITY R6	Roche Holding AG	17,024,140	12/31/2022
MFS INSTL:INTL EQUITY R6	Schneider Electric SE	17,024,140	12/31/2022
MFS INSTL:INTL EQUITY R6	Air Liquide SA	17,024,140	12/31/2022
MFS INSTL:INTL EQUITY R6	LVMH Moet Hennessy Louis Vuitton SE	17,024,140	12/31/2022
PAYDEN:EM MKT BD SI	2 Year Treasury Note Future Dec 22	5,689,003	12/31/2022
PAYDEN:EM MKT BD SI	1MDB Global Investments Ltd. 4.4%	5,689,003	12/31/2022
PAYDEN:EM MKT BD SI	Enfragen Energia Sur S A U / Prime Ener	5,689,003	12/31/2022
PAYDEN:EM MKT BD SI	US Treasury Bond Future Dec 22	5,689,003	12/31/2022
PAYDEN:EM MKT BD SI	Cibanco S A Institucion De Banca Multipl	5,689,003	12/31/2022
T ROWE PRICE NH I	Paylocity Holding Corp	120,859	12/31/2022
T ROWE PRICE NH I	Ceridian HCM Holding Inc	120,859	12/31/2022
T ROWE PRICE NH I	HubSpot Inc	120,859	12/31/2022
T ROWE PRICE NH I	Old Dominion Freight Line Inc Ordinary S	120,859	12/31/2022
T ROWE PRICE NH I	Burlington Stores Inc	120,859	12/31/2022
VANGUARD MD-CP I INST	Cadence Design Systems Inc	108,627	12/31/2022
VANGUARD MD-CP I INST	Amphenol Corp Class A	108,627	12/31/2022
VANGUARD MD-CP I INST	Corteva Inc	108,627	12/31/2022
VANGUARD MD-CP I INST	Nucor Corp	108,627	12/31/2022
VANGUARD MD-CP I INST	Centene Corp	108,627	12/31/2022
VANGUARD RE IDX ADM	Prologis Inc	57,768	12/31/2022
VANGUARD RE IDX ADM	American Tower Corp	57,768	12/31/2022
VANGUARD RE IDX ADM	Equinix Inc	57,768	12/31/2022
VANGUARD RE IDX ADM	Crown Castle Inc	57,768	12/31/2022
VANGUARD RE IDX ADM	Public Storage	57,768	12/31/2022
VANGUARD S-C ID INST	Steel Dynamics Inc	73,688	12/31/2022
VANGUARD S-C ID INST	IDEX Corp	73,688	12/31/2022
VANGUARD S-C ID INST	First Solar Inc	73,688	12/31/2022
VANGUARD S-C ID INST	Targa Resources Corp	73,688	12/31/2022
VANGUARD S-C ID INST	Fair Isaac Corp	73,688	12/31/2022
WM BLAIR:INTL LDRS I	AstraZeneca PLC	80,242	12/31/2022
WM BLAIR:INTL LDRS I	Canadian Pacific Railway Ltd	80,242	12/31/2022
WM BLAIR:INTL LDRS I	Compass Group PLC	80,242	12/31/2022
WM BLAIR INTL LDRS I	Reliance Industries Ltd	80,242	12/31/2022
WM BLAIR INTL LDRS I	LVMH Moet Hennessy Louis Vuitton SE	80,242	12/31/2022
		00,242	12/31/2022

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	458,106,866	415,740,494	(42,366,372)
31.2 Preferred stocks	26,068,041	26,068,041	
31.3 Totals	484,174,907	441,808,535	(42,366,372)

	Annual Statement for the year 2022 of the BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	
	GENERAL INTERROGATORIES	
31.4	Describe the sources or methods utilized in determining the fair values: PROVIDED BY RATING SOURCES UTILIZED BY THE CUSTODIAN, NORTHERN TRUST. PRICING SOURCES INCLUDES IDC, ICE, S&P GLOBAL, JPM PRICING, IHS MARKIT, SIX FINANCIAL, NSCC, BLOOMBERG	
32.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes[X] No[]
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes[X] No[]
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:	
33.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes[X] No[]
33.2	If no, list exceptions:	
34	 By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for a 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. 	n FE or PL security is not available.
	Has the reporting entity self-designated 5GI securities?	Yes [] No [X]
35	By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:	
	a. The security was purchased prior to January 1, 2018.	
	b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.	
	c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO v	which is
	 shown on a current private letter rating held by the insurer and available for examination by state insurance regulators. d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. 	
	Has the reporting entity self-designated PLGI securities?	Yes[] No[X]
36.	By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-	designated FE fund:
	a. The shares were purchased prior to January 1, 2019.	
	 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an N 	RSRO prior
	to January 1, 2019.	
	d. The fund only or predominantly holds bonds in its portfolio.	
	 The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by in its legal capacity as an NRSRO. 	
	f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.	
	Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?	Yes[] No[X]
37.	By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Par	2
	(identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:	
	a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.	ited at the
	b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal comple discretion of all involved parties.	
	c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the tr	ransaction
	for which documentation is available for regulator review.d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the critical statement.	teria in
	 37.a - 37.c are reported as long-term investments. 	

38.2 If the response to 38.1 is yes, on what schedule are they reported?	

38.1 Does the reporting entity directly hold cryptocurrencies?

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[] No[X] N/A []

Yes[]No[X]

39.1	Does the reporting entity directly or indirectly accept cryptocurren	icies as paym	ents for premiums on policies?	Yes [] No[X]
39.2	the response to 39.1 is yes, are the cryptocurrencies held direc	tly or are they	immediately converted to U.S.	dollars?	
	39.21	Held direc	tly	Yes [] No [X]
	39.22	Immediate	ly converted to U.S. dollars	Yes [] No [X]
39.3	the response to 38.1 or 39.1 is yes, list all cryptocurrencies acc	epted for payr	nents of premiums or that are h	eld directly.	
	1		2	3	
		Immed	iately Converted to USD,		
	Name of Cryptocurrency	D	irectly Held, or Both	Accepted for Payment	of Premiums
	otal payments to trade associations, service organizations and so overed by this statement.	tatistical or rat	ing bureaus during the period		
	1		2		
	Name		Amount	Paid	
	STATE OF RHODE ISLAND		\$	2,006,111	
			\$\$_		
41.1	mount of payments for legal expenses, if any?			\$	2,386,572
41.2	ist the name of the firm and the amount paid if any such paymer	nt represented	25% or more of the total		
	ayments for legal expenses during the period covered by this sta	atement.			
	1		2		
	Name		Amount	Paid	
	HOGAN LOVELLS US LLP		\$	1,351,500	

\$ \$

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments

of government, if any? 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government

during the period covered by this statement.

1	2
Name	Amount Paid
BLUE CROSS BLUE SHIELD ASSOCIATION	\$ 742,223
	\$
	\$

\$_____2,135,372

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[X]No[]
1.2	If yes, indicate premium earned on U.S. business only.	\$58,390,816_
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$
	1.31 Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$
	Indicate total incurred claims on all Medicare Supplement insurance.	\$ 49,018,232
	Individual policies:	·····
	Most current three years: 1.61 Total premium earned	\$ 2,015,083
	1.62 Total incurred claims 1.63 Number of covered lives	\$ <u>1,678,093</u> 766
	All years prior to most current three years: 1.64 Total premium earned	\$ 39,900,220
	1.65 Total incurred claims 1.66 Number of covered lives	\$ <u>33,227,557</u> 15,157
17	Group policies:	10,101
1.7	Most current three years: 1.71 Total premium earned	\$ 1,283,566
	1.72 Total incurred claims 1.73 Number of covered lives	\$ <u>1,099,476</u> 1,152
	All years prior to most current three years: 1.74 Total premium earned	\$ 15.191,947
	1.75 Total incurred claims 1.76 Number of covered lives	\$ 13,013,107
2	Health Test:	5,392_
Ζ.	1 2 Current Year Prior Year	
	2.2 Premium Denominator \$ 1,879,553,710 \$ 1,801,705,242	
	2.3 Premium Ratio (2.1 / 2.2) 1.000 1.014 2.4 Reserve Numerator \$ 269,069,732 \$ 277,584,724	
	2.5 Reserve Denominator \$ 269,069,731 \$ 283,360,498 2.6 Reserve Ratio (2.4 / 2.5) 1.000 0.980	
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes[]No[X]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [] No [X]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes[X]No[]
5.2	If no, explain:	
	·	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical 5.32 Medical Only	\$1,500,000 \$
	5.33 Medicare Supplement 5.34 Dental and vision	\$ \$
	5.35 Other Limited Benefit Plan 5.36 Other	\$\$
6		*
0.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services,	
	and any other agreements: RHODE ISLAND STATE INSURANCE LAW MANDATES THE PLAN HAVE TOTAL RESERVES SUFFICIENT TO PAY CLAIMS AND	
	ADMINISTRATIVE EXPENSES FOR NOT LESS THAN ONE MONTH. ALSO, THE PLAN HAS HOLD HARMLESS PROVISIONS IN ITS CONTRACTS WITH PARTICIPATING HOSPITALS AND PROVIDERS.	
	TERMENT FOR THE TRANSPORT OF THE CONTROL OF	

	Annual Statement for the year 2022 of the BI	LUE CROS	SS & BLUE SHIELD O	F RHODE ISLAND			
				RROGATOR		IES	
7.1	Does the reporting entity set up its claim liability for pro	ovider serv	ices on a service date	basis?			Yes[X]No[]
7.2	If no, give details:						
		· · · · · · · · · ·					
8.	Provide the following information regarding participatin 8.1 Number of providers at start of report 8.2 Number of providers at end of reporti	ing year	S:				4,166
9.1	Does the reporting entity have business subject to pre	mium rate	guarantees?				Yes[]No[X]
9.2	If yes, direct premium earned: 9.21 Business with rate guarantees betwe 9.22 Business with rate guarantees over 3		nonths				
10.1	Does the reporting entity have Incentive Pool, Withhold	d or Bonus	Arrangements in its p	rovider contracts?			Yes[]No[X]
10.2	If yes:						
	10.21 Maximum amount payable bonuses 10.22 Amount actually paid for year bonuse	s				9	
	10.23 Maximum amount payable withholds 10.24 Amount actually paid for year withhol					\$	
11 1	Is the reporting entity organized as:	45				•	
11.1	11.12 A Medical Group/Staff Model,						Yes[]No[X]
	11.13 An Individual Practice Association (IP 11.14 A Mixed Model (combination of above						Yes[]No[X] Yes[]No[X]
11.2	Is the reporting entity subject to Statutory Minimum Ca	apital and S	Surplus Requirements?	,			Yes [X] No []
11.3	If yes, show the name of the state requiring such mini RHODE ISLAND	mum capit	al and surplus:				
11.4	If yes, show the amount required.					\$	155,382,795
11.5	Is this amount included as part of a contingency reserve	ve in stockl	holder's equity?				Yes [] No [X]
11.6	If the amount is calculated, show the calculation: TOTAL UNDERWRITING DEDUCTIONS PAGE 4 LIN MINIMUM NET WORTH OF \$155,382,795	IE 23 \$1,86	4,593,544 DIVIED BY	TWELVE (12) MONTH	IS TO DI	ERIVE THE	
12.	List service areas in which reporting entity is licensed	to operate:					
			1				
			Name of Ser	rvice Area			
13.1	Do you act as a custodian for health savings accounts	?					Yes[]No[X]
13.2	If yes, please provide the amount of custodial funds he	eld as of th	e reporting date.				\$
13.3	Do you act as an administrator for health savings acco	ounts?					Yes [] No [X]
13.4	If yes, please provide the balance of the funds adminis	stered as o	f the reporting date.				\$
14.1	Are any of the captive affiliates reported on Schedule	S, Part 3, a	authorized reinsurers?				Yes[] No[] N/A [X]
14.2	If the answer to 14.1 is yes, please provide the following	ng:					
	1	2	3	4		Assets Supporting	Reserve Credit

	1	2	3	4	Asset	s Supporting Reserve	Credit	
		NAIC			5	6	7	
	Company	Company	Domiciliary	Reserve	Letters of	Trust		
	Name	Code	Jurisdiction	Credit	Credit	Agreements	Other	
F						-		

\$

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1

Direct Premium Written Total Incurred Claims Number of Covered Lives 15.2 15.3

*Ordinary Life Insurance Includes Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee)

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[]No[X]
16.1 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]

FIVE – YEAR HISTORICAL DATA

		1	2	3	4	5
		2022	2021	2020	2019	2018
Balan	ce Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	922,703,337	924,260,302	862,104,146	750,982,227	638,242,440
2.	Total liabilities (Page 3, Line 24)	513,748,754	489,567,441	446,289,912	379,398,458	339,583,816
3.	Statutory minimum capital and surplus requirement	155,382,795	148,856,753	141,627,515	139,107,691	139,333,861
4.	Total capital and surplus (Page 3, Line 33)	408,954,583	434,692,861	415,814,234	371,583,769	298,658,624
Incom	ne Statement (Page 4)					
5.	Total revenues (Line 8)	1,883,598,404	1,795,520,104	1,707,243,198	1,698,166,372	1,708,865,057
6.	Total medical and hospital expenses (Line 18)	1,631,116,035	1,542,709,739	1,403,371,707	1,435,930,820	1,417,367,219
7.	Claims adjustment expenses (Line 20)	59,630,823	58,743,347	58,190,620	56,563,135	60,188,631
8.	Total administrative expenses (Line 21)	181,846,685	183,427,950	207,567,850	170,198,332	196,550,484
9.	Net underwriting gain (loss) (Line 24)	19,004,861	9,239,068	7,713,021	28,874,085	36,858,723
10.	Net investment gain (loss) (Line 27)	7,258,198	17,509,110	7,857,917	21,129,753	(1,111,740
11.	Total other income (Lines 28 plus 29)	(5,219,669)	(13,580,656)	(9,407,830)	(17,428,226)	(26,337,001
12.	Net income or (loss) (Line 32)	21,043,390	13,167,522	42,421,212	68,833,715	9,411,398
Cash	Flow (Page 6)					
13.	Net cash from operations (Line 11)	(67,103,723)	24,572,232	118,444,567	115,715,425	20,013,488
Risk-l	Based Capital Analysis					
14.	Total adjusted capital	408,954,583	434,692,861	415,814,234	371,583,769	298,658,624
15.	Authorized control level risk-based capital	64,201,018	63,315,995	58,616,377	58,232,394	57,430,307
Enrol	lment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	385,941	384,423	383,138	383,534	390,593
17.	Total members months (Column 6, Line 7)	4,607,876	4,632,706	4,615,572	4,615,952	4,711,740
Opera	ting Percentage (Page 4)					
(Item	divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health					
	(Line 18 plus Line 19)	86.6	85.9	82.2	84.6	82.9
20.	Cost containment expenses	1.5	1.6	1.5	1.5	1.5
21.	Other claims adjustment expenses	1.6	1.7	1.9	1.9	2.0
22.	Total underwriting deductions (Line 23)	99.0	99.5	99.5	98.3	97.8
23.	Total underwriting gain (loss) (Line 24)	1.0	0.5	0.5	1.7	2.2
Unpai	d Claims Analysis					
	Exhibit, Part 2B)					
	Total claims incurred for prior years (Line 17, Col. 5)	148,214,411	124,937,641	129,180,624	101,558,671	106,442,653
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	147,411,278	143,577,383	135,665,500	130,533,385	145,191,887
Inves	tments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29.	Affiliated short-term investments (subtotal					
	included in Sch. DA Verification, Col. 5, Line 10)					
30.	Affiliated mortgage loans on real estate					
31.			2,531,710	3,531,202	1,954,193	19,320,044
32.	Total of above Lines 26 to 31		2,531,710	3,531,202	1,954,193	19,320,044
33.	Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

If no, please explain:

Yes[] No[]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1 Direct Business Only										
			2	3	4	5	6 Federal Employees Health	7 Life & Annuity	8	9	10
	States, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Benefits Plan Premiums	Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Typ Contracts
1.	Alabama AL	N									
	Alaska AK	. <u>N</u> .									
	Arizona AZ Arkansas AR	. <u>N</u> . N									
- . 5.		N N									
6.		N									
	Connecticut CT	N									
8.		<u>N</u> .									
9. 10	District of Columbia DC Florida FL	. <u>N</u> . N									
	Georgia GA	N. N.									
	Hawaii HI	N									
	ldaho ID	N									
	Illinois IL	. <u>N</u> .									
	Indiana IN	. <u>N</u> .									
	lowa IA Kansas KS	. <u>N</u> . N									
	Kentucky KY	N									
	Louisiana LA	N									
	Maine ME	Ν									
	Maryland MD	. <u>N</u> .									
	Massachusetts MA Michigan MI	. <u>N</u> . N									
	Michigan MI Minnesota MN	. <u>N</u> . N									
	Mississippi MS	N .									
26.	Missouri MO	N									
	Montana MT	. <u>N</u> .									
	Nebraska NE Nevada NV	. <u>N</u> . N									
	New Hampshire NH	. <u>N</u> . N									
	New Jersey NJ	N									
	New Mexico NM	N									
	New York NY	N									
	North Carolina NC	. <u>N</u> .									
35. 36.	North Dakota ND Ohio OH	. <u>N</u> . N									
	Oklahoma OK	<u>N</u> . N									
	Oregon OR	N									
	Pennsylvania PA	N									
	Rhode Island RI	Ļ	951,839,419	807,201,713			129,006,033			1,888,047,165	
	South Carolina SC	N.									
	South Dakota SD Tennessee TN	. <u>N</u> . N									
	Texas TX	N N									
45.		N									
46.		N									
	Virginia VA	. <u>N</u> .									
48. 49.	Washington WA West Virginia WV	. <u>N</u> . N									
49. 50.	• • • • • • • • • • • • • • • • • • • •	N									
	Wyoming WY	N									
	American Samoa AS	N									
53.		N									
	Puerto Rico PR U.S. Virgin Islands VI	. <u>N</u> . N									
	U.S. Virgin Islands VI Northern Mariana Islands MP	. <u>N</u> . N									
	Canada CAN	N.									
	Aggregate other alien OT	XXX	· · · · · · · · ·			<u> </u>					
59.	Subtotal	XXX	951,839,419	807,201,713			129,006,033			1,888,047,165	
60.	Reporting entity contributions for Employee Benefit Plans	xxx	4,348	982,681						987,029	
<u>61</u> .	Totals (Direct Business)	XXX	951,843,767	808,184,394			129,006,033			1,889,034,194	
_											
	DETAILS OF WRITE-INS										
800		XXX									
800 800		XXX XXX									
899						ON					
	Line 58 from overflow page	XXX				VIN					
899	Totals (Lines 58001 through 58003										
)	plus 58998) (Line 58 above) Active Status Counts 1. L – Licensed or Chartered - Licensed insi 2. R - Registered - Non-domiciled RRGs 3. E – Eligible - Reporting entities eligible or 4. Q - Qualified - Qualified or accredited reir 5. N – None of the above - Not allowed to w Explanation o	approved nsurer vrite busir	d to write surplus	s lines in the state or none of the ab	ove codes appl		 	<u>1</u> 	 - - -	1	<u> </u>
o) ILL P	4. Q - Quaimeu - Quaimeu or accreuiteu reir	rite busir f basis	ess in the state	or none of the ab	ove codes appl		· · · · · · · · · · · · · · · · · · ·	56	-		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Page 2 - Continuation

ASSETS

		Current Year			
	1	2	3	4	
		-	Net Admitted		
REMAINING WRITE-INS AGGREGATED AT LINE 25		Nonadmitted	Assets	Net Admitted	
FOR OTHER THAN INVESTED ASSETS	Assets	Assets	(Cols. 1 - 2)	Assets	
2504. HISTORICAL TAX CREDITS	2,460,000		2,460,000	3,280,000	
2505. LEASEHOLD IMPROVEMENTS	643,462	643,462			
2506. LOAN & INTEREST RECEIVABLE	245,339	245,339		237	
2507. COLLATERAL FUND HOME & HOST	198,566		198,566	207,433	
2597. Totals (Lines 2504 through 2596) (Page 2, Line 2598)	3,547,367	888,801	2,658,566	3,487,670	

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LIABILITIES, CAPITAL AND SURPLUS

		Current Year		Prior Year
	1 2		3	4
	Covered	Uncovered	Total	Total
WRITE-INS AGGREGATED AT LINE 23 FOR OTHER LIABILITIES				
2304. UNFUNDED ACCUMULATED BENEFIT OBLIGATION	(1,256,531)		(1,256,531)	4,085,914
2397. Totals (Lines 2304 through 2396) (Page 3, Line 23)	(1,256,531)		(1,256,531)	4,085,914

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STATEMENT OF REVENUE AND EXPENSES

	Currer	Prior Year	
	1	3	
WRITE-INS AGGREGATED AT LINE 29 FOR STATEMENT OF REVENUE AND EXPENSES	Uncovered	Total	Total
2904. BANK SERVICE CHARGES		(422,496)	(309,785
2905. HEALTH INFORMATION EXCHANGE		(1,098,132)	(1,147,380
2906. OTHER INCOME (NET OF PENALTIES)		(3,772,753)	(12,216,438
2997. Totals (Lines 2901 through 2996) (Page 4, Line 2998)		(5,293,381)	(13,673,603

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Compre (Hospital &		4	5	6	7 Federal	8	9	10	11	12	13
		2	3	7			Employees	Title	Title				
WRITE-INS AGGREGATED AT LINE 05 FOR				Medicare	Dental	Vision	Health	XVIII	XIX		Disability	Long-Term	
UNDERWRITING AND INVESTMENT EXHIBIT	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other
0597. Totals (Lines 0501 through 0596) (Page 13, Line 0598)													
	1	Compre (Hospital 8		4	5	6	7 Federal	8	9	10	11	12	13
		2	3	1			Employees	Title	Title				
WRITE-INS AGGREGATED AT LINE 11 FOR				Medicare	Dental	Vision	Health	XVIII	XIX		Disability	Long-Term	
UNDERWRITING AND INVESTMENT EXHIBIT	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other
1197. Totals (Lines 1101 through 1196) (Page 13, Line 1198)													

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustm	ent Expenses	3	4	5
	1	2			
	Cost	Other Claim	General		
WRITE-INS AGGREGATED AT LINE 25 FOR	Containment	Adjustment	Administrative	Investment	
UNDERWRITING AND INVESTMENT EXHIBIT	Expenses	Expenses	Expenses	Expenses	Total
2504. MISCELLANEOUS	48,616	35,395	1,221,993		1,306,004
2505. CLAIMS HANDLING EXPENSE		(12,600)			(12,600)
2506. BLUECARD ADMIN FEE INCOME	(2,908,712)	(3,047,941)			(5,956,653)
2597. Totals (Lines 2501 through 2596) (Page 14, Line 2598)	(2,860,096)	(3,025,146)	1,221,993		(4,663,249)

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EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year		
	Total	Prior Year	Change in Total
DETAILS OF WRITE-IN LINES FOR	Nonadmitted	Total	Nonadmitted Assets
OTHER THAN INVESTED ASSETS AT LINE 25	Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
2504. LOAN & INTEREST RECEIVABLE	245,339	455,000	209,661
2505. FEP UNPAID CLAIMS			
2506. HISTORICAL TAX CREDITS			
2507. COLLATERAL FUND HOME & HOST			
2597. Totals (Lines 2504 through 2596) (Page 16, Line 2598)	245,339	455,000	209,661

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EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Total Members at End of					6
	1	2	3	4	5	
WRITE-INS AGGREGATED AT LINE 06 FOR EXHIBIT 1	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Current Year Member Months
0604. VISION ONLY	17,604	17,607	18,066	19,365	19,715	222,697
0605. MEDICARE PRESCRIPTION DRUG PLAN	10,177	9,745	9,599	9,537	9,473	115,515
0697. Totals (Lines 0601 through 0697) (Page 17, Line 06)	27,781	27,352	27,665	28,902	29,188	338,212