



53473202220100100

# ANNUAL STATEMENT

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

## BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 53473 Employer's ID Number 05-0158952

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry RI

Country of Domicile USA

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  Is HMO Federally Qualified? Yes  No

Incorporated/Organized February 27, 1939 Commenced Business September 1, 1939

Statutory Home Office 500 EXCHANGE STREET, PROVIDENCE, RI, US 02903  
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 EXCHANGE STREET (Street and Number)  
PROVIDENCE, RI, US 02903 (City or Town, State, Country and Zip Code)  
401-459-5886 (Area Code) (Telephone Number)

Mail Address 500 EXCHANGE STREET, PROVIDENCE, RI, US 02903  
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 EXCHANGE STREET PROVIDENCE, RI, US 02903 401-459-1000  
 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.BCBSRI.COM

Statutory Statement Contact MARK C. STEWART 401-459-5886  
 (Name) (Area Code) (Telephone Number) (Extension)  
MARK.STEWART@BCBSRI.ORG 401-459-1198  
 (E-Mail Address) (Fax Number)

### OFFICERS

	Name	Title
1.	MARTHA L. WOFFORD	PRESIDENT & CEO
2.	MICHELE B. LEDERBERG	EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER
3.	MARK C. STEWART	EXECUTIVE VICE PRESIDENT & CFO

### VICE-PRESIDENTS

Name	Title	Name	Title
ANASTASIA BERGMAN #	VP - CHIEF PEOPLE OFFICER	CHRISTOPHER G. BUSH	SVP - NETWORK MANAGEMENT
MATTHEW COLLINS M.D.	EVP - CHIEF MEDICAL OFFICER	DAVID COMELLA	VP - CHIEF INFORMATION OFFICER
MELISSA B. CUMMINGS	EVP - CHIEF CUSTOMER OFFICER	TARA L. DEMOURA	SVP - EMPLOYER SEGMENT
JEREMY S. DUNCAN	VP - MARKETING	JON FREDRICKSON #	VP & CHIEF RISK OFFICER
NICK LEFEBER #	SVP - VALUE BASED CARE	MICHAEL J. MARRONE	SVP - FINANCE
KRISTEN MCLEAN #	VP & GENERAL COUNSEL	MICHAEL MENARD #	VP - MEDICARE
CHRISTINE MUSIAL	VP - SHARED SERVICES	CHRISTINA PITNEY	SVP - GOVERNMENT PROGRAMS
RENA SHEEHAN	VP - CLINICAL INTEGRATION	LINDA WINFREY	VP - CHIEF AUDITOR

### DIRECTORS OR TRUSTEES

ROSAMARIA AMOROS JONES	CHRISTOPHER BUFFERY #	STEPHEN COHAN	CHRISTOPHER CROSBY
NICHOLAS DENICE	JOSEPH DIAZ M.D.	MICHAEL DICHIRO	LOUIS GIANCOLA
KAREN HAMMOND	MARGARET HOLLAND MCDUFF #	DONNA HUNTLEY-NEWBY	MICHAEL A ISRAELITE
SHARON MORRIS	WILLIAM MURRAY #	DEBRA PAUL	PETER QUATTROMANI
ROBERT A. SANDERS			

State of RHODE ISLAND

County of PROVIDENCE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to (or affirmed) before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 2023, by

- a. Is this an original filing?  Yes  No
- b. If no: 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

## EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	2,868,577	153,885	76,144	2,707,192	2,834,581	2,971,217
Group subscribers:						
Federal Employees Health Benefit Program	16,533,927					16,533,927
Retiree School Basic No Rx	381,677	370,401	378,358	2,204,068	3,334,504	
Virginia Transportation Corp	406,242	415,118	79,645	3	5,055	895,953
Active School Teachers	89,684	95,641	98,311	409,684	693,320	
Aipso-Local	527,957			6,303	39,389	494,871
AR Global Investments, LLC	180,360	175,074				355,434
Fellowship Health Resources Inc	192,345	33,122		117,683	342,126	1,024
Retiree City Plan 65	138,876	138,899	11,249			289,024
Meeting Street	279,061					279,061
Dominion Diagnostics	247,844					247,844
Lifespan	229,427					229,427
Medicare Advantage	28,958	27,488	26,280	131,990	214,716	
Active School Aides/Safety	27,223	28,113	28,670	127,723	211,729	
Medicare Advantage	37,128	37,758	37,443	77,407	189,736	
Care New England	144,121	35,076				179,197
Medicare Advantage	27,271	30,036	26,038	71,560	154,905	
Care New England	145,519	9,116				154,635
Bradford Soap International, Inc.	145,343					145,343
JBF Healthcare Management Inc. DBA Trinity Health-	28,626	30,906	27,095	47,710	134,337	
Medicare Advantage	112,827	21,510				134,337
Pet Food Experts	128,581					128,581
Thrive Behavioral Health	119,260					119,260
Medicare Advantage	15,415	15,775	16,135	70,343	117,668	
Northeast Behavioral Associates DBA Northeast Fami	116,425					116,425
Eto Sterilization Inc	57,298	57,298				114,596
St Mary's Home	102,347	4,213				106,560
Charlesgate Nursing Center	48,204	56,447	737			105,388
Care New England	45,204	44,978	15,041			105,223
JBF Healthcare Management Inc. DBA Trinity Health-	22,548	21,219	20,468	39,517	103,752	
Procaccianti Companies	103,386				394	102,992
Medicare Advantage	17,955	18,900	19,530	39,060	95,445	
Pace Organization of Rhode Island	91,614					91,614
Village Retirement Communities	88,038					88,038
Community Care Alliance	86,037					86,037
Pet Food Experts	83,325					83,325
Saint Elizabeth Home	80,746				488	80,258
Active School NU	11,077	11,745	11,578	45,651	80,051	
Active School PPSD BEST	11,134	11,023	10,689	46,539	79,385	
United Way of RI	77,777				325	77,452
Guaranteed Transport Service, INC	35,699	41,747				77,446
Medicare Advantage	15,120	15,120	15,120	30,240	75,600	
Vibco Inc	69,046					69,046
The Highlander Charter School	67,943					67,943
Medicare Advantage	13,545	13,545	13,545	27,090	67,725	

## EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Retiree School	9,458	9,622	8,707	38,827	66,614	
Care New England	49,849	16,717				66,566
Aspen Blue, LLC	15,669	14,994	16,984	18,482	66,129	
Active School Clerks	8,295	8,518	8,629	37,444	62,886	
Care New England	26,648	27,194	7,383			61,225
CVNA	60,911					60,911
Visiting Nurse Home & Hospice	57,697					57,697
Pet Food Experts	53,401					53,401
Bremer Law & Associates, LLC	25,615	25,225				50,840
Steere House Inc DBA Steere House Nursing & Rehabi	49,726					49,726
Community Action Partnership of Providence County	23,276	25,215	1,058			49,549
RI School of Design	49,491					49,491
Sterilization & Fumigation Services Inc	24,617	22,880				47,497
Medicare Advantage	11,340	11,655	11,025	12,817	46,837	
International Charter School	46,084					46,084
Rhode Island Distributing	4,243	4,243	4,243	33,294	46,023	
West Warwick Public Schools	42,412	3,094				45,506
Metro Motors Management, Inc.		11,357	11,357	22,714	45,428	
A G I Construction	43,608					43,608
Q Tech LLC DBA Material Sampling Technologies	43,437					43,437
Friendly Home Inc	42,281					42,281
Neurotech USA	40,000					40,000
Virginia Transportation Corp Dental	19,559	20,352				39,911
Care New England	28,350	8,729				37,079
Rhode Island Legal Services, Inc	36,360					36,360
Cherenzia Excavation	35,726					35,726
Marshall Hotels & Resorts, Inc.	35,633					35,633
SyQwest, Inc.	31,545					31,545
Nephrology Associates Inc				30,404	30,404	
Arkwright Advanced Coating, Inc	30,169					30,169
TPG KC HOTEL MANAGER LLC	29,576					29,576
Advanced Radiology	27,015	2,288				29,303
D3Logic, Inc	28,386					28,386
ST. MICHAEL'S COUNTRY DAY SCHOOL	28,224					28,224
Illuminoss Medical	28,166					28,166
Community Living RI	14,303	12,541	1,073			27,917
Pawtucket Red Sox Baseball Club, LLC	27,737					27,737
Becton, Dickinson and Company	27,528					27,528
J.A.M. Construction Co., Inc	6,636	6,419	6,852	7,606	27,513	
Skyline at Water Place LLC				26,685	26,685	
Crestwood Nursing and Rehabilitation Center Inc	26,553					26,553
DiStefano Brothers Construction, Inc	26,500					26,500
Fit & Fresh, Inc	26,185					26,185
Medicare Advantage	24,906	7	7	122	25,042	
Medicare Advantage	724	724	362	23,207	25,017	
J2 Construct, Inc.	21,606	2,585				24,191
Active Police	23,957					23,957

**EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
College Unbound	23,520					23,520
Peregrine Property Management, LLC	23,438					23,438
Carpionato Properties, Inc	23,210					23,210
Consolidated Concrete Corp.	23,036					23,036
Hyatt Regency Lexington	22,427					22,427
Venturecap Investment Group V, LLC DBA Byrider	22,337					22,337
Narragansett Jewelry Company dba C&J Jewelry Compa	22,151					22,151
Kay/Tak	22,001					22,001
E L J Inc	8,736	8,736	4,347			21,819
Active Fire	21,716					21,716
Inland Waters LLC	20,081					20,081
Carpionato Properties, Inc	19,880				909	18,971
Meridian Printing, Inc.	19,734					19,734
Rambone Disposal Services, Inc	19,554					19,554
New England Building & Bridge Co.,Inc	12,446	7,071				19,517
Calvino Law Associates	19,038					19,038
Retiree Fire Pre 65 1995-2006	18,844					18,844
Eagle Cornice Co., Inc.	9,108	9,108	2			18,218
R & D Manufacturing	14,557	2,982				17,539
Armbrust International LTD	17,501					17,501
London Health Administrators Ltd	17,366					17,366
North-Eastern Tree Service, Inc	17,127					17,127
Danfords Port Jefferson	14,303	2,290				16,593
East Coast Management	16,333					16,333
Washington Trust Company	16,080					16,080
Turnstyle Designs Inc	3,669	3,669	3,468	5,228	16,034	
Design Fabricators, Inc	15,529	495				16,024
Church Community Housing Crp	15,963					15,963
Kelly and Picerne, Inc. DBA Picerne Real Estate Gr	15,877					15,877
Lincoln Pediatric Associates, Inc.				15,744	15,744	
Retiree Police Pre 65 1995	15,571					15,571
Medicare Advantage	1,733	950	665	12,024	14,019	1,353
E.B. Thomsen Inc				15,309	15,309	
Law Office of Christopher-M Mulhearn, Inc.	4,561	4,561	4,561	1,580	15,263	
AT Cross Company, LLC	15,195				73	15,122
Freeway Enterprises, LLC	14,972	180				15,152
Epoch Sleep Center	15,052					15,052
Innovex (Advanced Business Machines)	14,934					14,934
Peckham Brothers Company Inc	2,868	2,868	2,868	6,264	14,868	
Motel IS, LLC DBA Township	14,851					14,851
Dynasty Gunite Pools	14,607					14,607
DiLeonardo International, Inc.	5,889	6,600	1,798			14,287
Tamarisk Assisted Living	14,286					14,286
Dunkin Donuts Center	13,830					13,830
Auro Solutions, LLC	13,450	322				13,772
Northeast Behavioral Associates DBA Northeast Fami				13,472	13,472	
Carla Corporation	13,316					13,316

**EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Care New England	2,563	2,796	2,796	5,144	13,299	
Digital Octane DBA Linchpin	5,966	6,971				12,937
Macera's Italian Restaurant, Inc	2,818	1,845	3,791	4,295	12,385	364
American Tool Company	12,326	360				12,686
Hayes & Sherry Ltd	12,662					12,662
House of Hope Cdc	12,566					12,566
Deepak Saluja DMD Inc DBA-Dentplus Dental	2,489	2,489	2,489	4,977	12,444	
Summit Electrical Contractors, Inc.	3,728	3,604	3,604	1,226	12,162	
Kelly, Souza, Rocha, Parmenter PC	12,077					12,077
Maro Display, Inc.	4,012	4,012	4,012			12,036
Premier Land Development	5,482	6,425				11,907
Valley Repair Inc	11,617					11,617
S & S Electric DBA S & S Electric LLC	5,441	5,441	682			11,564
Medicare Advantage	1,620	268		9,624	11,512	
Applied Radar Inc	3,821	2,162	5,480			11,463
Rebello Funeral Home Inc	11,431					11,431
Grieco Automotive Management, LLC	11,357					11,357
South County Sand & Gravel Co Inc	11,213					11,213
Albert J Marano MD, Inc.	4,155	4,155	2,883			11,193
Primacare Inc.				11,129	11,129	
Desmark Industries Inc. DBA Amerisewn	11,052					11,052
Union Studio Architecture & Community Design	10,939					10,939
Jones Associates	5,456	5,456				10,912
Evergreen Plumbing & Heating Inc.	6,606	4,267				10,873
Lansco Colors LLC				10,779	10,779	
Capco Steel Erection Company				10,743	10,743	
J & S Scrap Metal & Recycling	5,344	5,344				10,688
Bliss Manufacturing Company, Inc.	5,174	5,174	316			10,664
Full Keel Marine LLC	6,711	3,938				10,649
Cosmed of PA	10,641					10,641
Key Corporation	10,577					10,577
Carpionato Properties, Inc	10,545					10,545
Innovative Enrollment Solutions, LLC	5,096	5,096	347			10,539
Cogent Computer Systems, Inc.				10,461	10,461	
D.Lewis & Son, Inc.	10,271					10,271
Northeast Collaborative Architects Inc	10,232	33			633	9,632
Coop Enterprises, Inc.	2,392	2,392	2,392	2,991	10,167	
Ent & Allergy, Inc.	10,144					10,144
American Tele-Connect Services Inc				10,130	10,130	
Smithfield Peat Company Inc	10,104					10,104
Elite Title & Closing Services, LLC	5,031	5,031				10,062
Retiree City 1033	10,018					10,018
0299997 Group subscriber subtotal	23,699,896	2,121,718	960,113	3,895,293	6,640,763	24,036,257
0299998 Premiums due and unpaid not individually listed	945,281	199,272	59,554	576,666	743,340	1,037,433

**EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299999 Total group	24,645,177	2,320,990	1,019,667	4,471,959	7,384,103	25,073,690
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
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0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	27,513,754	2,474,875	1,095,811	7,179,151	10,218,684	28,044,907

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### EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
PRIME THERAPEUTICS	12,454,411	9,694,411	9,694,411	11,966,353	2,940,588	40,868,999
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	12,454,411	9,694,411	9,694,411	11,966,353	2,940,588	40,868,999
VARIOUS	17,659	6,836	3,347	7,340	7,340	27,842
EVE B. WEINER				13,996	13,996	
CANDESCENT EYE SURGICENTER LLC			51,243			51,243
OSH-RI PHYSICIANS GROUP PC	57,099					57,099
LAWRENCE AND MEMORIAL HOSPITAL,	33,289	619	7,023			40,931
BUTLER HOSPITAL	33,984					33,984
AFFINITY PHYSICIANS	11,499					11,499
UNIVERSITY ORTHOPEDICS INC	20,720					20,720
CHARLTON MEMORIAL HOSPITAL	10,515					10,515
YALE-NEW HAVEN HOSPITAL		10,043				10,043
BROWN NEUROLOGY	17,131					17,131
KENT COUNTY HOSPITAL	18,719			750,000		768,719
ORTHOPEDICS RHODE ISLAND INC	17,500					17,500
WOMEN & INFANTS HOSPITAL	23,958			750,000		773,958
WESTERLY HOSPITAL	26,612			3,077	3,077	26,612
THE MIRIAM HOSPITAL	11,191					11,191
RHODE ISLAND HOSPITAL	58,037			12,395	12,395	58,037
OUR LADY OF FATIMA HOSPITAL	36,794					36,794
SOUTH COUNTY HOSPITAL	104,896					104,896
0299998 Claim Overpayment Receivables Not Individually Listed	245,936	45,459	23,492	38,224	38,224	314,886
0299999 Claim Overpayment Receivables	745,539	62,957	85,105	1,575,032	75,032	2,393,600
CNE	2,289,515					2,289,515
LIFESPAN	187,990					187,990
SOUTH COUNTY	127,776					127,776
WESTERLY HOSPITAL	97,935					97,935
LANDMARK	160,256					160,256
0699998 Other Receivables Not Individually Listed	537,609					537,609
0699999 Other Receivables	3,401,081					3,401,081
0799999 Gross Health Care Receivables	16,601,031	9,757,368	9,779,516	13,541,385	3,015,620	46,663,680

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	31,153,809	6,811,931		43,809,587	31,153,809	30,807,973
2. Claim overpayment receivables .....	4,499,226		3,752	2,464,879	4,502,978	4,502,978
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	3,837,105				3,837,105	3,837,105
5. Risk sharing receivables .....						
6. Other health care receivables .....	2,086,718			3,401,082	2,086,718	2,723,646
7. Total (Lines 1 through 6)	41,576,858	6,811,931	3,752	49,675,548	41,580,610	41,871,702

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





## EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliates	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
			<b>NONE</b>				
<div style="display: flex; justify-content: space-between;"> <span>0399999</span> <span>Total gross amounts receivable</span> </div>							

**EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

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

### EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	121,607,414	7.628	40,566	10.511	29,849,788	91,757,626
4. Total capitation payments	121,607,414	7.628	40,566	10.511	29,849,788	91,757,626
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	1,472,713,454	92.372	XXX	XXX		1,472,713,454
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	1,472,713,454	92.372	XXX	XXX		1,472,713,454
13. Total (Line 4 plus Line 12)	1,594,320,868	100.000	XXX	XXX	29,849,788	1,564,471,080

### EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		<b>NONE</b>			
9999999	Totals		XXX	XXX	XXX

### EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,693,155		3,693,155			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,793,789		3,276,092	517,697	517,697	
6. Total	7,486,944		6,969,247	517,697	517,697	



53473202243040100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

2. PROVIDENCE, RI

(LOCATION)

NAIC Group Code 0000

**BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2022**

NAIC Company Code 53473

30 RI

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	384,423	16,950	109,047	23,582	17,604	75,646	22,574	62,698					56,322	
2. First Quarter	383,219	17,635	104,243	23,057	17,607	75,313	22,626	64,898					57,840	
3. Second Quarter	383,074	17,346	104,744	22,941	18,066	74,580	22,457	65,595					57,345	
4. Third Quarter	384,643	17,089	105,461	22,612	19,365	75,092	22,481	66,581					55,962	
5. Current Year	385,941	16,720	105,661	22,467	19,715	75,222	22,538	67,918					55,700	
6. Current Year Member Months	4,607,876	207,072	1,260,069	274,143	222,697	900,342	270,451	791,682					681,420	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,684,526	97,261	564,978				151,307	870,980						
8. Non-Physician	1,602,730	120,587	638,245				157,124	686,774						
9. Total	3,287,256	217,848	1,203,223				308,431	1,557,754						
10. Hospital Patient Days Incurred	85,961	4,546	21,535				2,962	56,918						
11. Number of Inpatient Admissions	15,947	775	4,294				622	10,256						
12. Health Premiums Written (b)	1,889,034,193	121,424,184	713,594,562	58,390,815	844,253	29,029,906	129,006,033	808,184,394					28,560,046	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,883,598,404	121,364,133	712,901,210	58,390,815	844,253	29,029,906	129,006,033	808,184,394					23,877,660	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,594,320,868	102,468,285	591,484,274	47,609,581	514,170	20,147,736	118,904,481	695,564,148					17,628,193	
18. Amount Incurred for Provision of Health Care Services	1,651,095,991	117,493,845	611,531,958	49,018,232	514,134	20,030,235	117,887,649	707,812,479					26,807,459	

(a) For health business: number of persons insured under PPO managed care products 212,199 and number of persons insured under indemnity only products 638.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 808,184,394.



53473202243059100

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

2. PROVIDENCE, RI

(LOCATION)

NAIC Group Code 0000

**BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2022**

NAIC Company Code 53473

30 GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	384,423	16,950	109,047	23,582	17,604	75,646	22,574	62,698					56,322	
2. First Quarter	383,219	17,635	104,243	23,057	17,607	75,313	22,626	64,898					57,840	
3. Second Quarter	383,074	17,346	104,744	22,941	18,066	74,580	22,457	65,595					57,345	
4. Third Quarter	384,643	17,089	105,461	22,612	19,365	75,092	22,481	66,581					55,962	
5. Current Year	385,941	16,720	105,661	22,467	19,715	75,222	22,538	67,918					55,700	
6. Current Year Member Months	4,607,876	207,072	1,260,069	274,143	222,697	900,342	270,451	791,682					681,420	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,684,526	97,261	564,978				151,307	870,980						
8. Non-Physician	1,602,730	120,587	638,245				157,124	686,774						
9. Total	3,287,256	217,848	1,203,223				308,431	1,557,754						
10. Hospital Patient Days Incurred	85,961	4,546	21,535				2,962	56,918						
11. Number of Inpatient Admissions	15,947	775	4,294				622	10,256						
12. Health Premiums Written (b)	1,889,034,193	121,424,184	713,594,562	58,390,815	844,253	29,029,906	129,006,033	808,184,394					28,560,046	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,883,598,404	121,364,133	712,901,210	58,390,815	844,253	29,029,906	129,006,033	808,184,394					23,877,660	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,594,320,868	102,468,285	591,484,274	47,609,581	514,170	20,147,736	118,904,481	695,564,148					17,628,193	
18. Amount Incurred for Provision of Health Care Services	1,651,095,991	117,493,845	611,531,958	49,018,232	514,134	20,030,235	117,887,649	707,812,479					26,807,459	

(a) For health business: number of persons insured under PPO managed care products 212,199 and number of persons insured under indemnity only products 638.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 808,184,394.

### SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
999999	Totals					XXX						





### SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	SSL/G	CMM	1,216,192						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	ASL/G	CMM	12,323						
38245	36-6033921	01/01/2021	BCS INSURANCE COMPANY	IL	CAT	SLEL	1,046,675						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	SSL/G	CMM	2,837,683						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	ASL/G	CMM	28,845						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	CAT	SLEL	294,071						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	5,435,789						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	5,435,789						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	5,435,789						
1199999	General Account - Authorized - Total General Account Authorized					X X X	5,435,789						
3499999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Captive					X X X							
3699999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total					X X X							
4099999	General Account - Reciprocal Jurisdiction - Affiliates - Total Reciprocal Jurisdiction Affiliates					X X X							
4199999	General Account - Reciprocal Jurisdiction - Non-Affiliates - U.S. Non-Affiliates					X X X							
4399999	General Account - Reciprocal Jurisdiction - Non-Affiliates - Total Reciprocal Jurisdiction Non-Affiliates					X X X							
4499999	General Account - Total General Account Reciprocal Jurisdiction					X X X							
4599999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	5,435,789						
9199999	Total U.S.					X X X	5,435,789						
9999999	Totals					X X X	5,435,789						

### SCHEDULE S - PART 4

#### Reinsurance Ceded To Unauthorized Companies

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

34

(a)

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

### SCHEDULE S - PART 5

#### Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Comp- any Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)										
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreement	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)									
<b>NONE</b>																																		
9999999 Totals							XXX		XXX														XXX		XXX									

35

(a)

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

## SCHEDULE S – PART 6

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

	1	2	3	4	5
	2022	2021	2020	2019	2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums	5,436	4,337	1,716	2,112	2,089
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	20,481	7,722	5,630	62	815
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

**SCHEDULE S – PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	629,591,076		629,591,076
2. Accident and health premiums due and unpaid (Line 15)	99,133,733		99,133,733
3. Amounts recoverable from reinsurers (Line 16.1)	20,480,988	(20,480,988)	
4. Net credit for ceded reinsurance	X X X	26,486,301	26,486,301
5. All other admitted assets (Balance)	173,497,540		173,497,540
6. Total assets (Line 28)	922,703,337	6,005,313	928,708,650
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	139,367,499	6,440,000	145,807,499
8. Accrued medical incentive pool and bonus payments (Line 2)	42,897,616		42,897,616
9. Premiums received in advance (Line 8)	22,209,188		22,209,188
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	309,274,451	(434,687)	308,839,764
15. Total liabilities (Line 24)	513,748,754	6,005,313	519,754,067
16. Total capital and surplus (Line 33)	408,954,583	X X X	408,954,583
17. Total liabilities, capital and surplus (Line 34)	922,703,337	6,005,313	928,708,650
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid	6,440,000		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	20,480,988		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	26,920,988		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	434,687		
30. Total ceded reinsurance payables/offsets	434,687		
31. Total net credit for ceded reinsurance	26,486,301		

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

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

NONE

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND OSH-RI, LLC	5347300000	05-015895261-1903507	00	00		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	RI RI	RE NIA	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	BOARD OF DIRECTORS BOARD OF DIRECTORS		BOARD OF DIRECTORS BOARD OF DIRECTORS	NO NO	

Asterik	Explanation
<div style="font-size: 48px; font-weight: bold; margin: 0;">NONE</div>	



## SCHEDULE Y

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

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



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

### REQUIRED FILINGS

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

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

### SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing, if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
<b>APRIL FILING</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be files with the state of domicile and the NAIC by April 1?	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanation 11: NOT REQUIRED TO FILE

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 12: NOT REQUIRED TO FILE  
.....  
.....
- Explanation 13: NOT REQUIRED TO FILE  
.....  
.....
- Explanation 14: NOT REQUIRED TO FILE  
.....  
.....
- Explanation 16: NOT REQUIRED TO FILE  
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.....
- Explanation 17: NOT REQUIRED TO FILE  
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- Explanation 18: NOT REQUIRED TO FILE  
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- Explanation 19: NOT REQUIRED TO FILE  
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- Explanation 20: NOT REQUIRED TO FILE  
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- Explanation 23: NOT REQUIRED TO FILE  
.....  
.....
- Explanation 24: NOT REQUIRED TO FILE  
.....  
.....

**Bar Code:**



53473202220500000



53473202220700000



53473202242000000



53473202237100000



53473202236500000



53473202224000000



53473202222500000



53473202222600000



53473202230600000



53473202221600000



53473202223000000

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**OVERFLOW PAGE FOR WRITE-INS**

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# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473202236040100

For The Year Ended December 31, 2022  
(To Be Filed By March 1)

## FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473  
 Address (City, State and Zip Code) PROVIDENCE, RI 02903  
 Person Completing This Exhibit MARK STEWART  
 Title EXECUTIVE VICE PRESIDENT & CFO Telephone Number 401-459-5886

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristic	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	40	A	NO	246	07/01/1966		07/01/1966		PLAN 65	923,994	769,471	83.30	351	47,352	39,433	83.30	18
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	63,179	52,613	83.30	24	2,631	2,191	83.30	1
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	28,957	24,114	83.30	11	2,631	2,191	83.30	1
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	11,698,659	9,742,249	83.30	4,444	589,267	490,722	83.30	224
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	9,208,350	7,668,404	83.30	3,498	465,626	387,758	83.30	177
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	5,143,830	4,283,608	83.30	1,954	260,435	216,881	83.30	99
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	5,901,979	4,914,969	83.30	2,242	297,264	247,552	83.30	113
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	78,974	65,767	83.30	30	5,261	4,381	83.30	2
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	279,041	232,376	83.30	106	13,153	10,954	83.30	5
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	6,102,046	5,081,578	83.30	2,318	307,787	256,314	83.30	117
YES	40	N	NO	246	07/01/1966		07/01/1966		PLAN 65	471,211	392,408	83.30	179	23,676	19,716	83.30	9
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										39,900,220	33,227,557	83.30	15,157	2,015,083	1,678,093	83.30	766
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	15,025,715	12,870,716	85.70	5,333	502,507	430,437	85.70	451
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	166,232	142,391	85.70	59	781,059	669,039	85.70	701
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										15,191,947	13,013,107	85.70	5,392	1,283,566	1,099,476	85.70	1,152

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
  - Contact Person and Phone Number: CHRISTINA PITNEY 401-459-1103
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
  - Contact Person and Phone Number: CHRISTINA PITNEY 401-459-1103
- Explain any policies identified above as policy type 'O'



53473202236500100

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000

NAIC Company Code 53473

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	3,842,327	X X X	6,296,991	X X X	10,139,318
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	355,315	X X X		X X X	355,315
1.2 Supplemental Benefits	298,112	X X X	488,559	X X X	786,671
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(23,607)	X X X	754,964	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(1,832)	X X X	58,575	X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	(352,589)	X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	3,818,720	X X X	7,051,955	X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	2,726	X X X		X X X	X X X
5.2 Supplemental Benefits	296,280	X X X	547,134	X X X	X X X
6. Total Premiums	4,117,726	X X X	7,599,089	X X X	11,281,304
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	3,164,483	X X X	6,313,975	X X X	9,478,458
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	245,520	X X X	489,877	X X X	735,397
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(204,925)	X X X	(21,011)	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	(15,899)	X X X	(1,630)	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(35,348)	X X X	(79,157)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(2,743)	X X X	(6,142)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	2,924,210	X X X	6,213,806	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	226,878	X X X	482,106	X X X	X X X
11. Total Claims	3,151,088	X X X	6,695,912	X X X	10,213,855
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied-change	X X X		X X X		
12.3 Reimbursements Receivable-change	X X X		X X X		X X X
12.4 Health Care Receivables-change	X X X		X X X		X X X
13. Aggregate Policy Reserves-change					X X X
14. Expenses Paid	692,150	X X X	286,001	X X X	978,151
15. Expenses Incurred	858,615	X X X	354,988	X X X	X X X
16. Underwriting Gain/Loss	108,023	X X X	548,189	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	89,298