ANNUAL STATEMENT

OF THE

	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	
of	PROVIDENCE COUNTY	
STATE OF	RHODE ISLAND	

TO THE

Insurance Department

OF THE

STATE OF RHODE ISLAND

FOR THE YEAR ENDED

December 31, 2023

HEALTH



ANNUAL STATEMENT

For the Year Ended December 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code 0000	0000	NAIC Company C	ode 5347	73	Employer's ID Number	05-0158952
(Current Perio	od) (Prior Period)					
	HODE ISLAND		, State of Domicile or	Port of Entry	RI	
Country of Domicile USA						
,,		[] Property/C	-		Hospital, Medical & Dental Se	• • •
	•		vice Corporation		Health Maintenance Organiza	ation []
			derally Qualified?	Yes[]N		
Incorporated/Organized	February 27	7, 1939	Con	nmenced Bus		tember 1, 1939
Statutory Home Office 500 EXCH.	ANGE STREET (Street a	nd Number)	,	, <u>PRO</u>	VIDENCE, RI, US 02903 (City or Town, State, Coun	itry and 7in Code)
Main Administrative Office 500	0 EXCHANGE STREET				(only or rown, onato, ooun	a y and 2.p 0000)
			(Street and	Number)		
PR	ROVIDENCE, RI, US 02903				1-459-1000	
Mail Address 500 EVOLIANOE 0		te, Country and Zip Code	∍)	(Area Code)	, , ,	
Mail Address 500 EXCHANGE S	(Street and Number	or P.O. Box)	,	, <u>PRO</u>	VIDENCE, RI, US 02903 (City or Town, State, Coun	try and Zip Code)
Primary Location of Books and Record	ls 500 EXCHANGE STI	REET		PROVIDENCE	, RI, US 02903	401-459-1000
	(St	reet and Number)	(City	or Town, State	e, Country and Zip Code) (Area	Code) (Telephone Number)
	.BCBSRI.COM					
Statutory Statement Contact Michigan Mi	CHAEL J. MARRONE	(Name)		401-45 (Area Code	59-2183) (Telephone Number)	(Extension)
Mic	CHAEL.MARRONE@BCBSRI.OR	,		(Alea Code)	401-459-2	,
		-Mail Address)			(Fax Num	
		OFF	FICERS			
	Name	011	IOLINO		Title	
1. MARTHA L. WOFFORD	Name		PRESIDE	ENT & CHIEF E	XECUTIVE OFFICER	
2. MICHELE B. LEDERBERG			EVP. CH	IEF ADMIN OF	FICER & CHIEF LEGAL OFFICE	R
3. MICHAEL J. MARRONE #			EXEC. VI	ICE PRESIDEN	IT & CHIEF FINANCIAL OFFICER	₹
		VICE-DI	RESIDENTS			
Name		Title	KLOIDLIVIO	Name		Title
ANASTASIA BERGMAN	VP - CHIEF PEOPLE OFF		CHRISTOPHE		SVP - NETV	VORK MANAGEMENT
DAVID COMELLA	VP - CHIEF INFORMATION	ON OFFICER	MELISSA B. C	UMMINGS	EVP - CHIEF	F CUSTOMER OFFICER
TARA L. DEMOURA	SVP - EMPLOYER SEGM	IENT	JOHN DONOF	HUE #	VP - GROUP	SALES
JEREMY S. DUNCAN	VP - MARKETING	UDEDIA DITINO	PETER N. LEF			E BASED CARE
BRIAN MACKINTOSH #	VP - ACTUARIAL AND UI	NDERWRITING	KRISTEN MCI			RAL COUNSEL
MICHAEL MENARD CHRISTINA PITNEY	VP - MEDICARE SVP - GOVERNMENT PR	ROGRAMS	CHRISTINE M FARAH SHAF			ED SERVICES F MEDICAL OFFICER
LINDA WINFREY	VP - CHIEF AUDITOR	to or a time	170001 0100	. "		MEDIONE OFFICER
EDVECT ALMONTS "	OUDIOTODUED DUE		OR TRUSTEES		QUIDIOT	CODUED ODGODY
ERNEST ALMONTE # NICHOLAS DENICE	CHRISTOPHER BUF JOSEPH DIAZ M.D.	FERY	STEPHEN CO MICHAEL DIC			OPHER CROSBY GIANCOLA
KAREN HAMMOND	MARGARET HOLLAN	ND MCDUFF	DONNA HUNT			EL A ISRAELITE
SHARON MORRIS	WILLIAM MURRAY		DEBRA PAUL			QUATTROMANI
ROBERT A. SANDERS	MARTHA TEMPLE	#	VICKI VIRGILI	IO #		
		_				
State of RHODE ISLAND						
County of PROVIDENCE	SS					
The officers of this reporting entity being dul	ly sworn, each depose and say the	nat they are the describe	ed officers of said report	ing entity, and	that on the reporting period state	d above, all of the herein described
assets were the absolute property of the sa	· · · · · · · · · · · · · · · · · · ·	=	•		-	
explanations therein contained, annexed or r						
and of its income and deductions therefrom to the extent that: (1) state law may differ; of	·	•			-	·
knowledge and belief, respectively. Furtherm	• •	•	· -		•	=
(except for formatting differences due to elec-		-			= -	
(Signature)		((Signature)			(Signature)
MARTHA L. WOFFORD	<u> </u>		E B. LEDERBERG			AEL J. MARRONE
(Printed Name) 1.		(Pi	rinted Name) 2.		(P	rinted Name) 3.
'.			2.			J.
PRESIDENT & CHIEF EXECUTIVE	E OFFICER_	EVP. CHIEF ADMIN OF	FICER & CHIEF LEGAL	OFFICER	EXEC. VICE PRESIDEN	NT & CHIEF FINANCIAL OFFICER
(Title)			(Title)			(Title)
Subscribed and sworn to (or affirmed) before	me this on this		· •			
day of	, 2024, by					
					a. Is this an original filing?	[X]Yes []No
					b. If no: 1. State the amendment2. Date filed	ant number
					2. Date filed 3. Number of pages a	uttached

ASSETS

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	462,559,415		462,559,415	458,106,866
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	21,128,948		21,128,948	26,068,041
	2.2 Common stocks	105,454,145		105,454,145	81,865,522
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 (less \$ 38,732,479 encumbrances)	45,321,428		45,321,428	42,583,869
	4.2 Properties held for the production of income (less \$ 0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 16,729,291, Schedule E - Part 1), cash equivalents (\$ 8,135,378,				
	Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	24,864,668		24,864,668	(4,319,130)
	Contract loans (including \$ 0 premium notes)				
	Derivatives (Schedule DB)				
	Other invested assets (Schedule BA)	39,562,025		39,562,025	25,285,654
9.	Receivables for securities	191		191	255
10.	Securities lending reinvested collateral assets (Schedule DL)				
	Aggregate write-ins for invested assets	200 200 200		000 000 000	000 504 077
12.	Subtotals, cash and invested assets (Lines 1 to 11)	698,890,820		698,890,820	629,591,077
	Title plants less \$ 0 charged off (for Title insurers only)	2.400.004		2.400.004	0.400.474
14.	Investment income due and accrued	3,190,224		3,190,224	3,138,174
15.	Premiums and considerations:	22 270 746	E 077 017	27 400 020	20 044 007
	 15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred 	33,378,746	5,977,817	27,400,929	28,044,907
	and not yet due (including \$ 0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$ 677,611) and contracts subject to				
	radatamination (\$ 25.054.404)	36,632,012		36,632,012	71,088,826
16	redetermination (\$ 35,954,401) Reinsurance:	30,032,012		30,032,012	7 1,000,020
10.	10.1 Associate associately from reinsuran	18,373,777		18,373,777	20,480,988
	16.2 Funds held by or deposited with reinsured companies	10,070,777		10,070,777	20,400,000
	16.3 Other amounts receivable under reinsurance contracts				
17	Amounts receivable relating to uninsured plans	115,513,112	2,901,687	112,611,425	79,252,216
	Current federal and foreign income tax recoverable and interest thereon	: : : : : : : : : : : : : : :		: :='? : :' :="	
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	37,478,993	37,429,573	49,420	91,779
21.	Furniture and equipment, including health care delivery assets (\$ 0)	460,747	460,747		
22.	Net adjustment in assets and liabilities due to foreign exchange rates			[
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$81,745,555) and other amounts receivable	84,846,905	3,101,350	81,745,555	46,663,680
25.	Aggregate write-ins for other-than-invested assets	86,150,255	39,250,064	46,900,191	44,351,690
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	1,114,915,591	89,121,238	1,025,794,353	922,703,337
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	1,114,915,591	89,121,238	1,025,794,353	922,703,337

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. OTHER RECEIVABLES	35,625,455	1,547,041	34,078,414	32,193,157
2502. PREPAID EXPENSES	34,867,325	34,867,325		
2503. FEP UNPAID CLAIMS	10,969,000		10,969,000	9,499,967
2598. Summary of remaining write-ins for Line 25 from overflow page	4,688,475	2,835,698	1,852,777	2,658,566
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	86.150.255	39.250.064	46.900.191	44.351.690

LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year	
		1	2	3	4	
		Covered	Uncovered	Total	Total	
1.	Claims unpaid (less \$ 0 reinsurance ceded)	172,331,717		172,331,717	139,367,499	
	Accrued medical incentive pool and bonus amounts	53,315,471		53,315,471	42,897,616	
	Unpaid claims adjustment expenses	20,437,460		20,437,460	24,377,316	
4.	Aggregate health policy reserves, including the liability of \$ 0 for medical					
	loss ratio rebate per the Public Health Services Act	91,542,426		91,542,426	82,983,616	
5.	Aggregate life policy reserves					
6.	Property/casualty unearned premium reserves					
7.	Aggregate health claim reserves	4,496,000		4,496,000	3,821,000	
8.		17,915,388		17,915,388	22,209,188	
9.		49,481,505		49,481,505	66,332,986	
	Current federal and foreign income tax payable and interest thereon					
10.1.	(including \$ 0 on realized gains (losses))	918,410		918,410	759,048	
10.2		310,710			1,00,040	
	Net deferred tax liability Coded raingurgage promiums payable	654.765			E21 006	
	Ceded reinsurance premiums payable			654,765	521,986	
	Amounts withheld or retained for the account of others			1,189,803	1,600,471	
	Remittances and items not allocated	4,910,614		4,910,614	3,147,643	
14.	Borrowed money (including \$ 70,000,000 current) and interest					
	thereon \$ 98,133 (including \$ 98,133 current)	70,098,133		70,098,133	48,040,550	
	Amounts due to parent, subsidiaries and affiliates					
16.						
17.	Payable for securities				2,327,117	
18.	Payable for securities lending					
19.	Funds held under reinsurance treaties (with \$0 authorized reinsurers,					
	\$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)					
20.	Reinsurance in unauthorized and certified \$ (0) companies					
21.	Net adjustments in assets and liabilities due to foreign exchange rates					
22.	Liability for amounts held under uninsured plans	78,641,032		78,641,032	58,749,961	
23.	Aggregate write-ins for other liabilities (including \$ 19,819,980 current)	20,313,132		20,313,132	16,612,757	
24.	Total liabilities (Lines 1 to 23)	586,245,856		586,245,856	513,748,754	
25.	Aggregate write-ins for special surplus funds	XXX	XXX			
26.	Common capital stock	XXX	XXX			
27.	Preferred capital stock	XXX	XXX			
28.	Gross paid in and contributed surplus	XXX	XXX			
29.	Surplus notes	XXX	XXX			
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX			
31.	Hanning of funds (surplus)	XXX	XXX	439,548,497	408,954,583	
	Less treasury stock, at cost:					
02.	32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX			
	32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX			
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	439,548,497	408,954,583	
		XXX	1	1,025,794,353	922,703,337	
34.	Total liabilities, capital and surplus (Lines 24 and 33)	^^^	XXX	1,023,134,333	322,103,331	

	DETAILS OF WRITE-IN LINES				
2301.	OTHER ACCOUNTS PAYABLE	19,451,827		19,451,827	15,608,463
2302.	ACCRUED CAPITAL EXPENSES	1,436,141		1,436,141	2,012,398
2303.	FEP & MISCELLANEOUS CLAIMS PAYABLES	232,012		232,012	248,427
2398.	Summary of remaining write-ins for Line 23 from overflow page	(806,848)		(806,848)	(1,256,531)
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	20,313,132		20,313,132	16,612,757
2501.		XXX	XXX		
2502.	NO	X	XXX		
2503.	NO	X XX	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.	NIA	XXX	XXX		
3003.	NO	X XX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	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	4,251,422	4,607,876
2.	Net premium income (including \$ 0 non-health premium income)	XXX	2,049,694,139	1,879,553,710
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(4,562,057)	4,044,694
4.		XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues			
7.		XXX		
	Total revenues (Lines 2 to 7)	XXX	2,045,132,082	1,883,598,404
	tal and Medical:			
9.	Hospital/medical benefits		1,289,823,555	1,124,423,608
10.	Other professional services		20,628,281	20,544,369
11.	Outside referrals			
12.	Emergency room and out-of-area		201,393,758	178,946,167
13.			238,972,726	233,252,011
14.			80,210,775	70,046,440
15.			8,192,675	23,883,396
16.			1,839,221,770	1,651,095,991
Less:				
17.	Net reinsurance recoveries		13,294,780	19,979,956
18.	Total beginsted and modified (Lines 4C minus 47)		1,825,926,990	1,631,116,035
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$ 30,072,099 cost containment expenses		63,506,822	59,630,823
21.	General administrative expenses		172,654,392	181,846,685
22.	Increase in reserves for life and accident and health contracts (including			
	\$ 0 increase in reserves for life only)		9,000,000	(8,000,000)
23.			2,071,088,204	1,864,593,543
24.		XXX	(25,956,122)	19,004,861
25.			14,859,094	12,198,100
26.	Net realized capital gains (losses) less capital gains tax of \$ 0		(5,342,130)	(4,939,902)
27.	Net investment gains (losses) (Lines 25 plus 26)		9,516,964	7,258,198
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		17,040,901	(5,219,670)
	Net income or (loss) after capital gains tax and before all other federal income taxes		,2.2,301	(=,=::,::0)
	(Lines 24 plus 27 plus 28 plus 29)	XXX	601,743	21,043,389
31	Federal and foreign income taxes incurred	XXX	, , , , , , , , , , , , , , , , , , , ,	
	Net income (loss) (Lines 30 minus 31)	XXX	601,743	21,043,389

	DETAILS OF WRITE-IN LINES			
0601.		XXX		
0602.	NAME	■ XXX		
0603.	NONE	XXX		
0698.	Summary of remaining write-ins for Line 06 from overflow page	XXX		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX		
0701.		XXX		
0702.	MANE	■ XXX		
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		80,210,775	70,046,440
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)		80,210,775	70,046,440
2901.	OTHER INCOME (NON CORE BUSINESS)		20,000,000	
2902.	OTHER INCOME (NET OF PENALTIES)		931,832	(3,772,754)
2903.	INCOME HISTORIC TAX CREDITS		180,000	180,000
2998.	Summary of remaining write-ins for Line 29 from overflow page		(4,070,931)	(1,626,916)
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		17,040,901	(5,219,670)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	408,954,583	434,692,861
34.	Net income or (loss) from Line 32	601,743	21,043,389
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	32,977,777	(29,027,876
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
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		5,342,445
48.	Net change in capital and surplus (Lines 34 to 47)	20 502 044	(25,738,278
49.	Capital and surplus end of reporting year (Line 33 plus 48)	439.548.497	408,954,583

	DETAILS OF WRITE-IN LINES		
4701.	NON-QUALIFIED PENSION PLAN	(66,101)	1,246,328
4702.	OTHER POSTEMPLOYMENT BENEFITS	(383,582)	4,096,117
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(449.683)	5.342.445

CASH FLOW

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance	2,043,301,361	1,824,232,228
2.	Net investment income		12,701,956
3.			(19,944,618
4.	Total (Lines 1 through 3)	2,076,898,138	1,816,989,56
5.	Benefit and loss related payments	1,815,371,504	1,656,646,13
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	, , , , , , , , , , , , , , , , , , , ,	219,666,922	227,447,15
8.			
9.	3	0.005.000.400	4 00 4 000 00
10.	3 /	2,035,038,426	1,884,093,28
11.	Net cash from operations (Line 4 minus Line 10)	41,859,712	(67,103,72
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	69,812,338	121,322,87
	12.2 Stocks	29,283,488	25,029,83
	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		31,18
40	12.8 Total investment proceeds (Lines 12.1 to 12.7)	99,095,889	146,383,89
13.	Cost of investments acquired (long-term only):	77 400 400	404 507 50
	13.1 Bonds	24 200 470	131,507,52
	13.2 Stocks		22,112,44
	13.3 Mortgage loans	F 400 FF4	4 000 07
	13.4 Real estate 13.5 Other invested assets	444 400	4,896,07
		2,327,117	492,17
		440 707 700	159,008,21
14.			139,000,21
15.		(17,641,879)	(12,624,31
10.		(17,041,073)	(12,024,01
	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	00.057.500	40.040.55
	16.3 Borrowed funds	22,057,583	48,040,55
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		(0.004.00
47	16.6 Other cash provided (applied)	(17,091,618)	(8,301,23
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5	4.005.005	20 720 24
	plus Line 16.6)	4,965,965	39,739,31
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	29,183,798	(39,988,72
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	(4,319,130)	35,669,59
	19.2 End of year (Line 18 plus Line 19.1)	24,864,668	(4,319,13

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Compre	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital 8	& Medical)				Federal							
		2	3				Employees	Title	Title					
				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
Net premium income	2,049,694,139	140,284,252	741,358,943	57,618,006	862,319	28,988,430	154,668,632	900,596,506					25,317,051	
Change in unearned premium reserves and reserve for rate credit	(4,562,057)						(4,562,057)							
3. Fee-for-service (net of \$ 0 medical expenses)							,							XXX
4. Risk revenue														XXX
Aggregate write-ins for other health care related revenues														XXX
Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	2,045,132,082	140,284,252	741,358,943	57,618,006	862,319	28,988,430	150,106,575	900,596,506					25,317,051	
8. Hospital/medical benefits	1,289,823,555	64,541,604	339,571,217	50,141,433			94,610,899	726,791,106					14,167,296	XXX
Other professional services	20,628,281				559,310	20,068,971								XXX
10. Outside referrals														XXX
11. Emergency room and out-of-area	201,393,758	26,121,954	142,245,239					33,026,565						XXX
12. Prescription drugs	238,972,726	29,021,669	128,310,677	1,231,894			34,074,304	37,353,441					8,980,741	XXX
Aggregate write-ins for other hospital and medical	80,210,775	9,834,838	41,731,503				9,287,150	19,357,284						XXX
14. Incentive pool, withhold adjustments and bonus amounts	8,192,675	1,018,343	4,380,605	24,357				2,769,370						XXX
15. Subtotal (Lines 8 to 14)	1,839,221,770	130,538,408	656,239,241	51,397,684	559,310	20,068,971	137,972,353	819,297,766					23,148,037	XXX
16. Net reinsurance recoveries	13,294,780	9,516,291	(48,701)										3,827,190	XXX
17. Total hospital and medical (Lines 15 minus 16)	1,825,926,990	121,022,117	656,287,942	51,397,684	559,310	20,068,971	137,972,353	819,297,766		l			19,320,847	XXX
18. Vanns althus lainest expenses including \$ 30,072,099 cost containment		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	63,506,822	5,114,266	17,752,689	2,578,290	47,069	1,315,104	4,128,371	31,833,253					737,780	
20. General administrative expenses	172,654,392	13,098,933	59,052,932	6,603,655	120,556	3,368,316	6,987,328	81,533,032					1,889,640	
21. Increase in reserves for accident and health contracts	9,000,000	6,800,000	(8,800,000)	800,000				10,200,000				l		XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,071,088,204	146,035,316	724,293,563	61,379,629	726,935	24,752,391	149,088,052	942,864,051					21,948,267	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(25,956,122)	(5,751,064)	17,065,380	(3,761,623)	135,384	4,236,039	1,018,523	(42,267,545)					3,368,784	

DETAILS OF WRITE-IN LINES														
050														XXX
050	l			N.I. <i>C</i>		Ī				l		l	1	XXX
050	l			IN (JNE	.				l		l	1	XXX
059 Summary of remaining write-ins for Line 05 from overflow page														XXX
059 Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)														XXX
060		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
060		XXX	XXX	X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
060		XXX	XXX	M (XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
069 Summary of remaining write-ins for Line 06 from overflow page		XXX	XXX	X		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
069 Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
130 MENTAL HEALTH	80,210,775	9,834,838	41,731,503				9,287,150	19,357,284						XXX
130												I		XXX
130														XXX
139 Summary of remaining write-ins for Line 13 from overflow page												I		XXX
139 Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	80,210,775	9,834,838	41,731,503				9,287,150	19,357,284						XXX

PART 1 – PREMIUMS

	1	2	3	4
Line				
of				Net Premium Income
Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	(Cols. 1 + 2 - 3)
Comprehensive (hospital and medical) individual	140,350,047		65,668	140,284,379
Comprehensive (hospital and medical) group	742,134,324		728,651	741,405,673
Medicare Supplement	57,618,006			57,618,006
4. Vision only				862,319
5. Dental only	28 988 430			28,988,430
6. Federal Employees Health Benefits Plan				150,106,575
7. Title XVIII – Medicare	900,596,506			900,596,506
8. Title XIX – Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health	31,329,737		6,059,543	25,270,194
13. Health subtotal (Lines 1 through 12)	2,051,985,944		6,853,862	2,045,132,082
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	2,051,985,944		6,853,862	2,045,132,082

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PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Compre	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital 8	& Medical)				Federal							
		2	3	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
Payments during the year:														
1.1 Direct	1,831,897,496	127,870,042	667,515,459	50,813,278	559,274	19,895,087	136,550,775	804,523,274					24,170,307	•
1.2 Reinsurance assumed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												 .,,	
1.3 Reinsurance ceded	15,401,991	11,087,065	1,185,320										3,129,606	
1.4 Net	1,816,495,505	116,782,977	666,330,139	50,813,278	559,274	19,895,087	136,550,775	804,523,274					21,040,701	
Paid medical incentive pools and bonuses	(2,225,178)	123,246	(3,130,294)					781,870						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	172,331,717	11,442,600	54,801,661	7,533,779		1,205,000	11,185,689	81,001,988					5,161,000	
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	172,331,717	11,442,600	54,801,661	7,533,779		1,205,000	11,185,689	81,001,988					5,161,000	
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	4,496,000	4,496,000												
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	4,496,000	4,496,000												
5. Accrued medical incentive pools and bonuses, current year	53,315,471	2,695,677	38,649,324					11,970,470						
Net healthcare receivables (a)	34,507,620	1,391,888	19,676,458			7,117	(20,737)	13,452,894						
7. Amounts recoverable from reinsurers December 31, current	18,373,777	16,801,790	941,691							1			630,296	
Claim liability December 31, prior year from Part 2A:														
8.1 Direct	139,367,499	8,616,740	49,930,274	6,949,374	(36)	1,024,000	9,784,848	56,622,299	l	1			6,440,000	
8.2 Reinsurance assumed										1				
8.3 Reinsurance ceded														
8.4 Net	139,367,499	8,616,740	49,930,274	6,949,374	(36)	1,024,000	9,784,848	56,622,299					6,440,000	
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	3,821,000	3,821,000												
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net	3,821,000	3,821,000												
Accrued medical incentive pools and bonuses, prior year	42,897,616	2,259,528	31,733,446					8,904,642						
11. Amounts recoverable from reinsurers December 31, prior ye	20,480,988	18,372,565	1,918,981										189,442	
12. Incurred benefits:	1 004 000 05:	400.0=0.0	050 540 000	54.00=.00=		00.000.0==	407.000.000	045 450 000					00.004.00=	
12.1 Direct	1,831,029,094	129,979,014	652,710,388	51,397,683	559,310	20,068,970	137,972,353	815,450,069					22,891,307	
12.2 Reinsurance assumed	40.004.700	0											0.570.400	
12.3 Reinsurance ceded	13,294,780	9,516,290	208,030	F4 207 C22	550.040	00.000.070	407.070.050	045 450 000					3,570,460	
12.4 Net	1,817,734,314	120,462,724	652,502,358	51,397,683	559,310	20,068,970	137,972,353	815,450,069		-			19,320,847	
 Incurred medical incentive pools and bonuses 	8,192,677	559,395	3,785,584					3,847,698			1	1	1	

(a) Excludes \$ 25,449 loans or advances to providers not yet expensed.

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprel		4	5	6	7	8	9	10	11	12	13	14
		(Hospital 8	,				Federal							
		2	3				Employees	Title	Title					
				Medicare	Vision	Dental	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
Reported in Process of Adjustment:														
1.1 Direct	73,533,856	4,011,214	19,968,619	745,622		1,205,000	3,014,659	39,427,742					5,161,000	
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	73,533,856	4,011,214	19,968,619	745,622		1,205,000	3,014,659	39,427,742					5,161,000	
2. Incurred but Unreported:														
2.1 Direct	98,797,861	7,431,386	34,833,042	6,788,157			8,171,030	41,574,246						
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	98,797,861	7,431,386	34,833,042	6,788,157			8,171,030	41,574,246				l		
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct				l								l		
3.2 Reinsurance assumed				l										
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	172,331,717	11,442,600	54,801,661	7,533,779		1,205,000	11,185,689	81,001,988					5,161,000	
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	172,331,717	11,442,600	54,801,661	7,533,779		1,205,000	11,185,689	81,001,988					5,161,000	

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

	Claim Paid During		Claim Reserve a Liability Decer of Current	mber 31	5 Claims	6 Estimated Claim
	On Claims Incurred	2 On Claims Incurred During the	3 On Claims Unpaid December 31	4 On Claims Incurred During the	Incurred in Prior Years	Reserve and Claim Liability December 31
Line of Business	Prior to January 1 of Current Year	Year	of Prior Year	Year	(Columns 1 + 3)	of Prior Year
Comprehensive (hospital and medical) individual	9,170,429	109,766,177	70,102	15,868,498	9,240,531	12,437,740
Comprehensive (hospital and medical) group	40,871,346	625,853,265	871,591	53,930,070	41,742,937	49,930,274
Medicare Supplement	5,857,866	44,955,412	124,607	7,409,172	5,982,473	6,949,374
4. Vision only	20,935	538,339			20,935	(36)
5. Dental only	905,952	18,989,135	680	1,204,320	906,632	1,024,000
Federal Employees Health Benefits Plan	10,728,681	125,822,094	247,020	10,938,669	10,975,701	9,784,848
7. Title XVIII – Medicare	45,856,483	758,666,791	2,717,594	78,284,394	48,574,077	56,622,299
8. Title XIX – Medicaid 9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health	5,741,323	14,858,524		5,161,000	5,741,323	6,440,000
13. Health subtotal (Lines 1 to 12)	119,153,015	1,699,449,737	4,031,594	172,796,123	123,184,609	143,188,499
14. Health care receivables (a)	49,610,281	35,194,172		42,452	49,610,281	49,668,801
15. Other non-health						
16. Medical incentive pools and bonus amounts	(1,483,453)	(741,726)	32,771,671	20,543,800	31,288,218	42,897,617
17. Totals (Lines 13 - 14 + 15 + 16)	68,059,281	1,663,513,839	36,803,265	193,297,471	104,862,546	136,417,315

⁽a) Excludes \$ 25,449 loans or advances to providers not yet expensed.

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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 Were Incurred	1	2	3	4	5
Were Incurred	2019	2020	2021	2022	2023
1. Prior	718,756	717,618	717,740	717,661	717,568
2. 2019	662,738	705,347	705,400	705,318	705,290
3. 2020	XXX	606,294	648,665	648,689	648,891
4. 2021	XXX	XXX	659,193	704,448	704,526
5. 2022	XXX	XXX	XXX	637,782	682,402
6. 2023	XXX	XXX	XXX	XXX	758,283

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 Were Incurred	1	2	3	4	5								
	Were Incurred	2019	2020	2021	2022	2023								
12.H	1. Prior	718,625	717,618	717,740	717,661	717,568								
⋜	2. 2019	749,695	708,877	705,400	705,318	705,290								
	3. 2020	XXX	691,736	654,981	648,689	648,891								
	4. 2021	XXX	XXX	722,943	706,225	704,526								
	5. 2022	XXX	XXX	XXX	732,412	713,349								
	6. 2023	XXX	XXX	XXX	XXX	837,227								

	1 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. 2019	860,345	662,738			662.738	77.032			662,738	77.032
2. 2020	807,111	606,294			606,294	75.119			606,294	75.119
3. 2021	837,050	659,193			659,193	78.752			659,193	78.752
4. 2022	834,265	637,782	14,616	2.292	652,398	78.200	30,947	2,498	685,843	82.209
5. 2023	881,643	758,283	14,616	1.928	772,899	87.666	78,944	6,373	858,216	97.343

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 Were Incurred	1	2	3	4	5
Were Incurred	2019	2020	2021	2022	2023
1. Prior	48,800	48,968	48,540	48,553	48,562
2. 2019	44,760	51,452	51,091	51,149	51,123
3. 2020	XXX	41,172	44,594	44,582	44,551
4. 2021	XXX	XXX	43,711	48,770	48,914
5. 2022	XXX	XXX	XXX	42,441	48,179
6. 2023	XXX	XXX	XXX	XXX	44,955

Section B - Incurred Health Claims

			Sum of Cumulative Net Amount	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
	Were Incurred	2019	2020	2021	2022	2023
12.1	1. Prior	718,625	717,618	717,740	717,661	48,562
2	2. 2019	749,695	708,877	705,400	705,318	51,123
	3. 2020	XXX	691,736	654,981	648,689	44,551
	4. 2021	XXX	XXX	722,943	706,225	48,914
	5. 2022	XXX	XXX	XXX	732,412	48,304
	6. 2023	XXX	XXX	XXX	XXX	52,365

	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. 2019	860,345	662,738	•		662 738	77 032	,	,	662,738	77.032
					606 204	75.440				77.032
2. 2020		606,294			606,294	/5.119			606,294	/5.119
3. 2021	837,050	659,193			659,193	78.752			659,193	78.752
4. 2022	834,265	637,782	919	0.144	638,701	76.559	125	9	638,835	76.575
5. 2023	57,618	44,955	919	2.044	45,874	79.617	7,409	548	53,831	93.427

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	2019	2020	2021	2022	2023
1. Prior	22,499	22,505	22,505	22,506	22,506
2. 2019	20,987	22,073	22,083	22,084	22,085
3. 2020	XXX	16,914	17,794	17,807	17,811
4. 2021	XXX	XXX	20,031	20,915	20,926
5. 2022	XXX	XXX	XXX	19,247	20,138
6. 2023	XXX	XXX	XXX	XXX	19,015

Section B - Incurred Health Claims

			Sum of Cumulative Net Amoun	t Paid and Claim Liability, Claim Reserve and Medic Outstanding at End of Year	al Incentive Pool and Bonuses	
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2019	2020	2021	2022	2023
12.0	1. Prior	22,506	22,505	22,505	22,506	22,506
ŏ	2. 2019	22,083	22,077	22,083	22,084	22,085
	3. 2020	XXX	18,095	17,802	17,807	17,811
	4. 2021	XXX	XXX	21,151	20,926	20,926
	5. 2022	XXX	XXX	XXX	20,261	20,138
	6. 2023	XXX	XXX	XXX	XXX	20,220

	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. 2019	30.756	20.987			20.987	68.237			20.987	68.237
2. 2020	28,158	16,914			16,914	60.068			16,914	60.068
3. 2021	28,818	20,031			20,031	69.509			20,031	69.509
4. 2022	29,030	19,247	360	1.870	19,607	67.540	1		19,608	67.544
5. 2023	28,988	19,015	360	1.893	19,375	66.838	1,204	218	20,797	71.743

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	2019	2020	2021	2022	2023
1. Prior	384	384	384	384	384
2. 2019	337	342	342	342	342
3. 2020	XXX	440	449	449	449
4. 2021	XXX	XXX	424	440	440
5. 2022	XXX	XXX	XXX	498	519
6. 2023	XXX	XXX	XXX	XXX	538

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 Were Incurred	1 2019	2 2020	3 2021	4 2022	5 2023			
12.\	1. Prior	384	384	384	384	384			
9	2. 2019	337	342	342	342	342			
	3. 2020	XXX	440	449	449	449			
İ	4. 2021	XXX	XXX	424	440	440			
l	5. 2022	XXX	XXX	XXX	498	519			
	6. 2023	XXX	XXX	XXX	XXX	538			

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Pavments	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
4 0040	929	227	,		, , ,	40.700	· · · · · · · · · · · · · · · · · · ·	 	, , ,	40.700
1. 2019	020	337		1	337	40.700		1	337	40.700
2. 2020	953	440			440	46.170			440	46.170
3. 2021	954	424			424	44.444			424	44.444
4. 2022	844	498			498	59.005			498	59.005
5. 2023	862	538			538	62.413			538	62.413

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 Were Incurred	1	2	3	4	5							
Were Incurred	2019	2020	2021	2022	2023							
1. Prior	93,085	93,085	105,777	105,773	105,798							
2. 2019	102,865	102,865	93,054	93,018	93,025							
3. 2020	XXX	95,133	105,493	105,543	105,537							
4. 2021	XXX	XXX	105,693	115,646	115,870							
5. 2022	XXX	XXX	XXX	108,830	119,171							
6. 2023	XXX	XXX	XXX	XXX	125,840							

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	2019	2020	2021	2022	2023					
12.F	1. Prior	93,095	93,088	93,054	105,773	105,798					
щ	2. 2019	109,992	109,325	109,228	93,018	93,025					
	3. 2020	XXX	103,078	106,063	105,543	105,537					
	4. 2021	XXX	XXX	115,907	115,800	115,870					
	5. 2022	XXX	XXX	XXX	118,461	119,418					
	6. 2023	XXX	XXX	XXX	XXX	136,779					

	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. 2019	117,667	102,865			102,865	87.420			102,865	87.420
2. 2020	116,045	95,133			95,133	81.979			95,133	81.979
3. 2021	129,716	105,693			105,693	81.480			105,693	81.480
4. 2022	129,006	108,830	2,469	2.269	111,299	86.274	247	33	111,579	86.491
5. 2023	150,107	125,840	2,469	1.962	128,309	85.478	10,939	1,466	140,714	93.742

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 Were Incurred	1	2	3	4	5							
Were Incurred	Were Incurred 2019		2021	2022	2023							
1. Prior	438,955	438,590	438,583	438,517	438,516							
2. 2019	472,427	507,508	507,513	507,616	507,676							
3. 2020	XXX	498,362	536,807	536,617	536,666							
4. 2021	XXX	XXX	587,167	622,520	622,312							
5. 2022	XXX	XXX	XXX	665,766	700,130							
6. 2023	XXX	XXX	XXX	XXX	781,810							

Section B - Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses							
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2019	2020	2021	2022	2023			
12)	1. Prior	439,588	438,590	438,583	438,517	438,516			
2	2. 2019	536,386	510,982	507,513	507,616	507,676			
	3. 2020	XXX	568,671	546,449	536,617	536,666			
	4. 2021	XXX	XXX	675,496	623,667	622,312			
	5. 2022	XXX	XXX	XXX	730,100	705,614			
	6. 2023	XXX	XXX	XXX	XXX	871,493			

	1 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. 2019	604.830	472.427	-		472 427	78.109	·		472.427	78.109
2 2020					/08 362	74.479			/108 362	7/ /70
2. 2020					490,302				430,302	
3. 2021	714,122	587,167			587,167	82.222			587,167	82.222
4. 2022	808,184	665,766	14,965	2.248	680,731	84.230	5,484	523	686,738	84.973
5. 2023	900,597	781,810	14,965	1.914	796,775	88.472	89,682	8,560	895,017	99.380

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							
Year in Which Losses Were Incurred	2019	2020	2021	2022	2023							
1. Prior												
2. 2019			.									
3. 2020	XXX	N()N										
4. 2021	XXX	XXX I I O I										
5. 2022	XXX	XXX	XXX									
6. 2023	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								
	Year in Which Losses Were Incurred	2019	2020	2021	2022	2023								
12	1. Prior													
~	2. 2019													
	3. 2020		NI/) N											
	4. 2021 5. 2022	XXX	XXX X											
	5. 2022	XXX	XXX	XXX										
	6. 2023	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. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

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 Were Incurred	1	2	3	4	5						
Were Incurred	2019	2020	2021	2022	2023						
1. Prior	16,874	16,874	16,874	16,874	16,874						
2. 2019	14,275	16,317	16,317	16,317	16,317						
3. 2020	XXX	13,948	97,935	97,935	97,935						
4. 2021	XXX	XXX	17,621	206,663	206,663						
5. 2022	XXX	XXX	XXX	15,878	20,162						
6. 2023	XXX	XXX	XXX	XXX	14,859						

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											
İ	Year in Which Losses	1 2 3 4												
	Were Incurred	2019	2020	2021	2022 2023									
12.0	1. Prior	16,874	16,874	16,874	16,874	16,874								
⊣	2. 2019	18,137	16,317	16,317	16,317	16,317								
	3. 2020	XXX	19,767	97,935	97,935	97,935								
	4. 2021	XXX	XXX	22,725	206,663	206,663								
	5. 2022	XXX	XXX	XXX	22,318	21,039								
	6. 2023	XXX	XXX	XXX	XXX	19,143								

	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. 2019	24,000	14,275			14,275	59.479			14,275	59.479
2. 2020	25,168	13,948			13,948	55.420			13,948	55.420
3. 2021	24,510	17,621			17,621	71.893			17,621	71.893
4. 2022	23,878	15,878	372	2.343	16,250	68.054	877	38	17,165	71.886
5. 2023	25,317	14,859	372	2.504	15,231	60.161	4,284	188	19,703	77.825

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	2019	2020	2021	2022	2023
1. Prior	1,339,353	1,338,024	1,350,403	1,350,268	1,350,208
2. 2019	1,318,389	1,405,904	1,395,800	1,395,844	1,395,858
3. 2020	XXX	1,272,263	1,451,737	1,451,622	1,451,840
4. 2021	XXX	XXX	1,433,840	1,719,402	1,719,651
5. 2022	XXX	XXX	XXX	1,490,442	1,590,701
6. 2023	XXX	XXX	XXX	XXX	1,745,300

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	2019	2020	2021	2022	2023
G	1. Prior	2,009,697	2,006,677	2,006,880	2,019,376	1,350,208
	2. 2019	2,186,325	2,076,797	2,066,283	2,050,013	1,395,858
	3. 2020	XXX	2,093,523	2,078,660	2,055,729	1,451,840
	4. 2021	XXX	XXX	2,281,589	2,379,946	1,719,651
	5. 2022	XXX	XXX	XXX	2,356,462	1,628,381
	6. 2023	XXX	XXX	XXX	XXX	1,937,765

	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. 2019	2,498,771	1,936,367			1,936,367	77.493			1,936,367	77.493
2. 2020	2,453,674	1,837,385			1,837,385	74.883			1,837,385	74.883
3. 2021	2,572,220	2,049,322			2,049,322	79.671			2,049,322	79.671
4. 2022	2,659,472	2,085,783	33,701	1.616	2,119,484	79.696	37,681	3,101	2,160,266	81.229
5. 2023	2,045,132	1,745,300	33,701	1.931	1,779,001	86.987	192,462	17,353	1,988,816	97.246

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

	1	Compre		4	5	6	7	8	9	10	11	12	13
		(Hospital 8	& Medical)				Federal						
		2	3				Employees	Title	Title				
				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A & H	Income	Care	Other
Unearned premium reserves	11,971,871						11,971,871						
2. Additional policy reserves (a)	39,400,000	9,800,000	19,400,000					10,200,000					
Reserve for future contingent benefits Reserve for rate credits or experience rating refunds (including													
\$ 0 for investment income)										l			
Aggregate write-ins for other policy reserves	40,170,555							40,170,555					
6. Totals (gross)	91,542,426	9,800,000	19,400,000				11,971,871	50,370,555					
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)	91,542,426	9,800,000	19,400,000				11,971,871	50,370,555					
Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits	590,000	104,160	485,840				.						
11. Aggregate write-ins for other claim reserves	3,906,000	3,906,000											
12. Totals (gross)	4,496,000	4,010,160	485,840				.						
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)	4,496,000	4,010,160	485,840										
DETAILS OF WRITE-IN LINES													
0501 RETROSPECTIVE RISK ADJUSTER	40,170,555							40,170,555					
0502 0503													
0598 Summary of remaining write-ins for Line 05 from overflo													

0501 RETROSPECTIVE RISK ADJUSTER	40,170,555		1		 	40,170,555	 		
0502					 		 	l	
0503									
0598 Summary of remaining write-ins for Line 05 from overflo									
0598 Summary of remaining write-ins for Line 05 from overflo 0599 Totals (Lines 0501 through 0503 plus 0598) (Line 05 ab	40,170,555					40,170,555			
1101 MATERNITY	3,906,000	3,906,000			 		 		
1102									
1103									
1198 Summary of remaining write-ins for Line 11 from overflo									
1198 Summary of remaining write-ins for Line 11 from overflo 1199 Totals (Lines 1101 through 1103 plus 1198) (Line 11 ab	3,906,000	3,906,000							

⁽a) Includes \$ 0 premium deficiency reserve.

PART 3 – ANALYSIS OF EXPENSES

		Claim Adjustn	nent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$ 6,660,300 for occupancy of own building)		76,505	6,874,430		6,950,935
2.		28,540,084	15,575,575	60,229,781		104,345,440
3.	Commissions (less \$ 0 ceded plus					
	\$ 0 assumed)	1		18,433,511		18,433,511
4.	Legal fees and expenses		75	155,326		155,401
5.	Certifications and accreditation fees					
6.			613,694	15,202,424		17,318,169
7.	- ·	00.000	109.585	960,396		1,132,971
8.		1	3,130	4,646,030		4,656,897
9.	Marketing and advertising Postage, express and telephone	228,838	797,791	2,297,770		3,324,399
10.	D. C. C. and J. W. and J. P. and	4.005	1,307,854	2,657,502		3,966,961
11.			101,900	1,272,017		1,389,524
	Favignment		101,900			1,309,324
12.			4 705 707	25 207 054		47.700.400
13.			4,785,797	35,387,051		47,736,438
14.	· · · · · · · · · · · · · · · · · · ·		15,850,168	54,843,334		74,867,869
15.			21,132	1,812,178		1,833,893
16.			192	3,734,283		3,734,475
17.	• • • • • • • • • • • • • • • • • • • •					
18.	•			2,748,137		2,748,137
19.	* * * * * * * * * * * * * * * * * * * *	(12,794,372)	(14,242,084)	(69,241,529)		(96,277,985
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses				2,157,279	2,157,279
22.					1,759,481	1,759,481
23.	,					
	23.1 State and local insurance taxes			3,212,089		3,212,089
	23.2 State premium taxes			19,780,849		19,780,849
	23.3 Regulatory authority licenses and fees			3,959,114		3,959,114
	23.4 Payroll taxes	1,796,087	950,445	3,265,074		6,011,606
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	(1,027,068)	7,482,964	424,625	1,435,485	8,316,006
26.	Total expenses incurred (Lines 1 to 25)	30,072,099	33,434,723	172,654,392	5,352,245	(a) 241,513,459
27.	Less expenses unpaid December 31, current year	9,671,551	10,765,909	49,481,506		69,918,966
28.	Add expenses unpaid December 31, prior year	11,903,764	12,473,552	66,332,986		90,710,302
29.	Amounts receivable relating to uninsured					
	plans, prior year					
30.	Amounts receivable relating to uninsured					
	plans, current year					
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	32,304,312	35,142,366	189,505,872	5,352,245	262,304,795
	DETAILS OF WRITE-IN LINES					
		+				

	_				
DETAILS OF WRITE-IN LINES					
2501. HOME PLAN SERVICE CHARGE		8,643,407			8,643,407
2502. ADMINISTRATIVE ALLOWANCES	1,904,647	2,120,161			4,024,808
2503. AGENCY & PORTFOLIO MANAGEMENT FEES				1,435,485	1,435,485
2598. Summary of remaining write-ins for Line 25 from overflow page	(2,931,715)	(3,280,604)	424,625		(5,787,694)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(1.027.068)	7.482.964	424.625	1.435.485	8.316.006

(a) Includes management fees of \$ 0 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		l .	1 Collected Ouring Year	2 Earned During Year
1.	U.S. Government bonds	(a)	1,362,603	1,557,884
1.1	Bonds exempt from U.S. tax	(a)		
1.2	Other bonds (unaffiliated)	(a)	13,573,006	13,429,206
1.3	Bonds of affiliates	(a)		
2.1	Preferred stocks (unaffiliated)	(b)	1,467,380	1,467,380
2.11	Preferred stocks of affiliates	(b)		
2.2	Common stocks (unaffiliated)		1,799,539	1,800,048
2.21	Common stocks of affiliates			
3.	Mortgage loans	(c)		
4.	Real estate	(d)	4,331,522	4,331,522
5.	Contract loans			
6.	Cash, cash equivalents and short-term investments	(e)	1,244,038	1,241,038
7.	Derivative instruments	(f)		
8.	Other invested assets			
9.	Aggregate write-ins for investment income	1		(872,199
10.	Total gross investment income		23,778,088	22,954,879
11.	Investment expenses			(g) 5,352,245
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) 2,743,540
15.	Aggregate write-ins for deductions from investment income			
16.	Total deductions (Lines 11 through 15)			8,095,785
17.	Net investment income (Line 10 minus Line 16)			14,859,094

	DETAILS OF WRITE-IN LINES	
0901.	INVESTMENT EXPENSES INTERNAL COSTS INVESTING AND INCOME	(447,211)
0902.	PROMPT PAY INTEREST	(424,988)
0903.		
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	(872,199)
1501.		
1502.	NONE	 l
1503.	INCINE	 .
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 \$	667,324 accrual of discount less \$	1,056,795 amortization of premium and less \$	259,428 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	own buildings; and excludes \$ 0 int	terest 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,	excluding federal income taxes,
	attributable to	segregated and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and	\$ 0 depreciation on other invested	assets.

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	(868,927)		(868,927)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(3,302,417)		(3,302,417)	1,402,266	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)	(1,225,282)		(1,225,282)	1,577,074	
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	54,496		54,496	16,166,556	
2.21	Common stocks of affiliates					
	Mortgage loans					
1	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets				13,831,881	
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(5,342,130)		(5,342,130)	32,977,777	

DETAILS OF WRITE-IN LINES			
0901. 0902.	NO	 	
0903.	INUI		
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			

EXHIBIT OF NONADMITTED ASSETS

		1	2	3	
		Current Year Total	Prior Year	Change in Total	
		Nonadmitted Assets	Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)	
1	Bonds (Schedule D)				
	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks	1			
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.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	5,977,817	10,218,684	4,240,867	
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due				
	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.	Amounts receivable relating to uninsured plans	2,901,687	718,570	(2,183,117)	
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	37,429,574	36,878,268	(551,306)	
21.	Furniture and equipment, including health care delivery assets	460,747	517,697	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	3,101,350	3,015,619	(85,731)	
25.	Aggregate write-ins for other-than-invested assets	39,250,064	35,236,478	(4,013,586)	
26.	Total assets excluding Separate Accounts, Segregated Accounts and	00 101 000	00 505 040	(0.505.000)	
07	Protected Cell Accounts (Lines 12 to 25)	89,121,239	86,585,316	(2,535,923)	
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	00 404 000	00 505 040	(0.525.000)	
28.	Total (Lines 26 and 27)	89,121,239	86,585,316	(2,535,923)	

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	34,867,325	33,004,444	(1,862,881)
2502. LEASEHOLD IMPROVEMENTS	2,590,359	643,462	(1,946,897)
2503. OTHER RECEIVABLES	1,547,041	1,343,233	(203,808)
2598. Summary of remaining write-ins for Line 25 from overflow page	245,339	245,339	
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	39 250 064	35 236 478	(4 013 586)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		Total Members at End of					
	1	2	3	4	5		
						Current Year	
	Prior	First	Second	Third	Current	Member	
Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months	
Health Maintenance Organizations							
2. Provider Service Organizations							
3. Preferred Provider Organizations	212,199	213,458	213,579	214,548	216,195	2,352,408	
4. Point of Service							
5. Indemnity Only	638	619	607	586	569	7,221	
6. Aggregate write-ins for other lines of business	173,104	171,595	174,744	170,394	171,742	1,891,793	
7. Total	385,941	385,672	388,930	385,528	388,506	4,251,422	

DETAILS OF WRITE-IN LINES						
0601. DENTAL ONLY	75,222	74,229	74,331	74,039	74,605	815,276
0602. STOP LOSS	46,227	46,026	48,997	45,249	46,336	512,281
0603. MEDICARE SUPPLEMENT	22,467	22,088	21,972	21,892	21,786	241,962
0698. Summary of remaining write-ins for Line 06 from overflow page	29,188	29,252	29,444	29,214	29,015	322,274
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	173,104	171,595	174,744	170,394	171,742	1,891,793

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 2023 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 #	2023	2022
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 601,743	\$ 21,043,390 .
(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	XXX	XXX	\$ 601,743	\$ 21,043,390
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 439,548,497	\$ 408,954,583
(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	XXX	\$ 439,548,497	\$ 408,954,583

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 \$1,383,828. The Plan also has a minority interest in Blue Health Intelligence Co, LLC of \$1,290,225. The Plan also has a minority interest in Prime Therapeutics of \$24,447,286. The Plan also has a minority interest in Oak Street Health-RI, LLC of \$10,226,793. The Plan also has a minority interest in BCBS Venture Partners, LLC of \$2,038,013. The Plan also has a minority interest in BCBS Venture V, LLC of \$175,880.
- (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 2023.

3. Business Combinations and Goodwill

There were no Business Combinations and resulting Goodwill in 2023.

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 2023.

- 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 2023.

- (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 2023.

C. Reverse Mortgages

The Plan did not have any reverse mortgages in 2023.

- (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)

(3)

				(1)	(2)	(3)
			В	Amortized Cost asis Before Other- Than-Temporary Impairment	Other-Than- Temporary Impairment Recognized in Loss	Fair Value (1 - 2)
•	nized 1st Quarter					
a. Intent to	sell		\$		\$	\$
period of	or lack of intent to retain the firme sufficient to recover the	e amortized cost b	asis			
c. Total 1st	t Quarter (a+b)		\$		\$	\$
OTTI Recogn	nized 2nd Quarter					
d. Intent to	sell		\$		\$	\$
period of	or lack of intent to retain the firme sufficient to recover the	e amortized cost b	asis			
f. Total 2n	d Quarter (d+e)		\$		\$	\$
OTTI Recogn	nized 3rd Quarter					
g. Intent to	sell		\$		\$	\$
period of	or lack of intent to retain the f time sufficient to recover the	e amortized cost b	asis			
i. Total 3rd	d Quarter (g+h)		\$		\$	\$
OTTI Recogn	nized 4th Quarter					
j. Intent to	sell		\$		\$	\$
period of	or lack of intent to retain the f time sufficient to recover th	e amortized cost b	asis			
l. Total 4th	n Quarter (j+k)		\$		\$	\$
	aggregate total (c+f+i+l)					
Securities hel	d that were other-than-tempo st of securities					d was less than the
The Plan did	not recognize OTTI for loan-	backed securities s	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 OTT	Amortized Cos I After OTTI	t Fair Value at Time of OTTI	Date of Financial Statement Where Reported
Total			Ċ	=		

(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, 2023:

- a. The aggregate amount of unrealized losses:
- 1. Less than 12 months\$ 214,8002. 12 months or longer15,264,161b. The aggregate related fair value of securities with unrealized losses:1. Less than 12 months\$ 17,709,2552. 12 months or longer112,998,320
- (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, 2023, 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, Corporate Bonds and Equity with a carrying value of \$211,098,605.
 - (3) Collateral received

The Plan has not accepted any collateral.

- (a) Aggregate amount collateral received Not Applicable
- (b) Fair value and portion sold or repledged Not Applicable
- (c) Sources and uses of collateral Not Applicable
- (4) The Plan does not have any securities lending transactions.

5. Investments (Continued)

(5) Collateral reinvestment

The Plan does not have any collateral reinvestment.

- (6) The Plan has not accepted any collateral.
- (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 l) Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown	\$ 35,958,000	\$ 37,417,000	\$(1,459,000)	\$	\$ 35,958,000	3.225 %.	3.505 %.
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements.	57,582	77,590	(20,008)		57,582	0.005	0.006
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	3,261,400	2,382,200	879,200		3,261,400	0.293	0.318
j.	On deposit with states							
k.	On deposit with other regulatory bodies							
I.	Pledged as collateral to FHLB (including assets backing funding agreements)	171,821,623	75,527,993	96,293,630		171,821,623	15.411	16.750
m	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
ο.	Total restricted assets (Sum of a through n)	\$ 211,098,605	\$ 115,404,783	\$ 95,693,822	\$	\$ 211,098,605	18.934 %	20.579 %

(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.

5. Investments (Continued)

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
- (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.

O. 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 2023.

	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	67.300 %
(2)	Cash Equivalents	32.700 %
(3)	Short-Term Investments	%
(4)	Total (Must Equal 100%)	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
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

	Interest Income Due and Accrued		Amount		
1.	Gross	\$	3,190,224		
2.	Nonadmitted	\$			
3.	Admitted	Ś	3.190.224		

- D. The aggregate deferred interest Not Applicable
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance 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.

9. Income Taxes (Continued)

- A. Components of the Net Deferred Tax Asset/(Liability)
 - (1) Change between years by tax character

			2023		2022			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	\$ 48,023,489	\$ 1,551,087	\$ 49,574,576	\$ 48,674,965	\$ 855,562	\$ 49,530,527	\$(651,476)	\$ 695,525	\$ 44,049
(b)	Statutory valuation allowance adjustments	39,372,265	1,551,087	40,923,352	47,674,883	855,562	48,530,445	(8,302,618)	695,525	(7,607,093)
(c)	Adjusted gross deferred tax assets (1a - 1b)	8,651,224		8,651,224	1,000,082		1,000,082	7,651,142		7,651,142
(d)	Deferred tax assets nonadmitted									
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 8,651,224	\$	\$ 8,651,224	\$ 1,000,082	\$	\$ 1,000,082	\$ 7,651,142	\$	\$ 7,651,142
(f)	Deferred tax liabilities	689,128	7,962,096	8,651,224		1,000,082	1,000,082	689,128	6,962,014	7,651,142
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 7,962,096	\$ (7,962,096)	\$ -	\$ 1,000,082	\$ (1,000,082)	\$ -	\$ 6,962,014	\$ (6,962,014)	\$ -
	(2) Admission calcu	lation compo	nents SSAP N	lo. 101						

· /	•								
		2023			2022			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)	7,962,096	(7,962,096)		1,000,082	(1,000,082).		6,962,014	(6,962,014)	
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX		XXX	XXX		XXX	XXX	
(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))	\$ 7.962.096	\$ (7.962.096)	\$ -	\$ 1,000,082	\$ (1.000.082)	\$ -	\$ 6.962.014	\$ (6.962.014)	\$ -

(3) Ratio used as basis of admissibility

		2020	2022	
((a) Ratio percentage used to determine recovery period and threshold limitation amount	656.200 %.	637.000 %.	
((b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 65,924,862	\$ 61 329 421	

(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)23	20)22	Change	
		(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)	\$ 8,651,224	\$	\$ 1,000,082	\$	\$ 7,651,142	\$
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies.	%	%	– %	– %		%
3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 8,651,224	\$	\$ 1,000,082	\$	\$ 7,651,142	\$
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%					%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance?......NO....

B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable

9. Income Taxes (Continued)

C. Major Components of Current Income Taxes Incurred

ent income taxes incurred consist of the following major components:	(1) 2023	(2) 2022	(3) Change (1-2)
Current Income Tax			
(a) Federal	\$	\$	\$
(b) 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 (1c+1d+1e+1f)	\$	\$	\$
	(1)	(2)	(3)
	2023	2022	Change (1-2)
Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$	5 \$ 562,037	\$ 167,318
(2) Unearned premium reserve			
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual	, ,		` '
(9) Pension accrual			• • • •
(10) Receivables - nonadmitted.		, ,	
(11) Net operating loss carry-forward			
(12) Tax credit carry-forward.			
(13) Other			
(99) Subtotal (Sum of 2a1 through 2a13)			•
(b) Statutory valuation allowance adjustment			• • •
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 8,651,22	1,000,082	\$ 7,651,142
(e) Capital			
(1) Investments	•	•	•
(2) Net capital loss carry-forward	1,551,08	7 855,562	695,525
(3) Real estate			
(4) Other	<u></u>		
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 1,551,08	\$ 855,562	\$ 695,525
(f) Statutory valuation allowance adjustment	1,551,08	7 855,562	695,525
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)		· –	
(i) Admitted deferred tax assets (2d + 2h)	\$ 8,651,22	\$ 1,000,082	\$ 7,651,142
	(1)	(0)	(2)
	(1)	(2)	(3)
- 4 - 1	2023	2022	Change (1-2)
Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$. \$
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other	689,12	3	689,128
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 689,12	\$	\$ 689,128
(b) Capital			
(1) Investments	\$ 7,962,09	5 \$ 1,000,082	\$ 6,962,014
(2) Real estate			
(3) Other			
(99) Subtotal (3b1+3b2+3b3)			
(c) Deferred tax liabilities (3a99 + 3b99)			
	-		7,001,142
Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

9. Income Taxes (Continued)

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:

	2023	Effective Tax Rate
Income before Taxes (including all realized capital gains/losses)	\$ 126,366	21.000 %
Health Insurer fee		
Special 3 month reserve deduction	(262,852)	-43.682
Change in Unrealized gains/losses	6,830,900	1,135.186
Revisions to estimates	231,770	38.516
Statutory Valuation Allowance Adjustment	(8,002,336)	1,329.859
Permanent differences	1,502,141	249.632
Change in non-admitted assets	(532,544)	-88.500
Other	106,555	17.708
Total	\$ -	- %
	2023	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 \$7,363,693 expiring in calendar year 2026 to 2027.

Plan has capital loss carryforwards of \$7,386,130 expiring in calendar year 2027 to 2028.

(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 did not make additional contributions in OSH-RI, LLC for the periods ended December 31, 2023 and 2022 of \$0 and \$0, respectively. BCBSRI current carrying value as of December 31, 2023 in OSH-RI, LLC is \$10,226,793.
- 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)

O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

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 \$38,732,479.
 - (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 \$2,365,825.
 - (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 \$130,000,000. The Plan has calculated this amount with approval from the Plan's Board of Directors.
 - (2) FHLB capital stock
 - (a) Aggregate totals

		lotal
1.	Current Year	
	(a) Membership stock - Class A	\$
	(b) Membership stock - Class B	461,400
	(c) Activity stock	
	(d) Excess stock	
	(e) Aggregate total (a+b+c+d)	\$ 3,261,400
	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ \$ 130,000,000
2.	Prior Year-End	
	(a) Membership stock - Class A	\$
	(b) Membership stock - Class B	
	(c) Activity stock	1,920,000
	(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

(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	. \$ 461,400	\$ 461,400	\$	\$	\$	\$

- (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	\$ 160,360,195	\$ 171,821,623	\$ 70,000,000
2.	Prior year-end total collateral pledged	70,964,422	75,527,993	48,000,000

11. Debt (Continued)

(b) Maximum amount pledged during reporting period

		(1)	(2)	(3)
				Amount Borrowed at Time of
		Fair Value	Carrying Value	Maximum Collateral
1.	Current year total maximum collateral pledged	\$ 160,360,195	\$ 171,821,623	\$ 70,000,000
2.	Prior year-end total maximum collateral pledged	70,964,422	75,527,993	48,000,000

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

		 Total	Agreements Reserves Established
1.	Current Year		
	(a) Debt	\$ 70,000,000	XXX
	(b) Funding agreements	 	\$
	(c) Other	 	XXX
	(d) Aggregate total (a+b+c)	\$ 70,000,000	\$
2.	Prior Year-end		
	(a) Debt	\$ 48,000,000	XXX
	(b) Funding agreements	 	\$
	(c) Other	 	XXX
	(d) Aggregate total (a+b+c)	\$ 48,000,000	\$

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

			Total
1.	Debt	. \$	70,000,000
2.	Funding agreements		
3.	Other		
4.	Aggregate total (Lines 1+2+3)	\$	70,000,000

(c) FHLB - Prepayment obligations

Does the Company Have
Prepayment Obligations
Under the Following
Arrangements? (YES/NO)

1.	Debt	NO
2.	Funding agreements	NO
3.	Other	NO

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.

(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, 2023 and 2022 for the Defined Benefit Plan, for the SERP and the Postretirement Benefit Plan:

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

(a) Pension benefits

		Overfunded		Under	funded
		2023	2022	2023	2022
1.	Benefit obligation at beginning of year	\$	\$	\$ 3,163,478	\$ 4,381,099
2.	Service cost				
3.	Interest cost			154,359	116,884
4.	Contribution by plan participants				
5.	Actuarial (gain) loss			66,101	(1,219,962)
6.	Foreign currency exchange rate changes				
7.	Benefits paid.			(102,647)	(114,543)
8.	Plan amendments.				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
10.	Benefit obligation at end of year	\$	\$	\$ 3,281,291	\$ 3,163,478

(b) Postretirement benefits

		Overfunded		Under		funde	d
		2023	2022		2023		2022
1.	Benefit obligation at beginning of year	\$	\$	\$	8,323,940	\$	12,881,976
2.	Service cost						
3.	Interest cost				380,217		289,243
4.	Contribution by plan participants.						
5.	Actuarial (gain) loss				171,232		(4,058,707)
6.	Foreign currency exchange rate changes						
7.	Benefits paid.				(739,491)		(788,572)
8.	Plan amendments						
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits						
10.	Benefit obligation at end of year	\$	\$	\$	8,135,898	\$	8,323,940

(2) Change in plan assets

		Pension	Benefits	Postretirem	ent Benefits	Special or Contractual Benefits Per SSAP No. 11		
		2023	2022	2023	2022	2023	2022	
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	102,647	114,543	739,491	788,572			
e.	Plan participants' contributions							
f.	Benefits paid	(102,647)	(114,543)	(739,491)	(788,572)			
g.	Business combinations, divestitures and settlements.							
h.	Fair value of plan assets at end of year	\$ -	\$ -	\$ -	\$ -	\$	\$	

(3) Funded status

		Pension	Benefits	Postretirem	ent Benefits
		2023	2022	2023	2022
a.	Components				
	Prepaid benefit costs	. \$	\$	\$	\$
	2. Overfunded plan assets				
	3. Accrued benefit costs	3,145,485	3,093,773	9,078,552	9,650,176
	4. Liability for pension benefits	135,806	69,705	(942,654)	(1,326,236)
b.	Assets and liabilities recognized				
	1. Assets (nonadmitted)	. \$	\$	\$	\$
	2. Liabilities recognized	3,281,291	3,163,478	8,135,898	8,323,940
C.	Unrecognized liabilities	. \$	\$	\$	\$

(4) Components of net periodic benefit cost

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

		Pension F		Pension Benefits		Postretirement Benefits			Special or Contractual Benefit Per SSAP No. 11		
		2	023	20	022	2023		2022	2023	2022	
a.	Service cost	\$		\$		\$ 	\$		\$	\$	
b.	Interest cost		. 154,359		116,884	 380,217		289,243			
C.	Expected return on plan assets					 					
d.	Transition asset or obligation					 					
e.	Gains and losses				26,366	 		249,760			
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	\$	154,359	\$	143,250	\$ 167,867	\$	326,653	\$	\$	

- (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

	ighted-average assumptions used to determine net periodic benefit cost as of iod-end:	2023	2022
a.	Weighted-average discount rate	4.980 %	2.710 %
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 iod-end:	2023	2022
e.	Weighted-average discount rate	4.780 %	4.980 %
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 \$3,281,291 and \$3,163,478 as of year ended 2023 and 2022 respectively
- (9) The assumed annual rate of increase in the per capita cost of medical benefits is 6.50% in 2023 and is assumed to decrease through years 2030 and remain level at 5.18% 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.	2024	\$ 1,018,000
b.	2025	985,000
C.	2026	951,000
d.	2027	919,000
e.	2028	913,000
f.	2029 through 2033	4,042,000

- (11) The Plan expects to contribute \$129,000 to its SERP and \$889,000 to its postretirement benefits in 2024.
- (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	P	Postretirement			
	2023	2023 2022		2022			
Projected benefit obligation	\$ 3,281,291	\$ 3,163,478	\$ 8,135,8	98 \$ 8,323,940			
Accumulated benefit obligation	3,281,291	3,163,478	8,135,8	98 8,323,940			
Fair value of plan assets	-	-	-	-			

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

_	SE	RP	Postr	etirement
	2023	2022	2023	2022
Projected benefit obligation	N/A	N/A	N/A	N/A
Accumulated benefit obligation	N/A	N/A	N/A	N/A
Fair 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

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 contributions up to 6% 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 2023 and 2022 were approximately \$5,356,823 and \$5,121,845, 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, 2023 and 2022, respectively.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

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 - \$89,121,238

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 2023.

M. The Plan did not have any quasi-reorganization in 2023.

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 (one alleged by a class of subscribers, the other by a class of providers) 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 on the subscriber side of the case, which was paid in 2022. Multiple cases were later filed by plaintiffs who opted out of that subscriber settlement class, where the Plan is a co-defendant. The provider side of the case also is ongoing. While liability is presently difficult to estimate, it is management's belief that the outcome on the provider side of the case, and with respect to any current opt-out cases, 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 2023 and 2022 was approximately \$620,959 and \$572,342, 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 Lease		
1.	2024	\$	870,452	
2.	2025		877,620	
3.	2026		880,523	
4.	2027		805,154	
5.	2028		748,693	
6.	Thereafter			
7.	Total (sum of 1 through 6)	\$	4,182,442	

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.

- (b) Sublease minimum rentals to be received Not Applicable
- (3) The Plan is not involved in material sales leaseback transactions.

15. Leases (Continued)

- 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 88,800 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.	2024	\$ 3,103,368
2.	2025	3,022,529
3.	2026	2,743,068
4.	2027	1,717,299
5.	2028	1,573,315
6.	Thereafter	891,940
7.	Total (sum of 1 through 6)	\$ 13,051,519

- (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 \$35,958,000 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 \$171,719,777 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, 2023:

	AS	C Uninsured Plans	of Parti	ired Portion ally Insured Plans		Total ASC
a. Gross reimbursement for medical cost incurred	\$ 1	,239,104,577	\$	-	\$ 1	,239,104,577
b. Gross administrative fees accrued		87,621,064		-		87,621,064
c. Total revenue	\$ 1	,326,725,641	\$	-	\$ 1	,326,725,641
d. Claims incurred	1	,239,104,577		-	1	,239,104,577
e. Variable cost		25,209,270		-		25,209,270
f. Contribution to fixed overhead	\$	62,411,794	\$	-	\$	62,411,794
g. Total fixed overhead		58,821,629		-		58,821,629
h. Total net gain or (loss) from operations	\$	3,590,165	\$	-	\$	3,590,165

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Plan has a Medicare or similarly structured cost based reimbursement contract during 2023 and 2022.

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

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 \$60,609,121 as of December 31, 2023 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, 2023 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	\$	\$ 433,368,717	\$	\$	\$ 433,368,717
	Preferred stock-unaffiliated	21,128,948	B			21,128,948
	Common stock-affiliated			10,226,793		10,226,793
	Common stock-unaffiliated	100,785,912	2 3,261,400	30,742,064		134,789,376
	Total assets at fair value/NAV	\$ 121,914,860	0 \$ 436,630,117	\$ 40,968,857	\$	\$ 599,513,834
b.	Liabilities at fair value					
	Line of Credit	\$	\$ 70,098,133	\$	\$	\$ 70,098,133
	Mortgage Loan		40,965,886			40,965,886
	Total liabilities at fair value	\$	\$ 111,064,019	\$	\$	\$ 111,064,019

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, 2023.

	Description	Beginning balance as of 01/01/2023	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 12/31/2023
a.	Assets										
	Common stock-affiliated	\$	\$	\$	\$	\$ 10,226,793	\$	\$	\$	\$	\$ 10,226,793
	Common stock-unaffiliated	26,649,881				3,647,695	444,488				30,742,064
	Total assets	\$ 26,649,881	\$	\$	\$	\$ 13,874,488	\$ 444,488	\$	\$	\$	\$ 40,968,857
b.	Liabilities										
	Total liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

There were unrealized gains of \$13,874,488 for the period ending December 31, 2023.

- (3) There were no transfers between levels as of December 31, 2023.
- (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

20. Fair Value Measurements (Continued)

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	\$ 433,368,717	\$ 462,559,415	\$	\$ 433,368,717	\$	\$	\$
Preferred stock-unaffiliated	21,128,948	21,128,948	21,128,948				
Common stock-affiliated	10,226,793	10,226,793			10,226,793		
Common stock-unaffiliated	134,789,376	134,789,376	100,785,912	3,261,400	30,742,064		

- 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 \$11,971,871 as of December 31, 2023 and is included in other current assets and other current liabilities in the accompanying consolidated balance sheets.

FEP represented approximately 43.7% of accounts receivable and approximately 7.3% of net revenue as of and for the year ended December 31, 2023, 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

D. Business Interruption Insurance Recoveries

The Plan did not have any business interruption insurance recoveries in 2023.

- 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	Carrying Value	Unused Amount
Historic Investment Tax Credit	RI	\$ 1,640,000	\$ 2,000,000
Total		\$ 1,640,000	\$ 2,000,000

(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 2023.

21. Other Items (Continued)

(4) State tax credits admitted and nonadmitted

		То	tal Admitted	Total Nonadmitted
a.	Transferable	\$	1,640,000	\$
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, 2023, 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)

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, 2023 that are subject to retrospective rating features was \$10,202,492, that represented 0.50% 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)	\$	\$	\$(1,860,000)
(2) Medical loss ratio rebates paid				8,117,912	8,117,912
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts					
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts					
(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 2023 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? YES

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)	\$ 11,930,000
	Liabilities	
	Risk adjustment user fees payable for ACA risk adjustment	
	3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	
	Operations (Revenue & Expense)	
	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.	\$ 20,300,910
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	151,785
b.	Transitional ACA Reinsurance Program	
	Assets	
	Amounts recoverable for claims paid due to ACA reinsurance	\$ 16,534,280
	2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability)	267,510
	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	9,516,291
	ACA reinsurance contributions - not reported as ceded premium	
C.	Temporary ACA Risk Corridors Program	
	Assets	
	Accrued retrospective premium due to ACA risk corridors liabilities	
	Reserve for rate credits or policy experience rating refunds due to ACA risk corridors	
	Operations (Revenue & Expense)	
	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	ences	A	Adjustments			nces as of the ng Date
			on Business	g the Prior Year Written Before ne Prior Year	Current Year Written Before	Paid as of the ron 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.	Ad	rmanent ACA Risk justment Program Premium											
		adjustments receivable (including high risk pool payments)	\$ 6,343,000	\$	\$ 11,406,547	\$	\$(5,063,547)	\$	\$ 5,063,547	\$	A	\$	\$
	2.	Premium adjustments (payable) (including high risk pool premium)		(7,961,988)		(7,964,928)		2,940		(2,940)	В		
	3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 6343,000	\$(7,961,988)								\$	\$ _
b.		ansitional ACA insurance Program	Q 0,040,000	V(7,501,500)	V 11,400,047	V(1,704,720)	(0,000,047)	2,740	· • 0,000,047	(2,340)		V	V
	1.	Amounts recoverable for claims paid	\$ 18,372,565	\$	\$ 11,087,065	\$	\$ 7,285,500	\$	\$	\$	С	\$ 7,285,500	\$
	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	\$ 18 372 565	\$	\$ 11.087.065	•	\$ 7285 500	¢	¢	¢		\$ 7,285,500	¢
C.		mporary ACA Risk rridors Program	V 10,072,000	V	V 11,007,000	•	7,200,000	V	V	•		V 1,200,000	V
	1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	ı	\$	\$
	2.	Reserve for rate credits or policy experience rating refunds									J		
	3.	Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d.		tal for ACA risk aring provisions	\$ 24,715,565	\$ (7,961,988)	\$ 22,493,612	\$ (7,964,928)	\$ 2,221,953	\$ 2,940	\$ 5,063,547	\$ (2,940)		\$ 7,285,500	\$ -
Exp A: B: C: D: E: F: G: H:	Ris	ne ne ne ne ne											
	No	ne											
		(4) Roll-forwa	ard of risk co	orridors asset	and liability	, balances b	y program be	enefit year - I	Not Applicat	ole			

- - (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	sk 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)	\$	\$	\$	\$	\$	\$

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, 2022, were \$167,566,000 and as of December 31, 2023, \$142,429,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,498,000 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 \$20,639,000 favorable prior-year development since December 31, 2022, to December 31, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. 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
12/31/2023	\$	\$	\$	\$	\$
09/30/2023	44,788,958 .	48,842,797	43,517,650		
06/30/2023	41,172,120 .	45,269,785	41,537,969		
03/31/2023		40,581,919	37,068,877		3,255,012
12/31/2022	37,110,096 .	35,907,819	34,073,475		2,605,157
09/30/2022		36,227,151			2,467,505
06/30/2022	32,874,159 .	35,615,199	32,751,382		2,863,816
03/31/2022	31,636,681 .	33,246,710	29,654,008		3,592,701
12/31/2021	31,336,332	31,742,302	28,849,647		2,926,868
09/30/2021		30,925,842	28,281,638		2,644,204
06/30/2021	24,986,123 .	31,139,343	28,447,671		2,691,672
03/31/2021	27,188,744	23,554,210	21,491,545		2,062,664

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 \$39,400,000 and \$30,400,000 for the periods ended December 31, 2023 and December 31, 2022, respectively. The PDR related to the Commercial, Medicare Supplement and Medicare Advantage lines of business for the period ended December 31, 2023. The PDR related to the Commercial line of business for the period ended December 31, 2022.

Liability carried for premium deficiency reserves: \$39,400,000
 Date of the most recent evaluation of this liability: 12/31/2023
 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, 2023 and 2022, was \$17,135,000 and \$14,012,000, respectively.

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

6.1	if applica							
6.2	If yes, g	jive full infor	mation:					
7.1	Does ar	ny foreign (r	non-United States) person or entity directly or indire	ectly control 10% or more of the reporting entity	y?	Yes[]	No [X]	
7.2	If yes,							
		7.21 7.22	State the percentage of foreign control. State the nationality(s) of the foreign person(s) or reciprocal, the nationality of its manager or attorn (e.g., individual, corporation, government, manager or attorn to the corporation of the corpo	ney-in-fact and identify the type of entity(s)				%
			1 Nationality	2 Type of Entity				
			Ivationality	Type of Littly				
Ω 1	le the co	ompany a si	ubsidiary of a depository institution holding compar	ov (DIHC) or a DIHC itself, regulated by		 Yes[]	No (Y)	
		eral Reserv		(Billio) of a Billio Room, regulated by		100[]	No[N]	
			e boaru?					
8.2	If respor	nse to 8.1 is	s yes, please identify the name of the DIHC.					
8.2	If respo	nse to 8.1 is						
8.2	If respon	nse to 8.1 is						
			s yes, please identify the name of the DIHC.			Voc []	No [Y]	
8.3	Is the co	ompany affil				Yes[]	No [X]	
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	is yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i.e.]	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office		Yes[]	No [X]	
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	is yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities firely sees, please provide the names and locations (city	and state of the main office) of any e. the Federal Reserve Board (FRB), the Offic nce Corporation (FDIC) and the Securities		Yes[]	No [X]	
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office ce Corporation (FDIC) and the Securities al regulator.	ı			6
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i.of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office co Corporation (FDIC) and the Securities al regulator.		Yes[]	No [X]	6
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office ce Corporation (FDIC) and the Securities al regulator.	ı			6 SEC
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder Affiliate	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office coc Corporation (FDIC) and the Securities al regulator. 2 Location	3	4	5	
8.3 8.4	Is the co	ompany affil nse to 8.3 is s regulated l	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder Affiliate	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office coc Corporation (FDIC) and the Securities al regulator. 2 Location	3	4	5	
8.3 8.4	Is the colf responding affiliates of the C	ompany affii nse to 8.3 is s regulated l comptroller of ge Commiss	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder Affiliate	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office nce Corporation (FDIC) and the Securities al regulator. 2 Location (City, State)	3	4	5 FDIC	
8.3 8.4	Is the colf responding the CExchange	ompany affii nse to 8.3 is s regulated l comptroller c ge Commiss	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder 1 Affiliate Name	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office nce Corporation (FDIC) and the Securities al regulator. 2 Location (City, State)	3	4 OCC	5 FDIC	
8.3 8.4 8.5	Is the collif responding the Comment of the Comment	ompany affil nse to 8.3 is s regulated l comptroller of ge Commission eporting entitioned of Govern	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder 1 Affiliate Name ty a depository institution holding company with signors of Federal Reserve System or a subsidiary of sino, is the reporting entity a company or subsidiary	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office coccorporation (FDIC) and the Securities al regulator. 2 Location (City, State) mificant insurance operations as defined by the depository institution holding company?	3	4 OCC Yes[]	5 FDIC	SEC
8.3 8.4 8.5	Is the collif responding the Comment of the Comment	ompany affil nse to 8.3 is s regulated l comptroller of ge Commission eporting entitioned of Govern	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder 1 Affiliate Name ty a depository institution holding company with signors of Federal Reserve System or a subsidiary of	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office coccorporation (FDIC) and the Securities al regulator. 2 Location (City, State) mificant insurance operations as defined by the depository institution holding company?	3	4 OCC Yes[]	5 FDIC 	SEC
8.3 8.4 8.5	Is the confirmation of the Confirmation of the	eporting enti	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder 1 Affiliate Name ty a depository institution holding company with signors of Federal Reserve System or a subsidiary of sino, is the reporting entity a company or subsidiary	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office nce Corporation (FDIC) and the Securities al regulator. 2 Location (City, State) Inificant insurance operations as defined by the depository institution holding company? of a company that has otherwise been	3	4 OCC Yes[]	5 FDIC 	SEC
8.3 8.4 8.5 8.6	Is the collif responding the CExchange Is the returned the Boal If responding the St. What is conduct	eporting entium of Government to 8.5 is ubject to the annual	s yes, please identify the name of the DIHC. liated with one or more banks, thrifts or securities fit is yes, please provide the names and locations (city by a federal financial regulatory services agency [i. of the Currency (OCC), the Federal Deposit Insurar sion (SEC)] and identify the affiliate's primary feder 1 Affiliate Name ty a depository institution holding company with signors of Federal Reserve System or a subsidiary of sino, is the reporting entity a company or subsidiary a Federal Reserve Board's capital rule?	and state of the main office) of any e. the Federal Reserve Board (FRB), the Office nce Corporation (FDIC) and the Securities al regulator. 2 Location (City, State) Inificant insurance operations as defined by the depository institution holding company? of a company that has otherwise been	3	4 OCC Yes[]	5 FDIC 	SEC

	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]
	Addition, or desidentially similar state and or regulation.	ואסן וווסן און
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:	
10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	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	
	12.13 Total book/adjusted carrying value	\$
12.2	If yes, provide explanation:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
	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	Van F. I. N. F.V.I.
	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 []

- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules, and regulations;

	o. Compilation with applicable governmenta	i laws, raics, and regulations	,	
	d. The prompt internal reporting of violations	s to an appropriate person or	persons identified in the code; and	
	e. Accountability for adherence to the code.			Yes[X] No[]
	·			
14.11	If the response to 14.1 is no, please explain:			
14.2	Has the code of ethics for senior managers be	en amended?		Yes[]No[X]
14.21	If the response to 14.2 is yes, provide informat	tion related to amendment(s)		
14.3	Have any provisions of the code of ethics been	n waived for any of the specif	ried officers?	Yes[] No[X]
14.31	If the response to 14.3 is yes, provide the natu	re of any waiver(s).		
15.1	Is the reporting entity the beneficiary of a Lette	er of Credit that is unrelated to	o reinsurance where the issuing or	
	confirming bank is not on the SVO Bank List?			Yes[]No[X]
15.2	If the response to 15.1 is yes, indicate the Amo	erican Bankers Association (A		
	issuing or confirming bank of the Letter of Cre			
	is triggered.		2.000	
	is anggorou.			
	1	2	3	4
	American			
	Bankers			
	Association	Issuing or Confirming		
		Bank Name	Circumetaneous That Can Trigger the Letter of Credit	Amount
	(ABA) Routing Number	Dank Name	Circumstances That Can Trigger the Letter of Credit	Amount

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 ar	nount loaned during the year (inclusive of Separate A	Accounts, exclusiv	re of policy loans):	
				ors or other officers	\$
			20.12 To stockh	nolders not officers	\$
			20.13 Trustees	supreme or grand (Fraternal only)	\$
20.2	Total ar	nount of loans outstanding at the end of year (inclusiv	ve of Separate Ac	ecounts exclusive of noticy loans):	
20.2	i Ulai ai	lount of loans outstanding at the end of year (inclusive		ors or other officers	¢
				nolders not officers	\$ \$
				supreme or grand (Fraternal only)	\$
			20.20 11031003	supreme or grand (Fraternal only)	Ψ
21.1		ny assets reported in this statement subject to a contr	ractual obligation	to transfer to another party without the	
	liability	or such obligation being reported in the statement?			Yes[] No[X]
21.2	If yes, s	tate the amount thereof at December 31 of the curren	nt year:		
			21.21 Rented fr	rom others	\$
			21.22 Borrowed	from others	\$
			21.23 Leased fr		\$
			21.24 Other		\$
22.1		is statement include payments for assessments as d	escribed in the Ar	nnual Statement Instructions other than	V (VIN ()
	guarant	y fund or guaranty association assessments?			Yes[X] No[]
22.2	If answe	er is yes:			
			22.21 Amount p	paid as losses or risk adjustment	\$13,255,007_
			22.22 Amount p	paid as expenses	\$
			22.23 Other am	ounts paid	\$
23.1	Does the statement	e reporting entity report any amounts due from paren	t, subsidiaries or	affiliates on Page 2 of this	Voc [] No [V]
	Staterne	intr			Yes[]No[X]
23.2	If yes, in	dicate any amounts receivable from parent included	in the Page 2 am	nount:	\$
	are not	e insurer utilize third parties to pay agent commission settled in full within 90 days? sponse to 24.1 is yes, identify the third-party that pay			Yes[] No[X]
		1		2	
		Name of Third Party		Is the Third-Party Agent a Related	d Party (Yes/No)
			INVI	ESTMENT	
25 N1	Were a	the stocks, bonds and other securities owned Decer	mher 31 of ourror	it year, over which the reporting entity has	
20.01		e control, in the actual possession of the reporting er		, , ,	
		ed in 25.03)	nity on oura date	. (carer alam eccanice fortains programe	Yes [X] No []
					.00[]0[]
25.02	If no, gi	ve full and complete information, relating thereto:			
25.03	securitie	urity lending programs, provide a description of the parties, and whether collateral is carried on or off-balance ion is also provided)	•		
25.04	For the	reporting entity's securities lending program, report a	mount of collatera	al for conforming programs as outlined	
	in the R	sk Based Capital Instructions.			\$
		reporting entity's securities lending program report ar			

	-	ur securities lending program require 102% (dome earty at the outset of the contract?	stic secu	urities) and 105% (foreign securities) from the	Yes[]N	lo[] N/A [X]
25.07	Does the	e reporting entity non-admit when the collateral rec	eived fro	om the counterparty falls below 100%?	Yes[]N	lo[] N/A [X]
		e reporting entity or the reporting entity's securities ent (MSLA) to conduct securities lending?	lending	agent utilize the Master Securities Lending	Yes[]N	lo[] N/A [X]
25.09	For the r	eporting entity's security lending program, state the	e amour	nt of the following as of December 31 of the current year:			
	25.091	Total fair value of reinvested collateral assets rep	orted or	n Schedule DL, Parts 1 and 2	\$		
	25.092	Total book adjusted/carrying value of reinvested	collatera	al assets reported on Schedule DL, Parts 1 and 2	\$		
	25.093	Total payable for securities lending reported on the	ne liabilit	ty page	\$		
	exclusiv	y of the stocks, bonds or other assets of the report ely under the control of the reporting entity or has t tion contract that is currently in force? (Exclude se	he repoi	ting entity sold or transferred any assets subject to	Yes[X]	No[]	
26.2	If yes, st	ate the amount thereof at December 31 of the curr	ent year				
			26.21	Subject to repurchase agreements	\$,582
			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	\$		
		2	26.26	Letter stock or securities restricted as to sale -			
				excluding FHLB Capital Stock	\$		
			26.27	FHLB Capital Stock	\$		
			26.28	On deposit with states			
			26.29	On deposit with other regulatory bodies	\$		
		2	26.30	Pledged as collateral - excluding collateral	Φ.	25.050	000
		,	00.04	pledged to an FHLB	\$	35,958	,000
		2	26.31	Pledged as collateral to FHLB - including	¢.	171 001	600
		2	26.32	assets backing funding agreements Other	\$ \$	171,821	,023
26.3	For cate	gory (26.26) provide the following:					
		1		2	3		
		Nature of Restriction	1	Description	Amoun	t I	

I	1	2	3
	Nature of Restriction	Description	Amount
İ			
ł			
-			ı

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

Yes[]No[X]

	has a comprehensive description of the hedging program b attach a description with this statement.	een made available to the domiciliary state?	Yes[] No[] N/A [X]
LINES 27.3 thro	ugh 27.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES	ONLY:	
	the reporting entity utilize derivatives to hedge variable annu		
	erest rate sensitivity?	,	Yes[]No[X]
27.4 If the	response to 27.3 is YES, does the reporting entity utilize:		
27.4 11 (116	27.41	Special accounting provision of SSAP No. 108	Yes[] No[X]
	27.42	Permitted accounting provision of GOAL No. 100	Yes [] No [X]
	27.43	Other accounting guidance	Yes[] No[X]
27.5. By res	sponding YES to 27.41 regarding utilizing the special accour	nting provisions of SSAP No. 108, the reporting	
	attests to the following:	taing provisions of costs. No. 100, the reporting	Yes[] No[X]
Actual estable Condi Finance Clearl strates 28.1 Were	ng strategy subject to the special accounting provisions is control certification has been obtained which indicates that the hishment of VM-21 reserves and provides the impact of the hittonal Tail Expectation Amount. cial Officer Certification has been obtained which indicates the y Defined Hedging Strategy within VM-21 and that the Clean gay being used by the company in its actual day-to-day risk many preferred stocks or bonds owned as of December 31 of the control of the issuer, convertible into equity?	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 nitigation efforts.	Yes[]No[X]
28.2 If yes,	state the amount thereof at December 31 of the current year	ar.	\$
physic owned accord	ding items in Schedule E - Part 3 - Special Deposits, real est cally in the reporting entity's offices, vaults or safety deposit of throughout the current year held pursuant to a custodial againce with Section 1, III - General Examination Consideration fekeeping Agreements of the NAIC Financial Condition Exam	boxes, were all stocks, bonds and other securities, greement with a qualified bank or trust company in ons, F. Outsourcing of Critical Functions, Custodial	Yes[X] No[]
· ·	greements that comply with the requirements of the NAIC Fir	nancial Condition Examiners Handbook,	

complete the following:

1	2
Name of Custodian(s)	Custodian's Address
NORTHERN TRUST	333 S. WABASH AVE., WB-42 CHICAGO, IL 60604
RELIANCE TRUST COMPANY	601 RIVERSIDE AVENUE, JACKSONVILLE, FL 32204

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:

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

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 []

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?

Yes[X] No[]

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	19,185
649280-81-5	AMERICAN FUNDS NWLD R6	25,606
256219-10-6	DODGE & COX STCK I	26,385
315911-75-0	FIDELITY 500 INDEX FUND	679,165
315911-72-7	FIDELITY INTERNATIONL IX	3,791
316146-35-6	FIDELITY US BOND INDEX	203,386
41665H-78-9	HARTFD:SCHR EM E SDR	8,720,857
57630E-87-5	MASSMUTUAL S:BL CH I	3,326
57630E-57-8	MASSMUTUAL S:ST BD I	81,954
57630G-49-0	MASSMUTUAL S:TRP 20 I	23,393
57630G-45-8	MASSMUTUAL S:TRP 25 I	353,654
57630G-41-7	MASSMUTUAL S:TRP 30 I	31,993
57630G-36-7	MASSMUTUAL S:TRP 35 I	13,468
57630G-32-6	MASSMUTUAL S:TRP 40 I	16,939
57630G-27-6	MASSMUTUAL S:TRP 45 I	225,908
552966-80-6	MFS INTERNATIONAL EQT R6	23,684,176
704329-24-2	PAYDEN:EM MKT BD SI	6,394,935
779562-20-6	T ROWE PRICE NH I	112,038
922908-83-5	VANGUARD MD-CP I INST	178,887
921908-87-7	VANGUARD RE IDX ADM	120,830
922908-87-6	VANGUARD S-C ID INST	186,297
969251-71-9	WM BLAIR:INTL LDRS I	133,607
30.2999 TOTAL		41,239,780

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

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
AMERICAN FUNDS BAL R6	Microsoft Corp	19,185	12/31/2023
AMERICAN FUNDS BAL R6	Broadcom Inc	19,185	12/31/2023
AMERICAN FUNDS BAL R6	UnitedHealth Group Inc	19,185	12/31/2023
AMERICAN FUNDS BAL R6	Philip Morris International Inc	19,185	12/31/2023
AMERICAN FUNDS BAL R6	The Home Depot Inc	19,185	12/31/2023
AMERICAN FUNDS NWLD R6	Microsoft Corp	25,606	12/31/2023
AMERICAN FUNDS NWLD R6	Novo Nordisk A/S Class B	25,606	12/31/2023
AMERICAN FUNDS NWLD R6	Taiwan Semiconductor Manufacturing Co	25,606	12/31/2023
AMERICAN FUNDS NWLD R6	Airbus SE	25,606	12/31/2023
AMERICAN FUNDS NWLD R6	MercadoLibre Inc	25,606	12/31/2023
DODGE & COX STCK I	Wells Fargo & Co	26,385	12/31/2023
DODGE & COX STCK I	Charles Schwab Corp	26,385	12/31/2023
DODGE & COX STCK I	Occidental Petroleum Corp	26,385	12/31/2023
DODGE & COX STCK I	Fisery Inc	26,385	12/31/2023
DODGE & COX STCK I	Sanofi SA ADR	26,385	12/31/2023
FIDELITY 500 INDEX FUND	Microsoft Corp	679,165	12/31/2023
FIDELITY 500 INDEX FUND	Apple Inc	679,165	12/31/2023
FIDELITY 500 INDEX FUND	Amazon.com Inc	679,165	12/31/2023
FIDELITY 500 INDEX FUND	NVIDIA Corp	679,165	12/31/2023
FIDELITY 500 INDEX FUND	Alphabet Inc Class A	679,165	12/31/2023
FIDELITY INTERNATIONL IX	Novo Nordisk A/S	3,791	12/31/2023
FIDELITY INTERNATIONL IX	Nestle SA	3,791	12/31/2023
FIDELITY INTERNATIONL IX	ASML Holding NV	3,791	12/31/2023
FIDELITY INTERNATIONL IX	Shell PLC	3,791	12/31/2023
FIDELITY INTERNATIONL IX	Lvmh Moet Hennessy Louis Vuitton SE	3,791	12/31/2023
FIDELITY US BOND INDEX	United States Treasury Notes 2.75%	203,386	12/31/2023
FIDELITY US BOND INDEX	United States Treasury Notes 1.5%	203,386	12/31/2023
FIDELITY US BOND INDEX	United States Treasury Notes 2.625%	203,386	12/31/2023
FIDELITY US BOND INDEX	Federal Home Loan Mortgage Corporatio	203,386	12/31/2023
FIDELITY US BOND INDEX	United States Treasury Notes 3%	203,386	12/31/2023
HARTFD:SCHR EM E SDR	Taiwan Semiconductor Manufacturing Co	8,720,857	12/31/2023
HARTFD:SCHR EM E SDR	Samsung Electronics Co Ltd	8,720,857	12/31/2023
HARTFD:SCHR EM E SDR	Tencent Holdings Ltd	8,720,857	12/31/2023
HARTFD:SCHR EM E SDR	Alibaba Group Holding Ltd Ordinary Shar	8,720,857	12/31/2023
HARTFD:SCHR EM E SDR	SK Hynix Inc	8,720,857	12/31/2023
MASSMUTUAL S.BL CH I	Microsoft Corp	3,326	12/31/2023
MASSMUTUAL S.BL CH I	Amazon.com Inc	3,326	12/31/2023
MASSMUTUAL S.BL CH I	NVIDIA Corp	3,326	12/31/2023
MASSMUTUAL S:BL CH I MASSMUTUAL S:BL CH I	Meta Platforms Inc Class A	3,326	12/31/2023
	Apple Inc	3,326	12/31/2023
MASSMUTUAL S:ST BD I	Us 5yr Note (Cbt) Mar24 Xcbt 20240328	81,954	12/31/2023
MASSMUTUAL S:ST BD I	Bws099549 Irs Usd R V 00mfedl 1 Ccpoi	81,954 81,954	12/31/2023 12/31/2023
MASSMUTUAL S:ST BD I	Sws101725 Cds Usd R F 1.00000 2 Ccp		
MASSMUTUAL S:ST BD I	3 Month Sofr Fut Dec25 Xcme 20260317	81,954	12/31/2023 12/31/2023
MASSMUTUAL S:ST BD I	Us Long Bond(Cbt) Mar24 Xcbt 2024031	81,954	
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Large Cap Blen	23,393	12/31/2023
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Bond Asset I	23,393	12/31/2023
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Intl Equity I	23,393	12/31/2023
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Ltd Dur Infl Foc	23,393	12/31/2023
MASSMUTUAL S:TRP 20 I	MassMutual Select TRP Sm&Mid Cap Bl	23,393	12/31/2023
MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Large Cap Blen	353,654	12/31/2023
MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Bond Asset I	353,654	12/31/2023
MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Intl Equity I	353,654	12/31/2023
MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Ltd Dur Infl Foc	353,654	12/31/2023
MASSMUTUAL S:TRP 25 I	MassMutual Select TRP Sm&Mid Cap Bl	353,654	12/31/2023
MASSMUTUAL S:TRP 30 I	MassMutual Select TRP Large Cap Blen	31,993	12/31/2023
MASSMUTUAL S:TRP 30 I	MassMutual Select TRP Intl Equity I	31,993	12/31/2023
MASSMUTUAL S:TRP 30 I	MassMutual Select TRP Bond Asset I	31,993	12/31/2023
MASSMUTUAL S:TRP 30 I	MassMutual Select TRP Sm&Mid Cap Bl	31,993	12/31/2023
MASSMUTUAL S:TRP 30 I	MM S&P 500® Index I	31,993	12/31/2023
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Large Cap Blen	13,468	12/31/2023
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Intl Equity I	13,468	12/31/2023

4	0	2	4
1	2	3	4
	N 60: 15 11111	Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	5. 0
(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	13,468	12/31/2023
MASSMUTUAL S:TRP 35 I	MassMutual Select TRP Bond Asset I	13,468	12/31/2023
MASSMUTUAL S:TRP 35 I	MM S&P 500® Index I	13,468	12/31/2023
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Large Cap Blen	16,939	12/31/2023
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Intl Equity I	16,939	12/31/2023
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Sm&Mid Cap Bl	16,939	12/31/2023
MASSMUTUAL S:TRP 40 I	MM S&P 500® Index I	16,939	12/31/2023
MASSMUTUAL S:TRP 40 I	MassMutual Select TRP Real Asset I	16,939	12/31/2023
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Large Cap Blen	225,908	12/31/2023
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Intl Equity I	225,908	12/31/2023
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Sm&Mid Cap Bl	225,908	12/31/2023
MASSMUTUAL S:TRP 45 I	MM S&P 500® Index I	225,908	12/31/2023
MASSMUTUAL S:TRP 45 I	MassMutual Select TRP Real Asset I	225,908	12/31/2023
MFS INTERNATIONAL EQT R6	Air Liquide SA	23,684,176	12/31/2023
MFS INTERNATIONAL EQT R6	Nestle SA	23,684,176	12/31/2023
MFS INTERNATIONAL EQT R6	Schneider Electric SE	23,684,176	12/31/2023
MFS INTERNATIONAL EQT R6	SAP SE	23,684,176	12/31/2023
MFS INTERNATIONAL EQT R6	Roche Holding AG	23,684,176	12/31/2023
PAYDEN:EM MKT BD SI	2 Year Treasury Note Future Mar 24	6,394,935	12/31/2023
PAYDEN:EM MKT BD SI	5 Year Treasury Note Future Mar 24	6,394,935	12/31/2023
PAYDEN:EM MKT BD SI	Payden Cash Reserves Money Market	6,394,935	12/31/2023
PAYDEN:EM MKT BD SI	Petrobras Global Finance B.V. 6.25%	6,394,935	12/31/2023
PAYDEN:EM MKT BD SI	Grupo Axo SAPI de CV 5.75%	6,394,935	12/31/2023
T ROWE PRICE NH I	Aggregate Miscellaneous Equity	112,038	12/31/2023
T ROWE PRICE NH I	T. Rowe Price Gov. Reserve	112,038	12/31/2023
T ROWE PRICE NH I	Entegris Inc	112,038	12/31/2023
T ROWE PRICE NH I	Ceridian HCM Holding INC	112,038	12/31/2023
T ROWE PRICE NH I	Teledyne Technologies Inc	112,038	12/31/2023
VANGUARD MD-CP I INST	Amphenol Corp Class A	178,887	12/31/2023
VANGUARD MD-CP I INST	Arista Networks Inc	178,887	12/31/2023
VANGUARD MD-CP I INST	TransDigm Group Inc	178,887	12/31/2023
VANGUARD MD-CP I INST	Cintas Corp	178,887	12/31/2023
VANGUARD MD-CP I INST	Motorola Solutions Inc	178,887	12/31/2023
VANGUARD RE IDX ADM	Prologis Inc	120,830	12/31/2023
VANGUARD RE IDX ADM	American Tower Corp	120,830	12/31/2023
VANGUARD RE IDX ADM	Equinix Inc	120,830	12/31/2023
VANGUARD RE IDX ADM	Crown Castle Inc	120,830	12/31/2023
VANGUARD RE IDX ADM	Public Storage	120,830	12/31/2023
VANGUARD S-C ID INST	Builders FirstSource Inc	186,297	12/31/2023
VANGUARD S-C ID INST	PTC Inc	186,297	12/31/2023
VANGUARD S-C ID INST	Targa Resources Corp	186,297	12/31/2023
VANGUARD S-C ID INST	Axon Enterprise Inc	186,297	12/31/2023
VANGUARD S-C ID INST	Entegris Inc	186,297	12/31/2023
WM BLAIR:INTL LDRS I	Taiwan Semiconductor Manufacturing Co	133,607	12/31/2023
WM BLAIR:INTL LDRS I	ASML Holding NV	133,607	12/31/2023
WM BLAIR:INTL LDRS I	Novo Nordisk A/S Class B	133,607	12/31/2023
WM BLAIR:INTL LDRS I	Shin-Etsu Chemical Co Ltd	133,607	12/31/2023
	Reliance Industries Ltd	1	
WM BLAIR:INTL LDRS I	reliance industries Ltd	133,607	12/31/2023

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	462,559,415	433,368,736	(29,190,679)
31.2 Preferred stocks	21,128,948	21,128,948	
31.3 Totals	483,688,363	454,497,684	(29,190,679)

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 lsuer 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 with 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? 	vhich is 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-a. The shares were purchased prior to January 1, 2019. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an Naic January 1, 2019. 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	IRSRO prior
	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 Part (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. b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal complet 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 transaction of the transaction 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 of the prior period that do not meet the prior period that do not meet the prior period that do not meet the prior period that do not meet the prior period that do not meet the prior period that	eted at the ransaction
38.1	Does the reporting entity directly hold cryptocurrencies?	Yes[] No[X]
	If the response to 38.1 is yes, on what schedule are they reported?	• •

39.1 Do	es the reporting entity directly or indirectly accept cryptocurrent	cies as paym	ents for premiums on policies?	Yes [] No [X]
30 2 If +I	he response to 39.1 is yes, are the cryptocurrencies held direct	ly or are the	immediately converted to LLC	dollare?	
33.Z II li	39.21	Held direc	*		1 No (V)
	39.22		ely converted to U.S. dollars] No [X]] No [X]
30 3 If ti	he response to 38.1 or 39.1 is yes, list all cryptocurrencies acce				INO[X]
JJ.J II (I	1	pied for pay	2	ad directly.	
	'	Immoo	iately Converted to USD,	3	
	Name of Chintagurranay		-	Accepted for Daymon	at of Dromiumo
	Name of Cryptocurrency		irectly Held, or Both	Accepted for Paymen	it of Fremiums
40.1 Am	nount of payments to trade associations, service organizations	and statistica	or Rating Bureaus, if any?	\$	1,833,772
	t the name of the organization and the amount paid if any such		-		
	al payments to trade associations, service organizations and st				
	vered by this statement.		0 0		
	1		2		
	Name		Amount	Paid	
	STATE OF RHODE ISLAND		\$	80.361	
	STATE OF RHODE ISLAND		\$s	80,361	
	STATE OF RHODE ISLAND		\$	80,361	
			\$ \$ \$	80,361	
41 1 Am			\$		2 030 254
	nount of payments for legal expenses, if any?	ut representer	\$	\$	2,030,254
41.2 Lis	nount of payments for legal expenses, if any? t the name of the firm and the amount paid if any such paymen		\$		2,030,254
41.2 Lis	nount of payments for legal expenses, if any?		\$ s l 25% or more of the total		2,030,254
41.2 Lis	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this sta		\$ s l 25% or more of the total	\$	2,030,254
41.2 Lis	nount of payments for legal expenses, if any? t the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this sta 1 Name		\$ state of the total state of th	\$Paid	2,030,254
41.2 Lis	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this sta 1 Name HOGAN LOVELLS US LLP		\$ s l 25% or more of the total	\$	2,030,254
41.2 Lis	nount of payments for legal expenses, if any? t the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this sta 1 Name		\$ state of the total state of th	\$Paid	2,030,254
41.2 Lis pa	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this sta 1 Name HOGAN LOVELLS US LLP	atement.	\$ s s s s s s s s s s s s s s s s s s s	Paid 1,413,597	2,030,254
41.2 Lis pa pa 42.1 Am	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen syments for legal expenses during the period covered by this stated and the second symmetry of the period covered by the second symmetry of the period covered by the second symmetry of the period covered by this stated are second symmetry of the period covered by the second symmetry of the period covered by the second symmetry of the period covered by the second symmetry of the period covered by the second symmetry of the period covered by the second symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by this stated symmetry of the period covered by the symmetry of the period covered by the period covered	atement.	\$ s s s s s s s s s s s s s s s s s s s	Paid 1,413,597	
41.2 Lis pay 42.1 Am of g	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen syments for legal expenses during the period covered by this statement of the statement of the statement of the statement of the statement of payments for expenditures in connection with matters to government, if any?	atement.	\$ 25% or more of the total 2 Amount \$ \$ tive bodies, officers or departments	Paid 1,413,597	
41.2 Lis pay 42.1 Am of y 42.2 Lis	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this state a large of the payments for legal expenses during the period covered by this state a large of the firm and the amount paid if any such payments the name of the firm and the amount paid if any such payments.	before legisla	\$	\$ Paid 1,413,597 ents \$	2,030,254 3,331,755
41.2 Lis pay 42.1 Am of 9 42.2 Lis pay	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this state of the period covered by the period covered by this state of the period covered by the period	before legisla	\$	\$ Paid 1,413,597 ents \$	
41.2 Lis pay 42.1 Am of 9 42.2 Lis pay	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen yments for legal expenses during the period covered by this state a large of the payments for legal expenses during the period covered by this state a large of the firm and the amount paid if any such payments the name of the firm and the amount paid if any such payments.	before legisla	\$ 125% or more of the total 2 Amount \$	\$ Paid 1,413,597 ents \$	
41.2 Lis pay 42.1 Am of 9 42.2 Lis pay	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen syments for legal expenses during the period covered by this state. I Name HOGAN LOVELLS US LLP Inount of payments for expenditures in connection with matters to government, if any? It the name of the firm and the amount paid if any such paymen syment expenditures in connection with matters before legislative ring the period covered by this statement.	before legisla	\$ 25% or more of the total 2 Amount \$ \$ tive bodies, officers or department of government of g	\$	
41.2 Lis pay 42.1 Am of 9 42.2 Lis pay	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen syments for legal expenses during the period covered by this state. I Name HOGAN LOVELLS US LLP Inount of payments for expenditures in connection with matters be government, if any? It the name of the firm and the amount paid if any such payment expenditures in connection with matters before legislative ring the period covered by this statement. I Name	before legisla	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Paid 1,413,597 ents \$	
41.2 Lis pay 42.1 Am of g 42.2 Lis pay	nount of payments for legal expenses, if any? It the name of the firm and the amount paid if any such paymen syments for legal expenses during the period covered by this state. I Name HOGAN LOVELLS US LLP Inount of payments for expenditures in connection with matters to government, if any? It the name of the firm and the amount paid if any such paymen syment expenditures in connection with matters before legislative ring the period covered by this statement.	before legisla	\$ 25% or more of the total 2 Amount \$ \$ tive bodies, officers or department of government of g	\$	

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.	\$57,618,006
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.	\$
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$51,397,684
1.6	Individual policies:	
	Most current three years: 1.61 Total premium earned	\$1,207,006
	1.62 Total incurred claims 1.63 Number of covered lives	\$ 1,079,146 446
	All years prior to most current three years: 1.64 Total premium earned	\$ 40,446,834
	1.65 Total incurred claims 1.66 Number of covered lives	\$ 36,162,262 14,966
17	Group policies:	
1.7	Most current three years:	\$ 95.329
	1.71 Total premium earned 1.72 Total incurred claims	\$ 84,534
	1.73 Number of covered lives All years prior to most current three years:	906
	1.74 Total premium earned 1.75 Total incurred claims	\$ 15,868,836 \$ 14,071,742
	1.76 Number of covered lives	5,468
2.	Health Test: 1 2	
	Current Year Prior Year	
	2.1 Premium Numerator \$ 2,049,694,139 \$ 1,879,553,710 2.2 Premium Denominator \$ 2,049,694,139 \$ 1,879,553,710	
	2.3 Premium Ratio (2.1 / 2.2) 1.000 2.4 Reserve Numerator \$ 321,685,614 \$ 269,069,732	
	2.5 Reserve Denominator \$ 321,685,613 \$ 269,069,731	
•	2.6 Reserve Ratio (2.4 / 2.5)	
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	\$\$
	5.33 Medicare Supplement 5.34 Dental and vision	\$ \$
	5.35 Other Limited Benefit Plan	\$
	5.36 Other	Φ
6.	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:	
	THE PLAN ESTABLISHES RATES CONSISTENT WITH THE PROPER CONDUCT OF ITS BUSINESS WITH THE INTEREST OF THE PUBLIC. THE PLAN IS TO MAINTAIN SURPLUS IN EXCESS OF 200% OF THE RISK BASED CAPITAL AUTHORIZED CONTROL	
	LEVEL THAT AMOUNTED TO \$133,965,612 AS A RESULT NO REGULATORY ACTION WAS TRIGGERED. THE PLAN HAS HOLD HARMLESS PROVISIONS IN ITS CONTRACTS WITH PARTICIPATING HOSPITALS AND PROVIDERS.	

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

7.1	Does the reporting entity set up its claim liabili	ty for provider servi	ces on a service date	basis?		Yes [X] No []
7.2	If no, give details:						
•	Do the fell to the fell of the test of the						
8.	Provide the following information regarding pa 8.1 Number of providers at start of 8.2 Number of providers at end of	of reporting year): :				4,237 4,317
9.1	Does the reporting entity have business subjection	ct to premium rate (guarantees?			Yes [] No [X]
9.2	If yes, direct premium earned: 9.21 Business with rate guarantee 9.22 Business with rate guarantee		onths				
0.1	Does the reporting entity have Incentive Pool,		Arrangements in its p	rovider contracts?		Yes [] No [X]
0.2	If yes:						
	10.21 Maximum amount payable bo 10.22 Amount actually paid for year					\$	
	10.23 Maximum amount payable wi 10.24 Amount actually paid for year					\$ 	
111	Is the reporting entity organized as:					*	
11.1	11.12 A Medical Group/Staff Model] No [X]
	11.13 An Individual Practice Associ11.14 A Mixed Model (combination] No [X]] No [X]
1.2	Is the reporting entity subject to Statutory Mini	mum Capital and S	urplus Requirements)		Yes [] No [X]
1.3	If yes, show the name of the state requiring so	uch minimum capita	al and surplus:				
1.4	If yes, show the amount required.					\$	
1.5	Is this amount included as part of a contingend	cy reserve in stockh	nolder's equity?			Yes [] No [X]
1.6	If the amount is calculated, show the calculation	on:					
12	List service areas in which reporting entity is li	censed to operate:					
12.		consect to operate.	1				
			Name of Se	rvice Area			
node	e Island						
13.1	Do you act as a custodian for health savings a	accounts?				Y	es[]No[X]
13.2	If yes, please provide the amount of custodial	funds held as of the	e reporting date.			\$	
13.3	Do you act as an administrator for health saving	ngs accounts?				Y	es[]No[X]
13.4	If yes, please provide the balance of the funds	s administered as o	f the reporting date.			\$	
14.1	Are any of the captive affiliates reported on So	chedule S, Part 3, a	uthorized reinsurers?			Y	es[] No[] N/A [X]
14.2	If the answer to 14.1 is yes, please provide the	e following:					
	1	2	3	4		ts Supporting Reser	
	Company	NAIC Company	Domiciliary	Reserve	5 Letters of	6 Trust	7
	Name	Code	Jurisdiction	Credit	Credit	Agreements	Other
15.	Provide the following for individual ordinary life year (prior to reinsurance assumed or ceded).	e insurance* policie	s (U.S. business only	for the current			
	15.1 Direct Premium Written					\$	
	15.2 Total Incurred Claims15.3 Number of Covered Lives					\$	
		*Ordina	ary Life Insurance In	cludes			
	Term (whether full underwriting, limited	l underwriting, jet is	sue, "short form app"				
	Whole Life (whether full underwriting, li Variable Life (with or without secondar Universal Life (with or without seconda	y guarantee)	, jet issue, short form	app)			
	Comversar Line (with or without seconda	, gaarant oo)					

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
		2023	2022	2021	2020	2019
Balan	ce Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	1,025,794,353	922,703,337	924,260,302	862,104,146	750,982,227
2.	Total liabilities (Page 3, Line 24)	586,245,856	513,748,754	489,567,441	446,289,912	379,398,458
3.	Statutory minimum capital and surplus requirement	133,965,612	155,382,795	148,856,753	141,627,515	139,107,691
4.	Total capital and surplus (Page 3, Line 33)	439,548,497	408,954,583	434,692,861	415,814,234	371,583,769
Incom	e Statement (Page 4)					
5.	Total revenues (Line 8)	2,045,132,082	1,883,598,404	1,795,520,104	1,707,243,198	1,698,166,372
6.	Total medical and hospital expenses (Line 18)	1,825,926,990	1,631,116,035	1,542,709,739	1,403,371,707	1,435,930,820
7.	Claims adjustment expenses (Line 20)	63,506,822	59,630,823	58,743,347	58,190,620	56,563,135
8.	Total administrative expenses (Line 21)	172,654,392	181,846,685	183,427,950	207,567,850	170,198,332
9.	Net underwriting gain (loss) (Line 24)	(25,956,122)	19,004,861	9,239,068	7,713,021	28,874,085
10.	Net investment gain (loss) (Line 27)	9,516,964	7,258,198	17,509,110	7,857,917	21,129,753
11.	Total other income (Lines 28 plus 29)	17,040,901	(5,219,669)	(13,580,656)	(9,407,830)	(17,428,226)
12.	Net income or (loss) (Line 32)	601,743	21,043,390	13,167,522	42,421,212	68,833,715
Cash	Flow (Page 6)					
13.	Net cash from operations (Line 11)	41,859,713	(67,103,723)	24,572,232	118,444,567	115,715,425
Risk-E	Based Capital Analysis					
14.	Total adjusted capital	439,548,497	408,954,583	434,692,861	415,814,234	371,583,769
15.	Authorized control level risk-based capital	66,982,806	64,201,018	63,315,995	58,616,377	58,232,394
Enroll	ment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	388,506	385,941	384,423	383,138	383,534
17.	Total members months (Column 6, Line 7)	4,251,422	4,607,876	4,632,706	4,615,572	4,615,952
Opera	ting Percentage (Page 4)					
(Item o	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)	89.3	86.6	85.9	82.2	84.6
20.	Cost containment expenses	1.6	1.5	1.6	1.5	1.5
21.	Other claims adjustment expenses	1.7	1.6	1.7	1.9	1.9
22.	Total underwriting deductions (Line 23)	101.3	99.0	99.5	99.5	98.3
23.	Total underwriting gain (loss) (Line 24)	(1.3)	1.0	0.5	0.5	1.7
Unpai	d Claims Analysis					
(U&I E	(xhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 17, Col. 5)	104,862,546	148,214,411	124,937,641	129,180,624	101,558,671
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	136,417,315	147,411,278	143,577,383	135,665,500	130,533,385
Invest	ments 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.		10,226,793		2,531,710	3,531,202	1,954,193
32.	Total of above Lines 26 to 31	10,226,793		2,531,710	3,531,202	1,954,193
33.	Total investment in parent included in Lines 26 to 31 above.	1, 1, 1		,,,,,,,	.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

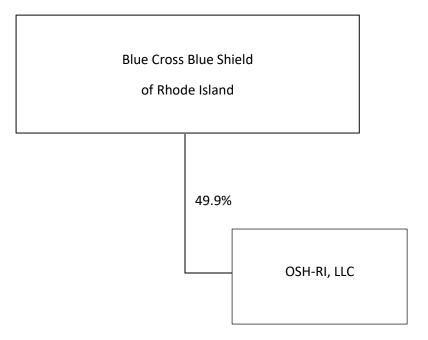
f a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure Yes [equirements of SSAP No. 3, Accounting Changes and Correction of Errors?] No[]
r no, piease explain:	

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	_			_	Direct Business	· ·	_	_	
	States, Etc.	Active Status (a)	Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Typ Contracts
1.	Alabama AL	N N	Fremiums	TILLE AVIII	TILLE XIX	TILLE XXI	Fremiums	Considerations	Fremiums	2 milougii o	Contracts
	Alaska AK	N									
	Arizona AZ Arkansas AR	. Ņ N									
	California CA Colorado CO	N N									
	Connecticut CT	N									
	Delaware DE District of Columbia DC	N N									
10.	Florida FL	N									
	Georgia GA Hawaii HI	. N N									
13.	ldaho ID	N									
	Illinois IL Indiana IN	N N									
16.	lowa	N									
	Kansas KS Kentucky KY	N N									
19.	Louisiana LA	N									
	Maine ME Maryland MD	. N N									
22.	Massachusetts MA	N									
	Michigan MI Minnesota MN	. Ņ N									
25.	Mississippi MS	N									
	Missouri MO Montana MT	. N N									
28.	Nebraska NE	N									
	New Hampshire NH	. Ņ N									
31.	New Jersey NJ	N									
	New Mexico NM New York NY	N N									
34.	North Carolina NC	N									
	North Dakota ND Ohio OH	. Ņ N									
	Oklahoma OK	N									
	Oregon OR Pennsylvania PA	N N									
	Rhode Island RI South Carolina SC	L N	1,001,278,73	899,638,772			150,106,575			2,051,024,078	
	South Dakota SD	N N									
	Tennessee TN Texas TX	. N N									
1 5.	Utah UT	N									
	Vermont VT Virginia VA	N N									
	Washington WA	N									
	West Virginia WV Wisconsin WI	. Ņ N									
51.	Wyoming WY	N									
	American Samoa AS Guam GU	N N									
54.	Puerto Rico PR	N									
	U.S. Virgin Islands VI Northern Mariana Islands MP	N N									
57.	Canada CAN	N									
	Aggregate other alien OT Subtotal	XXX	1,001,278,73	899,638,772			150,106,575			2,051,024,078	
	Reporting entity contributions										
<u>6</u> 1.	for Employee Benefit Plans Totals (Direct Business)	XXX	4,133 1,001,282,86	957,734 900,596,506			150,106,575			961,867 2,051,985,945	
	DETAILS OF WRITE-INS										
00	January of Highering	XXX									
00		XXX					<u></u>				
00 99	Summary of remaining write-ins for	XXX			N	ON					
	Line 58 from overflow page	XXX			IN'						
שט	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									
	Active Status Counts 1. L – Licensed or Chartered - Licensed inst 2. R - Registered - Non-domiciled RRGs 3. E – Eligible - Reporting entities eligble or 4. Q - Qualified - Qualified or accredited reir 5. N – None of the above - Not allowed to w	approve	d to write surplus	s lines in the state				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. LEASEHOLD IMPROVEMENTS	2,590,359	2,590,359				
2505. HISTORICAL TAX CREDITS	1,640,000		1,640,000	2,460,000		
2506. LOAN & INTEREST RECEIVABLE	245,339	245,339				
2507. COLLATERAL FUND HOME & HOST	212,777		212,777	198,566		
2597. Totals (Lines 2504 through 2596) (Page 2, Line 2598)	4,688,475	2,835,698	1,852,777	2,658,566		

Page 3 - Continuation

LIABILITIES, CAPITAL AND SURPLUS

		Prior Year		
	1	2	3	4
	Covered	Uncovered	Total	Total
WRITE-INS AGGREGATED AT LINE 23 FOR OTHER LIABILITIES				
2304. UNFUNDED ACCUMULATED BENEFIT OBLIGATION	(806,848)		(806,848)	(1,256,531)
2397. Totals (Lines 2304 through 2396) (Page 3, Line 23)	(806,848)		(806,848)	(1,256,531)

Page 4 - Continuation

STATEMENT OF REVENUE AND EXPENSES

	Curre	Prior Year		
	1	2	3	
WRITE-INS AGGREGATED AT LINE 29 FOR STATEMENT OF REVENUE AND EXPENSES	Uncovered	Total	Total	
2904. INDIGO COMMISSIONS	.	12,907	14,399	
2905. INTEREST EXPENSE IRS		(174,225)	(120,687)	
2906. HEALTH INFORMATION EXCHANGE	.	(1,086,504)	(1,098,132)	
2907. BANK SERVICE CHARGES		(1,287,923)	(422,496)	
2908. OTHER EXPENSE - SETTLEMENT COSTS		(1,535,186)		
2997. Totals (Lines 2901 through 2996) (Page 4, Line 2998)		(4,070,931)	(1,626,916)	

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UNDERWRITING AND INVESTMENT EXHIBIT

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

	1		ehensive	4	5	6	7	8	9	10	11	12	13
		(Hospital	& Medical)				Federal						
		2	3				Employees	Title	Title				
WRITE-INS AGGREGATED AT LINE 05 FOR				Medicare	Vision	Dental	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	hensive	4	5	6	7	8	9	10	11	12	13
		(Hospital	& Medical)				Federal						
		2	3				Employees	Title	Title				
WRITE-INS AGGREGATED AT LINE 11 FOR				Medicare	Vision	Dental	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 Adjustn	nent 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	5,502	29,066	424,625		459,193
2505. CLAIMS HANDLING EXPENSE		(40,100)			(40,100)
2506. BLUECARD ADMIN FEE INCOME	(2,937,217)	(3,269,570)			(6,206,787)
2597. Totals (Lines 2501 through 2596) (Page 14. Line 2598)	(2.931.715)	(3.280.604)	424.625		(5.787.694)

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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	245,339	
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	245,339	

Page 17 - Continuation

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		Total Members at End of						
	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	19,715	20,084	20,348	20,171	20,026	222,130		
0605. MEDICARE PRESCRIPTION DRUG PLAN	9,473	9,168	9,096	9,043	8,989	100,144		
0697. Totals (Lines 0601 through 0697) (Page 17, Line 06)	29,188	29,252	29,444	29,214	29,015	322,274		