



53473202320100100

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

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

Country of Domicile USA

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

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

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

Main Administrative Office 500 EXCHANGE STREET (Street and Number)
PROVIDENCE, RI, US 02903 (City or Town, State, Country and Zip Code)
401-459-1000 (Area Code) (Telephone Number)

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

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

Internet Web Site Address WWW.BCBSRI.COM

Statutory Statement Contact MICHAEL J. MARRONE 401-459-2183
 (Name) (Area Code) (Telephone Number) (Extension)
MICHAEL.MARRONE@BCBSRI.ORG 401-459-2183
 (E-Mail Address) (Fax Number)

OFFICERS

	Name	Title
1.	MARTHA L. WOFFORD	PRESIDENT & CHIEF EXECUTIVE OFFICER
2.	MICHELE B. LEDERBERG	EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER
3.	MICHAEL J. MARRONE #	EXEC. VICE PRESIDENT & CHIEF FINANCIAL OFFICER

VICE-PRESIDENTS

Name	Title	Name	Title
ANASTASIA BERGMAN	VP - CHIEF PEOPLE OFFICER	CHRISTOPHER G. BUSH	SVP - NETWORK MANAGEMENT
DAVID COMELLA	VP - CHIEF INFORMATION OFFICER	MELISSA B. CUMMINGS	EVP - CHIEF CUSTOMER OFFICER
TARA L. DEMOURA	SVP - EMPLOYER SEGMENT	JOHN DONOHUE #	VP - GROUP SALES
JEREMY S. DUNCAN	VP - MARKETING	PETER N. LEFEBER	SVP - VALUE BASED CARE
BRIAN MACKINTOSH #	VP - ACTUARIAL AND UNDERWRITING	KRISTEN MCLEAN	VP - GENERAL COUNSEL
MICHAEL MENARD	VP - MEDICARE	CHRISTINE MUSIAL	VP - SHARED SERVICES
CHRISTINA PITNEY	SVP - GOVERNMENT PROGRAMS	FARAH SHAFI #	EVP - CHIEF MEDICAL OFFICER
LINDA WINFREY	VP - CHIEF AUDITOR		

DIRECTORS OR TRUSTEES

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

State of RHODE ISLAND

County of PROVIDENCE ss

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

 (Signature)
 MARTHA L. WOFFORD
 (Printed Name)
 1.

 PRESIDENT & CHIEF EXECUTIVE OFFICER
 (Title)

 (Signature)
 MICHELE B. LEDERBERG
 (Printed Name)
 2.

 EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER
 (Title)

 (Signature)
 MICHAEL J. MARRONE
 (Printed Name)
 3.

 EXEC. VICE PRESIDENT & CHIEF FINANCIAL OFFICER
 (Title)

Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2024, by

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

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	3,003,649	203,615	105,104	2,954,645	3,129,581	3,137,432
Group subscribers:						
Federal Employees Health Benefit Program	11,971,871					11,971,871
Virginia Transportation Corp	525,313	518,104	301,819	3	6,867	1,338,372
Aipso-Local	627,903			6,303	24,735	609,471
East Bay Comm.Action Program	280,920	282,346	4,497			567,763
Care New England	158,981	155,756	42,779			357,516
Retiree School Basic No Rx	315,848					315,848
Care New England	164,635	144,106				308,741
State of Rhode Island	287,773	19,847				307,620
Tri-County Community Action Agency	142,663	143,011				285,674
Thrive Behavioral Health	142,108	137,751				279,859
MGC, LLC	271,965					271,965
Meeting Street	255,162					255,162
Visiting Nurse Home & Hospice	107,919	118,699				226,618
Rhode Island Mayoral Academy DBA Blackstone Valley	224,646					224,646
Northeast Behavioral Associates DBA Northeast Fami	135,178	87,323				222,501
Blackstone Valley Community Health Center HSA	216,031				814	215,217
Providence Housing Authority	215,882					215,882
JBF Healthcare Management Inc. DBA Trinity Health-	34,803	34,062	34,062	109,614	212,541	
Virgin Pulse	103,464	105,897				209,361
Community Care Alliance	199,771					199,771
Procaccianti Companies	125,307	63,439			683	188,063
RI Construction Management Group	2,777	17,578	24,811	141,314	186,480	
East Side Service Center DBA Colbea Enterprise, LL	184,334					184,334
Luxury Brand Holdings, Inc	172,327					172,327
Medicare Advantage	37,431	37,109	36,792	51,350	162,682	
AR Global Investments, LLC	90,322	62,636				152,958
State of Rhode Island	10,076	10,203	10,071	118,246	148,596	
JBF Healthcare Management Inc. DBA Trinity Health-	24,690	24,521	26,068	72,081	147,360	
Medicare Advantage	115,290	22,860				138,150
Falvey Insurance Group	134,562					134,562
Care New England	54,528	54,710	22,967			132,205
Retiree City Plan 65	125,833					125,833
Pet Food Experts	123,265					123,265
Care New England	28,626	28,799	28,371	36,190	121,986	
Silver Fern Practice, LLC D.B.A. Highbar	120,113					120,113
Gilbane Building Company	117,042	808		3	117,856	(3)
Fellowship Health Resources Inc				117,683	117,683	
Guaranteed Transport Service, INC	44,468	42,612	26,982			114,062
Ocean State Innovations	111,950					111,950
Eto Sterilization Inc	50,996	57,772				108,768
Care New England	28,370	27,281	27,618	9,088	92,357	
Pet Food Experts	91,435					91,435
Saint Elizabeth Home	91,293			1	586	90,708
Care New England	39,715	31,370	9,600			80,685

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Village Retirement Communities	78,491					78,491
TPG KC HOTEL MANAGER LLC	35,904	36,847				72,751
Finlays Americas	72,061					72,061
Daniele International LLC	68,081					68,081
Lockheed Architectural Solutions, Inc.	66,572	677				67,249
Met Cap Management, LLC	66,101					66,101
SquadLocker, Inc.	63,401				4,497	58,904
Becton, Dickinson and Company	34,262	27,861				62,123
Toray Plastics (America), Inc	60,173					60,173
MGC, LLC	58,505					58,505
North-Eastern Tree Service, Inc	31,811	25,992				57,803
Charlesgate Nursing Center	596	1,192		53,703	55,491	
Rhode Island PBS Foundation	54,962					54,962
Pet Food Experts	54,938					54,938
Rise Prep Mayoral Academy	53,589					53,589
State of Rhode Island	1,556	1,893	1,587	44,881	49,917	
International Charter School	49,594					49,594
Rhode Island Legal Services, Inc	46,778					46,778
Errol Tractor Trailer DBA Fleet Direct	20,759	20,145	5,284			46,188
Medicare Advantage	41,463	3,633				45,096
Friendly Home Inc	44,221					44,221
Aldersbridge Communities	44,081					44,081
Jesmac Inc	41,621					41,621
Toray Composite Materials America, Inc.	41,330					41,330
Jake Kaplans Ltd	38,984	1,108			3,023	37,069
Shamrock Home Loans	40,010					40,010
Aspire Dermatology, LLC	37,953					37,953
Toray Plastics (America), Inc	18,723	18,862				37,585
Care New England	2,779	2,779	2,779	29,070	37,407	
MGC, LLC	6,023	1,505	3,793	25,680	37,002	(1)
AT Cross Company, LLC	37,072	(159)			208	36,705
Toray Composite Materials America, Inc.	36,337					36,337
AS220, Inc DBA AS220	16,004	17,874				33,878
American Tool Company	14,898	18,090	645			33,633
The Richardson Hotel	10,019	9,427	9,427	4,085	32,958	
Cherenzia Excavation	32,889					32,889
Sterilization & Fumigation Services Inc	21,649	10,986				32,635
State of Rhode Island - RIPTA	5,091	4,937	5,116	17,356	32,500	
Encore Acquisition II Corp. dba CMIT Solutions of	31,883					31,883
Hayes & Sherry Ltd	19,719	11,742				31,461
Nephrology Associates Inc				30,404	30,404	
Woonsocket Neighborhood Dev Corp	30,091					30,091
Medicare Advantage	1,252	724	362	27,551	29,889	
KPMG LLP	18,591	9,349				27,940
A & L Plumbing Inc	27,508					27,508
Carpionato Properties, Inc	27,060					27,060
Fit & Fresh, Inc	26,953					26,953

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Software Quality Associates LLC DBA SQA Group	26,586					26,586
South County Hospital	26,376					26,376
PROGASCO Management, LLC	5,997	5,997	5,997	8,337	26,328	
E L J Inc	9,497	9,497	6,433			25,427
Retiree Fire Pre 65 1995-2006	18,671	6,662				25,333
Kent County Memorial Hospital	7,156	5,875	5,855	6,316	25,202	
Advanced Radiology	24,387					24,387
Commercial Painting Inc	10,547	13,670				24,217
Halcyon at West Bay Senior Living	23,538					23,538
Washington Trust Company	23,067					23,067
Clement USA, Inc.	9,457	9,716	2,929			22,102
Carpianto Properties, Inc	7,432	7,354	6,681			21,467
Aspen Blue, LLC	11,223	10,040				21,263
Rhode Island Novelty	21,120					21,120
J.A.M. Construction Co., Inc				20,877	20,877	
Towerstream I Inc	20,615					20,615
The Children's Workshop	20,047					20,047
Design Fabricators, Inc	19,993					19,993
Carpianto Properties, Inc	19,864					19,864
Andon Electronics Corporation	19,383					19,383
RI Convention Center Authority	19,219					19,219
Claremont Subaru	6,330	6,330	6,330			18,990
Churchill & Banks Companies LLC	18,980					18,980
Sole Source Construction LLC	17,887	761				18,648
Veterans Assembled Electronics, LLC DBA Strac Inst				17,848	17,848	
Meridian Printing, Inc.	17,846	1				17,847
Global Outdoors, Inc	12,096	5,555				17,651
Creative Circle Advertising Solutions DBA Creative	8,600	8,600				17,200
R & D Manufacturing			768	16,185	16,953	
Patriot Employer, LLC.	4,794	9,247	1,370	1,507	16,918	
Medicare Advantage	1,476	599	542	14,280	15,906	991
A-1 Paving, LLC	16,335					16,335
Lincoln Pediatric Associates, Inc.				15,744	15,744	
Renaissance Providence Downtown Hotel	15,742					15,742
New England Building & Bridge Co.,Inc	7,828	7,828				15,656
Jade Mfg Co, Inc	15,497					15,497
Turnstyle Designs Inc	4,308	4,308	4,855	1,924	15,395	
Berkeley Towing	15,383					15,383
E.B. Thomsen Inc				15,309	15,309	
RI Laborers Health Fund	7,373	7,866				15,239
Key Corporation	15,007					15,007
Narragansett Brewing Company	14,000	855				14,855
Complete Processing Services, Inc				14,226	14,226	
State of Rhode Island	11,905	2,319				14,224
Green Line Apothecary LLC/Lineage LLC	4,482	4,482	4,849			13,813
East Coast Management	13,485					13,485
DiLeonardo International, Inc.	5,286	6,747	1,441			13,474

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Northeast Behavioral Associates DBA Northeast Fami				13,472	13,472	
Armbrust International LTD	13,168					13,168
Carpionato Properties, Inc	12,904				596	12,308
Continental Engineering and Service Company	6,969	5,773				12,742
Newport Cnty Convention &Visitors	12,697					12,697
O T H Group Inc			400	12,133	12,533	
Premier Land Development	6,232	6,232				12,464
Butler Hospital	4,120	3,903	4,337			12,360
Law Office of Richard Palumbo, LLC	12,331					12,331
Dorman's Auto Center, Inc	12,323					12,323
Full Circle Recycling LLC	12,199					12,199
Carpionato Properties, Inc	12,164					12,164
BTTR, LLC				12,159	12,159	
Providence Behavioral Health Associates	10,625	1,438				12,063
Prepared Food Photos, Inc.	11,929					11,929
J & S Scrap Metal & Recycling	5,943	5,943				11,886
Union Studio Architecture & Community Design				11,792	11,792	
Parent Support Network of Rhode Island	10,228	1,499				11,727
Ocean State Medical, LLC	11,652					11,652
People's Home Loans, Inc.	3,875	3,875	3,875			11,625
Hennessy Group	11,597					11,597
Digital Octane DBA Linchpin	5,753	5,753				11,506
Bristol County Rehabilitation	9,403	2,090				11,493
Pawtucket Hot Mix Asphalt Inc	11,419					11,419
SITYS, LLC DBA Rusty Wallace Racing Experience	5,699	5,699				11,398
Pease & Curren Inc	11,203					11,203
Neurohealth, Inc.	11,141					11,141
Nurses Middle College Charter High School - Capita	5,426	5,705				11,131
Primacare Inc.				11,129	11,129	
Rebello Funeral Home Inc	11,080					11,080
C & P Enterprises dba Miller's Auto Body	6,230	4,789				11,019
Lansco Colors LLC				10,779	10,779	
Medicare Advantage	880	258		9,624	10,762	
Capco Steel Erection Company				10,743	10,743	
Tamarisk Assisted Living	10,586					10,586
Evolution Wireless Inc. DBA Metro by T Mobile	4,711	4,711	1,044			10,466
Cogent Computer Systems, Inc.				10,461	10,461	
Dennis Moffit Painting	10,431					10,431
Arbor Masters, Inc	5,575	4,834				10,409
Wastexpress LLC	10,393					10,393
Scott Hesford Landscaping	10,364					10,364
J2 Construct, Inc.	10,276					10,276
Imag Technologies	5,431	4,841				10,272
Comfort Dental, Inc	9,577	570				10,147
American Tele-Connect Services Inc				10,130	10,130	
Dynasty Gunite Pools	10,083					10,083
Smithfield Peat Company Inc	10,052					10,052

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Biomedix Dialysis	4,754	4,754	524			10,032
Majestic Hotel Corp	10,001					10,001
0299997 Group subscriber subtotal	20,880,163	2,661,040	683,660	1,139,581	1,969,784	23,394,660
0299998 Premiums due and unpaid not individually listed	801,171	176,473	17,328	752,317	878,452	868,837
0299999 Total group	21,681,334	2,837,513	700,988	1,891,898	2,848,236	24,263,497
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	24,684,983	3,041,128	806,092	4,846,543	5,977,817	27,400,929

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables Not Individually Listed	22,485,783	12,995,783	12,995,783	17,297,249	2,984,787	62,789,810
0199999 Pharmaceutical Rebate Receivables	22,485,783	12,995,783	12,995,783	17,297,249	2,984,787	62,789,810
VARIOUS	5,819	858	4,706	2,697	2,697	11,384
ROGER WILLIAMS MEDICAL CENTER	44,422					44,422
LAWRENCE AND MEMORIAL HOSPITAL	2,165			14,904	14,904	2,165
BUTLER HOSPITAL	16,890					16,890
AFFINITY PHYSICIANS LLC	11,962					11,962
RHODE ISLAND MEDICAL IMAGING - RIMI	13,882					13,882
UNIVERSITY ORTHOPEDICS INC	25,710					25,710
SAMUEL KAUFMAN	2,666	166	7,945			10,777
BOSTON IVF INC	37,431					37,431
AMERIPHARMA SPECIALITY CARE				20,335	20,335	
KENT COUNTY HOSPITAL	25,825					376
LIFESPAN PHYSICIAN GROUP	31,596					31,596
WOMEN & INFANTS HOSPITAL	111,080					111,080
WESTERLY HOSPITAL	45,420			11,842	11,842	45,420
NEWPORT HOSPITAL	19,164					19,164
THE MIRIAM HOSPITAL	160,523					160,523
THE HOLIDAY RETIREMENT HOME INC	21,842					21,842
RHODE ISLAND HOSPITAL	181,598					181,598
OUR LADY OF FATIMA HOSPITAL	73,608					73,608
SOUTH COUNTY HOSPITAL	12,605	33				12,638
PROSPECT HEALTH SERVICES RI INC	84,550					84,550
VARIOUS	273,854	51,646	32,386	41,337	41,337	357,886
0299998 Claim Overpayment Receivables Not Individually Listed						
0299999 Claim Overpayment Receivables	1,202,612	52,703	45,037	91,115	91,115	1,274,904
0399998 Loans and Advances to Providers Not Individually Listed					25,449	
0399999 Loans and Advances to Providers					25,449	
0499998 Capitation Arrangement Receivables Not Individually Listed	2,070,536					2,070,536
0499999 Capitation Arrangement Receivables	2,070,536					2,070,536
CNE	2,371,544					2,371,544
LIFESPAN	3,385,739					3,385,739
SOUTH COUNTY	73,651					73,651
WESTERLY HOSPITAL	30,544					30,544
LANDMARK	263,005					263,005
COASTAL	3,525,000					3,525,000
INTEGRA	2,875,000					2,875,000

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
SOUTHCOAST	220,000					220,000
0699998 Other Receivables Not Individually Listed	2,865,822					2,865,822
0699999 Other Receivables	15,610,305					15,610,305
0799999 Gross Health Care Receivables	41,369,236	13,048,486	13,040,820	17,388,364	3,101,351	81,745,555

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	44,190,101	7,428,512		65,774,596	44,190,101	43,809,587
2. Claim overpayment receivables	3,098,975		4,556	1,361,464	3,103,531	3,096,662
3. Loans and advances to providers	(6,868)			25,449	(6,868)	
4. Capitation arrangement receivables				2,070,536		
5. Risk sharing receivables						3,401,082
6. Other health care receivables	2,863,473			15,610,305	2,863,473	
7. Total (Lines 1 through 6)	50,145,681	7,428,512	4,556	84,842,350	50,150,237	50,307,331

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

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliates	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
			NONE				
0399999 Total gross amounts receivable							

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	240,807,574	13.907	48,474	12.477	39,899,551	200,908,023
4. Total capitation payments	240,807,574	13.907	48,474	12.477	39,899,551	200,908,023
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	1,490,765,546	86.093	XXX	XXX		1,490,765,546
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	1,490,765,546	86.093	XXX	XXX		1,490,765,546
13. Total (Line 4 plus Line 12)	1,731,573,120	100.000	XXX	XXX	39,899,551	1,691,673,569

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,693,155		3,693,155			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,793,789		3,333,042	460,747	460,747	
6. Total	7,486,944		7,026,197	460,747	460,747	



53473202343040100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation Blue Cross & Blue Shield of Rhode Island

2. 500 Exchange Street, Providence, RI 02903

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2023

NAIC Company Code 53473

30 RI

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	385,941	16,720	105,661	22,467	19,715	75,222	22,538	67,918					55,700	
2. First Quarter	385,672	17,152	104,703	22,088	20,084	74,229	22,606	69,616					55,194	
3. Second Quarter	388,930	16,950	104,096	21,972	20,348	74,331	22,587	70,553					58,093	
4. Third Quarter	385,527	17,182	103,631	21,892	20,171	74,039	22,659	71,661					54,292	
5. Current Year	388,506	17,254	103,741	21,786	20,026	74,605	22,698	73,071					55,325	
6. Current Year Member Months	4,251,422	188,048	1,145,680	241,962	222,130	815,276	248,675	777,226					612,425	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,750,055	97,856	556,971				154,512	940,716						
8. Non-Physician	1,654,428	122,753	625,847				162,609	743,219						
9. Total	3,404,483	220,609	1,182,818				317,121	1,683,935						
10. Hospital Patient Days Incurred	83,307	4,747	20,844				2,914	54,802						
11. Number of Inpatient Admissions	16,154	800	4,234				612	10,508						
12. Health Premiums Written (b)	2,051,985,944	140,350,047	742,134,324	57,618,006	862,319	28,988,430	150,106,575	900,596,506					31,329,737	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	2,045,132,081	140,284,252	741,358,942	57,618,006	862,319	28,988,430	150,106,575	900,596,506					25,317,051	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,731,573,120	112,844,332	630,172,365	50,813,278	559,274	19,895,087	136,550,775	760,138,162					20,599,847	
18. Amount Incurred for Provision of Health Care Services	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	

(a) For health business: number of persons insured under PPO managed care products 216,195 and number of persons insured under indemnity only products 569.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 900,596,506.



53473202343059100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation Blue Cross & Blue Shield of Rhode Island

2. 500 Exchange Street, Providence, RI 02903

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2023

NAIC Company Code 53473

30 GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	385,941	16,720	105,661	22,467	19,715	75,222	22,538	67,918					55,700	
2. First Quarter	385,672	17,152	104,703	22,088	20,084	74,229	22,606	69,616					55,194	
3. Second Quarter	388,930	16,950	104,096	21,972	20,348	74,331	22,587	70,553					58,093	
4. Third Quarter	385,527	17,182	103,631	21,892	20,171	74,039	22,659	71,661					54,292	
5. Current Year	388,506	17,254	103,741	21,786	20,026	74,605	22,698	73,071					55,325	
6. Current Year Member Months	4,251,422	188,048	1,145,680	241,962	222,130	815,276	248,675	777,226					612,425	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,750,055	97,856	556,971				154,512	940,716						
8. Non-Physician	1,654,428	122,753	625,847				162,609	743,219						
9. Total	3,404,483	220,609	1,182,818				317,121	1,683,935						
10. Hospital Patient Days Incurred	83,307	4,747	20,844				2,914	54,802						
11. Number of Inpatient Admissions	16,154	800	4,234				612	10,508						
12. Health Premiums Written (b)	2,051,985,944	140,350,047	742,134,324	57,618,006	862,319	28,988,430	150,106,575	900,596,506					31,329,737	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	2,045,132,081	140,284,252	741,358,942	57,618,006	862,319	28,988,430	150,106,575	900,596,506					25,317,051	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	1,731,573,120	112,844,332	630,172,365	50,813,278	559,274	19,895,087	136,550,775	760,138,162					20,599,847	
18. Amount Incurred for Provision of Health Care Services	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	

(a) For health business: number of persons insured under PPO managed care products 216,195 and number of persons insured under indemnity only products 569.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 900,596,506.

SCHEDULE S - PART 1 - SECTION 2

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

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company
as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	TX	378,156	
80926	06-0893662	01/10/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	252,140	
00000	AA-9990032	01/01/2014	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	16,801,790	
38245	36-6033921	01/01/2021	BCS	IL	941,691	
1999999 Accident and Health - Non-Affiliates - U.S. Non-Affiliates					18,373,777	
2199999 Accident and Health - Non-Affiliates - Total Non-Affiliates					18,373,777	
2299999 Accident and Health - Total Accident and Health					18,373,777	
2399999 Total U.S.					18,373,777	
9999999 Totals					18,373,777	

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	SSL/G	CMM	1,472,157						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	ASL/G	CMM	11,650						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	CAT	SLEL	255,497						
38245	36-6033921	01/01/2021	BCS INSURANCE COMPANY	IL	CAT	SLEL	1,126,420						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	SSL/G	CMM	3,433,104						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	ASL/G	CMM	53,286						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	CAT	SLEL	501,748						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	6,853,862						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	6,853,862						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	6,853,862						
1199999	General Account - Authorized - Total General Account Authorized					X X X	6,853,862						
3499999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Captive					X X X							
3699999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total					X X X							
4099999	General Account - Reciprocal Jurisdiction - Affiliates - Total Reciprocal Jurisdiction Affiliates					X X X							
4199999	General Account - Reciprocal Jurisdiction - Non-Affiliates - U.S. Non-Affiliates					X X X							
4399999	General Account - Reciprocal Jurisdiction - Non-Affiliates - Total Reciprocal Jurisdiction Non-Affiliates					X X X							
4499999	General Account - Total General Account Reciprocal Jurisdiction					X X X							
4599999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	6,853,862						
9199999	Total U.S.					X X X	6,853,862						
9999999	Totals					X X X	6,853,862						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

34

(a)

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

SCHEDULE S - PART 5

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

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

35

(a)

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

SCHEDULE S – PART 6

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

	1	2	3	4	5
	2023	2022	2021	2020	2019
A. OPERATIONS ITEMS					
1. Premiums	6,853	5,436	4,337	1,716	2,112
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	18,373	20,481	7,722	5,630	62
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	698,890,820		698,890,820
2. Accident and health premiums due and unpaid (Line 15)	64,032,941		64,032,941
3. Amounts recoverable from reinsurers (Line 16.1)	18,373,777	(17,694,407)	679,370
4. Net credit for ceded reinsurance	X X X	22,298,752	22,298,752
5. All other admitted assets (Balance)	244,496,814		244,496,814
6. Total assets (Line 28)	1,025,794,352	4,604,345	1,030,398,697
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	172,331,716	5,161,000	177,492,716
8. Accrued medical incentive pool and bonus payments (Line 2)	53,315,471		53,315,471
9. Premiums received in advance (Line 8)	17,915,388		17,915,388
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	342,683,280	(556,655)	342,126,625
15. Total liabilities (Line 24)	586,245,855	4,604,345	590,850,200
16. Total capital and surplus (Line 33)	439,548,497	X X X	439,548,497
17. Total liabilities, capital and surplus (Line 34)	1,025,794,352	4,604,345	1,030,398,697
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	5,161,000		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	17,694,407		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	22,855,407		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	556,655		
30. Total ceded reinsurance payables/offsets	556,655		
31. Total net credit for ceded reinsurance	22,298,752		

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	See Explanation
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	See Explanation
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	See Explanation
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	See Explanation
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	See Explanation
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	See Explanation
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAI by March 1?	YES
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	See Explanation
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	See Explanation
22. Will the Supplemental Health Care Exhibit (Parts 1, 2) be files with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	See Explanation
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	See Explanation

Explanation 11: NOT REQUIRED TO FILE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 12: NOT REQUIRED TO FILE
.....
.....
- Explanation 13: NOT REQUIRED TO FILE
.....
.....
- Explanation 14: NOT REQUIRED TO FILE
.....
.....
- Explanation 16: NOT REQUIRED TO FILE
.....
.....
- Explanation 17: NOT REQUIRED TO FILE
.....
.....
- Explanation 18: NOT REQUIRED TO FILE
.....
.....
- Explanation 20: NOT REQUIRED TO FILE
.....
.....
- Explanation 21: NOT REQUIRED TO FILE
.....
.....
- Explanation 23: NOT REQUIRED TO FILE
.....
.....
- Explanation 24: NOT REQUIRED TO FILE
.....
.....

Bar Code:



53473202320500000



53473202320700000



53473202342000000



53473202337100000



53473202336500000



53473202322400000



53473202322500000



53473202330600000



53473202321100000



53473202321600000



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OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed By March 1)



53473202336040100

FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473
 Address (City, State and Zip Code) PROVIDENCE, RI 02903
 Person Completing This Exhibit MICHAEL MARRONE
 Title SVP & CFO Telephone Number 401-459-2183

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021, 2022, 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	40	A	NO	246	07/01/1966		07/01/1966		PLAN 65	818,882	732,137	89.40	303	24,357	21,776	89.40	9
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	51,349	45,910	89.40	19	2,706	2,420	89.40	1
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	27,026	24,163	89.40	10				
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	11,172,472	9,988,961	89.40	4,134	332,874	297,612	89.40	123
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	8,813,118	7,879,536	89.40	3,261	262,510	234,702	89.40	97
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	5,197,064	4,646,534	89.40	1,923	154,259	137,918	89.40	57
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	5,813,253	5,197,449	89.40	2,151	173,203	154,855	89.40	64
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	75,672	67,656	89.40	28	2,706	2,420	89.40	1
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	340,525	304,453	89.40	126	10,825	9,678	89.40	4
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	7,588,849	6,784,955	89.40	2,808	227,328	203,247	89.40	84
YES	40	N	NO	246	07/01/1966		07/01/1966		PLAN 65	548,624	490,508	89.40	203	16,238	14,518	89.40	6
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										40,446,834	36,162,262	89.40	14,966	1,207,006	1,079,146	89.40	446
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	15,854,325	14,058,875	88.70	5,463	3,472	3,079	88.70	33
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	14,511	12,867	88.70	5	91,857	81,455	88.70	873
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										15,868,836	14,071,742	88.70	5,468	95,329	84,534	88.70	906

GENERAL INTERROGATORIES

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



53473202336500100

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000

NAIC Company Code 53473

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	3,069,161	X X X	7,445,175	X X X	10,514,336
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	(27,133)	X X X		X X X	(27,133)
1.2 Supplemental Benefits	216,878	X X X	526,104	X X X	742,983
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(440)	X X X	(9,172)	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(31)	X X X	(648)	X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	257,051	X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	3,068,721	X X X	7,436,003	X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	229,917	X X X		X X X	X X X
5.2 Supplemental Benefits	216,847	X X X	525,456	X X X	X X X
6. Total Premiums	3,515,485	X X X	7,961,459	X X X	11,230,186
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	2,650,831	X X X	5,874,318	X X X	8,525,149
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	187,318	X X X	415,101	X X X	602,419
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(57,647)	X X X	(21,588)	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	(4,074)	X X X	(1,525)	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(54,009)	X X X	(3,893)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(3,817)	X X X	(275)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	2,539,174	X X X	5,848,838	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	179,428	X X X	413,301	X X X	X X X
11. Total Claims	2,718,602	X X X	6,262,139	X X X	9,127,568
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied-change	X X X		X X X		
12.3 Reimbursements Receivable-change	X X X		X X X		X X X
12.4 Health Care Receivables-change	X X X		X X X		X X X
13. Aggregate Policy Reserves-change					X X X
14. Expenses Paid	836,418	X X X	355,716	X X X	1,192,133
15. Expenses Incurred	918,975	X X X	390,762	X X X	X X X
16. Underwriting Gain/Loss	(122,092)	X X X	1,308,558	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	910,485

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR
 For The Year Ended December 31, 2023
 (To Be Filed by March 1)
 FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000

NAIC Company Code 53473

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	NO
7. Long-term care	NO
8. Other health	YES
9. Private flood	NO
10. Private passenger auto	NO
11. Short-term limited duration health plans	NO
12. Travel	NO