



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

NAIC Group Code 0000, 0000 NAIC Company Code 95402 Employer's ID Number 05-0477052
(Current) (Prior)

Organized under the Laws of RI State of Domicile or Port of Entry RI
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 12/09/1993 Commenced Business 12/01/1994
Statutory Home Office 910 Douglas Pike Smithfield, RI, US 02917
Main Administrative Office 910 Douglas Pike Smithfield, RI, US 02917 401-459-6000 (Telephone)
Mail Address 910 Douglas Pike Smithfield, RI, US 02917
Primary Location of Books and Records 910 Douglas Pike Smithfield, RI, US 02917 401-459-6124 (Telephone)
Internet Website Address http://www.nhpri.org/
Statutory Statement Contact Mihaela Miha 401-443-5931 (Telephone)
mmiha@nhpri.org 401-459-6043 (E-Mail) (Fax)

OFFICERS

Peter Marino, Chief Executive Officer Karen Carlson, Chief Operating Officer
Michelle Sears, Chief Financial Officer Kristin Russell, Chief Medical Officer

OTHER

Brenda Dowlatshahi, Chair
Alison Croke, Vice Chair Keith Oliveira, Secretary
Merrill Thomas, Treasurer Peter Marino, President

DIRECTORS OR TRUSTEES

Lisa Ranglin Yahaira Placencia
Elena Nicolella Pablo Rodriguez MD
Daniel Da Ponte Peter Bancroft CPA
William Hochstrasser-Walsh Jeanne LaChance
Dioscaris Garcia PhD Rilwan Feyisitan Gary Furtado

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.

x Peter Marino x Michelle Sears x Karen Carlson
Peter Marino Michelle Sears Karen Carlson
Chief Executive Officer Chief Financial Officer Chief Operating Officer

Subscribed and sworn to before me
this _____ day of _____, 2024

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

x

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.....	57,515	78,652	71,444	246,631	246,631	207,611
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....	61,725	5,095	2,820	(48,491)	(48,491)	69,640
0299999 Total group.....	61,725	5,095	2,820	(48,491)	(48,491)	69,640
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....	3,699,344	2,874,131	2,720,596	7,528,313	-	16,822,384
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	3,818,584	2,957,878	2,794,860	7,726,453	198,140	17,099,635

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 – Aggregate of Amounts Not Individually Listed	14,395,752	13,957,236	2,694,263	3,331,267	4,600,509	29,778,009
0199999 – Pharmaceutical Rebate Receivables	14,395,752	13,957,236	2,694,263	3,331,267	4,600,509	29,778,009
0399998 – Aggregate of Amounts Not Individually Listed	17,663				15,596	2,067
0399999 – Loans and Advances to Providers	17,663				15,596	2,067
0799999 – Gross Health Care Receivables	14,413,415	13,957,236	2,694,263	3,331,267	4,616,105	29,780,076

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	25,634,088	12,164,545		34,378,518	25,634,088	25,634,088
2. Claim overpayment receivables						
3. Loans and advances to providers	5,000,000			17,663	5,000,000	5,017,663
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)	30,634,088	12,164,545		34,396,181	30,634,088	30,651,751

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	21,379,110	273,979	26,192	22,494	973,559	22,675,334
0499999 - Subtotals.....	21,379,110	273,979	26,192	22,494	973,559	22,675,334
0599999 - Unreported claims and other claim reserves.....						124,301,918
0799999 - Total claims unpaid.....						146,977,253
0899999 - Accrued medical incentive pool and bonus amounts.....						41,173,071

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 - Total gross payables				

NONE

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.....	60,031,903	3.604	227,557	100.000		60,031,903
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	60,031,903	3.604	227,557	100.000		60,031,903
Other Payments:						
5. Fee-for-service.....	304,788,118	18.297	XXX	XXX		304,788,118
6. Contractual fee payments.....	1,266,897,281	76.055	XXX	XXX		1,266,897,281
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	34,038,059	2.043	XXX	XXX		34,038,059
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	1,605,723,457	96.396	XXX	XXX		1,605,723,457
13. Total (Line 4 plus Line 12).....	1,665,755,360	100.000 %	XXX	XXX		1,665,755,360

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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
9999999 – Totals.....			XXX	XXX	XXX

NONE

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.....	NONE					
2. Medical furniture, equipment and fixtures.....						
3. Pharmaceuticals and surgical supplies.....						
4. Durable medical equipment.....						
5. Other property and equipment.....						
6. Total.....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island

2. Smithfield, RI
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2023

NAIC Company Code: 95402

	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.....	225,406	22,214	2,017						201,175					
2. First Quarter.....	229,224	22,268	2,028						204,928					
3. Second Quarter.....	230,504	21,663	2,096						206,745					
4. Third Quarter.....	230,566	23,189	2,128						205,249					
5. Current Year.....	227,557	25,965	2,145						199,447					
6. Current Year Member Months.....	2,747,383	272,968	24,989						2,449,426					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	6,441,796	404,266	33,536						6,003,994					
8. Non-Physician.....	886,610	71,162	5,868						809,580					
9. Total.....	7,328,406	475,428	39,404						6,813,574					
10. Hospital Patient Days Incurred.....	574,731	6,938	555						567,238					
11. Number of Inpatient Admissions.....	42,574	1,294	121						41,159					
12. Health Premiums Written (b).....	1,877,945,031	113,190,088	10,653,914						1,754,101,029					
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,877,204,614	113,190,088	10,653,914						1,753,360,612					
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,665,755,360	91,251,065	9,027,126						1,565,477,169					
18. Amount Incurred for Provision of Health Care Services.....	1,697,925,885	91,251,065	9,027,126						1,597,647,694					

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

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island

2. Smithfield, RI
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2023

NAIC Company Code: 95402

	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.....	225,406	22,214	2,017						201,175					
2. First Quarter.....	229,224	22,268	2,028						204,928					
3. Second Quarter.....	230,504	21,663	2,096						206,745					
4. Third Quarter.....	230,566	23,189	2,128						205,249					
5. Current Year.....	227,557	25,965	2,145						199,447					
6. Current Year Member Months.....	2,747,383	272,968	24,989						2,449,426					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	6,441,796	404,266	33,536						6,003,994					
8. Non-Physician.....	886,610	71,162	5,868						809,580					
9. Total.....	7,328,406	475,428	39,404						6,813,574					
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12. Health Premiums Written (b).....	1,877,945,031	113,190,088	10,653,914						1,754,101,029					
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,877,204,614	113,190,088	10,653,914						1,753,360,612					
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,665,755,360	91,251,065	9,027,126						1,565,477,169					
18. Amount Incurred for Provision of Health Care Services.....	1,697,925,885	91,251,065	9,027,126						1,597,647,694					

30.GT

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

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
Accident and Health, Affiliates, U.S., Other						
	05-6000522	01/01/2023	State of Rhode Island - HealthSource RI	RI	11,638,726	
27855	36-2781080	12/31/2022	Zurich America Insurance Company	IL	2,559,749	
1399999 – Accident and Health, Affiliates, U.S., Other					14,198,475	
1499999 – Accident and Health, Affiliates, U.S., Total					14,198,475	
1899999 – Accident and Health, Total Affiliates					14,198,475	
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
00000	05-60000522	01/01/2021	State of Rhode Island - Healthsource RI	RI		
2299999 – Total Accident and Health					14,198,475	
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					14,198,475	
9999999 – Total (Sum of 1199999 and 2299999)					14,198,475	

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		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
..... 27855	36-2781080.....	01/01/2023	Zurich American Ins. Co. of IL.....	IL.....	SSL/G.....	CMM.....	28,728						
..... 27855	36-2781080.....	01/01/2023	Zurich American Ins. Co. of IL.....	IL.....	SSL/I.....	CMM.....	314,758						
..... 27855	36-2781080.....	01/01/2023	Zurich American Ins. Co. of IL.....	IL.....	SSL/I.....	MC.....	5,526,149						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates.....							5,869,635						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates.....							5,869,635						
1199999 – Total General Account Authorized.....							5,869,635						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified.....							5,869,635						
9199999 – Total U.S.....							5,869,635						
9999999 – Total (Sum of 4599999 and 9099999).....							5,869,635						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

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

	2023	2022	2021	2020	2019
A. OPERATIONS ITEMS					
1 Premiums.....	343	374	298	314	294
2 Title XVIII-Medicare.....					
3 Title XIX-Medicaid.....	5,526	2,798	4,643	4,198	4,029
4 Commissions and reinsurance expense allowance.....					
5 Total hospital and medical expenses.....	1,697	1,469		1,150	1,540
B. BALANCE SHEET ITEMS					
6 Premiums receivable.....					
7 Claims payable.....					
8 Reinsurance recoverable on paid losses.....	14,198	12,180	1,100	129	998
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)	343,379,021		343,379,021
2 Accident and health premiums due and unpaid (Line 15)	65,172,447		65,172,447
3 Amounts recoverable from reinsurers (Line 16.1)	14,198,475	(14,198,475)	—
4 Net credit for ceded reinsurance	XXX	14,198,475	14,198,475
5 All other admitted assets (Balance)	155,754,125		155,754,125
6 Total assets (Line 28)	578,504,069	—	578,504,069
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	146,977,253		146,977,253
8 Accrued medical incentive pool and bonus payments (Line 2)	41,173,071		41,173,071
9 Premiums received in advance (Line 8)	112,245,200		112,245,200
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)	146,095,443		146,095,443
15 Total liabilities (Line 24)	446,490,966		446,490,966
16 Total capital and surplus (Line 33)	132,013,104	XXX	132,013,104
17 Total liabilities, capital and surplus (Line 34)	578,504,069		578,504,069
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid		XXX	XXX
19 Accrued medical incentive pool		XXX	XXX
20 Premiums received in advance		XXX	XXX
21 Reinsurance recoverable on paid losses	14,198,475	XXX	XXX
22 Other ceded reinsurance recoverables		XXX	XXX
23 Total ceded reinsurance recoverables	14,198,475	XXX	XXX
24 Premiums receivable		XXX	XXX
25 Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26 Unauthorized reinsurance		XXX	XXX
27 Reinsurance with Certified Reinsurers		XXX	XXX
28 Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29 Other ceded reinsurance payables/offsets		XXX	XXX
30 Total ceded reinsurance payables/offsets		XXX	XXX
31 Total net credit for ceded reinsurance	14,198,475	XXX	XXX

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

States, Etc.		Direct Business Only					Totals
		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	
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

(41) Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

(41) Schedule Y - Part 1A - Explanations

NONE

(42) Schedule Y - Part 2

NONE

(43) Schedule Y - Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULE 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.

	Response
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?.....	No.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	No.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No.....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No.....
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	No.....
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	No.....
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	No.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO.....
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	Yes.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	NO.....
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	Yes.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	 9 5 4 0 2 2 0 2 3 3 6 0 0 0 0 0 0
11.	 9 5 4 0 2 2 0 2 3 2 0 5 0 0 0 0 0
12.	 9 5 4 0 2 2 0 2 3 4 2 0 0 0 0 0 0
13.	 9 5 4 0 2 2 0 2 3 3 7 1 0 0 0 0 0
14.	 9 5 4 0 2 2 0 2 3 3 7 0 0 0 0 0 0
15.	 9 5 4 0 2 2 0 2 3 3 6 5 0 0 0 0 0
16.	 9 5 4 0 2 2 0 2 3 2 2 4 0 0 0 0 0
17.	 9 5 4 0 2 2 0 2 3 2 2 5 0 0 0 0 0
18.	 9 5 4 0 2 2 0 2 3 2 2 6 0 0 0 0 0
19.	 9 5 4 0 2 2 0 2 3 6 0 0 0 0 0 0 0
20.	 9 5 4 0 2 2 0 2 3 3 0 6 0 0 0 0 0
21.	 9 5 4 0 2 2 0 2 3 2 1 1 0 0 0 0 0
22.	
23.	 9 5 4 0 2 2 0 2 3 2 9 0 0 0 0 0 0
24.	

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page.....				
2504. Other Receivables.....	2,110,799	346	2,110,453	
2505. Due from PPC.....	163,221	163,221	-	
2506. Prepaid Premium Tax.....				
2507. Notes Receivable.....	269,603	269,603	-	
2597. Summary of remaining write-ins for Line 25 from overflow page.....	2,543,623	433,170	2,110,453	

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 from overflow page.....			
2504. Other Receivables.....	269,949	269,981	31
2505. Due from PPC.....	163,221	213,266	50,046
2597. Summary of remaining write-ins for Line 25 from overflow page.....	433,170	483,247	50,077

OVERFLOW PAGE FOR WRITE-INS