



**QUARTERLY STATEMENT**  
AS OF SEPTEMBER 30, 2024  
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 Number)  
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 Number)  
Internet Website Address.....http://www.nhpri.org/.....  
Statutory Statement Contact.....Mihaela Miha..... 401-443-5931.....  
(Telephone Number)  
mmiha@nhpri.org..... 401-459-6043.....  
(E-Mail Address) (Fax Number)

**OFFICERS**

.....Peter Marino, Chief Executive Officer.....  
.....Michelle Sears, Chief Financial Officer.....

.....Karen Carlson, Chief Operating Officer.....  
.....Kristin Russell, Chief Medical Officer.....

**OTHER**

.....Alison Croke, Vice Chair.....  
.....Merrill Thomas, Treasurer.....

.....Brenda Dowlatshahi, Chair.....  
.....Keith Oliveira, Secretary.....  
.....Peter Marino, President.....

**DIRECTORS OR TRUSTEES**

.....Yahaira Placencia.....  
.....Pablo Rodriguez MD.....  
.....Peter Bancroft CPA.....  
.....Jeanne LaChance.....  
.....Rilwan Feyisitan.....  
.....Gary Furtado.....

.....Cristina Pacheco.....  
.....Lisa Ranglin.....  
.....Elena Nicolella.....  
.....Daniel Da Ponte.....  
.....William Hochstrasser-Walsh.....  
.....Dioscaris Garcia PhD.....

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

Subscribed and sworn to before me  
this 14 day of  
November, 2024

x

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



**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	152,078,221		152,078,221	152,244,248
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances).....				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$.....76,107,735), cash equivalents (\$.....534,970) and short-term investments (\$.....53,963,688).....	130,606,393		130,606,393	183,674,493
6. Contract loans (including \$..... premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....				7,460,280
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	282,684,614		282,684,614	343,379,021
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	1,100,968		1,100,968	1,127,257
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	27,590,609	699,815	26,890,794	17,099,635
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....19,469,442) and contracts subject to redetermination (\$.....17,174,604).....	36,644,046		36,644,046	48,072,813
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	14,229,075		14,229,075	14,198,475
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.....	27,780,987		27,780,987	31,623,318
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.....	7,641,207	6,798,713	842,494	811,261
21. Furniture and equipment, including health care delivery assets (\$.....).....	1,214,969	1,214,969	-	-
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....23,795,289) and other amounts receivable.....	32,017,493	8,222,204	23,795,289	29,780,076
25. Aggregate write-ins for other-than-invested assets.....	64,262,463	9,669,142	54,593,321	92,412,213
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	495,166,432	26,604,843	468,561,589	578,504,069
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	495,166,432	26,604,843	468,561,589	578,504,069
<b>Details of Write-Ins</b>				
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. Prepaid Expenses.....	4,600,953	4,600,953	-	-
2502. Receivable from State.....	51,523,072		51,523,072	90,301,761
2503. Deposits.....	4,632,226	4,632,226	-	-
2598. Summary of remaining write-ins for Line 25 from overflow page.....	3,506,212	435,963	3,070,249	2,110,453
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	64,262,463	9,669,142	54,593,321	92,412,213

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....	126,733,275		126,733,275	146,977,253
2. Accrued medical incentive pool and bonus amounts.....	22,422,725		22,422,725	41,173,071
3. Unpaid claims adjustment expenses.....	3,692,268		3,692,268	3,692,268
4. Aggregate health policy reserves, including the liability of \$.....500,000 for medical loss ratio rebate per the Public Health Service Act.....	11,423,976		11,423,976	21,082,187
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserve.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	108,665,732		108,665,732	112,245,200
9. General expenses due or accrued.....	25,888,223		25,888,223	28,388,530
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....	49,749,631		49,749,631	92,157,133
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current ) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....	111,911		111,911	
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....	740,417		740,417	740,417
23. Aggregate write-ins for other liabilities (including \$..... current).....	78		78	34,907
24. Total liabilities (Lines 1 to 23).....	349,428,237		349,428,237	446,490,966
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. Unassigned funds (surplus).....	XXX	XXX	119,133,352	132,013,104
32. Less treasury stock, at cost:				
32.1 ... shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2 ... shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	119,133,352	132,013,104
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	468,561,589	578,504,069
<b>Details of Write-Ins</b>				
2301. Unclaimed Property Payable.....	78		78	34,907
2302.....				
2303.....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	78		78	34,907
2501.....	XXX	XXX		
2502.....	XXX	XXX		
2503.....	XXX	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.....	XXX	XXX		
3003.....	XXX	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**

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months.....	XXX	1,984,699	2,063,814	2,747,383
2. Net premium income (including \$..... non-health premium income)	XXX	1,426,187,232	1,348,299,468	1,872,075,397
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$..... medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX	2,209,742	1,751,271	1,822,545
7. Aggregate write-ins for other non-health revenues.....	XXX			
8. Total revenues (Lines 2 to 7).....	XXX	1,428,396,975	1,350,050,740	1,873,897,941
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		545,152,130	441,720,736	663,010,823
10. Other professional services.....		298,114,111	302,578,346	408,181,459
11. Outside referrals.....		198,970,783	188,683,165	245,306,496
12. Emergency room and out-of-area.....		49,920,142	44,390,086	73,160,104
13. Prescription drugs.....		197,826,492	208,050,448	270,255,873
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....		11,955,994	31,124,890	38,011,130
16. Subtotal (Lines 9 to 15).....		1,301,939,651	1,216,547,671	1,697,925,885
<b>Less:</b>				
17. Net reinsurance recoveries.....		11,978,868	13,952,069	17,914,312
18. Total hospital and medical (Lines 16 minus 17).....		1,289,960,784	1,202,595,602	1,680,011,573
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....26,105,485 cost containment expenses.....		39,536,670	39,435,831	50,775,935
21. General administrative expenses.....		114,891,173	108,562,094	144,414,540
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....		1,444,388,626	1,350,593,526	1,875,202,048
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(15,991,652)	(542,787)	(1,304,107)
25. Net investment income earned.....		7,702,679	5,406,850	7,792,173
26. Net realized capital gains (losses) less capital gains tax of \$.....		(628,235)	(256,602)	(179,561)
27. Net investment gains (losses) (Lines 25 plus 26).....		7,074,444	5,150,248	7,612,612
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....(399,638))].		(399,638)	(1,183,315)	(2,907,726)
29. Aggregate write-ins for other income or expenses.....		181,703	(224,284)	(224,284)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(9,135,143)	3,199,862	3,176,495
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX	(9,135,143)	3,199,862	3,176,495
<b>Details of Write-Ins</b>				
0601. EOHHS Incentive Income.....	XXX	2,209,742	1,751,271	1,822,545
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	2,209,742	1,751,271	1,822,545
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX			
1401.....				
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).....				
2901. Penalty.....		181,703	(224,284)	(224,284)
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....		181,703	(224,284)	(224,284)

**STATEMENT OF REVENUE AND EXPENSES (CONTINUED)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	132,013,105	129,171,416	129,171,416
34. Net income or (loss) from Line 32.....	(9,135,143)	3,199,862	3,176,495
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....	153,044	337,897	176,937
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(3,897,654)	(626,827)	(511,743)
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.....			
48. Net change in capital and surplus (Lines 34 to 47).....	(12,879,753)	2,910,932	2,841,688
49. Capital and surplus end of reporting period (Line 33 plus 48).....	119,133,352	132,082,349	132,013,105
<b>Details of Write-Ins</b>			
4701.....			
4702.....			
4703.....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....			

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	1,414,085,486	1,397,002,607	1,913,545,673
2. Net investment income.....	7,739,747	5,591,273	7,936,843
3. Miscellaneous income.....	4,588,431	(3,633,884)	(1,921,886)
4. Total (Lines 1 to 3).....	1,426,413,663	1,398,959,996	1,919,560,630
5. Benefit and loss related payments.....	1,328,985,706	1,204,810,231	1,682,615,836
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	153,303,754	162,264,065	210,224,659
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	1,482,289,460	1,367,074,295	1,892,840,495
11. Net cash from operations (Line 4 minus Line 10).....	(55,875,798)	31,885,700	26,720,134
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	35,835,266	25,665,488	32,598,908
12.2 Stocks.....			
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.....	46,620	(93,656)	(8,667)
12.7 Miscellaneous proceeds.....	7,572,191	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	43,454,077	25,571,831	32,590,242
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	36,201,831	28,189,322	38,863,269
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	-	48,769	7,563,986
13.7 Total investments acquired (Lines 13.1 to 13.6).....	36,201,831	28,238,090	46,427,255
14. Net increase (or decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	7,252,246	(2,666,259)	(13,837,014)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(4,444,552)	(6,240,056)	(14,495,632)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(4,444,552)	(6,240,056)	(14,495,632)
<b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(53,068,104)	22,979,386	(1,612,511)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	183,674,497	185,287,008	185,287,008
19.2 End of period (Line 18 plus Line 19.1).....	130,606,393	208,266,393	183,674,497
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.....			

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
<b>Total Members at end of:</b>														
1. Prior Year.....	227,557	25,965	2,145						199,447					
2. First Quarter.....	221,057	29,056	2,209						189,792					
3. Second Quarter.....	223,814	34,848	2,283						186,683					
4. Third Quarter.....	220,246	35,234	2,296						182,716					
5. Current Year.....														
6. Current Year Member Months.....	1,984,699	282,107	20,254						1,682,338					
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician.....	4,583,021	346,774	24,824						4,211,423					
8. Non-Physician.....	709,844	68,014	4,112						637,718					
9. Total.....	5,292,865	414,788	28,936						4,849,141					
10. Hospital Patient Days Incurred.....	441,487	6,151	354						434,982					
11. Number of Inpatient Admissions.....	32,799	1,098	69						31,632					
12. Health Premiums Written (a).....	1,432,227,900	121,093,613	8,800,781						1,302,333,506					
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	1,432,227,900	121,093,613	8,800,781						1,302,333,506					
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	1,289,960,784	85,290,100	6,607,584						1,198,063,100					
18. Amount Incurred for Provision of Health Care Services.....	1,301,939,651	89,479,077	6,729,520						1,205,731,054					

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

**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
<b>Claims Unpaid (Reported)</b>						
0399999 – Aggregate accounts not individually listed-covered.....	27,411,150	126,902	171,000	93,589	1,011,092	28,813,733
0499999 – Subtotals.....	27,411,150	126,902	171,000	93,589	1,011,092	28,813,733
0599999 – Unreported claims and other claim reserves.....						97,919,542
0799999 – Total claims unpaid.....						126,733,275
0899999 – Accrued medical incentive pool and bonus amounts.....						22,422,725



**UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....	10,943,152	78,454,062	412,543	10,422,963	11,355,695	11,428,411
2. Comprehensive (hospital and medical) group.....	1,147,928	5,989,908	15,158	702,061	1,163,086	938,994
3. Medicare Supplement.....						
4. Vision only.....						
5. Dental only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....						
8. Title XIX – Medicaid.....	124,774,046	1,070,954,885	3,857,780	111,322,770	128,631,825	134,609,847
9. Credit A&H.....						
10. Disability income.....						
11. Long-term care.....						
12. Other health.....						
13. Health subtotal (Lines 1 to 12).....	136,865,126	1,155,398,855	4,285,481	122,447,794	141,150,606	146,977,252
14. Health care receivables (a).....				23,795,289		29,780,076
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....	30,706,339			22,422,725	30,706,339	41,173,071
17. Totals (Lines 13-14+15+16).....	167,571,465	1,155,398,855	4,285,481	121,075,231	171,856,945	158,370,247

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

**Notes to the Financial Statements**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The accompanying financial statements of Neighborhood Health Plan of Rhode Island (the "Company" or "Neighborhood") have been prepared in conformity with accounting practices prescribed or permitted by the state of Rhode Island for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Rhode Island Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Rhode Island.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Rhode Island is shown below:

	SSAP #	F/S Page	F/S Line #	09/30/2024	12/31/2023
<b>Net Income</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (9,135,143)	\$ 3,176,495
(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	<u>\$ (9,135,143)</u>	<u>\$ 3,176,495</u>
<b>Surplus</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 119,133,352	\$ 132,013,104
(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	<u>\$ 119,133,352</u>	<u>\$ 132,013,104</u>

**B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes**

**C. Accounting Policy**

- (1) Short-term investments - No Significant Changes
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not have any mandatory convertible securities and SVO-identified investments.
- (3) Common stocks - No Significant Changes
- (4) Preferred stocks - No Significant Changes
- (5) Mortgage loans - No Significant Changes
- (6) The Company only had loan-backed securities designated with NAIC 1 and 2 designations and are reported at amortized cost.
- (7) Investments in subsidiaries, controlled and affiliated entities - No Significant Changes
- (8) Investments in joint ventures, partnerships and limited liability companies - No Significant Changes
- (9) Derivatives - No Significant Changes
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - No Significant Changes

**D. Going Concern**

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors - None**

**3. Business Combinations and Goodwill - None**

**4. Discontinued Operations - None**

**5. Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

**Notes to the Financial Statements**

**5. Investments (Continued)**

- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets - No Significant Changes
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None
- R. Reporting Entity's Share of Cash Pool by Asset type - None

**6. Joint Ventures, Partnerships and Limited Liability Companies - None**

**7. Investment Income**

- A. Due and Accrued Income Excluded from Surplus

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

- B. Total Amount Excluded - None
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

	Interest Income Due and Accrued	Amount
1.	Gross.....	\$..... 1,100,968
2.	Nonadmitted.....	\$.....
3.	Admitted.....	\$..... 1,100,968

- D. The aggregate deferred interest - None
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

**8. Derivative Instruments - None**

**9. Income Taxes**

The Company is a non-profit HMO.

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties - No Significant Changes**

**11. Debt - None**

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

- A. Defined Benefit Plan - None
- B. Investment Policies and Strategies of Plan Assets - None
- C. Fair Value of Each Class of Plan Assets - None
- D. Expected Long-Term Rate of Return for the Plan Assets - None
- E. Defined Contribution Plans - No Significant Changes
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans - None
- H. Postemployment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes**

**14. Liabilities, Contingencies and Assessments - None**

**15. Leases - No Significant Changes**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None**

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None**

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None**

**Notes to the Financial Statements**

**20. Fair Value Measurements**

A. Fair Value Measurement

(1) Fair value at reporting date

Fair Value Measurements at reporting date: During 2024, Neighborhood only reports Money Market Mutual Funds in Cash Equivalents at fair value using Level 2. The Company has no other assets or liabilities reported at fair value. Level 1 measurement is the unadjusted quoted price for identical assets or liabilities in active markets accessible at the measurement date, Level 2 measurement requires significant other observable inputs, and Level 3 requires significant unobservable inputs. Neighborhood's investments, comprised principally of bonds, are recorded at amortized cost.

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Money Market Mutual Fund	\$	534,970	\$	\$	534,970
Total assets at fair value/NAV	\$	534,970	\$	\$	534,970
b. Liabilities at fair value					
Total liabilities at fair value	\$		\$	\$	

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The valuation techniques and inputs used in the fair value measurement Level 2: The fair value of most securities is priced automatically through Neighborhood's primary pricing vendor: Interactive Data Pricing and Reference Data, Inc., and other industry leading pricing sources like Bloomberg and PricingDirect Inc. In the event an automated price is not available from pricing vendors, other pricing sources, like investment managers and brokers, are used to ensure accurate and timely pricing.

The valuation techniques and inputs used in the fair value measurement Level 3: not applicable.

(5) Derivatives - None

B. Other Fair Value Disclosures - None

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	\$ 148,475,573	\$ 152,078,221	\$	\$ 148,475,573	\$	\$	\$
Short-term Investments	54,029,229	53,963,688		54,029,229			
Cash Equivalents	534,970	534,970		534,970			

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

**21. Other Items - None**

**22. Events Subsequent - No Significant Changes**

**23. Reinsurance - No Significant Changes**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Method Used to Estimate - None

B. Method Used to Record - None

C. Amount and Percent of Net Retrospective Premiums - None

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

CMS examiners has completed its field work in regards to the 2021 MLR audit. As a result of the audit, Neighborhood sent rebates to its members in the individual commercial line of business for year 2021. The rebate checks including accumulated two years interest were issued and mailed before September 30, 2024. Neighborhood filed 2023 MLR on August 13, 2024 showing another rebate due to its members in the individual commercial line of business. The 2023 rebate checks were issued before the due date on September 30, 2024. Neighborhood has a 2024 MLR rebate reserves booked, as the preliminary estimated calculation shows a rebate due to individual commercial line of business. To be reevaluated at year-end.

**Notes to the Financial Statements**

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

	(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	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 9,096,778	\$	\$	\$	\$ 9,096,778
(8) Medical loss ratio rebates paid	9,096,778				9,096,778
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$

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

- (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

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

	Amount
<b>a. Permanent ACA Risk Adjustment Program</b>	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment	\$ 64,179
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	10,051,442
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment	\$ 11,553,971
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	64,179
<b>b. Transitional ACA Reinsurance Program</b>	
Assets	
1. Amounts recoverable for claims paid due to ACA reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments	
9. ACA reinsurance contributions - not reported as ceded premium	
<b>c. Temporary ACA Risk Corridors Program</b>	
Assets	
1. Accrued retrospective premium due to ACA risk corridors liabilities	\$
2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors	
Operations (Revenue & Expense)	
3. Effect of ACA risk corridors on net premium income (paid/received)	\$
4. Effect of ACA risk corridors on change in reserves for rate credits	

**Notes to the Financial Statements**

**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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	(1)	(2)	(3)	(4)	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)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable (including high risk pool payments)	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Premium adjustments (payable) (including high risk pool premium)		(12,205,508)		(12,205,508)		-			B		-
3. Subtotal ACA Permanent Risk Adjustment Program	\$	\$(12,205,508)	\$	\$(12,205,508)	\$	\$	\$	\$		\$	\$
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
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									H		
7. Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
<b>c. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2. Reserve for rate credits or policy experience rating refunds									J		
3. Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
d. Total for ACA risk sharing provisions	\$	\$(12,205,508)	\$	\$(12,205,508)	\$	\$	\$	\$		\$	\$

Explanations of Adjustments: None

(4) Roll-forward of risk corridors asset and liability balances by program benefit year - None

(5) ACA risk corridors receivable as of reporting date - None

**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, 2023 were \$191,842,592. As of September 30, 2024, \$171,263,733 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,285,481 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$16,293,379 favorable prior-year development since December 31, 2023 to September 30, 2024. 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.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

**26. Intercompany Pooling Arrangements - None**

**27. Structured Settlements - None**

**28. Health Care Receivables - No Significant Changes**

**29. Participating Policies - None**

**30. Premium Deficiency Reserves - No Significant Changes**

**31. Anticipated Salvage and Subrogation - None**

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?..... NO
- 2.2 If yes, date of change:.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... NO  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?.....  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2022
- 6.2 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..... 12/31/2022
- 6.3 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)..... 05/02/2024
- 6.4 By what department or departments?  
Rhode Island Department of Business Regulation, Insurance Division.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... YES
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... YES
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 7.2 If yes, give full information  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 9.1 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?..... YES
  - (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;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:  
.....
- 9.2 Has the code of ethics for senior managers been amended?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... NO
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... NO
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$
13. Amount of real estate and mortgages held in short-term investments: ..... \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... NO
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgage Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$
- 16.3 Total payable for securities lending reported on the liability page ..... \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... YES

- 17.1 For all agreements that comply with the requirements of the *Financial Condition Examiners Handbook*, complete the following:
- | 1                    | 2                                     |
|----------------------|---------------------------------------|
| Name of Custodian(s) | Custodian Address                     |
| Comerica Bank        | 411 West Lafayette, Detroit, MI 48226 |

- 17.2 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) |
|         |             |                         |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... NO
- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 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 of Firm or Individual	Affiliation
Meketa Investment Group	U
Income Research & Management	U

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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? ..... NO
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... NO

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
104863	Income Research and Management		SEC	NO
	Meketa Investment Group		SEC	NO



**GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....YES.....
- 18.2 If no, list exceptions:  
.....
- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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 an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.Has the reporting entity self-designated 5GI securities?.....NO.....
- 20. 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 a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.Has the reporting entity self-designated PLGI securities?.....NO.....
- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
  - a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP 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?.....NO.....

**GENERAL INTERROGATORIES**

**PART 2 – HEALTH**

- 1. Operating Percentages:
  - 1.1 A&H loss percent ..... 92.279 %
  - 1.2 A&H cost containment percent ..... 1.830 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 8.998 %
- 2.1 Do you act as a custodian for health savings accounts? ..... NO .....
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....
- 2.3 Do you act as an administrator for health savings accounts? ..... NO .....
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date. .... \$ .....
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... NO .....
- 3.1 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? ..... NO .....

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
<b>Accident &amp; Health - Non-Affiliates</b>									
27855	38-2781080	01/01/2024	Zurich American Ins. Co. of IL	IL	SSL/G	CMM	Authorized		
27855	36-2781080	01/01/2024	Zurich American Ins. Co. of IL	IL	SSL/I	CMM	Authorized		
27855	36-2781080	01/01/2024	Zurich American Ins. Co. of IL	IL	SSL/I	MC	Authorized		

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

		Direct Business Only									
States, Etc.		1	2	3	4	5	6	7	8	9	10
		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								
2.	Alaska	AK	N								
3.	Arizona	AZ	N								
4.	Arkansas	AR	N								
5.	California	CA	N								
6.	Colorado	CO	N								
7.	Connecticut	CT	N								
8.	Delaware	DE	N								
9.	District of Columbia	DC	N								
10.	Florida	FL	N								
11.	Georgia	GA	N								
12.	Hawaii	HI	N								
13.	Idaho	ID	N								
14.	Illinois	IL	N								
15.	Indiana	IN	N								
16.	Iowa	IA	N								
17.	Kansas	KS	N								
18.	Kentucky	KY	N								
19.	Louisiana	LA	N								
20.	Maine	ME	N								
21.	Maryland	MD	N								
22.	Massachusetts	MA	N								
23.	Michigan	MI	N								
24.	Minnesota	MN	N								
25.	Mississippi	MS	N								
26.	Missouri	MO	N								
27.	Montana	MT	N								
28.	Nebraska	NE	N								
29.	Nevada	NV	N								
30.	New Hampshire	NH	N								
31.	New Jersey	NJ	N								
32.	New Mexico	NM	N								
33.	New York	NY	N								
34.	North Carolina	NC	N								
35.	North Dakota	ND	N								
36.	Ohio	OH	N								
37.	Oklahoma	OK	N								
38.	Oregon	OR	N								
39.	Pennsylvania	PA	N								
40.	Rhode Island	RI	L	129,894,393		1,302,333,506				1,432,227,899	
41.	South Carolina	SC	N								
42.	South Dakota	SD	N								
43.	Tennessee	TN	N								
44.	Texas	TX	N								
45.	Utah	UT	N								
46.	Vermont	VT	N								
47.	Virginia	VA	N								
48.	Washington	WA	N								
49.	West Virginia	WV	N								
50.	Wisconsin	WI	N								
51.	Wyoming	WY	N								
52.	American Samoa	AS	N								
53.	Guam	GU	N								
54.	Puerto Rico	PR	N								
55.	U.S. Virgin Islands	VI	N								
56.	Northern Mariana Islands	MP	N								
57.	Canada	CAN	N								
58.	Aggregate Other Alien	OT	XXX								
59.	Subtotal	XXX	129,894,393		1,302,333,506					1,432,227,899	
60.	Reporting entity contributions for employee benefits plans	XXX									
61.	Total (Direct Business)	XXX	129,894,393		1,302,333,506					1,432,227,899	
<b>Details of Write-Ins</b>											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts

1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	1	4. Q – Qualified - Qualified or accredited reinsurer	–
2. R – Registered – Non-domiciled RRGs	–	5. N – None of the above - Not allowed to write business in the state	56
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state	–		

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

PART 1 - ORGANIZATIONAL CHART

**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)	*

**NONE**

Asterisk	Explanation

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?.....	NO .....

**August Filing**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.....	N/A .....
---	-----------

**EXPLANATION:**

1. ....
2. ....

**BARCODES:**

1.  9 5 4 0 2 2 0 2 4 3 6 5 0 0 0 0 3

2.

**OVERFLOW PAGE FOR WRITE-INS**

**ASSETS**

	Current Statement Date			4
	1	2	3	December 31 Prior Year Net Admitted Assets
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 from overflow page .....				
2504. Other Receivables .....	3,071,347	1,098	3,070,249	2,110,453
2505. Due from PPC .....	165,262	165,262	-	-
2506. Prepaid Premium Tax .....				
2507. Notes Receivable .....	269,603	269,603	-	-
2597. Summary of remaining write-ins for Line 25 from overflow page .....	3,506,212	435,963	3,070,249	2,110,453



**SCHEDULE A – VERIFICATION**

Real Estate

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition.....		
2.2	Additional investment made after acquisition.....		
3.	Current year change in encumbrances.....		
4.	Total gain (loss) on disposals.....		
5.	Deduct amounts received on disposals.....		
6.	Total foreign exchange change in book / adjusted carrying value.....		
7.	Deduct current year's other-than-temporary impairment recognized.....		
8.	Deduct current year's depreciation.....		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		
10.	Deduct total nonadmitted amounts.....		
11.	Statement value at end of current period (Line 9 minus Line 10).....		

**NONE**

**SCHEDULE B – VERIFICATION**

Mortgage Loans

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition.....		
2.2	Additional investment made after acquisition.....		
3.	Capitalized deferred interest and other.....		
4.	Accrual of discount.....		
5.	Unrealized valuation increase / (decrease).....		
6.	Total gain (loss) on disposals.....		
7.	Deduct amounts received on disposals.....		
8.	Deduct amortization of premium and mortgage interest points and comm. fees.....		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10.	Deduct current year's other-than-temporary impairment recognized.....		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		
12.	Total valuation allowance.....		
13.	Subtotal (Line 11 plus Line 12).....		
14.	Deduct total nonadmitted amounts.....		
15.	Statement value at end of current period (Line 13 minus Line 14).....		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition.....		
2.2	Additional investment made after acquisition.....		
3.	Capitalized deferred interest and other.....		
4.	Accrual of discount.....		
5.	Unrealized valuation increase / (decrease).....		
6.	Total gain (loss) on disposals.....		
7.	Deduct amounts received on disposals.....		
8.	Deduct amortization of premium and depreciation.....		
9.	Total foreign exchange change in book / adjusted carrying value.....		
10.	Deduct current year's other-than-temporary impairment recognized.....		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		
12.	Deduct total nonadmitted amounts.....		
13.	Statement value at end of current period (Line 11 minus Line 12).....		

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	152,244,248	146,225,220
2.	Cost of bonds and stocks acquired.....	36,201,831	38,863,269
3.	Accrual of discount.....	410,829	385,430
4.	Unrealized valuation increase / (decrease).....	150,311	433,137
5.	Total gain (loss) on disposals.....	(672,126)	(170,894)
6.	Deduct consideration for bonds and stocks disposed of.....	35,835,266	32,855,109
7.	Deduct amortization of premium.....	421,607	636,805
8.	Total foreign exchange change in book / adjusted carrying value.....		
9.	Deduct current year's other-than-temporary impairment recognized.....		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	152,078,221	152,244,248
12.	Deduct total nonadmitted amounts.....		
13.	Statement value at end of current period (Line 11 minus Line 12).....	152,078,221	152,244,248

**SCHEDULE D – PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book / Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book / Adjusted Carrying Value End of First Quarter	6 Book / Adjusted Carrying Value End of Second Quarter	7 Book / Adjusted Carrying Value End of Third Quarter	8 Book / Adjusted Carrying Value December 31 Prior Year
<b>Bonds</b>								
1. NAIC 1 (a)	232,598,283	44,718,901	73,450,071	678,875	230,115,329	232,598,283	204,545,988	220,869,823
2. NAIC 2 (a)	1,494,888			1,033	2,006,472	1,494,888	1,495,921	2,245,846
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	234,093,172	44,718,901	73,450,071	679,907	232,121,801	234,093,172	206,041,909	223,115,669
<b>Preferred Stock</b>								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	234,093,172	44,718,901	73,450,071	679,907	232,121,801	234,093,172	206,041,909	223,115,669

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$ 53,963,688; NAIC 2 \$ ...; NAIC 3 \$ ...; NAIC 4 \$ ...; NAIC 5 \$ ...; NAIC 6 \$ ...

**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book / Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Total .....	53,963,688	XXX	53,277,059	176,113	273,289

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	70,871,421	66,460,696
2. Cost of short-term investments acquired .....	94,617,368	101,192,295
3. Accrual of discount .....	2,197,113	2,128,455
4. Unrealized valuation increase / (decrease) .....		
5. Total gain (loss) on disposals .....	43,891	(8,344)
6. Deduct consideration received on disposals .....	113,766,105	98,885,220
7. Deduct amortization of premium .....		16,462
8. Total foreign exchange change in book / adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	53,963,688	70,871,421
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	53,963,688	70,871,421

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

**NONE**

(SI-05) Schedule DB - Part C - Section 1

**NONE**

(SI-06) Schedule DB - Part C - Section 2

**NONE**

(SI-07) Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**

(Cash Equivalents)

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	309,893	12,101,287
2. Cost of cash equivalents acquired.....	214,705,366	167,950,148
3. Accrual of discount.....	183,468	137,962
4. Unrealized valuation increase / (decrease).....		
5. Total gain (loss) on disposals.....		(323)
6. Deduct consideration received on disposals.....	214,663,756	179,879,181
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	534,970	309,893
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	534,970	309,893

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds: U.S. Governments</b>									
38378F-PF-1	GNR 2013-005 PA - CMO/RMBS		08/14/2024	FHN FINANCIAL FI	XXX	328,847	350,434	307	1.A
912828-ZQ-6	UNITED STATES TREASURY		09/27/2024	FTN FINANCIAL SECURITIES	XXX	339,836	399,000	935	1.A
91282C-JY-8	UNITED STATES TREASURY		07/31/2024	FISChevyChase	XXX	982,009	991,068	801	1.A
91282C-JZ-5	UNITED STATES TREASURY		07/30/2024	HSBC SECURITIES	XXX	443,949	449,000	8,240	1.A
91282C-KP-5	UNITED STATES TREASURY		07/30/2024	Various	XXX	2,198,493	2,147,000	24,469	1.A
91282C-LC-3	UNITED STATES TREASURY		09/16/2024	Various	XXX	5,403,018	5,316,000	19,687	1.A
0109999999 – Bonds: U.S. Governments						9,696,152	9,652,503	54,439	XXX
<b>Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>									
3132DV-LZ-6	FH SD7544 - RMBS		07/24/2024	Unknown	XXX	437,923	500,663	1,001	1.A
3140XC-L2-2	FN FM8444 - RMBS		07/24/2024	CHASE SECURITIES INC	XXX	145,889	162,635	217	1.A
0909999999 – Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						583,812	663,298	1,218	XXX
<b>Bonds: Industrial and Miscellaneous (Unaffiliated)</b>									
06211C-AG-0	BANK5 2023-5YR2 A3 - CMBS		08/22/2024	CITIGROUP GLOBAL MARKETS, INC	XXX	500,937	473,000	1,924	1.A FE
12593G-AF-9	COMM 2015-PC1 A5 - CMBS		07/24/2024	HEADLANDS HOLDINGS LLC	XXX	132,095	134,000	349	1.A
12635Q-BG-4	COMM 2015-CCRE27 A4 - CMBS		08/16/2024	BNP SECURITIES	XXX	220,500	225,000	406	1.A FE
14913U-AQ-3	CATERPILLAR FINANCIAL SERVICES CORP		08/12/2024	FTN FINANCIAL SECURITIES	XXX	448,781	450,000		1.F FE
30303M-8T-2	META PLATFORMS INC		08/07/2024	FTN FINANCIAL SECURITIES	XXX	587,718	588,000		1.D FE
92348K-CL-5	VZMT 2024-1 A1A - ABS		09/26/2024	BNP SECURITIES	XXX	563,476	559,000	543	1.A FE
976656-CS-5	WISCONSIN ELECTRIC POWER CO		09/09/2024	CITIGROUP GLOBAL MARKETS, INC	XXX	506,904	507,000		1.F FE
1109999999 – Bonds: Industrial and Miscellaneous (Unaffiliated)						2,960,410	2,936,000	3,222	XXX
2509999997 – Subtotals - Bonds - Part 3						13,240,374	13,251,801	58,880	XXX
2509999998 – Summary Item from Part 5 for Bonds (N/A to Quarterly)									
2509999999 – Subtotals - Bonds						13,240,374	13,251,801	58,880	XXX
6009999999 – Totals						13,240,374	13,251,801	58,880	XXX

E04







**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book / Adjusted Carrying Value	Change in Book / Adjusted Carrying Value					16 Book / Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase / (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B. / A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
02377B-AB-2	AMERICAN AIRLINES 2015-2 PASS THROUGH TR		09/22/2024	Paydown	XXX	16,090	16,090	16,097	16,093		(3)		(3)	16,090				579	03/22/2029	1.F FE	
06650A-AC-1	BANK 2017-BNK8 ASB - CMBS		09/01/2024	Paydown	XXX	18,301	18,301	17,851	18,060		241		241	18,301				403	11/18/2050	1.A	
12592P-BF-9	COMM 2014-UBS6 A5 - CMBS		09/01/2024	Paydown	XXX	28,634	28,634	31,161	29,214		(580)		(580)	28,634				783	12/12/2047	1.A	
12592R-BF-5	COMM 2014-CCRE21 A3 - CMBS		09/01/2024	Paydown	XXX	183,022	183,022	184,230	183,093		(71)		(71)	183,022				4,665	12/12/2047	1.A	
12598L-AC-0	CNH 2021-C A3 - ABS		09/15/2024	Paydown	XXX	23,925	23,925	23,922	23,924		1		1	23,925				130	12/15/2026	1.A FE	
12624Q-AR-4	COMM 2012-CCRE4 A3 - CMBS		09/10/2024	FISChevyChase	XXX	9,542	10,186	10,396	10,327		(141)		(141)	10,186		(644)	(644)	226	10/17/2045	1.A FM	
17323C-AD-9	CGCMT 2015-GC27 A4 - CMBS		09/13/2024	Paydown	XXX	246,237	246,237	237,224	241,555		4,683		4,683	246,237		-	-	4,974	02/12/2048	1.A	
17323C-AE-7	CGCMT 2015-GC27 A5 - CMBS		09/01/2024	Paydown	XXX	198,033	198,033	190,352	193,734		4,299		4,299	198,033				4,659	02/12/2048	1.A	
24736X-AA-6	DELTA AIR LINES 2015-1 PASS THROUGH TRUS		07/30/2024	Paydown	XXX	5,128	5,128	5,126	5,127		1		1	5,128				186	01/30/2029	1.F FE	
302966-AL-0	FRESB 2018-SB56 A1F - CMBS		09/01/2024	Paydown	XXX	745	745	747	746		(1)		(1)	745				19	10/25/2028	1.A FE	
36250H-AE-3	GSMS 2014-GC26 A5 - CMBS		09/01/2024	Paydown	XXX	91,829	91,829	98,740	88,749		(1,716)		(1,716)	91,829		-	-	2,336	11/13/2047	1.A	
36251F-AW-6	GSMS 2015-GC28 A5 - CMBS		09/01/2024	Paydown	XXX	160,322	160,322	158,318	160,322		2,004		2,004	160,322				1,194	02/12/2048	1.A FE	
36260J-AB-3	GSMS 2019-GC39 A2 - CMBS		08/01/2024	Paydown	XXX	103,398	103,398	106,491	103,572		(173)		(173)	103,398		-	-	2,005	05/10/2052	1.A	
43815B-AC-4	HAROT 2022-1 A3 - ABS		09/15/2024	Paydown	XXX	111,013	111,013	110,996	111,007		5		5	111,013		-	-	1,391	05/15/2026	1.A FE	
46643A-BE-2	JPMBB 2014-C23 A5 - CMBS		09/01/2024	Paydown	XXX	222,640	222,640	236,989	224,852		(2,211)		(2,211)	222,640				5,673	09/17/2047	1.A	
47787J-AC-2	JDOT 2022 A3 - ABS		09/15/2024	Paydown	XXX	54,166	54,166	54,154	54,162		4		4	54,166				835	09/15/2026	1.A FE	
61691G-AQ-3	MSBAM 2016-C32 ASB - CMBS		09/01/2024	Paydown	XXX	6,380	6,380	6,822	6,605		(225)		(225)	6,380				149	12/17/2049	1.A	
61764P-BU-5	MSBAM 2014-C19 A4 - CMBS		09/01/2024	Paydown	XXX	16,930	16,930	16,732	16,930		198		198	16,930				190	12/17/2047	1.A FE	
81744Y-AB-2	SEMT 2013-4 A2 - CMO/RMBS		09/01/2024	Paydown	XXX	1,584	1,584	1,588	1,587		(3)		(3)	1,584		-	-	26	04/27/2043	1.A	
90320W-AG-8	UPMC		09/03/2024	Various	XXX	407,763	402,000	393,884	394,299		428		428	394,726		13,036	13,036	15,958	05/15/2033	1.F FE	
90353K-AW-9	UBSCM 2018-C13 ASB - CMBS		09/01/2024	Paydown	XXX	20,962	20,962	21,591	21,159		(196)		(196)	20,962				575	10/17/2051	1.A	
92939H-AY-1	WFRBS 2014-C23 A5 - CMBS		09/01/2024	Paydown	XXX	188,790	188,790	206,600	192,327		(3,537)		(3,537)	188,790				5,546	10/17/2057	1.A	
92939L-AD-8	WFRBS 2014-C25 A4 - CMBS		08/19/2024	Paydown	XXX	81,972	81,972	82,327	82,008		(36)		(36)	81,972				1,817	11/18/2047	1.A	
1109999999 - Bonds: Industrial and Miscellaneous (Unaffiliated)						2,197,407	2,192,289	2,212,337	2,002,198		2,972		2,972	2,185,015			12,392	12,392	54,320	XXX	XXX
2509999997 - Subtotals - Bonds - Part 4						14,338,577	14,877,904	14,354,933	13,529,432		(168,407)		77,027	14,497,858		(159,281)	(159,281)	178,271	XXX	XXX	
2509999998 - Summary Item from Part 5 for Bonds (N/A to Quarterly)																					
2509999999 - Subtotals - Bonds						14,338,577	14,877,904	14,354,933	13,529,432		(168,407)		77,027	14,497,858		(159,281)	(159,281)	178,271	XXX	XXX	
6009999999 - Totals						14,338,577	14,877,904	14,354,933	13,529,432		(168,407)		77,027	14,497,858		(159,281)	(159,281)	178,271	XXX	XXX	

E05.2

(E-06) Schedule DB - Part A - Section 1

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-07) Schedule DB - Part B - Section 1

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-08) Schedule DB - Part D - Section 1

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

**NONE**

(E-10) Schedule DB - Part E

**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Bank of America – Providence, RI .....	0 .....		6,410,920 .....		36,451,016 .....	106,165,819 .....	76,110,634 .....	XXX .....
Comerica – .....					(3,023) .....	(1,793,835) .....	(2,899) .....	XXX .....
0199998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories .....								XXX .....
0199999 – Total Open Depositories .....			6,410,920 .....		36,447,993 .....	104,371,984 .....	76,107,735 .....	XXX .....
0299998 – Deposits in ... depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories .....								XXX .....
0299999 – Total Suspended Depositories .....								XXX .....
0399999 – Total Cash on Deposit .....			6,410,920 .....		36,447,993 .....	104,371,984 .....	76,107,735 .....	XXX .....
0499999 – Cash in Company's Office .....			XXX .....	XXX .....				XXX .....
0599999 – Total .....			6,410,920 .....		36,447,993 .....	104,371,984 .....	76,107,735 .....	XXX .....

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book / Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds – as Identified by SVO</b>								
38142B-50-0	GOLDMAN:FS TRS I INST		09/25/2024	4.830	XXX	292,015	11,632	
38142B-50-0	GOLDMAN:FS TRS I INST	R	09/25/2024	4.830	XXX	242,955	3,285	
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO						534,970	14,917	
8609999999 – Total Cash Equivalents						534,970	14,917	