	ANNUAL STATEMENT
	OF THE
	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
	PROVIDENCE COUNTY
STATE OF	RHODE ISLAND
	TO THE
	Insurance Department
	OF THE
	STATE OF RHODE ISLAND
	FOR THE YEAR ENDED
	December 31, 2024

HEALTH



## **ANNUAL STATEMENT**

For the Year Ended December 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

			ROSS & BLUE SH						
NAIC Group Code	0000	0000 (Drian Dariad)	NAIC Company Cod	le534	73 E	mployer's ID Number	05-0158952		
	(Current Period)	(Prior Period)		tata of Domisila a	. Dant of Entry	DI			
Drganized under the La		ISLAND	, ა	tate of Domicile o	r Port of Entry	RI			
Country of Domicile	USA		1 0 (0						
icensed as business ty	•	-	] Property/Cas			ospital, Medical & Dental Ser	, .		
		• •	-	ce Corporation		ealth Maintenance Organizati	on [		
	Other	-	-	rally Qualified?	Yes [] No				
ncorporated/Organized		February 27,	1939	Co	mmenced Busir		mber 1, 1939		
Statutory Home Office	500 EXCHANGE	STREET (Street and	d Number)		,PROVI	DENCE, RI, US 02903 (City or Town, State, Countr	( and Zin Code)		
lain Administrative Off	ice 500 EXC	HANGE STREET	a Namber)			(Only of Town, State, Country			
				(Street and	l Number)				
	PROVID	ENCE, RI, US 02903			401	-459-1000			
		(City or Town, State	, Country and Zip Code)		(Area Code)	(Telephone Number)			
Mail Address 5	00 EXCHANGE STREE				,PROVI	DENCE, RI, US 02903			
		(Street and Number or	,			(City or Town, State, Countr			
Primary Location of Boo	oks and Records	500 EXCHANGE STRE	EET eet and Number)	(Cit	PROVIDENCE,	RI, US 02903 Country and Zip Code) (Area C	401-459-1000		
nternet Web Site Addre	ss WWW.BCBS			(OIL	y or rown, state,	Country and Zip Code) (Area C			
Statutory Statement Co					401-459	0.0100			
statutory statement CO		L J. MARRONE	(Name)		(Area Code)		xtension)		
	MICHAE	L.MARRONE@BCBSRI.ORG	( )		(	401-459-218	,		
			lail Address)			(Fax Numb			
			OFFI	CERS					
		Name				Title			
1. MARTHA L. WC	FFORD	Name		PRESID	ENT & CHIEF EX	ECUTIVE OFFICER			
2. MICHELE B. LE						ICER & CHIEF LEGAL OFFICER			
3. MICHAEL J. MA						& CHIEF FINANCIAL OFFICER			
			-	ESIDENTS					
Nam	e	Ţ	litle		Name		Title		
ELAINE ALDERDICE #	·	VP - CORPORATE FINANC		CAROLYN BI			CORP SOCIAL RESPONSIBIL		
ANASTASIA BERGMAN		VP - CHIEF PEOPLE OFFIC		CHRISTOPHE			ORK PHARMACY & D&A		
DAVID COMELLA		VP - CHIEF INFORMATION		MELISSA B. C					
CATHERINE DANGREN	10ND #	VP - POP HEALTH STRAT	EGY	TARA L. DEM			OPERATING OFFICER		
JOHN DONOHUE PETER N. LEFEBER	·	VP - GROUP SALES SVP - VALUE BASED CAR	JEREMY S. D BRIAN MACK			VP - MARKETING VP - ACTUARIAL AND UNDERWRITING			
KRISTEN MCLEAN		SVP - VALUE BASED CAR		MICHAEL ME		VP - ACTUAR VP - MEDICA			
CHRISTINE MUSIAL	·	VP - SHARED SERVICES	L	CHRISTINA F			SVP - GOVERNMENT PROGRAMS		
FARAH SHAFI	·	EVP - CHIEF MEDICAL OF	FICER	STACIA SOU			GIC FINANCIAL MANAGEMEI		
LINDA WINFREY		VP - CHIEF AUDITOR			01 //				
			DIRECTORS (	OR TRUSTEES	6				
ADENRELE ABIADE #		ERNEST ALMONTE		CHRISTOPHE	ER BUFFERY	STEPHEN	I COHAN		
CARA CROMWELL #		CHRISTOPHER CROS	BY	NICHOLAS D	ENICE	JOSEPH	DIAZ M.D.		
LOUIS GIANCOLA		KAREN HAMMOND		MARGARET	HOLLAND MCDU	IFF MICHAEL	ISRAELITE		
GEORGE KUROSE #	ŧ	SHARON MORRIS		WILLIAM MU	RRAY	KEVIN N	IURPHY #		
ROBERT SANDERS		MARTHA TEMPLE		VICKI VIRGIL	.10				
State of RHODE	ISLAND								
ounty of DDOV/ID		22							
County of PROVID		SS							
The officers of this reportin	ig entity being duly swo	orn, each depose and say tha	t they are the described	officers of said repor	ting entity, and th	at on the reporting period stated	above, all of the herein descri		
assets were the absolute p	property of the said rep	orting entity, free and clear f	rom any liens or claims	thereon, except as h	nerein stated, and	I that this statement, together wit	h related exhibits, schedules		
explanations therein contai	ned, annexed or referre	d to, is a full and true stateme	ent of all the assets and li	abilities and of the co	ondition and affair	s of the said reporting entity as of	the reporting period stated ab		
ind of its income and dedu	ctions therefrom for the	period ended, and have bee	n completed in accordance	ce with the NAIC Anr	nual Statement In	structions and Accounting Practic	es and Procedures manual ex		
o the extent that: (1) state	e law may differ; or, (2)	that state rules or regulation	is require differences in i	reporting not related	to accounting pr	actices and procedures, accordin	ng to the best of their informa		
						electronic filing with the NAIC, where			
except for formatting differ	ences due to electronic	filing) of the enclosed statem	ent. The electronic filing	may be requested by	y various regulato	rs in lieu of or in addition to the er	nclosed statement.		

(Signature) MARTHA L. WOFFORD (Printed Name) 1.	(Signature) MICHELE B. LEDERBERG (Printed Name) 2.	(Signature) MICHAEL J. MARRONE (Printed Name) 3.					
PRESIDENT & CHIEF EXECUTIVE OFFICER	EVP. CHIEF ADMIN OFFICER & CHIEF LEGAL OFFICER	EXEC. VICE PRESIDENT & CHIEF F	INANCIAL OFFICER				
(Title) Subscribed and sworn to (or affirmed) before me this on this day of , 2025, by	(Title)	(Title)					
· · · · · · ·		a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	[X]Yes [ ]No				

# ASSETS

	AUDETU		Current Year		Prior Year		
		1	2	3	4		
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets		
	Bonds (Schedule D)	459,971,743		459,971,743	462,559,415		
	Stocks (Schedule D):         2.1       Preferred stocks         2.2       Common stocks	19,046,132 115,092,151		19,046,132 115,092,151	21,128,948 105,454,145		
3.	Mortgage loans on real estate (Schedule B):         3.1       First liens         3.2       Other than first liens						
4.	Real estate (Schedule A):         4.1       Properties occupied by the company (less \$ 33,246,678 encumbrances)         4.2       Encumbrance (less \$ 33,246,678 encumbrances)	48,450,577		48,450,577	45,321,428		
	4.2       Properties held for the production of income (less \$ 0 encumbrances)         4.3       Properties held for sale (less \$ 0 encumbrances)						
6.	Cash (\$ (6,617,842), Schedule E - Part 1), cash equivalents (\$ 6,253,781,         Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)         Contract loans (including \$ 0 premium notes)	(364,062)		(364,062)	24,864,668		
8. 9.	Derivatives (Schedule DB) Other invested assets (Schedule BA) Receivables for securities	32,297,927 826,709	· · · · · · · · · · · · · · · · · · ·	32,297,927 826,709	39,562,025 191		
11.	Securities lending reinvested collateral assets (Schedule DL) Aggregate write-ins for invested assets						
13.	Subtotals, cash and invested assets (Lines 1 to 11) Title plants less \$ 0 charged off (for Title insurers only)	675,321,177		675,321,177	698,890,820		
	Investment income due and accrued Premiums and considerations:	3,280,935		3,280,935	3,190,224		
	<ul> <li>15.1 Uncollected premiums and agents' balances in the course of collection</li> <li>15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)</li> </ul>	24,639,510	8,617,919	16,021,591	27,400,929		
16	<ul> <li>15.3 Accrued retrospective premiums (\$ 472,436) and contracts subject to redetermination (\$ 34,870,000)</li> <li>Reinsurance:</li> </ul>	35,342,436		35,342,436	36,632,012		
10.	<ul><li>16.1 Amounts recoverable from reinsurers</li><li>16.2 Funds held by or deposited with reinsured companies</li></ul>	7,819,372		7,819,372	18,373,777		
18.1	16.3 Other amounts receivable under reinsurance contracts Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon	109,771,819	1,765,090	108,006,729	112,611,425		
19. 20.	Net deferred tax asset Guaranty funds receivable or on deposit Electronic data processing equipment and software	37,686,444	37,679,384	7,060	49,420		
21. 22. 23.	Furniture and equipment, including health care delivery assets (\$0)         Net adjustment in assets and liabilities due to foreign exchange rates         Receivables from parent, subsidiaries and affiliates	418,285	418,285				
24. 25. 26	Health care (\$ 116,309,289) and other amounts receivable       Aggregate write-ins for other-than-invested assets         Total assets excluding Separate Accounts, Segregated Accounts and	116,890,702 82,124,711	581,413 26,611,887	116,309,289 55,512,824	81,745,555 46,900,191		
	Protected Cell Accounts (Lines 12 to 25) From Separate Accounts, Segregated Accounts and Protected Cell Accounts	1,093,295,391	75,673,978	1,017,621,413	1,025,794,353		
28.	Total (Lines 26 and 27)	1,093,295,391	75,673,978	1,017,621,413	1,025,794,353		
	DETAILS OF WRITE-IN LINES						
1101. 1102.							
	Summary of remaining write-ins for Line 11 from overflow page Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	<b></b>					
2501.	OTHER RECEIVABLES PREPAID EXPENSES	34,658,905 23,629,128	496,615 23,629,128	34,162,290	34,078,414		
2503. 2598.	FEP UNPAID CLAIMS Summary of remaining write-ins for Line 25 from overflow page	15,204,000 8,632,678	2,486,144	15,204,000 6,146,534	10,969,000 1,852,777		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	82,124,711	26,611,887	55,512,824	46,900,191		

# LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ 0 reinsurance ceded)	223,707,846		223,707,846	172,331,717
	Accrued medical incentive pool and bonus amounts	21,081,720		21,081,720	53,315,471
	Unpaid claims adjustment expenses	24,802,847		24,802,847	20,437,460
	Aggregate health policy reserves, including the liability of \$ 0 for medical				
	loss ratio rebate per the Public Health Services Act	93,915,468		93,915,468	91,542,426
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.		5,326,000		5,326,000	4,496,000
8.		16,972,930		16,972,930	17,915,388
9.	General expenses due or accrued	63,944,501		63,944,501	49,481,505
	Current federal and foreign income tax payable and interest thereon				
	(including \$ 0 on realized gains (losses))	1,205,538		1,205,538	918,410
10.2	Net deferred tax liability				
	Ceded reinsurance premiums payable	2,085,953		2,085,953	654,765
12	Amounts withheld or retained for the account of others	6,761,151		6,761,151	1,189,803
	Description of the second state of the second	2,849,947		2,849,947	4,910,614
	Borrowed money (including \$ 104,000,000 current) and interest	2,010,011		2,010,011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
14.	thereon \$ 220,360 (including \$ 220,360 current)	104,220,360		104,220,360	70,098,133
15	Amounts due to parent, subsidiaries and affiliates	104,220,000		104,220,000	70,000,100
18.	Davable for socurities landing				
	Funds held under reinsurance treaties (with \$ 0 authorized reinsurers,				
13.	Index neise under reinstratice reases (with \$         5 automized reinstrates,           \$         0 unauthorized reinsurers and \$         0 certified reinsurers)				
20.					
21.	, , , , , , , , , , , , , , , , , , , ,	75 779 703		75 770 702	79 641 022
22.	*	75,778,703		75,778,703	78,641,032
23.		37,796,936		37,796,936	20,313,132
24.		680,449,900	· · · · · · · · · · · · · · · · · · ·	680,449,900	586,245,856
	Aggregate write-ins for special surplus funds	XXX	X X X		
26.	Common capital stock	XXX	XXX		
27.	• • • • • • • • • • • • • • • • • • • •	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	X X X		
29.		XXX	X X X		
30.	Aggregate write-ins for other than special surplus funds	XXX	X X X		
31.	• • • • • • • • • • • • • • • • • • • •	XXX	XXX	337,171,513	439,548,497
32.	Less treasury stock, at cost:				
	32.1 0 shares common (value included in Line 26 \$ 0)	X X X	XXX		
	32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33.		X X X	XXX	337,171,513	439,548,497
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,017,621,413	1,025,794,353

DETAILS OF WRITE-IN LINES				
2301. OTHER ACCOUNTS PAYABLE	36,451,460		36,451,460	19,451,827
2302. ACCRUED CAPITAL EXPENSES	2,660,181		2,660,181	1,436,141
2303. FEP & MISCELLANEOUS CLAIMS PAYABLES	136,468		136,468	232,012
2398. Summary of remaining write-ins for Line 23 from overflow page	(1,451,173)		(1,451,173)	(806,848)
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	37,796,936		37,796,936	20,313,132
2501.	XXX	ХХХ		
2502.		XXX		
2503.		XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page		XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.		XXX		
3003.		XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page		XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

# STATEMENT OF REVENUE AND EXPENSES

		Currei	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months	XXX	4,659,193	4,251,422
2.			2,224,330,972	2,049,694,139
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(11,386,013)	
4.		XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX		
7.		XXX		
	Total revenues (Lines 2 to 7)	ххх	2,212,944,959	2,045,132,082
	tal and Medical:			
9.	Hospital/medical benefits		1,463,798,783	1,289,823,555
10.			19,637,530	20,628,281
	Outside referrals			
12.	Emergency room and out-of-area			201,393,758
13.			077 004 070	238,972,726
14.			89,747,194	80,210,775
15.	Incentive pool, withhold adjustments and bonus amounts		(23,774,987)	8,192,675
16.			2,036,629,631	1,839,221,770
Less:				1,000,221,110
17.	Net reinsurance recoveries		25,838,376	13,294,780
18.	Total hospital and medical (Lines 16 minus 17)		2,010,791,255	1,825,926,990
19.				
20.	Claims adjustment expenses, including \$ 39,457,155 cost containment expenses		77 070 000	63,506,822
21.			224,069,300	172,654,392
22.	Increase in reserves for life and accident and health contracts (including			
	\$ 0 increase in reserves for life only)		13,460,000	9,000,000
23.			2,326,193,237	2,071,088,204
24.		~~~~	(113,248,278)	(25,956,122)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		17,504,529	14,859,094
26.	Net realized capital gains (losses) less capital gains tax of \$ 0		(616,547)	(5,342,130)
27.			16,887,982	9,516,964
28.	Net gain or (loss) from agents' or premium balances charged off [ (amount			
	recovered \$ 0) (amount charged off \$ 0) ]			
29.	Aggregate write-ins for other income or expenses		(18,658,096)	17,040,901
	Net income or (loss) after capital gains tax and before all other federal income taxes			, , , , , , , , , , , , , , , , , , ,
	(Lines 24 plus 27 plus 28 plus 29)	xxx	(115,018,392)	601,743
31.		XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	(115,018,392)	601,743

	DETAILS OF WRITE-IN LINES			
0601.		XXX		
0602.	NANE	× X X		
0603.	NONE	XXX		
0698.	Summary of remaining write-ins for Line 06 from overflow page	X X X		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX		
0701.		XXX		
0702.	NANE	x x x		
0703.	NONE	XXX		
0798.	Summary of remaining write-ins for Line 07 from overflow page	XXX		
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	XXX		
1401.	MENTAL HEALTH		89,747,194	80,210,775
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)		89,747,194	80,210,775
2901.	OTHER INCOME (NET OF PENALTIES)		748,379	931,832
2902.	INCOME HISTORIC TAX CREDITS		180,000	180,000
2903.	INDIGO COMMISSIONS		15,273	12,907
2998.	Summary of remaining write-ins for Line 29 from overflow page		(19,601,748)	15,916,162
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		(18,658,096)	17,040,901

# STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	439,548,497	408,954,583
34.	Net income or (loss) from Line 32	(445 040 000)	601,743
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$ 0		32,977,777
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets		(2,535,923
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.			
	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		(449,683
48.	Net change in capital and surplus (Lines 34 to 47)	(100.070.004)	30,593,914
49.	Capital and surplus end of reporting year (Line 33 plus 48)	337,171,513	439,548,497

	DETAILS OF WRITE-IN LINES		
4701.	OTHER POSTEMPLOYMENT BENEFITS	403,041	(383,582)
4702.	NON-QUALIFIED PENSION PLAN	241,283	(66,101)
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	644,324	(449,683)

# **CASH FLOW**

<ol> <li>Ne</li> <li>Mis</li> <li>Toi</li> <li>Be</li> <li>Ne</li> <li>Co</li> <li>Bit</li> <li>Pro</li> <li>10. Toi</li> <li>11. Ne</li> <li>12. Pro</li> <li>12. 12.</li> <li>12. 12.</li> <li>12. 12.</li> <li>12. 12.</li> <li>12. 12.</li> <li>13. Co</li> <li>13. 13.</li> <li>13. 13.</li> <li>13. 13.</li> <li>13. 13.</li> <li>14. Ne</li> <li>15. Ne</li> <li>16. Ca</li> <li>16. 16.</li> <li>16. 16.</li> <li>16. 16.</li> <li>17. Ne plu</li> <li>18. Ne</li> </ol>	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance	2,224,968,793	2,043,301,36
	Net investment income	17,344,333	15,196,5
3.	Miscellaneous income	(3,605,632)	18,400,2
4.	Total (Lines 1 through 3)	2,238,707,494	2,076,898,1
		2,023,395,226	1,815,371,5
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
	Commissions, expenses paid and aggregate write-ins for deductions	252,693,173	219,666,9
	Dividends paid to policyholders		
	Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	(286,084)	0.005.000
	Total (Lines 5 through 9)	2,275,802,315	2,035,038,4
11.	Net cash from operations (Line 4 minus Line 10)	(37,094,821)	41,859,7
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	208,065,649	69,812,3
	12.2 Stocks	58,299,944	29,283,4
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds	000.005.500	
40	· · · · · · · · · · · · · · · · · · ·	266,365,593	99,095,8
13.	Cost of investments acquired (long-term only):	044 070 054	77 400
		214,373,854 51,170,725	77,423,4
			31,360,7
		F 10F 001	5,182,5
		E04.074	444,4
	12.6. Miccollanoous applications	906 517	2,327,7
		070 070 574	116,737,7
14	Not the second data and the second seco	212,310,311	
	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(6,012,978)	(17,641,8
10.		(0,012,010)	(17,041,0
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	· · · · · · · · · · · · · · · · · · ·	24 400 007	
		34,122,227	22,057,5
	40 F D' de sete de stadie de se		
		(16,243,158)	(17,091,6
17	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5	(10,245,150)	(17,031,0
	plus Line 16.6)	17,879,069	4,965,9
	. ,	,,	,,
40	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(05 000 700)	00.400
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(25,228,730)	29,183,7
19.	Cash, cash equivalents and short-term investments:	04 964 669	(1 210 1
	• • • • • • • • • • • • • • • • • • • •	24,864,668	(4,319,1
	19.2 End of year (Line 18 plus Line 19.1)	(364,062)	24,864,6
- Cun	plemental disclosures of cash flow information for non-cash transactions:		
	premental discionates of cash now information for non-cash (IditSdCliOits.		
001			
002			

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Compre	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital a	& Medical)				Federal							
		2	3				Employees	Title	Title					
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	XVIII Medicare	XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Healt
	Total	marriadai	Group	ouppionient	Only	Only	Denent i ian		Wiedicald	Orean Adri	income	Odic	ricaliti	Non-near
1. Net premium income	2,224,330,97	149,128,227	751,767,111	59,564,143	854,721	28,771,682	175,832,956	1,027,444,18					30,967,952	
2. Change in unearned premium reserves and reserve for rate credit	(11,386,013)						(11,386,013)							
3. Fee-for-service (net of \$ 0 medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	2,212,944,95	149,128,227	751,767,111	59,564,143	854,721	28,771,682	164,446,943	1,027,444,18					30,967,952	
8. Hospital/medical benefits	1,463,798,78	67,222,755	356,335,896	47,664,620			110,083,789	857,690,263					24,801,460	XXX
9. Other professional services	19,637,530				585,252	19,052,278								XXX
10. Outside referrals	1													XXX
11. Emergency room and out-of-area	210,199,432	28,951,802	147,261,197					33,986,433						XXX
12. Prescription drugs	277,021,679	33,536,032	128,879,155	944,883			31,145,090	68,666,629					13,849,890	XXX
13. Aggregate write-ins for other hospital and medical	89,747,194	12,003,644	44,374,046				10,939,096	22,430,408						XXX
14. Incentive pool, withhold adjustments and bonus amounts	(23,774,987)	(60,039)	(11,717,605)					(11,997,343)						ХХХ
15. Subtotal (Lines 8 to 14)	2,036,629,63	141,654,194	665,132,689	48,609,503	585,252	19,052,278	152,167,975	970,776,390					38,651,350	XXX
16. Net reinsurance recoveries	25,838,376	9,675,199	2,839,486										13,323,691	XXX
17. Total hospital and medical (Lines 15 minus 16)	2,010,791,25	131,978,995	662,293,203	48,609,503	585,252	19,052,278	152,167,975	970,776,390					25,327,659	XXX
18. Non-health claims (net)	1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 39,457,155 cost containment expenses	77,872,682	5,474,513	28,728,217	2,722,414	91,662	1,275,591	4,210,482	34,644,372					725,431	
20 General administrative expenses	224,069,300	14,990,956	92,957,224	7,454,835	250,999	3,492,972	8,068,555	94,867,299				1	1,986,460	
21. Increase in reserves for accident and health contracts	13,460,000	(4,210,000)	540,000	(150,000)				17,280,000				1		XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,326,193,23	148,234,464	784,518,644	58,636,752	927,913	23,820,841	164,447,012	1,117,568,06					28,039,550	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(113,248,278)	893,763	(32,751,533)	927,391	(73,192)	4,950,841	(69)	(90,123,881)					2,928,402	
DETAILS OF WRITE-IN LINES														
050														<u> </u>

DETAILS OF WRITE-IN LINES														
050														XXX
050														XXX
050														XXX
059 Summary of remaining write-ins for Line 05 from overflow page														XXX
059 Summary of remaining write-ins for Line 05 from overflow page 059 Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)														XXX
060		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
060		XXX	XXX	XXX	XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
060		XXX	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
069 Summary of remaining write-ins for Line 06 from overflow page		XXX	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
069 Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
130 MENTAL HEALTH	89,747,194	12,003,644	44,374,046				10,939,096	22,430,408						XXX
130														XXX
130														XXX
<ul><li>139 Summary of remaining write-ins for Line 13 from overflow page</li><li>139 Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)</li></ul>														XXX
139 Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	89,747,194	12,003,644	44,374,046				10,939,096	22,430,408						XXX

## PART 1 – PREMIUMS

	1	2	3	4
Line				
of				Net Premium Income
Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	(Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	149,478,066		349,839	149,128,227
2. Comprehensive (hospital and medical) group	753,865,816		1,976,067	751,889,749
3. Medicare Supplement	59,564,143			59,564,143
4. Vision only	854,721			854,721
5. Dental only	28,771,682			28,771,682
6. Federal Employees Health Benefits Plan	164,446,943			164,446,943
7. Title XVIII – Medicare	1,027,444,180			1,027,444,180
8. Title XIX – Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health	38,385,819		7,540,503	30,845,316
13. Health subtotal (Lines 1 through 12)	2,222,811,370		9,866,409	2,212,944,961
14. Life				
15. Property/casualty				
16. Totals (Lines 13 to 15)	2,222,811,370		9,866,409	2,212,944,961

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Compreh		4	5	6	7	8	9	10	11	12	13	14
		(Hospital &					Federal							
		2	3	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
1. Payments during the year:														
1.1 Direct	2,039,656,651	138,735,923	685,541,600	50,203,159	269,180	18,942,536	146,904,149	960,472,754					38,587,350	
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	36,392,781	19,204,284	3,742,674										13,445,823	
1.4 Net	2,003,263,870	119,531,639	681,798,926	50,203,159	269,180	18,942,536	146,904,149	960,472,754					25,141,527	
2. Paid medical incentive pools and bonuses	8,458,764	1,705,269	13,582,160					(6,828,665)						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	223,707,845	15,217,728	64,712,749	5,940,123	316,072	1,325,235	16,485,002	114,485,936					5,225,000	
3.2 Reinsurance assumed								''					''	
3.3 Reinsurance ceded														
3.4 Net	223,707,845	15,217,728	64,712,749	5,940,123	316,072	1,325,235	16,485,002	114,485,936					5,225,000	
4. Claim reserve December 31, current year from Part 2D:	<del></del>												<del></del>	
4.1 Direct	5,326,000	5,326,000			-									
4.2 Reinsurance assumed	0,020,000	0,020,000												
4.3 Reinsurance ceded														
4.4 Net	5,326,000	5.326.000												
5. Accrued medical incentive pools and bonuses, current year	21,081,720	930.369	13.349.559					6.801.792						
<ol> <li>Net healthcare receivables (a)</li> </ol>	31,458,161	1.626.818	18,602,394			10.493	35,487	11,182,969						
<ol> <li>Amounts recoverable from reinsurers December 31, current</li> </ol>	7,819,372	7,272,705	38,503			10,733		11,102,303					508,164	
8. Claim liability December 31, prior year from Part 2A:	7,013,372	1,212,105											500,104	
8.1 Direct	172,331,717	11,442,600	54,801,661	7,533,779		1,205,000	11,185,689	81,001,988					5,161,000	
8.2 Reinsurance assumed	172,331,717	11,442,000		1,000,110		1,203,000	11,103,003	01,001,900					3,101,000	
8.3 Reinsurance ceded														
8.4 Net	172,331,717	11,442,600	54.801.661	7.533.779		1.205.000	11.185.689	81.001.988					5.161.000	
9. Claim reserve December 31, prior year from Part 2D:	172,331,717	11,442,000	54,001,001	1,555,119		1,203,000	11,100,009	01,001,900					5,101,000	
9.1 Direct	4,496,000	4,496,000												
9.1 Direct 9.2 Reinsurance assumed	4,490,000	4,490,000												
9.2 Reinsurance assumed 9.3 Reinsurance ceded														
9.4 Net	4,496,000	4,496,000												
10. Accrued medical incentive pools and bonuses, prior year	53,315,471	2,695,677	38,649,324					11,970,470						
11. Amounts recoverable from reinsurers December 31, prior ye	18,373,777	16,801,790	941,691										630,296	
12. Incurred benefits:	0.000.404.040	444 744 000	070 050 00 1	40,000,500	505 050	40.050.070	450 407 075	000 770 700					00.054.050	
12.1 Direct	2,060,404,618	141,714,233	676,850,294	48,609,503	585,252	19,052,278	152,167,975	982,773,733					38,651,350	
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	25,838,376	9,675,199	2,839,486	10.000 -00		10 0-0 0-0	1-0 10- 0-	000					13,323,691	
12.4 Net	2,034,566,242	132,039,034	674,010,808	48,609,503	585,252	19,052,278	152,167,975	982,773,733					25,327,659	
13. Incurred medical incentive pools and bonuses	(23,774,987)	(60,039)	(11,717,605)					(11,997,343)						

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

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### PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprel	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital 8	& Medical)				Federal							
		2	3				Employees	Title	Title					
				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	126,536,064	7,749,219	26,432,093	144,371	316,072	430,277	4,728,258	81,510,774					5,225,000	
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	126,536,064	7,749,219	26,432,093	144,371	316,072	430,277	4,728,258	81,510,774					5,225,000	
2. Incurred but Unreported:														
2.1 Direct	97,171,781	7,468,509	38,280,656	5,795,752		894,958	11,756,744	32,975,162						
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
<b>3</b> 2.4 Net				5,795,752		894,958	11,756,744	32,975,162						
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	223,707,845	15,217,728	64,712,749	5,940,123	316,072	1,325,235	16,485,002	114,485,936					5,225,000	
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	223,707,845	15,217,728	64,712,749	5,940,123	316,072	1,325,235	16,485,002	114,485,936					5,225,000	

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

			Claim Reserve a		5	6
	Claims		Liability Decen			
	Paid During th	e Year	of Current \	/ear	Claims	Estimated Claim
	1	2	3	4	Incurred	Reserve and
	On Claims Incurred	On Claims Incurred	On Claims Unpaid	On Claims Incurred	in	Claim Liability
	Prior to January 1	During the	December 31	During the	Prior Years	December 31
Line of Business	of Current Year	Year	of Prior Year	Year	(Columns 1 + 3)	of Prior Year
1. Comprehensive (hospital and medical) individual	8,156,841	128,233,623	4,303	20,539,425	8,161,144	15,938,600
2. Comprehensive (hospital and medical) group	45,051,130	674,018,343	1,147,775	63,564,974	46,198,905	54,801,661
3. Medicare Supplement	4,995,909	45,207,250	7,592	5,932,531	5,003,501	7,533,779
4. Vision only	10 7/0	249,431		316,072	19,749	
5. Dental only		17,972,500	4,449	1,320,786	974,485	1,205,000
6. Federal Employees Health Benefits Plan	11,029,112	135,875,036	177,847	16,307,155	11,206,959	11,185,689
7. Title XVIII – Medicare	49,314,383	952,248,724	21,929,369	92,556,567	71,243,752	81,001,988
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health	1,959,149	23,304,510	1,306,250	3,918,750	3,265,399	5,161,000
13. Health subtotal (Lines 1 to 12)	121,496,309	1,977,109,417	24,577,585	204,456,260	146,073,894	176,827,717
14. Health care receivables (a)	35,901,368	75,589,842		4,796,854	35,901,368	42,452
15. Other non-health						
16. Medical incentive pools and bonus amounts	6,654,227	1,804,537	6,660,257	14,421,463	13,314,484	53,315,471
17. Totals (Lines 13 - 14 + 15 + 16)	92,249,168	1,903,324,112	31,237,842	214,080,869	123,487,010	230,100,736

(a) Excludes \$ (602,638) loans or advances to providers not yet expensed.

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

### (\$000 Omitted)

## Hospital & Medical

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020	2021	2022	2023	2024
1. Prior	662,738	705,400	705,400	705,290	705,290
2. 2020	606.294	648,689	648,689	648,891	648,891
3. 2021	XXX	659,193	704,448	704,526	704,526
4. 2022	XXX	XXX	637,782	682,402	682,402
5. 2023	XXX	XXX	XXX	758,283	758,283
6. 2024	XXX	XXX	XXX	XXX	766,537

#### Section B – Incurred Health Claims

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year											
Year in Which Losses	1 2 3 4 5											
Were Incurred	2020	2021	2022	2023	2024							
1. Prior	749,695	708,877	705,400	705,318	704,991							
<b>S</b> 2. 2020	691,736	654,981	648,689	648,891	648,837							
3. 2021	XXX	722,943	706,225	704,526	704,513							
4. 2022	XXX	XXX	732,412	713,349	683,017							
5. 2023	XXX	XXX	XXX	837,227	813,177							
6. 2024	XXX	XXX	XXX	XXX	856,748							

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	807,111	606,294			606,294	75.119			606,294	75.119
2. 2021	837,050	659,193			659,193	78.752			659,193	78.752
3. 2022	834,265	637,782			637,782	76.448			637,782	76.448
4. 2023	881,643	758,283	14,911	1.966	773,194	87.699	7,187	742	781,123	88.599
5. 2024	900,895	766,537	14,911	1.945	781,448	86.741	90,211	9,320	880,979	97.789

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

## (\$000 Omitted)

## Medicare Supplement

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020	2021	2022	2023	2024
1. Prior	51,452	51,091	51,149	51,123	51,108
2. 2020	41,172	44,594	44,582	44,551	44,498
3. 2021	XXX	43,711	48,770	48,914	48,936
4. 2022	XXX	XXX	42,441	48,179	48,177
5. 2023	XXX	XXX	XXX	44,955	49,963
6. 2024	XXX	XXX	XXX	ХХХ	45,207

#### Section B – Incurred Health Claims

			Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year										
	Year in Which Losses	1	2	3	4	5							
	Were Incurred	2020	2021	2022	2023	2024							
12.1	1. Prior	708,877	705,400	705,318	51,123	51,108							
S	2. 2020	691,736	654,981	648,689	44,551	44,498							
	3. 2021	XXX	722,943	706,225	48,914	48,936							
	4. 2022	XXX	XXX	732,412	48,304	48,177							
	5. 2023	XXX	XXX	XXX	52,365	49,971							
	6. 2024	XXX	XXX	XXX	XXX	51,140							

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	807.111	606.294			606.294	75,119			606.294	75.119
2. 2021	837,050	659,193			659,193	78.752			659,193	78.752
3. 2022	834,265	637,782			637,782	76.448			637,782	76.448
4. 2023	57,618	44,955	913	2.031	45,868	79.607	8	1	45,877	79.623
5. 2024	59,564	45,207	913	2.020	46,120	77.429	5,933	615	52,668	88.423

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

## (\$000 Omitted)

## Dental Only

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020 2021		2022	2023	2024
1. Prior	22,073	22,083	22,084	22,085	22,084
2. 2020	16,914	17,794	17,807	17,811	17,813
3. 2021	XXX	20.031	20,915	20,926	20,927
4. 2022	XXX	XXX	19,247	19,247	19,255
5. 2023	XXX	XXX	XXX	19,015	19,975
6. 2024	XXX	XXX	XXX	XXX	17,973

#### Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year										
	Year in Which Losses	1	2	3	4	5						
	Were Incurred 2020		2021	2022	2023	2024						
12.0	1. Prior	22,077	22,083	22,084	22,085	22,084						
ŏ	2. 2020	18,095	17,802	17,807	17,811	17,813						
	3. 2021	ХХХ	21,151	20.926	20,926	20,927						
	4. 2022	ХХХ	XXX	20,261	20,138	19,255						
	5. 2023	ХХХ	XXX	XXX	20,220	19,980						
	6. 2024	XXX	XXX	XXX	XXX	19,293						

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	28,158	16,914			16,914	60.068			16,914	60.068
2. 2021	28,818	20,031			20,031	69.509			20,031	69.509
3. 2022	29,030	19.247			19,247	66.300			19,247	66.300
4. 2023	28,988	19,015	345	1.814	19,360	66.786	4	1	19,365	66.804
5. 2024	28,772	17,973	345	1.920	18,318	63.666	1,321	232	19,871	69.064

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

## (\$000 Omitted)

## Vision Only

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Year in Which Losses Were Incurred	2020	2021	2022	2023	2024
1. Prior	342	342	342	342	342
2. 2020	440	449	449	449	449
3. 2021	XXX	424	440	440	440
4. 2022	XXX	XXX	498	519	519
5. 2023	XXX	XXX	XXX	538	558
6. 2024	XXX	XXX	XXX	XXX	249

#### Section B – Incurred Health Claims

			al Incentive Pool and Bonuses			
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2020	2021	2022	2023	2024
12.	1. Prior	342	342	342	342	342
õ	2. 2020	440	449	449	449	449
	3. 2021	XXX	424	440	440	440
	4. 2022	XXX	XXX	498	519	519
	5. 2023	XXX	XXX	XXX	538	558
	6. 2024	XXX	XXX	XXX	XXX	249

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	953	440			440	46.170			440	46.170
2. 2021	954	424			424	44.444			424	44.444
3. 2022	844	498			498	59.005			498	59.005
4. 2023	862	538			538	62.413			538	62.413
5. 2024	855	249			249	29.123	316		565	66.082

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

### (\$000 Omitted)

## Fed Emp Health Benefits Plan

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020	2021	2022	2023	2024
1. Prior	102,865	93,054	93,018	93,025	92,992
2. 2020	95,133	105,493	105,543	105,537	105,522
3. 2021	XXX	105,693	115,646	115,870	115,852
4. 2022	XXX	XXX	108,830	119,171	119,451
5. 2023	XXX	XXX	XXX	125,840	136,496
6. 2024	XXX	XXX	XXX	XXX	135,875

#### Section B – Incurred Health Claims

			t Paid and Claim Liability, Claim Reserve and Medic Outstanding at End of Year	al Incentive Pool and Bonuses		
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2020	2021	2022	2023	2024
12.F	1. Prior	109,325	109,228	93,018	93,025	92,992
тi	2. 2020	103,078	106,063	105,543	105,537	105,522
	3. 2021	XXX	115,907	115,800	115,870	115,852
	4. 2022	XXX	XXX	118,461	119,418	119,451
	5. 2023	ХХХ	XXX	XXX	136,779	136,674
	6. 2024	XXX	XXX	XXX	XXX	152,182

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	116,045	95,133			95,133	81.979			95,133	81.979
2. 2021	129,716	105,693			105,693	81.480			105,693	81.480
3. 2022	129.006	108,830			108,830	84.360			108,830	84.360
4. 2023	150,107	125,840	2,672	2.123	128,512	85.614	178	19	128,709	85.745
5. 2024	164,447	135,875	2,672	1.967	138,547	84.250	16,307	1,784	156,638	95.251

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

## (\$000 Omitted)

## Title XVIII - Medicare

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020	2021	2022	2023	2024
1. Prior	507,508	507,513	507,616	507,676	507,718
2. 2020	498,362	536,807	536,617	536,666	536,635
3. 2021	XXX	587,167	622,520	622,312	622,437
4. 2022	XXX	XXX	665,766	700,130	700,457
5. 2023	XXX	XXX	XXX	781,810	819,042
6. 2024	XXX	XXX	XXX	XXX	909,856

#### Section B – Incurred Health Claims

			Paid and Claim Liability, Claim Reserve and Medic Outstanding at End of Year	iability, Claim Reserve and Medical Incentive Pool and Bonuses nding at End of Year			
	Year in Which Losses	1	2	3	4	5	
	Were Incurred	Were Incurred 2020		2022	2023	2024	
12.	1. Prior	510,982	507,513	507,616	507,676	507,718	
2	2. 2020	568,671	546,449	536,617	536,666	536,635	
	3. 2021	XXX	675,496	623,667	622,312	622,437	
	4. 2022	ХХХ	XXX	730,100	705,614	700,457	
	5. 2023	ХХХ	XXX	XXX	871,493	841,597	
	6. 2024	XXX	XXX	XXX	XXX	1,010,728	

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	669,128	498,362			498,362	74.479			498,362	74.479
2. 2021	714,122	587,167			587,167	82.222			587,167	82.222
3. 2022	808,184	665,766			665,766	82.378			665,766	82.378
4. 2023	900,597	781,810	17,448	2.232	799,258	88.748	22,555	2,152	823,965	91.491
5. 2024	1,027,444	909,856	17,448	1.918	927,304	90.253	100,872	9,623	1,037,799	101.008

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

### (\$000 Omitted)

## Title XIX - Medicaid

#### Section A – Paid Health Claims

		Cumulative Net Amounts Paid						
Year in Which Losses	1	2	3	4	5			
Were Incurred	2020	2021	2022	2023	2024			
1. Prior								
2. 2020								
3. 2021	XXX							
4. 2022	XXX							
5. 2023	XXX	XXX	XXX					
6. 2024	XXX	XXX	XXX	XXX				

#### Section B – Incurred Health Claims

Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year													
	Year in Which Losses	1	2	3	4	5							
	Were Incurred	2020	2021	2022	2023	2024							
12	1. Prior												
<b>č</b>	2. 2020												
	3. 2021	XXX											
	4. 2022	XXX											
	5. 2023	XXX	xxx	<b>—</b>									
	6. 2024	XXX	XXX	XXX	XXX								

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020										
2. 2021										
3. 2022										
4. 2023										
5. 2024										

## PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

## (\$000 Omitted)

## Other

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020	2021	2022	2023	2024
1. Prior	16,317	16,317	16,317	16,317	16,317
2. 2020	13,948	97,935	97,935	97,935	97,935
3. 2021	XXX	17,621	206,663	206,663	206,663
4. 2022	XXX	XXX	15,878	20,162	20,162
5. 2023	XXX	XXX	XXX	14,859	15,130
6. 2024	XXX	XXX	XXX	XXX	23,305

#### Section B – Incurred Health Claims

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year											
	Year in Which Losses	1	2	3	4	5							
	Were Incurred	2020	2021	2022	2023	2024							
12.0	1. Prior	16,317	16,317	16,317	16,317	16,317							
Υļ	2. 2020	19,767	97,935	97,935	97,935	97,935							
	3. 2021	ХХХ	22,725	206,663	206,663	206,663							
	4. 2022	XXX	XXX	22,318	21,039	20,162							
	5. 2023	ХХХ	XXX	XXX	19,143	16,436							
	6. 2024	XXX	XXX	XXX	XXX	27,223							

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	25.168	13.948			13.948	55.420			13.948	55.420
2. 2021	24,510	17,621			17,621	71.893			17,621	71.893
3. 2022	23,878	15,878			15,878	66.496			15,878	66.496
4. 2023	25,317	14,859	460	3.096	15,319	60.509	1,306	78	16,703	65.975
5. 2024	30,968	23,305	460	1.974	23,765	76.741	3,919	233	27,917	90.148

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted) Grand Total

#### Section A – Paid Health Claims

			Cumulative Net Amounts Paid		
Year in Which Losses	1	2	3	4	5
Were Incurred	2020	2021	2022	2023	2024
1. Prior	1,363,295	1,395,800	1,395,926	1,395,858	1,395,851
2. 2020	1,272,263	1,451,761	1,451,622	1,451,840	1,451,743
3. 2021	XXX	1,433,840	1,719,402	1,719,651	1,719,781
4. 2022	XXX	XXX	1,490,442	1,589,810	1,590,423
5. 2023	XXX	XXX	XXX	1,745,300	1,799,447
6. 2024	XXX	ХХХ	ХХХ	ХХХ	1.899.002

#### Section B – Incurred Health Claims

[			Sum of Cumulative Net Amoun	t Paid and Claim Liability, Claim Reserve and Medic	al Incentive Pool and Bonuses								
			Outstanding at End of Year										
	Year in Which Losses	1	2	3	4	5							
12.0	Were Incurred 2020		2021	2022	2023	2024							
9	1. Prior	2,117,615	2,069,760	2,050,095	1,395,886	1,395,552							
	2. 2020	2,093,523	2,078,660	2,055,729	1,451,840	1,451,689							
	3. 2021	XXX	2,281,589	2,379,946	1,719,651	1,719,768							
	4. 2022	XXX	XXX	2,356,462	1,628,381	1,591,038							
	5. 2023	XXX	XXX	XXX	1,937,765	1,878,393							
	6. 2024	XXX	XXX	XXX	XXX	2,117,563							

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3 / 2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5 / 1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9 / 1) Percent
1. 2020	2,453,674	1,837,385			1,837,385	74.883			1,837,385	74.883
2. 2021	2,572,220	2,049,322			2,049,322	79.671			2,049,322	79.671
3. 2022	2,659,472	2,085,783			2,085,783	78.428			2,085,783	78.428
4. 2023	2,045,132	1,745,300	36,749	2.106	1,782,049	87.136	31,238	2,993	1,816,280	88.810
5. 2024	2,212,945	1,899,002	36,749	1.935	1,935,751	87.474	218,879	21,807	2,176,437	98.350

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

	1	Compre	hensive	4	5	6	7	8	9	10	11	12	13
		(Hospital &			-		Federal						
		2	3				Employees	Title	Title				
				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A & H	Income	Care	Other
1. Unearned premium reserves	585,857						585,857						
2. Additional policy reserves (a)	52,860,000	5,590,000	19,140,000	650,000				27,480,000					
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including													
\$0 for investment income)													
5. Aggregate write-ins for other policy reserves	40,469,611							40,469,611					
6. Totals (gross)	93,915,468	5,590,000	19,140,000	650,000			585,857	67,949,611					
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)	93,915,468	5,590,000	19,140,000	650,000			585,857	67,949,611					
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits	627,000	102,450	524,550										
11. Aggregate write-ins for other claim reserves	4,699,000	4,699,000											
12. Totals (gross)	5,326,000	4,801,450	524,550										
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)	5,326,000	4,801,450	524,550										
										i			
DETAILS OF WRITE-IN LINES													
0501. RETROSPECTIVE RISK ADJUSTER	40,469,611							40,469,611					
0502.													
0503.													
0598. Summary of remaining write-ins for Line 05 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)	40,469,611							40,469,611					

0599	. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)	40,469,611				40,469,611		
1101	. MATERNITY	4,699,000	4,699,000			 	 	
1102								
1103								
1198	. Summary of remaining write-ins for Line 11 from overflow page							
	. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	4,699,000	4,699,000					

(a) Includes \$ 0 premium deficiency reserve.

PART 3 – ANALYSIS OF EXPENSES

		Claim Adjustm	ent Expenses	3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$ 6,313,968 for occupancy of own building)		43,483	5,545,910		5,589,393
2.	Salaries, wages and other benefits	33,295,185	16,314,575	68,115,144		117,724,904
	Commissions (less \$ 0 ceded plus					
•	\$ 0 assumed)			19,241,307		19,241,307
4.	Legal fees and expenses		15,195	4,530,715		4,545,910
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services	2,029,122	1,012,874	22,948,203		25,990,199
7.	Traveling expenses	84,764	85,240	984,793		1,154,797
8.	Marketing and advertising	4.004	3,999	3,735,780		3,744,100
9.	Postage, express and telephone	131,620	1,131,019	2,527,629		3,790,268
10.	Drinting and office complian	4,775	1,139,416	2,174,033		3,318,224
11.		19,605	103,064	1,720,195		1,842,864
12.	Equipment	10,000	100,004	1,720,100		1,072,001
13.	Cost or depreciation of EDP equipment and software	8,673,414	4,281,565	44,193,482		57,148,461
14.	Outpoursed convises including EDD plaims and other convises	5,432,107	16,060,936	65,194,409		86,687,452
15.	Boards, bureaus and association fees	3,432,107	20,456	1.828.601		1,852,676
16.			1,587	3,689,548		3,691,135
17.			1,507	5,005,540		3,031,130
17.				2 967 667		2 967 667
	Group service and administration fees	(11.024.541)	(10 654 602)	2,867,667		2,867,667
19.	Reimbursements by uninsured plans	(11,024,541)	(10,654,602)	(59,362,247)		(81,041,390
20.	Reimbursements from fiscal intermediaries				0.050.005	
21.	Real estate expenses				2,050,295	2,050,29
22.	Real estate taxes				1,759,481	1,759,481
23.				0 000 000		0.000.000
	23.1 State and local insurance taxes			2,686,068		2,686,068
	23.2 State premium taxes			20,431,826		20,431,820
	23.3 Regulatory authority licenses and fees	13,215	8,092	5,482,963		5,504,270
	23.4 Payroll taxes	2,047,553	963,388	3,761,046		6,771,987
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	(1,257,604)	7,885,240	1,772,228	1,428,044	9,827,908
26.	Total expenses incurred (Lines 1 to 25)	39,457,155	38,415,527	224,069,300	5,237,820	(a) 307,179,802
27.	Less expenses unpaid December 31, current year	12,613,045	12,189,801	63,944,502		88,747,348
28.	Add expenses unpaid December 31, prior year	9,671,551	10,765,909	49,481,506		69,918,966
29.	Amounts receivable relating to uninsured					
	plans, prior year					
30.	Amounts receivable relating to uninsured					
	plans, current year					
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	36,515,661	36,991,635	209,606,304	5,237,820	288,351,420

DETAILS OF WRITE-IN LINES					
2501. HOME PLAN SERVICE CHARGE		8,804,210			8,804,210
2502. ADMINISTRATIVE ALLOWANCES	2,049,269	1,980,502			4,029,771
2503. MISCELLANEOUS	8,737	22,479	1,772,228		1,803,444
2598. Summary of remaining write-ins for Line 25 from overflow page	(3,315,610)	(2,921,951)		1,428,044	(4,809,517)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(1,257,604)	7,885,240	1,772,228	1,428,044	9,827,908

# **EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year		2 Earned During Year	
1.	U.S. Government bonds	(a) 2	854,438	3,145,186	
1.1	Bonds exempt from U.S. tax	(a)			
1.2	Other bonds (unaffiliated)		639,521	14,454,248	
1.3	Bonds of affiliates	(a)			
2.1	Preferred stocks (unaffiliated)		262,359	1,262,359	
2.11	Preferred stocks of affiliates	(b)			
2.2	Common stocks (unaffiliated)	2,	124,609	2,124,888	
2.21	Common stocks of affiliates				
3.	Mortgage loans	(C)			
4.	Real estate	(d) 3	783,986	3,783,986	
5.	Contract loans				
6.	Cash, cash equivalents and short-term investments	(e) 1,	210,500	1,210,500	
7.	Derivative instruments	(f)			
8.	Other invested assets		48,099	48,099	
9.	Aggregate write-ins for investment income			(782,724)	
10.	Total gross investment income	25	923,512	25,246,542	
11.	Investment expenses			(g) 5,237,821	
12.	Investment taxes, licenses and fees, excluding federal income taxes			.(g)	
13.	Interest expense			(h)	
14.	Depreciation on real estate and other invested assets			(i) 2,504,192	
15.	15. Aggregate write-ins for deductions from investment income				
16.	16. Total deductions (Lines 11 through 15)				
17.	Net investment income (Line 10 minus Line 16)			17,504,529	

	DETAILS OF WRITE-IN LINES	
0901.	INVESTMENT EXPENSES INTERNAL COSTS INVESTING AND INCOME	(385,815)
0902.	PROMPT PAY INTEREST	(396,909)
0903.		
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	(782,724)
1501.	· · · · ·	 
1502.		
1503.	NUNE	
1598.	Summary of remaining write-ins for Line 15 from overflow page	
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	

(a)	Includes \$	805,514 accrual of discount less \$	736,030 amortization of premium and less \$	960,581 paid for accrued interest on purchases.
(b)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued dividends on purchases.
(c)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(d)	Includes \$	0 for company's occupancy of its ow	wn buildings; and excludes \$ 0 inte	erest on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fees, e	excluding federal income taxes,
	attributable to se	gregated and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other invested a	issets.

# **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(384,568)		(384,568)		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(9,235,434)		(9,235,434)	654,640	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)	(385,662)		(385,662)	562,978	
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	9,389,117		9,389,117	5,117,975	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets				(7,785,772)	
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(616,547)		(616,547)	(1,450,179)	
	DETAILS OF WRITE-IN LINES					
0901. 0902.		NO				
0903.						
0998.	Summary of remaining write-ins for Line 09 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)					

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# **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)
	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term			
	investments (Schedule DA)			
6	Contract loans			
7.				
8.				
9.	Other invested assets (Schedule BA) Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.				
12.	······································			
13.	· · · · · · · · · · · · · · · · · · ·			
	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	8,617,919	5,977,817	(2,640,102
	15.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
10	15.3 Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	• • • • • • • • • • • • • • • • • • • •	1,765,090	2,901,687	1,136,59
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software	37,679,384	37,429,574	(249,810
21.	Furniture and equipment, including health care delivery assets	418,285	460,747	42,462
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable	581,413	3,101,350	2,519,93
25.	Aggregate write-ins for other-than-invested assets	26,611,887	39,250,064	12,638,17
26.	Total assets excluding Separate Accounts, Segregated Accounts and	20,011,001		,000,111
20.	Protected Cell Accounts (Lines 12 to 25)	75,673,978	89,121,239	13,447,26 <sup>,</sup>
97	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	10,010,310		
27.		75 070 070	00 404 000	40 447 00
28.	Total (Lines 26 and 27)	75,673,978	89,121,239	13,447,261

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103. <b>N()</b>			
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	23,629,128	34,867,325	11,238,197
2502. LEASEHOLD IMPROVEMENTS	2,275,425	2,590,359	314,934
2503. OTHER RECEIVABLES	496,615	1,547,041	1,050,426
2598. Summary of remaining write-ins for Line 25 from overflow page	210,719	245,339	34,620
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	26,611,887	39,250,064	12,638,177

# EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Total Members at End of							
	1	2	3	4	5		
						Current Year	
	Prior	First	Second	Third	Current	Member	
Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months	
1. Health Maintenance Organizations							
2. Provider Service Organizations							
3. Preferred Provider Organizations	216,195	214,403	215,378	216,062	215,864	2,583,05	
4. Point of Service							
5. Indemnity Only	569	549	504	489	482	6,164	
6. Aggregate write-ins for other lines of business	171,742	172,612	173,496	173,218	172,335	2,069,972	
7. Total	388,506	387,564	389,378	389,769	388,681	4,659,193	
				1	1		
DETAILS OF WRITE-IN LINES							
0601. DENTAL ONLY	74,605	76,936	77,652	77,497	77,923	925,043	
0602. STOP LOSS	46,336	45,094	45,025	45,687	44,470	541,31	
0603. MEDICARE SUPPLEMENT	21,786	21,482	21,386	21,316	21,075	256,18	
0698. Summary of remaining write-ins for Line 06 from overflow page	29,015	29,100	29,433	28,718	28,867	347,43	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	171,742	172,612	173,496	173,218	172,335	2,069,97	

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

A. Accounting Practices

(1) The Annual Statement has been completed in accordance with the NAIC Accounting Practices and Procedures manual and as prescribed by the State of Rhode Island Department of Business Regulation – Insurance Division.

(2) The Plan's 2024 Annual Statement excludes Administrative Service Contract (ASC) business from revenue, and medical and hospital claims. The ASC reimbursement has been classified as a reduction to claims adjustment and general administrative expenses.

A reconciliation of the Plan's net income and capital surplus between NAIC SAP and practices prescribed and permitted by the State of RI is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	ХХХ	XXX	\$ (115,018,392).	\$ 601,743
(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	\$(115,018,392)	\$ 601,743
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	ХХХ	XXX	\$ 337,171,513	\$ 439,548,497 .
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
<ul><li>(7) State permitted practices that are an increase / (decrease) from NAIC SAP:</li></ul>					
(8) NAIC SAP (5-6-7=8)	XXX	ХХХ	XXX	\$ 337,171,513	\$ 439,548,497

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that effect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

- C. Accounting Policy
  - (1) Short-term investments are stated at amortized cost.
  - (2) Bonds not backed by other loans are stated at amortized cost using the effective interest rate method.
  - (3) Common stocks at fair market value except the investments in stocks of uncombined subsidiaries and affiliates in which the Plan has an interest of 20% or more are carried on the equity basis.
  - (4) Preferred stock is stated in accordance with guidance provided in SSAP No. 32.
  - (5) The Plan does not have mortgage loans on real estate.
  - (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The prospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative.
  - (7) The Plan has a minority interest in International Blue Solutions, LLC with a carrying value of \$1,428,566. The Plan also has a minority interest in Blue Health Intelligence Co, LLC of \$1,295,188. The Plan also has a minority interest in Prime Therapeutics of \$26,988,772. The Plan also has a minority interest in Oak Street Health-RI, LLC of \$0. The Plan also has a minority interest in BCBS Venture Partners, LLC of \$2,041,186. The Plan also has a minority interest in BCBS Venture V, LLC of \$544,215.
  - (8) The Plan has minor ownership interests in partnerships and limited liability companies. The value of these interests are based on the underlying audited GAAP equity of the investee.
  - (9) The Plan does not own derivative investments.
  - (10) The Plan considers anticipated investment income as a factor in premium deficiency calculation.
  - (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
  - (12) The Plan has not modified its capitalization policy from the prior period.
  - (13) The Plan's pharmacy benefit manager provides estimated pharmacy rebates on a quarterly basis.
- D. Going Concern

Management continually evaluates the Plan's ability to continue as a going concern. After considering management's plans, potential events and principal conditions, there is no substantial doubt about the Plan's ability to continue as a going concern.

#### 2. Accounting Changes and Corrections of Errors

There were no Accounting Changes and Correction of Errors in 2024.

#### 3. Business Combinations and Goodwill

There were no Business Combinations and resulting Goodwill in 2024.

### 3. Business Combinations and Goodwill (Continued)

- A. Statutory Purchase Method Not Applicable
- B. Statutory Merger Not Applicable
- C. Assumption Reinsurance Not Applicable
- D. Impairment Loss Not Applicable
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill Not Applicable

#### 1. Discontinued Operations

The Plan did not incur discontinued operations for 2024.

- A. Discontinued Operation Disposed of or Classified as Held for Sale Not Applicable
- B. Change in Plan of Sale of Discontinued Operation Not Applicable
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal Not Applicable
- D. Equity Interest Retained in the Discontinued Operation After Disposal Not Applicable

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
  - The Plan did not have any outstanding mortgage loans in 2024.
  - (1) Maximum and minimum lending rates for mortgage loans Not Applicable
  - (2) Maximum percentage of any one loan to the value of security Not Applicable
  - (3) Taxes, assessments and any amounts advanced and not included in mortgage loan total Not Applicable
  - (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement Not Applicable
  - (5) Investment in impaired loans with or without allowance for credit losses and impaired loans subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan - Not Applicable
  - (6) Investment in impaired loans average recorded investment, interest income recognized, recorded investment on nonaccrual status and amount of interest income recognized using a cash-basis method of accounting Not Applicable
  - (7) Allowance for credit losses Not Applicable
  - (8) Mortgage loans derecognized as a result of foreclosure Not Applicable
  - (9) Policy for recognizing interest income and impaired loans Not Applicable
- B. Debt Restructuring
  - The Plan did not have any debt restructuring in 2024.

#### C. Reverse Mortgages

The Plan did not have any reverse mortgages in 2024.

- (1) Accounting policies and methods Not Applicable
- (2) Commitment under agreement Not Applicable
- (3) Reserve netted against reverse mortgage assets Not Applicable
- (4) Investment income or loss recognized as a result of re-estimated cash flows Not Applicable
- D. Loan-Backed Securities
  - (1) The Plan utilizes the prospective method for loan backed securities. The Plan obtains the prepayment assumptions for mortgage-backed/asset-backed securities from the following hierarchy: Bloomberg median speed; if none, then 6 month historical CPR; if none, then YieldBook prepayment model that runs fixed rate MBS at 100% of the model and Hybrid Arms at 100% of MTB (Model to Balloon). CMBS are run at a 0% constant prepayment rate. If this information is not obtainable from one of these sources then analysts determine the cash flows to be used. The Plan utilizes the fair market value as published by the NAIC Valuation Securities Manual. If the rate is not published by the Securities Valuation Office (SVO), the security is carried at amortized value in accordance with NAIC guidelines.
  - (2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI)

The Plan did not recognize other-than-temporary impairment (OTTI) for loan-backed securities:

### 5. Investments (Continued)

	(1) Amortized Cost Basis Before Other-	(2) Other-Than- Temporary	(3)
	Than-Temporary Impairment	Impairment Recognized in Loss	Fair Value (1 - 2)
OTTI Recognized 1st Quarter			
a. Intent to sell	\$	\$	\$
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c. Total 1st Quarter (a+b)	<u>\$</u>	\$	\$
OTTI Recognized 2nd Quarter			
d. Intent to sell	\$	\$	\$
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f. Total 2nd Quarter (d+e)	\$	\$	\$
OTTI Recognized 3rd Quarter			
g. Intent to sell	\$	\$	\$
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i. Total 3rd Quarter (g+h)	\$	\$	\$
OTTI Recognized 4th Quarter			
j. Intent to sell	\$	\$	\$
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
I. Total 4th Quarter (j+k)	\$	\$	\$
m. Annual aggregate total (c+f+i+l)		\$	

(3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities

The Plan did not recognize OTTI for loan-backed securities see table below:

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Book/Adjusted Carrying Value	Present Value of				Date of Financial
	Amortized Cost Before Current	Projected Cash	Recognized	Amortized Cost	Fair Value at	Statement Where
CUSIP	Period OTTI	Flows	OTTI	After OTTI	Time of OTTI	Reported
Total			\$			

(4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss

Loan-backed securities with unrealized losses as of December 31, 2024:

a. The aggregate amount of unrealized losses:

	1.	Less than 12 months	\$	1,372,971
	2.	12 months or longer	1	12,409,750
b.	Th	e aggregate related fair value of securities with unrealized losses:		
	1.	Less than 12 months.	\$ 6	59,871,060
	2.	12 months or longer	6	58,883,370

- (5) The evaluation of impairments is a quantitative and qualitative process, which is subject to risks and uncertainties and is intended to determine whether declines in the fair value of investments should be recognized in the current period. The risks and uncertainties include changes in general economic conditions, the issuer's financial condition or near term recovery prospects, the effects of changes in interest rates or credit spreads and the recovery period. As of December 31, 2024, the Plan does not consider loan-backed securities in an unrealized loss position to be other-than-temporarily impaired as reported in the table above.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) For repurchase agreements, the Plan ensures that the fair market value of the collateralized security is equal to or exceeds the amount under agreement to repurchase.
  - (2) The Plan has investments pledged as collateral. The securities are US Treasury Bonds, Corporate Bonds and Equity with a carrying value of \$229,580,298.

(3) Collateral received

The Plan has not accepted any collateral.

- (a) Aggregate amount collateral received Not Applicable
- (b) Fair value and portion sold or repledged

The Plan has not accepted any collateral.

### 5. Investments (Continued)

- (c) Sources and uses of collateral Not Applicable
- (4) The Plan does not have any securities lending transactions.
- (5) Collateral reinvestment
  - The Plan does not have any collateral reinvestment.
- (6) The Plan has not accepted any collateral.
- (7) Collateral for securities lending transactions that extend beyond one year from the reporting date The Plan does not have any securities lending transactions.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
  - Repurchase Transaction Cash Taker Overview of Secured Borrowing Transactions

Repurchase agreements accounted for as secured borrowing is not applicable.

- (1) Information regarding the company policy or strategies for engaging in repo programs, policy for requiring collateral Not Applicable
- (2) Type of repo trades used Not Applicable
- (3) Original (flow) & residual maturity Not Applicable
- (4) Fair value of securities sold and/or acquired that resulted in default Not Applicable
- (5) Securities "sold" under repo secured borrowing Not Applicable
- (6) Securities sold under repo secured borrowing by NAIC designation Not Applicable
- (7) Collateral received secured borrowing Not Applicable
- (8) Cash & non-cash collateral received secured borrowing by NAIC designation Not Applicable
- (9) Allocation of aggregate collateral by remaining contractual maturity Not Applicable
- (10) Allocation of aggregate collateral reinvested by remaining contractual maturity Not Applicable
- (11) Liability to return collateral secured borrowing (total) Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Repurchase Transaction - Cash Provider - Overview of Secured Borrowing Transactions

Reverse repurchase agreements accounted for as secured borrowing is not applicable.

- (1) Information regarding the company policy or strategies for engaging in repo programs, policy for requiring collateral Not Applicable
- (2) Type of repo trades used Not Applicable
- (3) Original (flow) & residual maturity Not Applicable
- (4) Fair value of securities sold and/or acquired that resulted in default Not Applicable
- (5) Fair value of securities acquired under repo secured borrowing Not Applicable
- (6) Securities acquired under repo secured borrowing by NAIC designation Not Applicable
- (7) Collateral provided secured borrowing Not Applicable
- (8) Allocation of aggregate collateral pledged by remaining contractual maturity Not Applicable
- (9) Recognized receivable for return of collateral secured borrowing Not Applicable
- (10) Recognized liability to return collateral secured borrowing (total) Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction - Cash Taker - Overview of Sale Transactions

Repurchase agreements accounted for as a sale is not applicable.

- (1) Information regarding the company policy or strategies for engaging in repo programs and policy for requiring collateral Not Applicable
- (2) Type of repo trades used Not Applicable
- (3) Original (flow) & residual maturity Not Applicable
- (4) Fair value of securities sold and/or acquired that resulted in default Not Applicable
- (5) Securities "sold" under repo sale Not Applicable
- (6) Securities sold under repo sale by NAIC designation Not Applicable
- (7) Proceeds received sale Not Applicable
- (8) Cash & non-cash collateral received sale by NAIC designation Not Applicable
- (9) Recognized forward resale commitment Not Applicable

### 5. Investments (Continued)

I.

Reverse Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction - Cash Provider - Overview of Sale Transactions

Reverse repurchase agreements accounted for as sale is not applicable.

- (1) Information regarding the company policy or strategies for engaging in repo programs, policy for requiring collateral Not Applicable
- (2) Type of repo trades used Not Applicable
- (3) Original (flow) & residual maturity Not Applicable
- (4) Fair value of securities sold and/or acquired that resulted in default Not Applicable
- (5) Securities acquired under repo sale Not Applicable
- (6) Securities acquired under repo sale by NAIC designation Not Applicable
- (7) Proceeds provided sale Not Applicable
- (8) Recognized forward resale commitment Not Applicable
- J. Real Estate
  - The Plan does not hold real estate for investment purposes.
  - (1) Impairment loss Not Applicable
  - (2) Real estate sold or classified held for sale Not Applicable
  - (3) Changes to a plan of sale for an investment in real estate Not Applicable
  - (4) Retail land sales operations Not Applicable
  - (5) Participating mortgage loan features Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC)
  - The Plan does not have any low-income housing credits.
  - (1) Remaining years of unexpired tax credits Not Applicable
  - (2) Amount of LIHTC and other tax benefits Not Applicable
  - (3) Balance of investment recognized Not Applicable
  - (4) Regulatory reviews Not Applicable
  - (5) Significance of an investment Not Applicable
  - (6) Impaired assets Not Applicable
  - (7) Write-downs and reclassifications Not Applicable
- L. Restricted Assets
  - (1) Restricted assets (including pledged)

		(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Restricted Asset Category	Total Gross (Admitted & Nonadmited) Restricted from Current Year	Total Gross (Admitted & Nonadmited) Restricted From Prior Year	Increase / (Decrease) (1 - 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 - 4)	Gross (Admitted & Nonadmitted Restricted to Total Assets	Admitted d)Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown	\$ 43,040,000	\$ 35,958,000	\$ 7,082,000	\$	\$ 43,040,000	3.937 %.	4.229 %.
b.	Collateral held under security lending agreements							
	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements Subject to dollar repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock	4,672,900	3,261,400	1,411,500		4,672,900	0.427	0.459
j.	On deposit with states							
k.	On deposit with states On deposit with other regulatory bodies							
I.	Pledged as collateral to FHLB (including assets backing funding agreements)	181,783,000	171,821,623	9,961,377		181,783,000	16.627	17.864
m	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
0.	Total restricted assets (Sum of a through n)	\$ 229,580,298	\$ 211,098,605	\$ 18,481,693	\$	\$ 229,580,298	20.999 %.	22.560 %.

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate)

Pledged Assets not captured in other categories is not applicable to the Plan.

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate)

Other Restricted Assets is not applicable to the Plan.

### 5. Investments (Continued)

- (4) Collateral received and reflected as assets within the reporting entity's financial statements The Plan does not have any Collateral received in Assets.
- M. Working Capital Finance Investments
  - The Plan does not have any Working Capital Finance Investments.
  - (1) Aggregate working capital finance investments (WCFI) book/adjusted carrying value by NAIC designation Not Applicable
  - (2) Aggregate maturity distribution on the underlying working capital finance programs Not Applicable
  - (3) Events of default of working capital finance investments during the reporting period Not Applicable
- N. Offsetting and Netting of Assets and Liabilities

The Plan does not offset Assets and Liabilities of Investments.

0. 5GI Securities

The Plan does not own only 5GI\* Securities.

- P. Short Sales
  - The Plan does not have any short sales.
  - (1) Unsettled short sale transactions (outstanding as of reporting date) Not Applicable
  - (2) Settled short sale transactions Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

The Plan did not have any prepayment and acceleration fees in 2024.

(1) Number of CUSIPs	
(2) Aggregate amount of investment income	\$

R. Reporting Entity's Share of Cash Pool by Asset Type

	Asset Type	Percent Share
(1)	Cash	1,817.800 %
(2)	Cash Equivalents	(1,717.800)%
(3)	Short-Term Investments	%
(4)	Total (Must Equal 100%)	100.000 %

General Account

S. Aggregate Collateral Loans by Qualifying Investment Collateral

The Plan did not have any aggregate collateral loans by qualifying investment collateral.

### 5. Investments (Continued)

	Collateral Type	Aggregate Collateral Loan	Admitted	Nonadmitted
(1)	Cash, Cash Equivalent & ST Investments			
	a. Affiliated	. \$	\$	\$
	b. Unaffiliated			
(2)	Bonds			
	a. Affiliated			
	b. Unaffiliated			
(3)	Loan-Backed and Structured Securities			
	a. Affiliated			
	b. Unaffiliated			
(4)	Preferred Stocks			
	a. Affiliated			
	b. Unaffiliated			
(5)	Common Stocks			
	a. Affiliated			
	b. Unaffiliated			
(6)	Real Estate			
	a. Affiliated			
	b. Unaffiliated			
(7)	Mortgage Loans			
	a. Affiliated			
	b. Unaffiliated			
(8)	Joint Ventures, Partnerships, LLC			
	a. Affiliated			
	b. Unaffiliated			
(9)	Other Qualifying Investments			
	a. Affiliated			
	b. Unaffiliated			
(10)	Collateral Does not Qualify as an Investment			
	a. Affiliated			
	b. Unaffiliated			
(11)	Total	\$	\$	\$

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets The Plan does not have an investment interest in joint ventures, partnerships and limited liability companies that individually exceeds 10% of its admitted assets.

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

#### 7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Plan has not excluded from assigned funds (surplus) any investment income due and accrued.

- B. Total Amount Excluded Not Applicable
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

	Interest Income Due and Accrued	Amou	unt
1.	Gross	\$ 3	3,280,935
2.	Nonadmitted	\$	
3	Admitted	Ś 3	280,935

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

#### 8. Derivative Instruments

- The Plan does not own any derivative instruments.
- A. Derivatives under SSAP No. 86 Derivatives Not Applicable
- B. Derivatives under SSAP No. 108 Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) Not Applicable

### 9. Income Taxes

The Inflation Reduction Act created the Corporate Alternative Minimum Tax (CAMT), which imposes a 15% minimum tax on the adjusted financial statement income of large corporations for taxable years beginning after December 31, 2022. The CAMT generally applies to large corporations with average annual financial statement income exceeding \$1.0 billion. Given the \$1.0 billion dollar threshold, BCBSRI will not be subject to the CAMT.

## 9. Income Taxes (Continued)

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

			2024			2023			Change	
		(1)	(2)	(3) Total	(4)	(5)	(6) Total	(7) Ordinarv	(8) Capital	(9) Total
		Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
(a)	Gross deferred tax assets	\$ 71,823,373	\$ 1,666,797	\$ 73,490,170	\$ 48,023,489	\$ 1,551,087	\$ 49,574,576	\$ 23,799,884	\$ 115,710	\$ 23,915,594
(b)	Statutory valuation allowance adjustments	63,578,597	1,666,797	65,245,394	39,372,265	1,551,087	40,923,352	24,206,332	115,710	24,322,042
(c)	Adjusted gross deferred tax assets (1a - 1b)			8,244,776				(406,448)		(406,448)
(d)	Deferred tax assets nonadmitted									
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 8,244,776	\$	\$ 8,244,776	\$ 8,651,224	\$	\$ 8,651,224	\$(406,448)	\$	\$(406,448)
(f)	Deferred tax liabilities	1,116,400	7,128,376	8,244,776			8,651,224		(833,720)	(406,448)
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 7,128,376	\$(7,128,376).	\$	\$ 7,962,096	\$(7,962,096)	\$	\$(833,720)	\$ 833,720	\$
				. 101						
	(2) Admission calcu	liation compo	nents SSAP N	10. 101						
			2024			2023			Change	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			0	Total		0	Total	Ordinary	Capital	Total
(a)	Fodoral incomo tovoo noid in	Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b)	Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)		(7,128,376)			(7,962,096)				=
	1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
	2. Adjusted gross deferred tax assets allowed per limitation threshold									
(c)	Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
(d)	Deferred tax assets admitted as the result of application of SSAP No. 101. Total $(2(a) + 2(b) + 2(c))$	\$ 7,128,376	\$(7,128,376)	\$	\$ 7,962,096	\$(7,962,096)	<u>\$</u> –	\$(833,720)	\$ 833,720	<u>\$</u> –
	(3) Ratio used as ba	asis of admiss	sibility							
			-							
									2024	2023

(a) Ratio percentage used to determine recovery period and threshold limitation amount		
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 65,088,225	\$ 65,924,862

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

			20	024	2023		Cha	inge
			(1)	(2)	(3)	(4)	(5)	(6)
			Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
	1.	Adjusted gross DTAs amount from Note 9A1(c)	\$ 8,244,776	\$	\$ 8,651,224	\$	\$(406,448)	\$
	2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%a
	3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 8,244,776	\$	\$ 8,651,224	\$	\$(406,448)	\$
	4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%
(b)	Use	of reinsurance-related tax-planning strat	tegies					
	Doe	es the company's tax-planning strategies	include the use	of reinsurance	?			NO

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

## 9. Income Taxes (Continued)

C. Major Components of Current Income Taxes Incurred

ent income t	axes incurred consist of the following major components:	(1) 2024	(2) 2023	(3) Change (1-2)
Current Inco				
	I	Ś	Ś	\$
	٦			
•	al (1a+1b)			
. ,	l income tax on net capital gains			
. ,	tion of capital loss carry-forwards			
. ,	. ,			
()	l and foreign income taxes incurred (1c+1d+1e+1f)	\$	\$	\$
		(1)	(2)	(3)
		2024	2023	Change (1-2)
Deferred Ta				
(a) Ordina	-	Å	Å	Å =
	iscounting of unpaid losses			
	nearned premium reserve			
	olicyholder reserves			
	ivestments			
. ,	eferred acquisition costs			
.,	olicyholder dividends accrual			
	ixed assets			
(8) C	ompensation and benefits accrual	5,076,735	2,266,819	2,809,916
(9) P	ension accrual			
(10) R	eceivables - nonadmitted		1,637,038	(995,732
. ,	et operating loss carry-forward			
(12) T	ax credit carry-forward			
(13) 0	ther		19,457,511	4,610,617
(9	99) Subtotal (Sum of 2a1 through 2a13)	\$ 71,823,373	\$ 48,023,489	\$ 23,799,884
(b) Statuto	ory valuation allowance adjustment	63,578,597	39,372,265	24,206,332
	mitted			
(d) Admitt	ed ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 8,244,776	\$ 8,651,224	\$(406,448)
(e) Capita				
(1) Ir	ivestments	\$	\$	\$
(2) N	et capital loss carry-forward		1,551,087	115,710
(3) R	eal estate			
	ther			
(9	99) Subtotal (2e1+2e2+2e3+2e4)	\$ 1,666,797	\$ 1,551,087	\$ 115,710
(f) Statuto	ory valuation allowance adjustment		1,551,087	115,710
(g) Nonad	mitted			
(h) Admitt	ed capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitt	ed deferred tax assets (2d + 2h)	\$ 8,244,776	\$ 8,651,224	\$ (406,448)
()		(1)	(2)	(3)
		2024	2023	
Deferred Ta	x Liabilities	2024	2023	Change (1-2)
(a) Ordina				
.,	ivestments	Ś	Ś	Ś
	ixed assets.			
( )	eferred and uncollected premium			
	·			
	olicyholder reserves			
.,	ther			
(9	99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 1,116,400	Ş 689,128	Ş 427,272
(1) ~ ·		L _ · · · ·		
(b) Capita	ivestments	\$ 7,128,376	Ş 7,962,096	
(1) Ir				
(1) Ir (2) R	eal estate			
(1) Ir (2) R	eal estate			
(1) Ir (2) R (3) C				
(1) Ir (2) R (3) C	ther	\$ 7,128,376	\$ 7,962,096	\$(833,720)

#### 9. Income Taxes (Continued)

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

	 2024	Effective Tax Rate
Income before Taxes (including all realized capital gains/losses)	\$ 	
Health Insurer fee	 	
Special 3 month reserve deduction	 	
Change in Unrealized gains/losses	 	0.147
Revisions to estimates	 	
Statutory Valuation Allowance Adjustment	 	
Permanent differences	 1,038,517	-0.903
Change in non-admitted assets	 2,823,924	-2.455
Other	 	-0.058
Total	\$ _	%
	 2024	Effective Tax Rate
Federal Income Taxes Incurred	\$ 	%
Change in net deferred income taxes	 	
Total statutory income taxes	\$ 	%

### E. Operating Loss and Tax Credit Carryforwards

(1) Carryfowards, recoverable taxes, and IRC 6603 deposits

Plan has net operating loss carryforwards of \$154,900,114 expiring through calendar years 2032 to 2044.

Plan has contribution carryfowards of \$7,260,298 expiring in calendar year 2026 to 2029.

Plan has capital loss carryforwards of \$7,937,130 expiring in calendar year 2027 to 2029.

- (2) Income tax expense available for recoupment
  - The Plan has no income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses.
- (3) Deposits admitted under IRS Code Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
  - (1) The Plan does not join in the filing of a consolidated federal income tax return.
  - (2) Method of allocation Not Applicable
- G. Federal or Foreign Income Tax Loss Contingencies

The Plan has not recorded any contingencies related to taxes.

- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. See Schedule Y Part 1 for nature of relationship.
- B. BCBSRI made an initial investment in OSH-RI, LLC on November 20, 2018 of \$3,493,000. BCBSRI did not make additional contributions in OSH-RI, LLC for the periods ended December 31, 2024 and 2023 of \$0 and \$0, respectively. BCBSRI current carrying value as of December 31, 2024 in OSH-RI, LLC is \$0.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y Not Applicable
- D. Amounts Due To or From Related Parties Not Applicable
- E. Management Service Contracts and Cost Sharing Arrangements Not Applicable
- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments Not Applicable
- N. Investment in Insurance SCAs Not Applicable
### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

0. SCA and SSAP No. 48	Entity Loss Tracking

	(1)	(2)	(3)	(4)	(5)	(6)
		Doporting Entity's	Accumulated Share	Reporting Entity's	Guaranteed Obligation /	Amount of the
		Reporting Entity's Share of Net Income	Accumulated Share of Net	Share of Equity, Including Negative	Commitment for Financial Support	Recognized Guarantee Under
Entity		(Loss)	Income (Losses)	Equity	(Yes / No)	SSAP No. 5R
OSH-RI, LLC		\$(3,080,327)	\$(3,080,327)	\$(3,080,327)	NO	\$

### 11. Debt

### A. Mortgage on Building

(1) Date issued is January 14, 2008.

(2) Bank loan for corporate office building.

(3) The maximum loan amount is \$90,000,000.

(4) Carrying value of loan is \$33,246,679.

(5) The rate at which interest accrues is 30-day LIBOR plus an agreed upon spread (basis points).

- (6) The effective interest rate is equivalent to the 30-day LIBOR plus an agreed upon spread (basis points).
- (7) Office building structure.

(8) Interest paid year to date is \$2,076,427.

(9) Loan converted to fixed rate mortgage instrument in February 2010.

(10) Not Applicable

(11) Not Applicable

(12) Not Applicable

#### B. FHLB (Federal Home Loan Bank) Agreements

- (1) The Plan is a member of the Federal Home Loan Bank (FHLB) of Boston. Through its membership, the Plan has conducted business activity with FHLB. It is part of the Plan's strategy to utilize these funds as backup liquidity if necessary. The Plan has determined the actual maximum borrowing capacity as \$130,000,000. The Plan has calculated this amount with approval from the Plan's Board of Directors.
- (2) FHLB capital stock
  - (a) Aggregate totals

		Total
1.	Current Year	
	(a) Membership stock - Class A	\$
	(b) Membership stock - Class B	
	(c) Activity stock	
	(d) Excess stock	
	(e) Aggregate total (a+b+c+d)	\$ 4,672,900
	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 130,000,000
2.	Prior Year-End	
	(a) Membership stock - Class A	
	(b) Membership stock - Class B	
	(c) Activity stock	
	(d) Excess stock	
	(e) Aggregate total (a+b+c+d)	\$ 3,261,400
	(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 130,000,000

(b) Membership stock (Class A and B) eligible and not eligible for redemption

			Eligible for Redemption					
	(1)	(2)	(3)	(4)	(5)	(6)		
Membership Stock	Current Year Total (2+3+4+5+6)	Not Eligible for Redemption	Less Than 6 Months	6 Months to Less Than 1 Year	1 to Less Than 3 Years	3 to 5 Years		
1. Class A	\$	\$	\$	\$	\$	\$		
2. Class B	\$ 512,900	\$ 512,900	\$	\$	\$	\$		

### 11. Debt (Continued)

(3) Collateral pledged to FHLB

(a) Amount pledged as of reporting date

	(1)	(2)	(3)
	Fair Value	Carrying Value	Aggregate Total Borrowing
1. Current year total collateral pledged	\$ 166,730,949	\$ 181,752,999	\$ 104,000,000
2. Prior year-end total collateral pledged	160,360,195	171,821,623	
(b) Maximum amount pledged during reporting period			
	(1)	(2)	(3)
	Fair Value	Carrying Value	Amount Borrowed at Time of Maximum Collateral
1. Current year total maximum collateral pledged	\$ 166,730,949	\$ 181,752,999	\$ 104,000,000
2. Prior year-end total maximum collateral pledged	160,360,195	171,821,623	
Porrowing from EULP			

### (4) Borrowing from FHLB

(a) Amount as of the reporting date

		Total	Funding Agreements Reserves Established
1.	Current Year		
	(a) Debt	\$ 104,000,000	XXX
	(b) Funding agreements		\$
	(c) Other		XXX
	(d) Aggregate total (a+b+c)	\$ 104,000,000	\$
2.	Prior Year-end		
	(a) Debt	\$ 70,000,000	XXX
	(b) Funding agreements		\$
	(c) Other		XXX
	(d) Aggregate total (a+b+c)	\$ 70,000,000	\$
Max	imum amount during reporting period (current year)		

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

		Total
1.	Debt	\$ 104,000,000
2.	Funding agreements	
3.	Other	
4.	Aggregate total (Lines 1+2+3)	\$ 104,000,000

(c) FHLB - Prepayment obligations

		Does the Company Have Prepayment Obligations Under the Following Arrangements? (YES/NO)
1.	Debt	NO
2.	Funding agreements	NO
3.	Other	NO

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

#### A. Defined Benefit Plan

The Plan terminated its defined benefit plan in 2015.

Supplemental Executive Retirement Plans (SERP)

The Supplemental Executive Retirement Plans ("SERP") are non-qualified defined benefit pension plans for certain executives as designated by the Board of Directors. There are annuities and installment payments made to retired participants.

Effective January 1, 2014 the SERP was frozen for active executives as designated by the Board of Directors. The designated executives will no longer accrue additional benefits based on pay and service subsequent to December 31, 2013.

#### Postretirement Benefit Plans

Eligible employees hired prior to January 1, 1992, who retire on or after attaining normal retirement age and who have rendered specific years of service under the provisions of the Blue Cross & Blue Shield of Rhode Island Retirement Plan are entitled to certain postretirement health care, medical coverage, and life insurance benefits. The Plan may amend or change the postretirement benefits periodically. Effective January 1, 1993, except for those employees who have an exemption based on circumstances previously existing, these benefits are now subject to copayment provisions and other limitations. Effective April 1, 2013, a plan amendment for retiree insurance benefits was adopted whereby eligible active and former employees that had not attained retirement age of 55 or older and had not been collecting these benefits would not be entitled to these benefits upon retirement. The discontinued retiree benefits were life insurance and a group health insurance subsidy.

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

### (1) Change in benefit obligation

The following tables set forth the funding status and amounts recognized in the Plan's Statutory Statements of Admitted Assets, Liabilities and Reserves at December 31, 2024 and 2023 for the Defined Benefit Plan, for the SERP and the Postretirement Benefit Plan:

(a) Pension benefits

		Overfunded		Underfunded	
		2024	2023	2024	2023
1.	Benefit obligation at beginning of year	\$	\$	\$ 3,281,291	\$ 3,163,478
2.	Service cost				
3.	Interest cost				154,359
4.	Contribution by plan participants				
5.	Actuarial gain / loss			(241,283)	66,101
6.	Foreign currency exchange rate changes				
7.	Benefits paid				(102,647)
8.	Plan amendments				
9.	Business combinations, divestitures, curtailments, settlements and special termination benefits				
		-	-	<u> </u>	0 2 201 201
	. Benefit obligation at end of year	<u>\$</u>	<u></u> \$	<u>\$3,064,838</u>	Ş 3,281,291
			<u>s</u> erfunded		5 3,281,291
		Ov 2024 \$	erfunded 2023	Under 2024 \$8,135,898	funded 2023 \$ 8,323,940
Postreti 1.	irement benefits Benefit obligation at beginning of year	0v 2024 \$	erfunded 	Under 2024 \$8,135,898	funded 2023 \$ 8,323,940
Postreti 1. 2.	irement benefits Benefit obligation at beginning of year Service cost	0v 2024 \$	erfunded 	Under 2024 \$8,135,898 355,916	funded 2023 \$8,323,940 
Postreti 1. 2. 3.	irement benefits Benefit obligation at beginning of year Service cost Interest cost	0v 2024 \$	erfunded 2023 \$	Under 2024 \$8,135,898 355,916	funded 2023 \$ 8,323,940 
Postreti 1. 2. 3. 4.	irement benefits Benefit obligation at beginning of year Service cost Interest cost Contribution by plan participants	<u>0v</u> 2024 \$	erfunded 2023 \$	Under 2024 \$8,135,898 355,916 (615,392)	funded 2023 \$8,323,940 
Postreti 1. 2. 3. 4. 5.	irement benefits Benefit obligation at beginning of year Service cost Interest cost Contribution by plan participants Actuarial gain / loss.	0v 2024 \$	erfunded 2023 \$	Under 2024 \$8,135,898 355,916 (615,392)	funded 2023 \$8,323,940 380,217 171,232
Postreti 1. 2. 3. 4. 5. 6.	irement benefits Benefit obligation at beginning of year Service cost Interest cost Contribution by plan participants Actuarial gain / loss Foreign currency exchange rate changes	Ov 2024 \$	erfunded 2023 \$	Under 2024 \$8,135,898 355,916 (615,392) (746,866)	funded 2023 \$8,323,940 380,217 171,232 (739,491)
Postreti 1. 2. 3. 4. 5. 6. 7. 8. 9.	irement benefits Benefit obligation at beginning of year Service cost Interest cost Contribution by plan participants Actuarial gain / loss Foreign currency exchange rate changes Benefits paid	<u>Ov</u> 2024 \$	erfunded 2023 \$	Under 2024 \$8,135,898 355,916 (615,392) (746,866)	funded 2023 \$8,323,940 

### (2) Change in plan assets

(b)

		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
		2024	2023	2024	2023	2024	2023
a.	Fair value of plan assets at beginning of year	\$	\$	\$	\$	\$	\$
b.	Actual return on plan assets						
C.	Foreign currency exchange rate changes						
d.	Reporting entity contribution	128,663	102,647				
e.	Plan participants' contributions						
f.	Benefits paid		(102,647)				
g.	Business combinations, divestitures and settlements.						
h.	Fair value of plan assets at end of year	\$	\$	\$	\$	\$	\$

### (3) Funded status

		Pension Benefits		Postretirement Benefits	
		2024	2023	2024	2023
a.	Components				
	1. Prepaid benefit costs	\$	\$	\$	\$
	2. Overfunded plan assets				
	3. Accrued benefit costs		3,145,485	8,475,252	
	4. Liability for pension benefits	105,477			(942,654)
b.	Assets and liabilities recognized				
	1. Assets (nonadmitted)	\$	\$	\$	\$
	2. Liabilities recognized		3,281,291		8,135,898
C.	Unrecognized liabilities	\$	\$	\$	\$

### (4) Components of net periodic benefit cost

Net periodic benefit cost for 2024 and 2023 included the following components:

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

		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
		2024	2023	2024	2023	2024	2023
a.	Service cost	\$	\$	\$	\$	\$	\$
b.	Interest cost	153,493	154,359	355,916			
C.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses						
f.	Prior service cost or credit				(212,350)		
g.	Gain or loss recognized due to a settlement or curtailment						
h.	Total net periodic benefit cost	\$ 153,493	\$ 154,359	\$ 143,566	\$ 167,867	\$	\$

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost - Not Applicable

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost - Not Applicable

(7) Weighted-average assumptions used to determine net periodic benefit cost

	ighted-average assumptions used to determine net periodic benefit cost as of riod-end:	2024	2023
a.	Weighted-average discount rate	4.780 %	4.980 %
b.	Expected long-term rate of return on plan assets	%	%
c.	Rate of compensation increase.	%	%
d.	Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates).	<u>%</u>	%
	ighted-average assumptions used to determine projected benefit obligations as of iod-end:	2024	2023
e.	Weighted-average discount rate	5.460 %	4.780 %
f.	Rate of compensation increase.	%	%
g.	Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%

(8) The accumulated benefit obligation for the SERP was \$3,064,838 and \$3,281,291 as of year ended 2024 and 2023 respectively

(9) The assumed annual rate of increase in the per capita cost of medical benefits is 6.50% in 2024 and is assumed to decrease through years 2030 and remain level at 5.29% through 2040.

(10) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated

The following benefit payment, which is reflected expected future services, as appropriate, are expected to be paid.

	Year	Amount
a.	2025	\$952,000
b.	2026	923,000
C.	2027	894,000
d.	2028	892,000
e.	2029	858,000
f.	2030 through 2034	3,822,000

(11) The Plan expects to contribute \$155,000 to its SERP and \$797,000 to its postretirement benefits in 2025.

(12) Amounts and types of securities of the reporting entity and related parties included in plan assets - Not Applicable

(13) Alternative method used to amortize prior service amounts or net gains and losses - Not Applicable

(14) Substantive commitments used as the basis for accounting for the benefit obligation - Not Applicable

(15) Special or contractual termination benefits recognized during the period - Not Applicable

(16) Significant changes in the benefit obligation or plan assets not otherwise disclosed - Not Applicable

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

(17) Pension Plans with an accumulated benefit obligation in excess of plan asset:

	SE	RP	Post	tretirement	
	2024	2023	2024	2023	
ected benefit obligation	\$ 3,064,838	\$ 3,281,291	\$ 7,129,556	\$ 8,135,898	
umulated benefit obligation	3,064,838	3,281,291	7,129,556	8,135,898	
value of plan assets	-	-	-	-	

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

	SERP		Postreti	irement
	<u>2024</u>	2023	2024	2023
Projected benefit obligation	N/A	N/A	N/A	N/A
Accumulated benefit obligation	N/A	N/A	N/A	N/A
Fair value of plan assets	N/A	N/A	N/A	N/A

#### B. Investment Policies and Strategies of Plan Assets

Not applicable the Plan does not hold any plan assets.

- C. Fair Value of Each Class of Plan Assets
  - (1) Fair value measurements of plan assets at reporting date Not Applicable
  - (2) Valuation technique(s) and inputs to measure fair value Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets

The Plan does not hold any plan assets.

E. Defined Contribution Plans

Proje Accu Fair

Participant contributions to the Plan are derived from voluntary salary reduction agreements with the Employer that is subject to the Internal Revenue Service (IRS) compensation deferral limits. Participants who are at least age 50 before the end of the Plan year may make catch-up contributions equal to any whole number percentage of their eligible compensation or whole dollar amount. Participants may not contribute in excess of the maximum allowed by the Internal Revenue Code (IRC). Employer contributions to the Plan are in an amount equal to 100% of a participant's contributions up to 6% of a participant's eligible compensation.

Upon enrollment in the plan, a participant may direct participant and employer contributions in 1% increments with a minimum contribution of 1% in any of the investment options. Participants may change their contribution percentage and investment selections in accordance with stated plan requirements. Participants that contribute on a pre-tax basis up to 6% an equal amount will be matched by the Plan. Total employer contributions to the 401(k) savings plan in 2024 and 2023 were approximately \$5,628,075 and \$5,356,823, respectively.

- F. Multiemployer Plans Not Applicable
- G. Consolidated/Holding Company Plans Not Applicable
- H. Postemployment Benefits and Compensated Absences

The Plan provides for certain postemployment benefits including disability benefits for eligible employees. The Plan has not recorded a liability for these benefits at December 31, 2024 and 2023, respectively.

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

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Plan does not have any capital stock.
- B. The Plan does not have any preferred stock.
- C. The Plan does not have any dividend restrictions.
- D. The Plan does not have any ordinary dividends.
- E. The Plan does not have any paid dividends.
- F. The Plan does not have any restrictions on unassigned funds.
- G. The Plan does not have any advances to surplus unpaid.
- H. Stock Held for Special Purposes

The Plan does not have any conversion of preferred stock, employee stock options and stock purchase warrants.

- I. Changes in Special Surplus Funds Not Applicable
- J. Unassigned Funds (Surplus)

The portion of unassigned funds (surplus) represented was reduced by each of the following item:

a) Nonadmitted assets - \$75,673,978

K. Company-Issued Surplus Debentures or Similar Obligations

The Plan does not have any surplus notes.

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations
  - The Plan did not have any quasi-reorganization in 2024.
- M. The Plan did not have any quasi-reorganization in 2024.

#### 14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Plan is a defendant in several legal proceedings arising in the normal course of business. The Plan also remains a co-defendant in a multidistrict litigation, consisting of two distinct assertions (one alleged by a class of subscribers, the other by a class of providers) in federal court relating to allegations that the Plan has acted in conspiracy with other Blue Cross and Blue Shield plans in violation of antitrust laws. The settlement on the subscriber side of the case has received final court approval and is in effect. As previously reported, multiple cases have been filed by plaintiffs who opted out of that subscriber settlement class, where the Plan is a co-defendant. Those cases remain ongoing. Additionally, a settlement has been reached with the provider plaintiffs, which has received preliminary court approval. That settlement process, including the class notice period, is ongoing, and has not received final court approval. While liability is presently difficult to estimate, it is management's belief that the final outcome on the provider side of the case, and with respect to any current opt-out cases, is not likely to have a material adverse effect on the Plan's financial position or results of operations, statutory reserves and risk-based capital. However, it is possible that a court decision or settlement, including the outcome of the provider settlement process, could have an unanticipated material adverse effect on the Plan's results of operations, and risk-based capital.

- (1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company Not Applicable
- (2) Nature and circumstances of guarantee Not Applicable
- (3) Aggregate compilation of guarantee obligations Not Applicable
- B. Assessments

The Plan does not have any assessments.

- (1) Not Applicable
- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges Not Applicable
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies Not Applicable
- C. Gain Contingencies

The Plan does not have any gain contingencies.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

The Plan did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits.

E. Joint and Several Liabilities

The Plan did not have any Joint and Several liability arrangements.

F. All Other Contingencies

All other contingencies see "A" above.

- 15. Leases
  - A. Lessee Operating Lease
    - (1) Leasing arrangements

The Plan leases office space and ground lease under operating leases. Rent expense for operating leases in 2024 and 2023 was approximately \$752,360 and \$620,959, respectively.

- (2) For leases having initial or remaining noncancelable lease terms in excess of one year
  - (a) Minimum aggregate rental commitments at year end

The Plan is committed, under long-term noncancelable operating leases and installment purchase agreements to minimum payments as follows:

	Year Ending December 31	Operating Leases		
1.	2025	\$		
2.	2026			
3.	2027	805,154		
4.	2028			
5.	2029	503,960		
6.	Thereafter			
7.	Total (sum of 1 through 6)	\$ 3,815,950		

Certain rental commitments e.g. ground lease is a 97 year agreement through the year 2108 with two successive 75 year renewal options. Some of these renewals are subject to adjustments in future periods.

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

### 15. Leases (Continued)

- B. Lessor Leases
  - (1) Operating leases
    - (a) The Plan has several lease agreements for the use of its Corporate Office. The total rental square footage leased is 88,800 sq ft. The lease terms range from 88 months to 127 months with lease termination dates ranging from March 2025 through August 2029. Each arrangement is a triple net lease and lessees are responsible for electricity usage for the specific rented space.
    - (b) Cost and carrying amount of leased property Not Applicable
    - (c) Future minimum lease payment receivables under non-cancelable leasing arrangements

	Year Ending December 31	Operating Leases		
1.	2025	\$	3,004,809	
2.	2026		2,530,030	
3.	2027		1,500,025	
4.	2028		1,499,566	
5.	2029		891,940	
6.	Thereafter			
7.	Total (sum of 1 through 6)	\$	9,426,370	

- (d) The Plan does not have contingent rentals.
- (2) Leveraged leases

#### The Plan does not have leveraged leases.

#### 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

- 1. Face Amount of the Company's Financial Instruments with Off-Balance-Sheet Risk
  - The Plan does not have any swaps or option instruments.
- 2. The Plan does not have any interest rate swaps to reduce market risk.
- 3. The Plan does not have any credit related losses.
- 4. A pool of securities with a combined par value of \$43,040,000 are pledged to satisfy Blue Cross Blue Shield Association membership standards for out-of-area provider claim settlements. The Plan also has pledged corporate and Treasury fixed income securities carrying a combined par value of \$182,022,017 to FHLB as collateral for its line of credit.

#### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- The Plan did not have a sale, transfer and servicing of financial assets and extinguishments of liabilities.
- A. Transfers of Receivables Reported as Sales Not Applicable
- B. Transfer and Servicing of Financial Assets Not Applicable
- C. Wash Sales Not Applicable

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

A. ASO Plans

The Plan is not an ASO Administrator for uninsured A&H Plans and the uninsured portion of partially insured plans.

B. ASC Plans

The Plan is an ASC Administrator for uninsured A&H Plans and the uninsured portion of partially insured plans.

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during December 31, 2024:

	AS	C Uninsured Plans	 sured Portion rtially Insured Plans		Total ASC
a. Gross reimbursement for medical cost incurred	\$1	,341,120,242	\$ -	\$ 1	,341,120,242
b. Gross administrative fees accrued		72,144,336	-		72,144,336
c. Total revenue	\$1	,413,264,578	\$ -	\$1	,413,264,578
d. Claims incurred	1	,341,120,242	-	1	,341,120,242
e. Variable cost		30,369,631	-		30,369,631
f. Contribution to fixed overhead	\$	41,774,705	\$ -	\$	41,774,705
g. Total fixed overhead		70,862,472	-		70,862,472
h. Total net gain or (loss) from operations	\$	(29,087,767)	\$ -	\$	(29,087,767)

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Plan has a Medicare or similarly structured cost based reimbursement contract during 2024 and 2023.

The Medicare Part D program is a partially insured plan. The Plan recorded a receivable in amounts receivable relating to uninsured plans in the statutory basis of admitted assets, liabilities, and capital and surplus of \$56,570,000 as of December 31, 2024 for cost reimbursement under the Medicare Part D program for catastrophic reinsurance, low-income member cost-sharing subsidies and coverage gap discount programs.

#### 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Plan does not have direct premium written/produced by managing general agents/third party administrators.

#### 20. Fair Value Measurements

- . Fair Value Measurement
  - (1) Fair value at reporting date

The Plan's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by FASB ASC 820, *Fair Value Measurements and Disclosures.* The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Level 3). The levels of the fair value hierarchy are as follows:

· Level 1 - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

• Level 2 - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.

• Level 3 - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The following table provides information as of December 31, 2024 about the Plan's financial assets and liabilities measured at fair value on a recurring basis.

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Bonds	\$	\$ 434,061,347	\$	\$	\$ 434,061,347
	Preferred stock-unaffiliated	19,046,132				19,046,132
	Common stock-affiliated					
	Common stock-unaffiliated	108,756,069	4,672,900	33,961,109		147,390,078
	Total assets at fair value/NAV	\$ 127,802,201	\$ 438,734,247	\$ 33,961,109	\$	\$ 600,497,557
b.	Liabilities at fair value					
	Line of Credit	\$	\$ 104,220,360	\$	\$	\$ 104,220,360
	Mortgage Loan		34,319,851			34,319,851
	Total liabilities at fair value	\$	\$ 138,540,211	\$	\$	\$ 138,540,211

The fair value of the Plan's equity securities categorized as Level 1 is based on quoted market prices for identical securities traded in active markets that are readily and regularly available to the Plan.

The fair value of the Plan's equity securities classified as Level 3 consist of private placement stocks for three companies for which there are limited or no observable valuation inputs. The fair value of these Level 3 equities is based upon analytics derived by the respective companies for which a fair value per share is published in the Securities Valuation Office manual.

(2) Fair value measurements in Level 3 of the fair value hierarchy

The following table presents the changes in our equity securities classified as Level 3 for the year-ended December 31, 2024.

	Description	Beginning balance as of 01/01/2024	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
а.	Assets										
	Common stock-affiliated	\$ 10,226,793	\$	\$	\$	\$(10,226,793)	\$	\$	\$	\$	\$
	Common stock-unaffiliated	30,742,064				2,697,329	521,716				33,961,109
	Total assets	\$ 40,968,857	\$	\$	\$	\$(7,529,464)	\$ 521,716	\$	\$	\$	\$ 33,961,109
b.	Liabilities										
	Total liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

There were unrealized losses of \$7,529,464 for the period ending December 31, 2024.

- (3) There were no transfers between levels as of December 31, 2024.
- (4) The Plan carries certain financial instruments carried at fair value. Other financial instruments are periodically measured at fair value, such as when impaired, or, for certain bonds and preferred stock when carried at the lower of cost or market.
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- 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	\$ 434,061,347	\$ 459,971,743	\$	\$ 434,061,347	\$	\$	\$
Preferred stock-unaffiliated		19,046,132	19,046,132				
Common stock-affiliated							
Common stock-unaffiliated		14,739,078	108,756,069	4,672,900	33,961,109		

D. Not Practicable to Estimate Fair Value - Not Applicable

#### 20. Fair Value Measurements (Continued)

E. Nature and Risk of Investments Reported at NAV - Not Applicable

#### 21. Other Items

- A. Unusual or Infrequent Items
  - The Plan does not have any extraordinary items.
- B. Troubled Debt Restructuring

The Plan does not have any troubled debt restructuring.

C. Other Disclosures

The Plan participates in the Federal Employee Health Benefits Program (FEHBP) with other Blue Cross Blue Shield Plans. This program includes a fully-insured experience-rated contract, commonly known as the Federal Employee Program (FEP), between the Office of Personnel Management (OPM) and BCBSA, which acts as an agent for the participating Blue Cross Blue Shield plans. Each participating plan, including the Plan, executes a contract with BCBSA which obligates these plans to underwrite FEP benefits in its service area.

Premium rates are developed by BCBSA and negotiated with OPM annually. These are the rates which each participating Blue Cross Blue Shield will receive to provide insurance to Federal employees that enrolled with Blue Cross Blue Shield FEP. The excess of gross premiums over the charges for the life of the program on an accrual basis is accounted for as a rate stabilization reserve (commonly referred to as the special reserve), as required by the contract between OPM and BCBSA.

Each year, OPM also allocates a portion of the premiums to a contingency reserve which may be utilized by participating plans in the event annual premiums paid to the insurance carrier are insufficient or the rate stabilization reserve falls below certain levels prescribed by OPM. Premiums paid to the carrier and available to each participating Blue Cross Blue Shield plan, including the special reserve and contingency reserve, including amounts unused from prior periods are held at the U.S. Treasury. Any premiums that remain in the rate stabilization reserve upon termination of the BCBSA contract, after the claims run-out and reimbursement of the allowable administrative expenses, would be returned to OPM for the benefit of the FEHBP. The FEP contract automatically renews each year unless written notice of termination is given by either party.

In accordance with the FEP contract, premium funds that exceed daily operating needs are held on behalf of the Plan in letter of credit accounts at the U.S. Treasury to provide funding for claims, administrative expenses, and other charges to the contract. The Plan, along with other Blue Cross Blue Shield plans who participate in the FEHBP contract, has an unrestricted right to draw funds held in the U.S. Treasury.

The Plan has recorded its allocable share of a special reserve fund held in the U.S. Treasury as an asset, with an equivalent amount recorded as a rate stabilization reserve. This amount is \$585,857 as of December 31, 2024 and is included in other current assets and other current liabilities in the accompanying consolidated balance sheets.

FEP represented approximately 3.7% of accounts receivable and approximately 7.4% of net revenue as of and for the year ended December 31, 2024, respectively.

Additionally, the Center for Medicare & Medicaid Services (CMS) adjusts payments to Medicare Advantage plans and Medicare Part D plans according to the predicted health status of each beneficiary as supported by data from health care providers. The Plan collects claim and encounter data from providers whom the Plan generally relies to appropriately code claim submissions and document applicable medical records. CMS then determines the risk score and payment amount for each enrolled member based on the health care data submitted and member demographic information.

CMS and the Office of Inspector General for Health and Human Services periodically perform RADV audits of selected Medicare health plans to validate the coding practices of and supporting documentation maintained by health care providers. Such audits have in the past resulted in, and in the future could result in, retrospective adjustments to payments made to the Plan, fines, corrective action plans or other adverse action by CMS.

#### D. Business Interruption Insurance Recoveries

The Plan did not have any business interruption insurance recoveries in 2024.

- E. State Transferable and Non-Transferable Tax Credits
  - (1) Carrying value of transferable and non-transferable state tax credits gross of any related tax liabilities and total unused transferable and non-transferable state tax credits by state and in total

Description of State Transferable and Non-transferable Tax Credits	State	Carrying Value	Unused Amount
Historic Investment Tax Credit	RI	\$ 5,948,250	\$ 6,487,500
Total		\$ 5,948,250	\$ 6,487,500

(2) Method of estimating utilization of remaining transferable and non-transferable state tax credits

The Plan estimated the utilization of the remaining non-transferable state tax credits by projecting future premium taking into account policy growth and rate changes, projecting future tax liability based on projected premium, tax rates and tax credits, and comparing projected future tax liability to the availability of remaining non-transferable state tax credits.

(3) Impairment loss

The Plan did not have any impairment losses for state transferable tax credits in 2024.

(4) State tax credits admitted and nonadmitted

		Total Admitted	Total Nonadmitted
a.	Transferable	\$ 5,948,250	\$
b.	Non-transferable	\$	\$

F. Subprime-Mortgage-Related Risk Exposure

(1) The following is the Plan's narrative description of a subprime investment. A mortgage loan which has one or more of the following attributes: weak credit score high debt-to-income-ratio, high loan-to-value ratio or undocumented income.

(2) Direct exposure through investments in subprime mortgage loans - Not Applicable

### 21. Other Items (Continued)

(3) Direct exposure through other investments - Not Applicable

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage - Not Applicable

- G. Retained Assets Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts

The Plan did not receive proceeds from insurance-linked securities.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

The Plan has not realized on life insurance policy.

#### 22. Events Subsequent

Nonrecognized Subsequent Event:

There are no recognized or non-recognized events subsequent to December 31, 2024, that require recognition or disclosure.

#### 23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ -
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. Uncollectible Reinsurance

The Plan did not experience a write-off for uncollectible reinsurance.

C. Commutation of Reinsurance Reflected in Income and Expenses

The Plan did not experience a commutation of ceded reinsurance.

Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable

E. Reinsurance Credit - Not Applicable

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

A. Method Used to Estimate

D.

The Plan estimates accrued retrospective premium adjustments for its group health insurance business based on the Plan's underwriting polices, experience rating practices and claims reserve calculation.

B. Method Used to Record

The Plan records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Plan at December 31, 2024 that are subject to retrospective rating features was \$6,331,456, that represented 0.29% of the total net premiums written. No other net premiums written by the Plan are subject to retrospective rating features.

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

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

The Plan did not have Medical Loss Ratio rebates at December 31, 2024.

	(1)	(2)	(3)	(4)	(5)
	Individual	Small Group Employer	Large Group Employer		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	ХХХ	XXX	XXX	ХХХ	
(5) Less reinsurance ceded amounts	ХХХ		XXX	ХХХ	
(6) Rebates unpaid net of reinsurance	ХХХ	XXX	XXX	XXX	\$
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid					
(9) Medical loss ratio rebates unpaid					
(10) Plus reinsurance assumed amounts	ХХХ	XXX	XXX	ХХХ	
(11) Less reinsurance ceded amounts	ххх	xxx	ХХХ	ХХХ	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$

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

Effective January 1, 2014, the ACA imposed fees and premium stabilization provisions on health insurance issuers offering commercial health insurance. The three premium stabilization programs are commonly referred to as the 3R's – risk adjustment, risk corridor and reinsurance.

Risk Adjustment - This permanent program is designed to mitigate the potential impact of adverse selection and provide stability for health
insurance issuers and applies to all non-grandfathered plans in the individual and small group markets both on and off the insurance
exchanges. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and
user fees are accounted for as assessments.

• Risk Corridor - This temporary program was designed to provide aggregate protection for variability for issuers in the individual and small group markets during the 2014 to 2016 time period and applies to qualified health plans (QHPs) in the individual and small group markets both on and off the insurance exchanges. Premium adjustments pursuant to the risk corridor program are accounted for as premium adjustments for retrospectively rated contracts.

The plan has accident and health insurance premiums for CY 2024 subject to the risk sharing provisions of ACA.

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? <u>YES</u>

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

		Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 13,140,000
	Liabilities	
	2. Risk adjustment user fees payable for ACA risk adjustment.	\$ 145,148
	3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	
	Operations (Revenue & Expense)	
	<ol> <li>Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.</li> </ol>	\$ 12,902,717
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	149,621

### 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

						Diffe	rences	Δ	djustments		Unsettled Bala Reporti	inces as of the ng Date
		on Business	g the Prior Year Written Before he Prior Year	Current Year Written Before	Paid as of the r on Business e Dec 31 of the r Year	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
	Permanent ACA Risk Adjustment Program I. Premium adjustments receivable (including high risk pool											
	payments)	\$ 11,930,000	\$	\$ 11,692,716	\$	\$ 237,284	\$	\$(237,284)	\$	А	\$	\$
:	<ol> <li>Premium adjustments (payable) (including high risk pool premium)</li> </ol>				(153,318)		4,473		(4,473)	В		
	<ol> <li>Subtotal ACA Permanent Risk Adjustment Program</li></ol>	\$ 11,930,000	\$(148,845)	\$ 11,692,716	\$(153,318).	\$ 237,284	\$ 4,473	\$(237,284).	\$(4,473)		\$	\$

Exp A:

Risk Adjustment updated based on HHS Notification B: Risk Adjustment updated based on HHS Notification

#### 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 \$197,265,000 and as of December 31, 2024, \$100,834,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$27,239,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive and Medicare lines of insurance. Therefore, there has been a \$69,192,000 favorable prior-year development since December 31, 2023, to December 31, 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. The Plan did not experience prior year claim development on retrospectively rated policies.

Β. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses -Not Applicable

#### 26. Intercompany Pooling Arrangements

The Plan is not part of any intercompany pooling arrangement.

#### 27. Structured Settlements - Not Applicable

#### 28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$ 53,236,238	\$	\$	\$	\$
	53,816,756	53,306,893	52,944,692		
		48,417,637			
		46,136,271			3,592,060
12/31/2023	48,909,138	46,237,572	42,539,000		4,097,251
	44,788,958	47,026,983	43,517,650		3,509,333
		45,105,158	41,537,969		
					2,205,583
12/31/2022		35,959,555			1,886,080
					2,508,128
03/31/2022					3,552,803

### B. Risk-Sharing Receivables - Not Applicable

#### 29. Participating Policies

Participating policies do not apply to the Plan.

#### 30. Premium Deficiency Reserves

The Plan has a statutory premium deficiency reserve (PDR) of \$52,860,000 and \$39,400,000 for the periods ended December 31, 2024 and December 31, 2023, respectively. The PDR related to the Commercial, Medicare Supplement and Medicare Advantage lines of business for the period ended December 31, 2024 and December 31, 2023.

1.	Liability carried for premium deficiency reserves:	\$52,860,000
2.	Date of the most recent evaluation of this liability:	
3.	Was anticipated investment income utilized in the calculation?	YES

### 31. Anticipated Salvage and Subrogation

The amount of undiscounted estimated salvage and subrogation recoverable, taken into account in determining the undiscounted unpaid losses as reported in the Underwriting and Investment Exhibit and Page 3 – Liabilities, Reserves and Special Funds, Line I for December 31, 2024 and 2023, was \$14,967,000 and \$17,135,000, respectively.

### PART 1 – COMMON INTERROGATORIES

### GENERAL

1.1	1 Is the reporting entity a member of an Insurance Holding Company System consistin persons, one or more of which is an insurer?	ig of two or more affiliated	Yes[X] No[]
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3		
1.2	2 If yes, did the reporting entity register and file with its domiciliary State Insurance Co Superintendent or with such regulatory official of the state of domicile of the principal System, a registration statement providing disclosure substantially similar to the star Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Com and model regulations pertaining thereto, or is the reporting entity subject to standard substantially similar to those required by such Act and regulations?	l insurer in the Holding Company ndards adopted by the National npany System Regulatory Act	Yes[X] No[] N/A []
1.3	3 State Regulating?		RHODE ISLAND
1.4	4 Is the reporting entity publicly traded or a member of a publicly traded group?		Yes[]No[X]
1.5	5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the	SEC for the entity/group.	
2.1	1 Has any change been made during the year of this statement in the charter, by-laws settlement of the reporting entity?	, articles of incorporation, or deed of	Yes[]No[X]
2.2	2 If yes, date of change:		
3.1	1 State as of what date the latest financial examination of the reporting entity was mad	le or is being made.	12/31/2023
3.2	2 State the as of date that the latest financial examination report became available from the reporting entity. This date should be the date of the examined balance sheet and completed or released.		12/31/2023
3.3	3 State as of what date the latest financial examination report became available to othe the state of domicile or the reporting entity. This is the release date or completion da not the date of the examination (balance sheet date).		01/30/2025
3.4	4 By what department or departments? RHODE ISLAND DEPARTMENT OF BUSINESS REGULATION - INSURANCE DIV	ISION	
35	5 Have all financial statement adjustments within the latest financial examination repor	rt heen accounted for in a	
0.0	subsequent financial statement filed with departments?		Yes[X] No[] N/A []
3.6	6 Have all of the recommendations within the latest financial examination report been	complied with?	Yes[X] No[] N/A []
4.1	1 During the period covered by this statement, did any agent, broker, sales representa sales/service organization or any combination thereof under common control (other t reporting entity) receive credit or commissions for or control a substantial part (more of business measured on direct premiums) of:	than salaried employees of the	
	4.11 sales of new bu 4.12 renewals?	siness?	Yes [
4.2	2 During the period covered by this statement, did any sales/service organization own reporting entity or an affiliate, receive credit or commissions for or control a substant any major line of business measured on direct premiums) of:		
	4.21 sales of new bu 4.22 renewals?	siness?	Yes[]No[X] Yes[]No[X]
	4.22 TEHEWAIS?		Yes[] No[X]
5.1	1 Has the reporting entity been a party to a merger or consolidation during the period of	covered by this statement?	Yes[] No[X]

If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

		1		2		3	1.	
		Name of Entity		NAIC Company Code		ate of Domic		
		ting entity had any Certificates of Authority, licenses or re suspended or revoked by any governmental entity during				Yes[]	No [ X ]	
.2 I	lf yes, give fu	Il information:						
	· · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
'.1 I	Does any for	eign (non-United States) person or entity directly or indirec	ctly control 10	% or more of the reporting enti	y?	Yes[]	No [ X ]	
7.2	lf yes,							
	7.2 7.2	1 0 0	ey-in-fact and	identify the type of entity(s)				
		1		2				
		Nationality		Type of Entity				
3.2	If response to	8.1 is yes, please identify the name of the DIHC.			· · · · · · · · · · · · · · · · · · ·			
3.4 I a	If response to affiliates regu of the Compt	ny affiliated with one or more banks, thrifts or securities fin 8.3 is yes, please provide the names and locations (city a lated by a federal financial regulatory services agency [i.e roller of the Currency (OCC), the Federal Deposit Insurand mmission (SEC)] and identify the affiliate's primary federa	and state of th . the Federal ce Corporatio	Reserve Board (FRB), the Offic	ce	Yes [ ]	No [ X ]	
		1		2	3	4	5	6
		Affiliate Name		Location (City, State)	FRB	occ	FDIC	SEC
		ng entity a depository institution holding company with sigr Governors of Federal Reserve System or a subsidiary of t				Yes[]	No [ X ]	
		8.5 is no, is the reporting entity a company or subsidiary to the Federal Reserve Board's capital rule?	of a company	r that has otherwise been		Yes[]	No[X] N/#	A [ ]
(	conduct the a	ame and address of the independent certified public acco nnual audit? uche LLP, 185 Asylum Street, City Place I, 33rd Floor, Ha		-				

	GENERAL INTERROGATORIES	
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes[] No[X]
10.2	If response to 10.1 is yes, provide information related to this exemption:	
0.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?	Yes[]No[X]
0.4	If response to 10.3 is yes, provide information related to this exemption:	
	· · · · · · · · · · · · · · · · · · ·	
0.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes[X]No[]N/A[]
10.6	If the response to 10.5 is no or n/a, please explain.	
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? BRIAN MACKINTOSH IS THE CHIEF ACTUARY OF BLUE CROSS BLUE SHIELD OF RHODE ISLAND. THE ADDRESS IS 500 EXCHANGE STREET, PROVIDENCE RI, 02903.	
2.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes[]No[X]
	<ul><li>12.11 Name of real estate holding company</li><li>12.12 Number of parcels involved</li><li>12.13 Total book/adjusted carrying value</li></ul>	\$
2.2	If yes, provide explanation:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
3.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
3.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes[] No[X]
3.3	Have there been any changes made to any of the trust indentures during the year?	Yes[] No[X]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[X] N/A []

Annual Statement for the year 2024 of the BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

	Annual Statement for the year 2024 of the BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	
	GENERAL INTERROGATORIES	
14.1	<ul> <li>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?</li> <li>a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;</li> </ul>	
	<ul> <li>b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</li> <li>c. Compliance with applicable governmental laws, rules, and regulations;</li> <li>d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and</li> <li>e. Accountability for adherence to the code.</li> </ul>	Yes [ X ] No [ ]
14.11	I If the response to 14.1 is no, please explain:	
14.2	2 Has the code of ethics for senior managers been amended?	Yes[] No[X]
14.21	I f the response to 14.2 is yes, provide information related to amendment(s).	···· ··· ···
14.3	3 Have any provisions of the code of ethics been waived for any of the specified officers?	Yes[]No[X]
14.31	I If the response to 14.3 is yes, provide the nature of any waiver(s).	···· ··· ···
	<ul> <li>Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?</li> <li>If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit</li> </ul>	Yes[]No[X]

issuing or co is triggered.

1	2	3	4
American			
Bankers			
Association	Issuing or Confirming		
(ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
, ,		Circumstances That Can Trigger the Letter of Credit	Amount
, ,			

## **BOARD OF DIRECTORS**

16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?	Yes[X] No[]
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?	Yes[X] No[]
18.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?	Yes[X] No[]

## FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g.,	
Generally Accepted Accounting Principles)?	Yes[]No[X]

20.1	Tatal	warment la second all reliance the support (in all reliance of Comparents	A	······································	
	i otal ar	nount loaned during the year (inclusive of Separate		e of policy loans): ors or other officers	¢
				nolders not officers	\$\$
				, supreme or grand (Fraternal only)	\$\$
			20110 11000000		•
20.2	Total an	nount of loans outstanding at the end of year (inclus	ive of Separate Ac	ccounts, exclusive of policy loans):	
			20.21 To direct	ors or other officers	\$
			20.22 To stock	nolders not officers	\$
			20.23 Trustees,	, supreme or grand (Fraternal only)	\$
		ny assets reported in this statement subject to a con for such obligation being reported in the statement?		to transfer to another party without the	Yes[]No[X]
21.2	lf ves. s	state the amount thereof at December 31 of the curre	ent vear:		
	<b>,</b> ,.		21.21 Rented fr	rom others	\$
			21.22 Borrowed		\$
			21.23 Leased fr		\$
			21.24 Other		\$
		is statement include payments for assessments as o	described in the Ar	nnual Statement Instructions other than	
	guarant	ty fund or guaranty association assessments?			Yes[X] No[]
<b>2</b> 2 2	If answe	er is yes:			
<i>LL.L</i>	0.13Wt		22 21 Amount r	paid as losses or risk adjustment	\$
				paid as expenses	\$\$
			22.22 Athount p 22.23 Other am		\$
			22.20 Outor an		Ψ
23.1	Does th stateme	e reporting entity report any amounts due from pare ent?	nt, subsidiaries or	affiliates on Page 2 of this	Yes[]No[X]
າວາ	If yoo in	ndianta any amounta ranaiyahla fram narant induda	d in the Dece 2 or	ount-	\$
Z3.Z	if yes, if	ndicate any amounts receivable from parent included	a in the Page 2 arr	iount.	\$
	are not				
		settled in full within 90 days? sponse to 24.1 is yes, identify the third-party that pa	ivs the agents and	whether they are a related party.	
		sponse to 24.1 is yes, identify the third-party that pa	ivs the agents and	2	
		sponse to 24.1 is yes, identify the third-party that pa	iys the agents and		l Party (Yes/No)
		sponse to 24.1 is yes, identify the third-party that pa	iys the agents and	2	
		sponse to 24.1 is yes, identify the third-party that pa	lys the agents and	2 Is the Third-Party Agent a Related	
		sponse to 24.1 is yes, identify the third-party that pa		2 Is the Third-Party Agent a Related	
24.2	If the re	sponse to 24.1 is yes, identify the third-party that pa	INVI	2 Is the Third-Party Agent a Related	
24.2	If the re	I the stocks, bonds and other securities owned Dece	INVI ember 31 of currer	2 Is the Third-Party Agent a Related ESTMENT It year, over which the reporting entity has	
24.2	If the re Were al exclusiv	I the stocks, bonds and other securities owned Dece re control, in the actual possession of the reporting e	INVI ember 31 of currer	2 Is the Third-Party Agent a Related ESTMENT It year, over which the reporting entity has	
24.2	If the re Were al exclusiv	I the stocks, bonds and other securities owned Dece	INVI ember 31 of currer	2 Is the Third-Party Agent a Related ESTMENT It year, over which the reporting entity has	
24.2	If the re Were al exclusiv address	I the stocks, bonds and other securities owned Dece re control, in the actual possession of the reporting e	INVI ember 31 of currer	2 Is the Third-Party Agent a Related ESTMENT It year, over which the reporting entity has	
24.2	If the re Were al exclusiv address	It he stocks, bonds and other securities owned Dece recontrol, in the actual possession of the reporting e sed in 25.03)	INVI ember 31 of currer	2 Is the Third-Party Agent a Related ESTMENT It year, over which the reporting entity has	
24.2	If the re Were al exclusiv address	It he stocks, bonds and other securities owned Dece recontrol, in the actual possession of the reporting e sed in 25.03)	INVI ember 31 of currer	2 Is the Third-Party Agent a Related ESTMENT It year, over which the reporting entity has	
24.2 25.01 25.02 25.03	If the re Were al exclusiv address If no, giv For secu	It he stocks, bonds and other securities owned Dece recontrol, in the actual possession of the reporting e sed in 25.03)	INVI ember 31 of currer entity on said date? program including	2 Is the Third-Party Agent a Related ESTMENT In year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	
24.2 25.01 25.02 25.03	If the re Were al exclusiv address If no, giv For secu	It he stocks, bonds and other securities owned Decorrection of the reporting essed in 25.03) we full and complete information, relating thereto: urity lending programs, provide a description of the rest of the	INVI ember 31 of currer entity on said date? program including	2 Is the Third-Party Agent a Related ESTMENT In year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	
24.2 25.01 25.02 25.03	If the re Were al exclusiv address If no, giv For secu	It he stocks, bonds and other securities owned Decorrection of the reporting essed in 25.03) we full and complete information, relating thereto: urity lending programs, provide a description of the rest of the	INVI ember 31 of currer entity on said date? program including	2 Is the Third-Party Agent a Related ESTMENT In year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	
24.2 25.01 25.02 25.03	If the re Were al exclusiv address If no, giv For secu	It he stocks, bonds and other securities owned Decorrection of the reporting essed in 25.03) ve full and complete information, relating thereto: urity lending programs, provide a description of the rest of the	INVI ember 31 of currer entity on said date? program including	2 Is the Third-Party Agent a Related ESTMENT In year, over which the reporting entity has ? (other than securities lending programs value for collateral and amount of loaned	
24.2 25.01 25.02 25.03	If the re Were al exclusiv address If no, giv For securitic informat	sponse to 24.1 is yes, identify the third-party that pa	INVI ember 31 of currer entity on said date? program including e sheet. (an altern	2 Is the Third-Party Agent a Related ESTMENT at year, over which the reporting entity has ? (other than securities lending programs ? (other than securities lending programs value for collateral and amount of loaned ative is to reference Note 17 where this	
24.2 25.01 25.02 25.03	If the re Were al exclusiv address If no, giv For securitie informat	It he stocks, bonds and other securities owned Decorrection of the reporting essed in 25.03) ve full and complete information, relating thereto: urity lending programs, provide a description of the rest of the	INVI ember 31 of currer entity on said date? program including e sheet. (an altern	2 Is the Third-Party Agent a Related ESTMENT at year, over which the reporting entity has ? (other than securities lending programs ? (other than securities lending programs value for collateral and amount of loaned ative is to reference Note 17 where this	

Annual Statement for the year 2024 of the	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

25.06		ur securities lending program require 102% (do arty at the outset of the contract?	omestic sec	urities) and 105% (foreign securities) from the	Yes[] No[] N/	A[X]
25.07	Does the	reporting entity non-admit when the collateral	received fr	om the counterparty falls below 100%?	Yes [ ] No [ ] N/	'A [X]
25.08		e reporting entity or the reporting entity's securi ent (MSLA) to conduct securities lending?	ities lending	agent utilize the Master Securities Lending	Yes[] No[] N/	A [X]
25.09	For the r	eporting entity's security lending program, state	e the amou	nt of the following as of December 31 of the current year:		
	25.091	Total fair value of reinvested collateral assets	reported or	n Schedule DL, Parts 1 and 2	\$	
	25.092	Total book adjusted/carrying value of reinvest	ted collatera	al assets reported on Schedule DL, Parts 1 and 2	\$	
	25.093	Total payable for securities lending reported of	on the liabili	ity page	\$	
26.1	exclusive		as the repo	ty owned at December 31 of the current year not rting entity sold or transferred any assets subject to subject to Interrogatory 21.1 and 25.03).	Yes[X] No[]	
26.2	lf yes, st	ate the amount thereof at December 31 of the	current yea	r.		
			26.21	Subject to repurchase agreements	\$	84,398
			26.22	Subject to reverse repurchase agreements	\$	
			26.23	Subject to dollar repurchase agreements	\$	
			00.04	Outlined to severe dellas service and severe to	¢	

26.23	Subject to dollar repurchase agreements	\$ 
26.24	Subject to reverse dollar repurchase agreements	\$
26.25	Placed under option agreements	\$ 
26.26	Letter stock or securities restricted as to sale -	
	excluding FHLB Capital Stock	\$ 
26.27	FHLB Capital Stock	\$ 4,672,900
26.28	On deposit with states	\$ 
26.29	On deposit with other regulatory bodies	\$ 
26.30	Pledged as collateral - excluding collateral	
	pledged to an FHLB	\$ 43,040,000
26.31	Pledged as collateral to FHLB - including	
	assets backing funding agreements	\$ 181,783,000
26.32	Other	\$

26.3 For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

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

Yes[]No[X]

	Annual Statement for the year 2024 of the BLUE CROSS &	BLUE SHIELD OF RHODE ISLAND	
	GENER	AL INTERROGATORIES	
27.2	If yes, has a comprehensive description of the hedging program b If no, attach a description with this statement.	een made available to the domiciliary state?	Yes[] No[] N/A [X]
ES 27	.3 through 27.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES	ONLY:	
27.3	Does the reporting entity utilize derivatives to hedge variable annu-	uity guarantees subject to fluctuations as a result	
	of interest rate sensitivity?		Yes[]No[X]
27.4	If the response to 27.3 is YES, does the reporting entity utilize:		
	27.41	Special accounting provision of SSAP No. 108	Yes[] No[X]
	27.42	Permitted accounting practice	Yes[] No[X]
	27.43	Other accounting guidance	Yes[]No[X]
27.5	By responding YES to 27.41 regarding utilizing the special account	nting provisions of SSAP No. 108, the reporting	
	entity attests to the following:		Yes [ ] No [X]
•	The reporting entity has obtained explicit approval from the domic	iliary state.	
•	Hedging strategy subject to the special accounting provisions is c	onsistent with the requirements of VM-21.	
•	Actuarial certification has been obtained which indicates that the h	nedging strategy is incorporated within the	
	establishment of VM-21 reserves and provides the impact of the h	nedging strategy within the Actuarial Guideline	
	Conditional Tail Expectation Amount.	bet the bedeine starten and the definition of a	
•	Financial Officer Certification has been obtained which indicates t Clearly Defined Hedging Strategy within VM-21 and that the Clear		
	strategy being used by the company in its actual day-to-day risk n		
28.1	Were any preferred stocks or bonds owned as of December 31 of	the current year mandatorily convertible into	
	equity, or, at the option of the issuer, convertible into equity?		Yes[] No[X]
28.2	If yes, state the amount thereof at December 31 of the current year	ar.	\$
29.	Excluding items in Schedule E - Part 3 - Special Deposits, real es	tate, mortgage loans and investments held	
	physically in the reporting entity's offices, vaults or safety deposit	boxes, were all stocks, bonds and other securities,	

Yes[X] No[]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

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

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3	
Name(s)	Location(s)	Complete Explanation(s)	

### 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

LINES

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

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

["... that have access to the investment accounts"; "...handle securities"]

1	2
Name Firm or Individual	Affiliation
BlackRock Financial Management, Inc.	U

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[X] No[]

Yes[X] No[]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting

entity's invested assets?

29.06 For those firms or individuals listed in the table 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration		Legal Entity		Investment Managem
Depository Number	Name Firm or Individual	Identifier (LEI)	Registered With	Agreement (IMA) Filed
107105	BlackRock Financial Management, Inc.	549300LVXYIVJKE13M84	SECURITIES EXCHANGE COM	No

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes[X] No[]

#### 30.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
024071-81-3	AMERICAN FUNDS BAL R6	37,375
649280-81-5	AMERICAN FUNDS NWLD R6	34,736
256219-10-6	DODGE & COX STCK I	53,340
315911-75-0	FIDELITY 500 INDEX	1,023,986
315911-72-7	FIDELITY INTERNATIONL IX	6,174
316146-35-6	FIDELITY US BOND INDEX	272,145
41665H-78-9	HARTFD:SCHR EM E SDR	10,881,680
57630E-87-5	MASSMUTUAL S:BL CH I	2,343
57630G-45-8	MASSMUTUAL S:TRP 25 I	419,510
57630G-41-7	MASSMUTUAL S:TRP 30 I	20,622
57630G-32-6	MASSMUTUAL S:TRP 40 I	18,567
57630G-27-6	MASSMUTUAL S:TRP 45 I	308,327
57630G-14-4	MASSMUTUAL S:TRP 60 I	27,639
57630G-18-5	MASSMUTUAL SELECT TRP RETIREMENT 2055 I	20,628
57629H-35-0	MASSMUTUAL:CR B I	113,311
552966-80-6	MFS INTERNATIONAL EQT R6	22,087,999
704329-24-2	PAYDEN:EM MKT BD SI	11,673,580
779562-20-6	T ROWE PRICE NH I	118,645
922908-83-5	VANGUARD MD-CP I INST	289,258
921908-87-7	VANGUARD RE IDX ADM	165,063
922908-87-6	VANGUARD S-C ID INST	285,988
969251-71-9	WM BLAIR:INTL LDRS I	169,948
30.2999 TOTAL		48,030,864

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

1	2	3 Amount of Mutual Fund's	4
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
024071-81-3	AMERICAN FUNDS BAL R6	37,375	12/31/2024
024071-81-3	AMERICAN FUNDS BAL R6	37,375	12/31/2024
)24071-81-3	AMERICAN FUNDS BAL R6	37,375	12/31/2024
)24071-81-3	AMERICAN FUNDS BAL R6	37,375	12/31/2024
649280-81-5	AMERICAN FUNDS NWLD R6	37,375	12/31/2024
649280-81-5	AMERICAN FUNDS NWLD R6	34,736	12/31/2024
649280-81-5	AMERICAN FUNDS NWLD R6	34,736	12/31/2024
649280-81-5	AMERICAN FUNDS NWLD R6	34,736	12/31/2024
649280-81-5	AMERICAN FUNDS NWLD R6	34,736	12/31/2024
649280-81-5	AMERICAN FUNDS NWLD R6	34,736	12/31/2024
256219-10-6	DODGE & COX STCK I	53,340	12/31/2024
256219-10-6	DODGE & COX STCK I	53,340	12/31/2024
256219-10-6	DODGE & COX STCK I	53,340	12/31/2024
256219-10-6	DODGE & COX STCK I	53,340	12/31/2024
256219-10-6	DODGE & COX STCK I	53,340	12/31/2024
315911-75-0	FIDELITY 500 INDEX	1,023,986	12/31/2024
315911-75-0	FIDELITY 500 INDEX		
• • • • • • • • • • • • • • • • • • • •		1,023,986	12/31/2024
315911-75-0	FIDELITY 500 INDEX	1,023,986	12/31/2024
315911-75-0	FIDELITY 500 INDEX	1,023,986	12/31/2024
315911-75-0	FIDELITY 500 INDEX	1,023,986	12/31/2024
315911-72-7	FIDELITY INTERNATIONL IX	6,174	12/31/2024
315911-72-7	FIDELITY INTERNATIONL IX	6,174	12/31/2024
315911-72-7	FIDELITY INTERNATIONL IX	6,174	12/31/2024
315911-72-7	FIDELITY INTERNATIONL IX	6,174	12/31/2024
315911-72-7	FIDELITY INTERNATIONL IX	6,174	12/31/2024
316146-35-6	FIDELITY US BOND INDEX	272,145	12/31/2024
316146-35-6	FIDELITY US BOND INDEX	272,145	12/31/2024
316146-35-6	FIDELITY US BOND INDEX	272,145	12/31/2024
• • • • • • • • • • • • • • • • • • • •	FIDELITY US BOND INDEX	272,143	
316146-35-6			12/31/2024
316146-35-6	FIDELITY US BOND INDEX	272,145	12/31/2024
41665H-78-9	HARTFD:SCHR EM E SDR	10,881,680	12/31/2024
41665H-78-9	HARTFD:SCHR EM E SDR	10,881,680	12/31/2024
41665H-78-9	HARTFD:SCHR EM E SDR	10,881,680	12/31/2024
11665H-78-9	HARTFD:SCHR EM E SDR	10,881,680	12/31/2024
11665H-78-9	HARTFD:SCHR EM E SDR	10,881,680	12/31/2024
57630E-87-5	MASSMUTUAL S:BL CH I	2,343	12/31/2024
57630E-87-5	MASSMUTUAL S:BL CH I	2,343	12/31/2024
57630E-87-5	MASSMUTUAL S:BL CH I	2,343	12/31/2024
57630E-87-5	MASSMUTUAL S:BL CH I	2,343	12/31/2024
	MASSMUTUAL S:BL CH I	2,343	12/31/2024
57630E-87-5			
57630G-45-8	MASSMUTUAL STRP 251	419,510	12/31/2024
57630G-45-8	MASSMUTUAL S:TRP 25 I	419,510	12/31/2024
57630G-45-8	MASSMUTUAL S:TRP 25 I	419,510	12/31/2024
57630G-45-8	MASSMUTUAL S:TRP 25 I	419,510	12/31/2024
57630G-45-8	MASSMUTUAL S:TRP 25 I	419,510	12/31/2024
57630G-41-7	MASSMUTUAL S:TRP 30 I	20,622	12/31/2024
57630G-41-7	MASSMUTUAL S:TRP 30 I	20,622	12/31/2024
57630G-41-7	MASSMUTUAL S:TRP 30 I	20,622	12/31/2024
57630G-41-7	MASSMUTUAL S:TRP 30 I	20,622	12/31/2024
57630G-41-7	MASSMUTUAL S:TRP 30 I	20,622	12/31/2024
57630G-32-6	MASSMUTUAL S:TRP 40 I	18,567	12/31/2024
57630G-32-6	MASSMUTUAL STRP 401	18,567	12/31/2024
57630G-32-6	MASSMUTUAL STRP 40 I	18,567	12/31/2024
57630G-32-6	MASSMUTUAL S:TRP 40 I	18,567	12/31/2024
57630G-32-6	MASSMUTUAL S:TRP 40 I	18,567	12/31/2024
57630G-27-6	MASSMUTUAL S:TRP 45 I	308,327	12/31/2024
57630G-27-6	MASSMUTUAL S:TRP 45 I	308,327	12/31/2024
57630G-27-6	MASSMUTUAL S:TRP 45 I	308,327	12/31/2024
57630G-27-6	MASSMUTUAL S:TRP 45 I	308,327	12/31/2024
57630G-27-6	MASSMUTUAL S:TRP 45 I	308,327	12/31/2024
: . : : : : <del></del>			
57630G-14-4	MASSMUTUAL S:TRP 60 I	27,639	12/31/2024

	1		
1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
57630G-14-4	MASSMUTUAL S:TRP 60 I	27,639	12/31/2024
57630G-14-4	MASSMUTUAL S:TRP 60 I	27,639	12/31/2024
57630G-14-4	MASSMUTUAL S:TRP 60 I	27,639	12/31/2024
57630G-18-5	MASSMUTUAL SELECT TRP RETIREM	20,628	12/31/2024
57630G-18-5	MASSMUTUAL SELECT TRP RETIREM	20,628	12/31/2024
57630G-18-5	MASSMUTUAL SELECT TRP RETIREM	20,628	12/31/2024
57630G-18-5	MASSMUTUAL SELECT TRP RETIREM	20,628	12/31/2024
57630G-18-5	MASSMUTUAL SELECT TRP RETIREM	20,628	12/31/2024
57629H-35-0	MASSMUTUAL:CR B I	113,311	12/31/2024
57629H-35-0	MASSMUTUAL:CR B I	113,311	12/31/2024
57629H-35-0	MASSMUTUAL:CR B I	113,311	12/31/2024
57629H-35-0	MASSMUTUAL:CR B I	113,311	12/31/2024
57629H-35-0	MASSMUTUAL:CR B I	113,311	12/31/2024
552966-80-6	MFS INTERNATIONAL EQT R6	22,087,999	12/31/2024
552966-80-6	MFS INTERNATIONAL EQT R6	22,087,999	12/31/2024
552966-80-6	MFS INTERNATIONAL EQT R6	22,087,999	12/31/2024
552966-80-6	MFS INTERNATIONAL EQT R6	22,087,999	12/31/2024
552966-80-6	MFS INTERNATIONAL EQT R6	22,087,999	12/31/2024
704329-24-2	PAYDEN:EM MKT BD SI	11,673,580	12/31/2024
704329-24-2	PAYDEN:EM MKT BD SI	11,673,580	12/31/2024
704329-24-2	PAYDEN:EM MKT BD SI	11,673,580	12/31/2024
704329-24-2	PAYDEN:EM MKT BD SI	11,673,580	12/31/2024
704329-24-2	PAYDEN:EM MKT BD SI	11,673,580	12/31/2024
779562-20-6	T ROWE PRICE NH I	118,645	12/31/2024
779562-20-6	T ROWE PRICE NH I	118,645	12/31/2024
779562-20-6	T ROWE PRICE NH I	118,645	12/31/2024
779562-20-6	T ROWE PRICE NH I	118,645	12/31/2024
779562-20-6	T ROWE PRICE NH I	118,645	12/31/2024
922908-83-5	VANGUARD MD-CP I INST	289,258	12/31/2024
922908-83-5	VANGUARD MD-CP I INST	289,258	12/31/2024
922908-83-5	VANGUARD MD-CP I INST	289,258	12/31/2024
922908-83-5	VANGUARD MD-CP I INST	289,258	12/31/2024
922908-83-5	VANGUARD MD-CP I INST	289,258	12/31/2024
921908-87-7	VANGUARD RE IDX ADM	165,063	12/31/2024
921908-87-7	VANGUARD RE IDX ADM	165,063	12/31/2024
921908-87-7	VANGUARD RE IDX ADM	165,063	12/31/2024
921908-87-7	VANGUARD RE IDX ADM	165,063	12/31/2024
921908-87-7	VANGUARD RE IDX ADM	165,063	12/31/2024
922908-87-6	VANGUARD S-C ID INST	285,988	12/31/2024
922908-87-6	VANGUARD S-C ID INST	285,988	12/31/2024
922908-87-6	VANGUARD S-C ID INST	285,988	12/31/2024
922908-87-6	VANGUARD S-C ID INST	285,988	12/31/2024
		285,988	
922908-87-6			12/31/2024
969251-71-9	WM BLAIR:INTL LDRS I	169,948	12/31/2024
969251-71-9		169,948	12/31/2024
969251-71-9		169,948	12/31/2024
969251-71-9	WM BLAIR:INTL LDRS I	169,948	12/31/2024

# 31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

WM BLAIR:INTL LDRS I

969251-71-9

	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	459,971,743	434,098,902	(25,872,841)
31.2 Preferred stocks	19,046,132	19,046,132	
31.3 Totals	479,017,875	453,145,034	(25,872,841)

169,948

12/31/2024

31.4	Describe the sources or methods utilized in determining the fair values: PROVIDED BY RATING SOURCES UTILIZED BY THE CUSTODIAN, NORTHERN TRUST. PRICING SOURCES INCLUDES IDC, ICE, S&P GLOBAL, JPM PRICING, IHS MARKIT, SIX FINANCIAL, NSCC, BLOOMBERG	
32.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes [ ] No [X]
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes[] No[]
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:	
33.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes[] No[X]
	If no, list exceptions: By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for a	an FF or PI, security is not available
	<ul> <li>b. Issuer or obligor is current on all contracted interest and principal payments.</li> <li>c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.</li> <li>Has the reporting entity self-designated 5GI securities?</li> </ul>	Yes [ ] No [X]
35	<ul> <li>By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:</li> <li>a. The security was either: <ul> <li>i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&amp;P Manual), or</li> <li>ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported.</li> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported from the credit rating assigned by an NAIC CRP in which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and availat insurance regulators.</li> </ul> </li> <li>d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities is surface reporting entity is not permitted to share this private credit rating or the private rationale report of the P</li> </ul>	eport to the SVO due to confidentiality ed for the security. h its legal capacity as an NRSRO able for examination by state ued on or after January 1, 2022,
	that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation. Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?	Yes[] No[X]
36.	<ul> <li>By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self</li> <li>a. The shares were purchased prior to January 1, 2019.</li> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.</li> <li>c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an N to January 1, 2019.</li> <li>d. The fund only or predominantly holds bonds in its portfolio.</li> <li>e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by in its legal capacity as an NRSRO.</li> <li>f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.</li> </ul>	IRSRO prior

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

	Ŭ				
37. B	By rolling/renewing short-term or cash-equivalent inve	estments with continued r	eporting on S	Schedule DA, part 1 or Schedule E Par	t 2
(i	identified through a code (%) in those investment sch	nedules), the reporting en	tity is certifyi	ng to the following:	
а	. The investment is a liquid asset that can be	he current maturity date.			
b	b. If the investment is with a nonrelated party of	or nonaffiliate, then it refle	cts an arms-	length transaction with renewal comple	eted at the
	discretion of all involved parties.				
С			entity has co	mpleted robust re-underwriting of the t	ransaction
	for which documentation is available for reg			han a dara an da di bar dar a an an an dibar a d	1. J. J.
d	<ol> <li>Short-term and cash equivalent investments 37.a - 37.c are reported as long-term invest</li> </ol>		/rolled from t	he prior period that do not meet the cr	teria in
		nonto.			
Η	as the reporting entity rolled/renewed short-term or o	cash equivalent investme	nts in accord	ance with these criteria?	Yes[] No[X] N/A []
.1 C	Does the reporting entity directly hold cryptocurrencie	s?			Yes [ ] No [X]
3.2 If	f the response to 38.1 is yes, on what schedule are the	ney reported?			
).1 C	Does the reporting entity directly or indirectly accept o	ryptocurrencies as paym	ents for prem	iums on policies?	Yes[] No[X]
) 2 If	f the response to 39.1 is yes, are the cryptocurrencie	s held directly or are they	immediately	converted to U.S. dollars?	
/. <u> </u>		39.21 Held direc			Yes [ ] No [ X ]
				to U.S. dollars	Yes [ ] No [X]
9.3 If	f the response to 38.1 or 39.1 is yes, list all cryptocur		•		
	1	2		3	7
		Immediately Converte	d to USD,		
	Name of Cryptocurrency	Directly Held, or		Accepted for Payment of Premiums	
	ist the name of the organization and the amount pair otal payments to trade associations, service organiza				
	overed by this statement.				
	1			2	
	Name			Amount Paid	_
	BLUE CROSS BLUE SHIELD ASSOCIATION		\$	830,	361
			\$ \$		
			Φ		]
.1 A	mount of payments for legal expenses, if any?				
.2 L	ist the name of the firm and the amount paid if any s	uch payment represented			203,025,372
p	ayments for legal expenses during the period covere		1 25% or mor		203,025,372
14			I 25% or mor	e of the total	203,025,372
F	1		I 25% or mor	e of the total	203,025,372
F	1 Name			e of the total 2 Amount Paid	
F	1 Name HOGAN LOVELLS US LLP		1 25% or mor	e of the total 2 Amount Paid 304,	018
F	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION		\$	e of the total 2 Amount Paid 304, 251,	018
F	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP		\$	e of the total 2 <u>Amount Paid</u> 304, 251, 207,	018 851 350
F	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP	ed by this statement.	\$ \$ \$ \$	e of the total 2 <u>Amount Paid</u> 304, 251, 207, 204,	018 851 350 747
F	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP	ed by this statement.	\$	e of the total 2 <u>Amount Paid</u> 304, 251, 207,	018 851 350 747
	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP	ed by this statement.	\$ \$ \$ \$ \$	e of the total 2 Amount Paid 304, 251, 207, 204, 197,	018 851 350 747
2.1 A	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP NELSON MULLINS RILEY & SCARBOROUGH,	ed by this statement.	\$ \$ \$ \$ \$	e of the total 2 Amount Paid 304, 251, 207, 204, 197,	018 851 350 747 868
2.1 A 0 2.2 L	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP NELSON MULLINS RILEY & SCARBOROUGH, Mount of payments for expenditures in connection w if government, if any?	ed by this statement.	\$ \$ \$ \$ tive bodies, o	e of the total           2           Amount Paid           304,           251,           207,           204,           197,           officers or departments           s           e of the total	018 851 350 747 868
2.1 A o 2.2 L p	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP NELSON MULLINS RILEY & SCARBOROUGH, Mount of payments for expenditures in connection w if government, if any? ist the name of the firm and the amount paid if any s mayment expenditures in connection with matters before	ed by this statement.	\$ \$ \$ \$ tive bodies, o	e of the total           2           Amount Paid           304,           251,           207,           204,           197,           officers or departments           s           e of the total	018 851 350 747 868
2.1 A o 2.2 L p	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP NELSON MULLINS RILEY & SCARBOROUGH, Mount of payments for expenditures in connection w of government, if any? ist the name of the firm and the amount paid if any s mayment expenditures in connection with matters before uring the period covered by this statement.	ed by this statement.	\$ \$ \$ \$ tive bodies, o	e of the total           2           Amount Paid           304,           251,           207,           204,           197,           officers or departments           e of the total           tments of government	018 851 350 747 868
.1 A o .2 L p	1 Name HOGAN LOVELLS US LLP BLUE CROSS BLUE SHIELD ASSOCIATION ROPES & GRAY LLP PIERCE ATWOOD LLP NELSON MULLINS RILEY & SCARBOROUGH, Mount of payments for expenditures in connection w if government, if any? ist the name of the firm and the amount paid if any s mayment expenditures in connection with matters before luring the period covered by this statement.	ed by this statement.	\$ \$ \$ \$ tive bodies, o	e of the total           2           Amount Paid           304,           251,           207,           204,           197,	018 851 350 747 868
2.1 A o 2.2 L p	1           Name           HOGAN LOVELLS US LLP           BLUE CROSS BLUE SHIELD ASSOCIATION           ROPES & GRAY LLP           PIERCE ATWOOD LLP           NELSON MULLINS RILEY & SCARBOROUGH,           xmount of payments for expenditures in connection w           if government, if any?           ist the name of the firm and the amount paid if any s           ayment expenditures in connection with matters before           luring the period covered by this statement.           1           Name	ed by this statement.	\$ \$ \$ \$ tive bodies, o 1 25% or mor cers or depar	e of the total  2  Amount Paid  304, 251, 207, 204, 197,  officers or departments e of the total tments of government  2  Amount Paid	018 851 350 747 868 3 20,311,787
2.1 A o 2.2 L p	1           Name           HOGAN LOVELLS US LLP           BLUE CROSS BLUE SHIELD ASSOCIATION           ROPES & GRAY LLP           PIERCE ATWOOD LLP           NELSON MULLINS RILEY & SCARBOROUGH,           wmount of payments for expenditures in connection w           if government, if any?           ist the name of the firm and the amount paid if any s           wayment expenditures in connection with matters before           luring the period covered by this statement.           1	ed by this statement.	\$ \$ \$ \$ tive bodies, o	e of the total           2           Amount Paid           304,           251,           207,           204,           197,	018 851 350 747 868 3 20,311,787
.1 A o 2 L p	1           Name           HOGAN LOVELLS US LLP           BLUE CROSS BLUE SHIELD ASSOCIATION           ROPES & GRAY LLP           PIERCE ATWOOD LLP           NELSON MULLINS RILEY & SCARBOROUGH,           xmount of payments for expenditures in connection w           if government, if any?           ist the name of the firm and the amount paid if any s           ayment expenditures in connection with matters before           luring the period covered by this statement.           1           Name	ed by this statement.	\$ \$ \$ \$ tive bodies, o 1 25% or mor cers or depar	e of the total  2  Amount Paid  304, 251, 207, 204, 197,  officers or departments e of the total tments of government  2  Amount Paid	018 851 350 747 868 320,311,787

## GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in f	orce?		Yes [ X ] No [ ]
1.2	If yes, indicate premium earned on U.S. business only.			\$59,564,143
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insura	nce Experience Exhibit?		\$
	1.31 Reason for excluding			
1 1	Indicate amount of earned premium attributable to Canadian and/or Other Alie	n not included in Item (1.2) obs	· · · · · · · · · · · · · · · · · · ·	¢
			we.	۹ ۴ ۸۹ ۵۵۵ ۵۵۵
	Indicate total incurred claims on all Medicare Supplement insurance.			\$48,609,503_
1.6	Individual policies: Most current three years:			
	1.61 Total premium earned 1.62 Total incurred claims			\$ <u>1,429,064</u> \$ <u>1,161,586</u>
	1.63 Number of covered lives All years prior to most current three years:			491
	1.64 Total premium earned			\$41,843,801
	1.65 Total incurred claims 1.66 Number of covered lives			\$ <u>34,011,889</u> 14,349
17	Group policies:			
	Most current three years: 1.71 Total premium earned			\$ 70.284
	1.72 Total incurred claims			\$ 57,966
	1.73 Number of covered lives All years prior to most current three years:			96_
	1.74 Total premium earned 1.75 Total incurred claims			\$ <u>16,220,994</u> \$ <u>13,378,063</u>
	1.76 Number of covered lives			426
2.	Health Test:	1	2	
		Current Year	Prior Year	
		\$ 2,212,944,959	\$ 2,049,694,139	
	2.2 Premium Denominator 2.3 Premium Ratio (2.1 / 2.2)	\$ 2,212,944,959 100.000	\$ 2,049,694,139 100.000	
	2.4 Reserve Numerator 2.5 Reserve Denominator	\$ <u>349,357,033</u> \$ <u>344,031,034</u>	\$ <u>326,215,827</u> \$321,685,613	
	2.6 Reserve Ratio (2.4 / 2.5)	101.548	101.408	
3.1	Has the reporting entity received any endowment or gift from contracting hosp be returned when, as and if the earnings of the reporting entity permits?	itals, physicians, dentists, or ot	hers that is agreed will	
2.0				Yes [ ] No [ X ]
3.2	If yes, give particulars:			
4.1	Have copies of all agreements stating the period and nature of hospitals', phy	sicians', and dentists' care offer	ed to subscribers	
	and dependents been filed with the appropriate regulatory agency?			Yes [ X ] No [ ]
	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the	nese agreements include addition	Dhai benefits offered?	Yes [ ] No [ X ]
	Does the reporting entity have stop-loss reinsurance?			Yes[X]No[]
5.2	If no, explain:			
5.3	Maximum retained risk (see instructions)			•
	5.31 Comprehensive Medical 5.32 Medical Only			\$
	5.33 Medicare Supplement			\$
	5.34 Dental and vision 5.35 Other Limited Benefit Plan			\$
	5.36 Other			\$
6.	Describe arrangement which the reporting entity may have to protect subscrib			
	including hold harmless provisions, conversion privileges with other carriers, a and any other agreements:	greements with providers to co	nunue rendering services,	
	THE PLAN ESTABLISHES RATES WITH THE PROPER CONDUCT OF ITS PLAN IS TO MAINTAIN SURPLUS IN EXCESS OF 200% OF RISK BASED (			

AMOUNTED TO \$142,299,836. AS A RESULT, NO REGULATORY ACTION WAS TRIGGERED. THE PLAN HAS HOLD HARMLESS PROVISIONS IN ITS CONTRACTS WITH PARTICIPATING HOSPITALS AND PROVIDERS.

	Annual Statement for the year 2024 of	f the BLUE CROS	S & BLUE SHIELD OI	F RHODE ISLAND			
			ERAL INTER HEALTH IN				
7.1	Does the reporting entity set up its claim liabilit	ty for provider servi	ices on a service date t	pasis?		Yes [ X ]	No [ ]
7.2	If no, give details:						
						· · · · · · · · · · · · · · · · · · ·	
8.	Provide the following information regarding par 8.1 Number of providers at start of 8.2 Number of providers at end o	of reporting year	5:				4,317
9.1	Does the reporting entity have business subject	ct to premium rate	guarantees?			Yes[]1	√o [ X ]
9.2	If yes, direct premium earned: 9.21 Business with rate guarantee 9.22 Business with rate guarantee	s between 15-36 m s over 36 months	oonths				
10.1	Does the reporting entity have Incentive Pool,	Withhold or Bonus	Arrangements in its pro	ovider contracts?		Yes [ ] [	√o [ X ]
10.2	If yes:					۴	
	10.21 Maximum amount payable bo 10.22 Amount actually paid for year 10.23 Maximum amount payable wi	bonuses thholds				\$ \$	
	10.24 Amount actually paid for year	withholds				\$	
11.1	Is the reporting entity organized as: 11.12 A Medical Group/Staff Model, 11.13 An Individual Practice Associa 11.14 A Mixed Model (combination	ation (IPA), or,				Yes[]  Yes[]  Yes[]	No [X]
11.2	Is the reporting entity subject to Statutory Minin	mum Capital and S	urplus Requirements?			Yes[]1	√o [ X ]
	If yes, show the name of the state requiring su	· · · · · · · · · · · · · · · · · · ·	- 				
	If yes, show the amount required.		aldaria anuitu?			۹۹	
	Is this amount included as part of a contingence		loider's equity?			Yes [ ] [	10 [ X ]
11.0	If the amount is calculated, show the calculation	и <b>.</b>					
10							
12.	List service areas in which reporting entity is lig		1				
			Name of Ser	vice Area			
Rhode	Island		·····	· · · · · · · · · · · · · · · · · · ·			
13.1	Do you act as a custodian for health savings a	ccounts?				Yes	[]No[X]
13.2	If yes, please provide the amount of custodial	funds held as of th	e reporting date.			\$	
	Do you act as an administrator for health savin	-				Yes	[]No[X]
	If yes, please provide the balance of the funds					\$	
	Are any of the captive affiliates reported on Sc If the answer to 14.1 is yes, please provide the		uthorized reinsurers?			Yes	[] No[] N/A [X]
	1	2	3	4		s Supporting Reserve	
	Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit	6 Trust Agreements	7
						7.9.001101110	Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1

Direct Premium Written Total Incurred Claims Number of Covered Lives 15.2 15.3

\*Ordinary Life Insurance Includes Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee)

Variable Universal Life (with or without secondary guarantee)

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## GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[]No[X]
16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[]No[X]

## FIVE – YEAR HISTORICAL DATA

		1	2	3	4	5
		2024	2023	2022	2021	2020
Balan	ce Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	1,017,621,413	1,025,794,353	922,703,337	924,260,302	862,104,146
2.	Total liabilities (Page 3, Line 24)	680,449,900	586,245,856	513,748,754	489,567,441	446,289,912
3.	Statutory minimum capital and surplus requirement	142,299,838	133,965,612	155,382,795	148,856,753	141,627,515
4.	Total capital and surplus (Page 3, Line 33)	337,171,513	439,548,497	408,954,583	434,692,861	415,814,234
Incom	e Statement (Page 4)					
5.	Total revenues (Line 8)	2,212,944,959	2,045,132,082	1,883,598,404	1,795,520,104	1,707,243,198
6.	Total medical and hospital expenses (Line 18)	2,010,791,255	1,825,926,990	1,631,116,035	1,542,709,739	1,403,371,707
7.	Claims adjustment expenses (Line 20)	77,872,682	63,506,822	59,630,823	58,743,347	58,190,620
8.	Total administrative expenses (Line 21)	224,069,300	172,654,392	181,846,685	183,427,950	207,567,850
9.	Net underwriting gain (loss) (Line 24)	(113,248,278)	(25,956,122)	19,004,861	9,239,068	7,713,021
10.	Net investment gain (loss) (Line 27)	16,887,982	9,516,964	7,258,198	17,509,110	7,857,917
11.	Total other income (Lines 28 plus 29)	(18,658,096)	17,040,901	(5,219,669)	(13,580,656)	(9,407,830
12.		(115,018,392)	601,743	21,043,390	13,167,522	42,421,212
Cash	Flow (Page 6)					''
	Net cash from operations (Line 11)	(37,094,821)	41,859,713	(67,103,723)	24,572,232	118,444,567
	Based Capital Analysis					
	Total adjusted capital	337,171,513	439,548,497	408,954,583	434,692,861	415,814,234
	Authorized control level risk-based capital	71,149,919	66,982,806	64,201,018	63,315,995	58,616,377
	ment (Exhibit 1)					
	Total members at end of period (Column 5, Line 7)	388,681	388,506	385,941	384,423	383,138
	Total members months (Column 6, Line 7)	4,659,193	4,251,422	4,607,876	4,632,706	4,615,572
	ting Percentage (Page 4)	4,000,100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,007,070	4,002,700	
	divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
	Total hospital and medical plus other non-health	100.0	100.0	100.0	100.0	100.0
15.	$(1 \pm 10)$ show $1 \pm 10$	90.9	89.3	86.6	85.9	82.2
20.		1.8	1.6	1.5	1.6	1.5
20. 21.		17	1.7	1.5	1.7	1.3
21.	Tetal edge (11-2002)	1.7 105.1	101.3	99.0	99.5	
	Total underwriting deductions (Line 23)				0.5	99.5 0.5
23. Unnai		(5.1)	(1.3)	1.0	0.5	0.5
	d Claims Analysis xhibit, Part 2B)					
		102 497 010	104,862,546	149 014 411	104 007 644	100 190 604
	Total claims incurred for prior years (Line 17, Col. 5)	123,487,010		148,214,411	124,937,641	129,180,624
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	230,100,736	136,417,315	147,411,278	143,577,383	135,665,500
	tments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29.	,					
	included in Sch. DA Verification, Col. 5, Line 10)					
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated		10,226,793		2,531,710	3,531,202
32.	Total of above Lines 26 to 31		10,226,793		2,531,710	3,531,202
33.	Total investment in parent included in Lines 26 to 31 above.					

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

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1		1		1	Direct Business	Uniy	1	1	
		A 11	2	3	4	5	6 Federal Employees Health	7 Life & Annuity	8	9	10
	States, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Benefits Plan Premiums	Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Typ Contracts
1.	Alabama AL	N									
	Alaska AK	. <u>N</u> .									
3. 4.	Arizona AZ Arkansas AR	. <u>N</u> . N									
	California CA	. <u>N</u> . N									
	Colorado CO	N									
	Connecticut CT	N									
	Delaware DE	. <u>N</u> .									
	District of Columbia DC Florida FL	. <u>N</u> . N									
	Georgia GA	N									
	Hawaii HI	Ň									
	Idaho ID	Ņ.									
	Illinois IL	. <u>N</u> .									
	Indiana IN Iowa IA	. <u>N</u> . N									
	Kansas KS	. <u>N</u> . N									
	Kentucky KY	Ň									
	Louisiana LA	N									
	Maine ME	. <u>N</u> .									
	Maryland MD Massachusetts MA	. <u>N</u> . N									
	Michigan MI	. <u>N</u> . N									
24.	Minnesota MN	N				1				1	
	Mississippi MS	N									
	Missouri MO	. <u>N</u> .									
	Montana MT Nebraska NE	. N . N									
	Nevada NV	. <u>N</u> . N									
	New Hampshire NH	Ň									
	New Jersey NJ	N									
	New Mexico NM	. <u>N</u> .									
	New York NY	. <u>N</u> .									
	North Carolina NC North Dakota ND	. <u>N</u> . N									
	Ohio OH	N									
37.	Oklahoma OK	Ň									
	Oregon OR	Ņ.									
	Pennsylvania PA	. <u>N</u> .								0.004.070.040	
	Rhode IslandRISouth CarolinaSC	. <u>L</u> . N	1,030,917,27	1,026,512,722			164,446,942			2,221,876,940	
	South Dakota SD	. <u>N</u> . N									
	Tennessee TN	N									
	Texas TX	N									
	Utah UT	N.									
46. 47		. <u>N</u> . N									
	Virginia VA Washington WA	N.									
	West Virginia WV	N									
	Wisconsin WI	N									
	Wyoming WY	. <u>N</u> .									
	American Samoa AS Guam GU	. <u>N</u> .									
	Guam GU Puerto Rico PR	. <u>N</u> . N									
	U.S. Virgin Islands VI	. <u>N</u> . N									
	Northern Mariana Islands MP	N									
57.	Canada CAN	N									
	Aggregate other alien OT	XXX	1 020 047 07	1 000 540 700			104 440 040			0.004.070.040	
	Subtotal Reporting entity contributions	XXX	1,030,917,27	1,026,512,722			164,446,942			2,221,876,940	
00.	for Employee Benefit Plans	xxx	2,971	931,458						934,429	
61.	Totals (Direct Business)	XXX	1,030,920,24	1,027,444,180			164,446,942			2,222,811,369	
	DETAILS OF WRITE-INS										
0004		VVV									
8001. 8002.		X X X X X X									
8003.		XXX									
	Summary of remaining write-ins for					ON					
0000	Line 58 from overflow page	XXX			╞╴╹╹╹						
8999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	xxx									
)	Active Status Counts 1. L – Licensed or Chartered - Licensed in 2. R - Registered - Non-domiciled RRGs 3. E – Eligible - Reporting entities eligble of 4. Q - Qualified - Qualified or accredited re 5. N – None of the above - Not allowed to	surance r approve insurer write bus	ed to write surplu	us lines in the stat e or none of the al	bove codes app		· · · · · · · · · · · · · · · · · · ·	<u>1</u> <u>56</u>	- - - -	1	
(b) ALL PR		write bus					······	56	-		

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

PART 1 - ORGANIZATIONAL CHART



# Page 2 - Continuation

# ASSETS

	Current Year			Prior Year
	1	2	3	4
			Net Admitted	
REMAINING WRITE-INS AGGREGATED AT LINE 25		Nonadmitted	Assets	Net Admitted
FOR OTHER THAN INVESTED ASSETS	Assets	Assets	(Cols. 1 - 2)	Assets
2504. HISTORICAL TAX CREDITS	5,948,250		5,948,250	1,640,000
2505. LEASEHOLD IMPROVEMENTS	2,275,425	2,275,425		
2506. LOAN & INTEREST RECEIVABLE	210,719	210,719		
2507. COLLATERAL FUND HOME & HOST	198,284		198,284	212,777
2597. Totals (Lines 2504 through 2596) (Page 2, Line 2598)	8,632,678	2,486,144	6,146,534	1,852,777

Page 3 - Continuation

# LIABILITIES, CAPITAL AND SURPLUS

		Current Year		
	1 2		3	4
	Covered	Uncovered	Total	Total
WRITE-INS AGGREGATED AT LINE 23 FOR OTHER LIABILITIES				
2304. UNFUNDED ACCUMULATED BENEFIT OBLIGATION	(1,451,173)		(1,451,173)	(806,848)
2397. Totals (Lines 2304 through 2396) (Page 3, Line 23)	(1,451,173)		(1,451,173)	(806,848)

# Page 4 - Continuation

# STATEMENT OF REVENUE AND EXPENSES

	Currer	Current Year		
	1	2	3	
WRITE-INS AGGREGATED AT LINE 29 FOR STATEMENT OF REVENUE AND EXPENSES	Uncovered	Total	Total	
2904. OTHER INCOME (NON CORE BUSINESS)			20,000,000	
2905. INTEREST EXPENSE IRS		(6,528)	(174,22	
2906. HEALTH INFORMATION EXCHANGE		(1,049,749)	(1,086,504	
2907. BANK SERVICE CHARGES		(2,294,051)	(1,287,92	
2908. OTHER EXPENSE - SETTLEMENT COSTS		(16,251,420)	(1,535,186	
2997. Totals (Lines 2901 through 2996) (Page 4, Line 2998)		(19,601,748)	15,916,16	

# Page 13 - Continuation

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal	8	9	10	11	12	13
		2	3				Employees	Title	Title				
WRITE-INS AGGREGATED AT LINE 05 FOR				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	
UNDERWRITING AND INVESTMENT EXHIBIT	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other
0597. Totals (Lines 0501 through 0596) (Page 13, Line 0598)													
	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal	8	9	10	11	12	13
		2	3				Employees	Title	Title				
WRITE-INS AGGREGATED AT LINE 11 FOR				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	
UNDERWRITING AND INVESTMENT EXHIBIT	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other
1197. Totals (Lines 1101 through 1196) (Page 13, Line 1198)													

# Page 14 - Continuation

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustm	ent Expenses	3	4	5
	1	2			
	Cost	Other Claim	General		
WRITE-INS AGGREGATED AT LINE 25 FOR	Containment	Adjustment	Administrative	Investment	
UNDERWRITING AND INVESTMENT EXHIBIT	Expenses	Expenses	Expenses	Expenses	Total
2504. AGENCY & PORTFOLIO MANAGEMENT FEES				1,428,044	1,428,044
2505. CLAIMS HANDLING EXPENSE		282,400			282,400
2506. BLUECARD ADMIN FEE INCOME	(3,315,610)	(3,204,351)			(6,519,961)
2597. Totals (Lines 2501 through 2596) (Page 14, Line 2598)	(3,315,610)	(2,921,951)		1,428,044	(4,809,517)

# Page 16 - Continuation

# **EXHIBIT OF NONADMITTED ASSETS**

	1	2	3
	Current Year		
	Total	Change in Total	
DETAILS OF WRITE-IN LINES FOR	Nonadmitted	Total	Nonadmitted Assets
OTHER THAN INVESTED ASSETS AT LINE 25	Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
2504. LOAN & INTEREST RECEIVABLE	210,719	245,339	34,620
2505. FEP UNPAID CLAIMS			
2506. HISTORICAL TAX CREDITS			
2507. COLLATERAL FUND HOME & HOST			
2597. Totals (Lines 2504 through 2596) (Page 16, Line 2598)	210,719	245,339	34,620

# Page 17 - Continuation

## EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Total Members at End of						
	1	2	3	4	5		
WRITE-INS AGGREGATED AT LINE 06 FOR EXHIBIT 1	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	Current Year Member Months	
0604. VISION ONLY	20,026	20,271	20,628	19,958	20,127	241,882	
0605. MEDICARE PRESCRIPTION DRUG PLAN	8,989	8,829	8,805	8,760	8,740	105,551	
0697. Totals (Lines 0601 through 0697) (Page 17, Line 06)	29,015	29,100	29,433	28,718	28,867	347,433	