

#### **ANNUAL STATEMENT**

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

	BLUE	CROSS & BLUE SHIE	LD OF RHODE ISL	AND	
NAIC Group Code 0000	0000	NAIC Company Code	53473	Employer's ID Number	er05-0158952
(Current Period	, , ,	Stat	a of Dominila or Dort of E	matura. Di	
Organized under the Laws of RH Country of Domicile USA	ODE ISLAND	, Stat	e of Domicile or Port of E	ntry RI	
	fe, Accident & Health	[ ] Property/Casua	lty [ ]	Hospital, Medical & D	Dental Service or Indemnity [X]
••	ental Service Corporation	[ ] Vision Service (		Health Maintenance (	• • •
О	ther	[ ] Is HMO Federal	ly Qualified? Yes [	] No [ ]	
Incorporated/Organized	February 2	27, 1939	Commenced	Business	September 1, 1939
Statutory Home Office 500 EXCHA	ANGE STREET	and Number)	,		903ate, Country and Zip Code)
Main Administrative Office 500	EXCHANGE STREET	and Number)		(City of Town, Sta	ate, Country and Zip Code)
	EXCITATION OF THE ET		(Street and Number)		
PR	OVIDENCE, RI, US 02903	-t- Ot 7:- Ot-\	(A	401-459-1000	
Mail Address 500 EXCHANGE S	, ,	ate, Country and Zip Code)	(Area (	, , ,	903
	(Street and Number	or P.O. Box)	,		ate, Country and Zip Code)
Primary Location of Books and Record				NCE, RI, US 02903	401-459-1000
Internet Web Site Address WWW.	(S BCBSRI.COM	Street and Number)	(City or Town,	State, Country and Zip Code)	(Area Code) (Telephone Number)
	CHAEL J. MARRONE		4	01-459-2183	
	TINCE O. MINICHOTTE	(Name)	(Area C		ber) (Extension)
MIC	CHAEL.MARRONE@BCBSRI.O				01-459-2183
	(E	E-Mail Address)		(	(Fax Number)
		OFFICI	=RS		
1. MARTHA L. WOFFORD	Name		DDECIDENT & CHI	Title EF EXECUTIVE OFFICER	
2. MICHELE B. LEDERBERG			-	OFFICER & CHIEF LEGAL	OFFICER
3. MICHAEL J. MARRONE #			EXEC. VICE PRES	IDENT & CHIEF FINANCIAL	OFFICER
		VICE-PRES	IDENTS		
Name		Title	_	me	Title
ELAINE ALDERDICE #	VP - CORPORATE FINA		CAROLYN BELISLE #		& CHIEF CORP SOCIAL RESPONSIBILITY
ANASTASIA BERGMAN	VP - CHIEF PEOPLE OF	FICER	CHRISTOPHER G. BUSH	H SV	P - NETWORK PHARMACY & D&A
DAVID COMELLA	VP - CHIEF INFORMATI		MELISSA B. CUMMINGS		P - CHIEF CUSTOMER OFFICER
CATHERINE DANGREMOND #  JOHN DONOHUE	VP - POP HEALTH STR VP - GROUP SALES	ATEGY	JEREMY S. DUNCAN		P & CHIEF OPERATING OFFICER - MARKETING
PETER N. LEFEBER	SVP - VALUE BASED C	ARE	BRIAN MACKINTOSH		- ACTUARIAL AND UNDERWRITING
KRISTEN MCLEAN	SVP - GENERAL COUN	SEL	MICHAEL MENARD		- MEDICARE
CHRISTINE MUSIAL	VP - SHARED SERVICE		CHRISTINA PITNEY		P - GOVERNMENT PROGRAMS
FARAH SHAFI LINDA WINFREY	VP - CHIEF MEDICAL	OFFICER	STACIA SOUCY #	<u>VP</u>	- STRATEGIC FINANCIAL MANAGEMENT,
LINDA WINI NET	VF - CHILL ADDITOR		-		
		DIRECTORS OR	TRUSTEES		
ADENRELE ABIADE #	ERNEST_ALMONTE		CHRISTOPHER BUFFE	RY	STEPHEN COHAN
CARA CROMWELL # LOUIS GIANCOLA	CHRISTOPHER_CR KAREN_HAMMOND		NICHOLAS DENICE MARGARET HOLLAND		JOSEPH DIAZ M.D. MICHAEL ISRAELITE
GEORGE KUROSE #	SHARON MORRIS		WILLIAM MURRAY	MCDOFF	KEVIN MURPHY #
ROBERT SANDERS	MARTHA TEMPLE		VICKI VIRGILIO		
	_				
				<del></del>	
State of RHODE ISLAND					
County of PROVIDENCE	SS				
The officers of this reporting entity being dul	y sworn, each depose and say	that they are the described office	cers of said reporting entity,	and that on the reporting pe	riod stated above, all of the herein described
		•			ogether with related exhibits, schedules and
					entity as of the reporting period stated above, ting Practices and Procedures manual except
	•	· ·			es, according to the best of their information,
* * * * * * * * * * * * * * * * * * * *	• •		=	= :	ne NAIC, when required, that is an exact copy
(except for formatting differences due to elec-	tronic filing) of the enclosed stat	ement. The electronic filing ma	y be requested by various re	gulators in lieu of or in addition	on to the enclosed statement.
(Signature)		(Signa	ture)		(Signature)
MARTHA L. WOFFORD		MICHELE B. L	•		MICHAEL J. MARRONE
(Printed Name)		(Printed		<del></del> -	(Printed Name)
1.		2.			3.
PRESIDENT & CHIEF EXECUTIVE	OFFICER	EVP. CHIEF ADMIN OFFICER	R & CHIEF LEGAL OFFICER	EXEC. VICF P	RESIDENT & CHIEF FINANCIAL OFFICER
(Title)		(Titl			(Title)
Subscribed and sworn to (or affirmed) before	me this on this	(110	-1		\···-/
day of	, 2025, by				
				a. Is this an original filing	
		-		b. If no: 1. State the 2. Date filed	amendment number

3. Number of pages attached

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	3,464,426	301,584	134,509	3,256,395	3,472,007	3,684,907
Group subscribers:						
Retiree School Basic No Rx	406 714	412,890			2 207	816,324
Meeting Street	406,714   301,230   301,230	303,881	105,719		3,287 37,317	673,514
Federal Employees Health Benefit Program	585,857	303,001				585,857
Taco Inc	529,234					529,23
Northeast Behavioral Associates DBA Northeast Fami	178,755	176,553	125,459		30,578	450,19
Procaccianti Companies	133.740	130,022	138,528	4.940	407,230	750,150
HopeHealth Hospice and Palliative Care	403,767	100,022	130,320		1.406	402,36
Brown University Health	299,030					299,030
Retiree City Plan 65	143,816	144 279				288,095
MGC, LLC	279,839					279,83
Magna Hospitality Group	278,969					278,969
Family Service of Rhode Island	265,204					265,204
Dominion Diagnostics	259,174					259,174
PROVIDENCE EQUITY PARTNERS L.L.C.	178,478					178,478
The Fogarty Center	176,965					176,965
Saint Elizabeth Home	88,353	87,930		1	1,086	175,198
Active School Teachers	86,623	82,502			33,357	135,768
Prysmian Group/General Cable Corporation	164,251					164,25
The Children's Workshop	41,481	36,315	41,542	38,995	158,333	
Aldersbridge Communities	67,629	71,498	12,226		731	150,622
Orthopedics Rhode Island, LLC	145,701					145,70
Met Cap Management, LLC			69,686	64,781	134,467	
Pet Food Experts	134,157					134,15
Bradford Soap International, Inc.	130,580				2,854	127,720
AR Global Investments, LLC	76,689	52,463				129,15
Knowledge Support Systems, Inc DBA Kalibrate	127,986					127,98
J2 Construct, Inc.	(1,885)	12,489	10,411	100,754	121,769	
Fellowship Health Resources Inc				117,683	117,683	
Pet Food Experts	117,363					117,36
Medicare Advantage	52,230	54,216	663	5,273	112,382	
Visiting Nurse Home & Hospice	112,222				400	111,822
Kimpton Hotel Monaco	12,434	12,434	11,343	71,428	107,639	
HopeHealth	105,633					105,633
Retiree Fire	52,862	52,419			19,240	86,04
Alliane Holdings GFD Inc DBA Smart Green Solar		7,498	14,997	82,290	104,785	
Windmoeller & Hoelscher Corp.	104,534		205			104,739
North-Eastern Tree Service, Inc	34,493	34,129	33,550	1,495	103,667	
ELJInc			11,093	90,741	101,834	
TPG KC HOTEL MANAGER LLC	46,477	49,497			528	95,446
Medicare Advantage	47,423	45,733		588	93,771	
Denison Pharmaceuticals, LLC	88,472					88,472
Marshall Hotels & Resorts, Inc.	24,446	32,848	29,826		358	86,762
Tedor Pharma Inc.	26,709	24,211	25,103	10,548	86,571	
Care New England	22,863	22,727	23,210	14,348	83,148	

2

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
New England Pest Control Co DBA Big Blue Bug Solut	77.919					77,919
Violet SNF Holco LLC	76,618				650	75,968
Crossroads Rhode Island	74,922					74,922
Texcel Industries, Inc	34,303	36,662	795			71,760
AS220, Inc DBA AS220	17,598	15,195	15,758	22,838	71,389	
Orthopedics Rhode Island, LLC	71.133					71,133
Eto Sterilization Inc	62,907	5,346			3,931	64,322
Commercial Painting Inc	11.370	11,370	11,370	32,957	67,067	
Active City 1033	31.808	32.371			2.426	61,753
Medicare Advantage	37.047	25,645	73	19	62,784	
Rise Prep Mayoral Academy	62,154				3,626	58,528
Pet Food Experts	60,234					60,234
AT Cross Company, LLC	22,349	30,802	6.892		287	59,756
Rhode Island PBS Foundation	57,775				3,254	54,521
Rhode Island Legal Services, Inc	55,897					55,897
Halcyon at West Bay Senior Living	40,936	14,326			630	54,632
Active School Aides/Safety	28,002	26,833			10,815	44,020
Virgin Pulse	54,381					54,381
Dynasty Gunite Pools	6,818	6,818	6,818	31,757	52,211	
Quonset Development Corporation	50,692					50,692
Plumbers & Pipefitters Health & Welfare Local 51 M	50,571					50,571
Active Police	24,096	26,405			9,849	40,652
Cherenzia Excavation	27,187	23,282			2,659	47,810
American Tool Company	15,010	15,010	15,010	5,221	50,251	
Green Development, LLC	49,136					49,136
Armbrust International LTD	12,153	7,076	13,823	13,823	27,646	19,229
Medicare Advantage	22,896	23,680	7	107	46,690	
Medicare Advantage	22,827	23,011		129	45,967	
Care New England	32,948	12,797			23,698	22,047
Wastexpress LLC	13,019	10,885	10,885	10,885	45,674	
Active Fire	22,575	22,575			9,309	35,841
MGC, LLC	43,876					43,876
MGC, LLC	5,751	5,751	14,770	16,533	42,805	
PROGASCO Management, LLC	8,537	8,537	8,995	16,158	42,227	
Building Enclosure Science	41,991					41,991
South County Psychiatry	41,124	567				41,691
Smithfield Peat Company Inc	10,297	10,297	10,297	10,297	41,188	
South County Hospital	20,081	20,083	959		6,636	34,487
SITYS, LLC DBA Rusty Wallace Racing Experience				40,492	40,492	
Comfort Dental, Inc	9,568	9,568	9,568	11,163	39,867	
Chelo's Management Co., Inc.	39,071	667			247	39,491
Rebello Funeral Home Inc	14,751	14,740	9,404			38,895
88 Palms Hotel & Event Center				38,559	38,559	
Hyatt Regency Lexington	36,891					36,891
Care New England	36,585					36,585
Retiree Fire Pre 65 1995-2006	18,468	18,026			6,999	29,495
Nurses Middle College Charter High School - Capita	13,072	17,555	4,952			35,579

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Carpionato Properties, Inc	34.720					34,720
Medicare Advantage	16,171	15,894	2 027	166	34.258	
Medicare Advantage	1,542	370	370	31,967	34,249	
Medicare Advantage	28,894			4.968	33.862	
Andon Electronics Corporation	18,227	15,317		4,900	33,002	33,54
Unetixs Vascular Incorporated	26.999	5,908				32.90
	15,930	16,455			201	
Desmark Industries Inc. DBA Amerisewn	4,089	4,089			201	32,18
Emerald Leaf Organics LLC			4,089	19,705	31,972	
Retiree Police Pre 65 1995	15,923	15,701			5,709	25,91
Abanco Management Corporation	22,216	9,339				31,55
Medicare Advantage	31,308					31,30
Medicare Advantage	15,841	15,155				30,990
DiStefano Brothers Construction, Inc	30,677					30,67
Marshall Payroll Services, LLC (MPS)	4,249	3,244	5,003	18,152	30,648	
Nephrology Associates Inc				30,404	30,404	
Delta Electro Power, LLC.	30,024					30,02
Rhode Island Wiring Service Inc.	3,684	3,684	3,684	18,422	29,474	
Brown University Health	28,212					28,21
Active City NU/NB	15,112	12,555			491	27,17
Seifert Systems, Inc	27,195					27,19
Coluch Organization LLC	5,263	5,263	5,263	10,526	26,315	
TAG Meadowlands LLC	7,388	8,039	1,471	8.775	25,673	
Rhode Island Rock Gym	12,737	12,781				25,51
Advanced Radiology	25,443					25,44
Premier Land Development	15,602	9,734				25,33
Sole Source Construction LLC	12,931	11,940			1,275	23,59
J & S Scrap Metal & Recycling	6,007	6,007		6 701	24,812	23,39
American Offshore Services, LLC DBA A-O-S	22,322	2,443				24,76
ISAM DBA CORE Business Technologies	24,737	2,443				24,70
Providence Behavioral Health Associates						
	12,955	8,531	3,046			23,94
Kingston Hill Academy	24,237					24,23
PMG Credentialing	23,279	866				24,14
Rhode Island Public Radio	24,007					24,00
Town of N Providence HDHP	23,801					23,80
Sheraton Suites Old Town Alexandria	12,629	11,095			148	23,57
Route 146 Auto Sales Inc	3,525	3,525	3,293	13,171	23,514	
Architectural Preservation Group	3,429	3,429	3,429	13,221	23,508	
Carpionato Properties, Inc	16,778	6,698			128	23,34
Rhode Island Rural Water Assoc. DBA RIRWA	2,201	4,192	4,192	12,575	23,160	
The Asia Grille / Islander	2,222	5,013	5,013	10,006	22,254	
SDI Interior Contractors	8,704	8,704	4,704			22,11
Museum Quality Restoration & Preservation LLC	1,647	2,553	2,553	15,316	22,069	
Kitchen and Countertop Center of N.E	21,995					21,99
275 Group, LLC DBA Durk's Barb-Q	3,645	3,645	3,645	10,934	21,869	
Collis Group, Inc. DBA EverWatch Financial	21.805					21,80
Rhode Island Novelty	21.705					21,70
rando mana morally	18.701	2,636				21,33

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Carter Brothers Inc	2,853	2,853	2,853	12,711	21,270	
Renaissance Providence Downtown Hotel	21,256					21,25
Todd E Handel, MD	3,563	3,563	3,563	10,397	21,086	
J.A.M. Construction Co., Inc				20,877	20,877	
Care New England	20,851					20,85
KPMG LLP	16,658	4,122				20,78
Andsager, Bartlett & Pieroni, Llp	20,377					20,37
DiLeonardo International, Inc.	7,437	6,383	6,383	122	20,325	
Active School PPSD BEST	10,132	9,965			361	19,73
Central Ave Chrysler Jeep, LLC	10,576	7,822	1,663		5,907	14,15
Aspen Blue, LLC				20,040	20,040	
The Surf Shack Bed & Breakfast	1,000	2,775	2,775	13,307	19,857	
Mello Construction Co.Inc	5,669	5,669	5,669	2,835	19,842	
Home2 Suites Tuscaloosa	(1,110)	3,400	3,400	14,101	19,791	
Turnstyle Designs Inc				19,703	19,703	
Tomaquag Valley Milk Farm Transporation	19,544					19,54
Continental Engineering and Service Company	5,482	5,482	4,426	4,086	19,476	
Freeway Enterprises, LLC	19,449		7,720			19,44
American Blind Wholesale	5,350	6,756	3,944	3,377	19,427	
Active School NU	9,574	9,853	3,344		175	19,25
Design Fabricators, Inc	19.105	9,000				19,10
JSB Tax Services LLC	2,238	2,086	2.006		18,924	19,10
	3,264	2,080	2,086	12,514 9,133	18,705	
Advance Signs Inc		3,264	3,044			
Electro Standards Laboratories Inc.	18,677					18,67
Retiree City 1033	9,436	9,215			379	18,2
Churchill & Banks Companies LLC	18,624					18,62
People's Home Loans, Inc.	3,719	3,719	3,719	7,439	18,596	
Sojourner House, Inc.	17,730	691				18,42
Hilton Boston/Dedham, MA	18,310					18,3′
Cumberland Hill Eye Care LLC	3,877	3,877	5,406	5,130	18,290	
ATW Companies	18,056					18,0
S&D Auto & Truck LLC	17,810					17,8
Polly E Leonard DO LTD	2,820	2,820	2,820	9,335	17,795	
American Academy of Addiction Psychiatry	17,792					17,79
Rambone Disposal Services, Inc	17,666	l				17,60
Arbor Masters, Inc	5,888	5,888	5,888			17,66
Medicare Advantage	11,376	6,257				17,63
Extreme Coastal Brewing Company, LLC	6,886	10,695			116	17,46
Andrew Panteleakis Trust - 1997	8,754	8,754				17,50
Bridan Corporation DBA Bath Fitter	17,312					17,31
Medicare Advantage	1,663	1,516	1,112	12,998	16,333	95
AC Hotel Tuscaloosa	6,316	10,966				17,28
Urquhart Murphy Mortuary	5,701	5,701	5,701			17,10
EH Turf Supply, Inc DBA Allen's Seed	3,819	3,819	3,819	5,511	16,968	
Curreri Collision Center Inc	8,449	8,449				16,89
Meridian Printing, Inc.	16,883	1				16,88
The Highlander Institute	8.415	8,415				16,83

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
JRs Industrial Electric Service LLC	2,397	2,397	2,397	9,588	16,779	
Fairfield Inn and Suites Augusta	16,566					16,566
Carpionato Properties, Inc	13,748	2,751			811	15,688
Tasca Automotive Group Fixed Operations	8,691	7,764			4,136	12,319
South County Sand & Gravel Co Inc	9,706	6,589				16,295
East Coast Management	14,913	1,349			1,044	15,218
Libman & Associates Ltd.	284	2,748	1,726	11,372	16,130	
Northeast Collaborative Architects Inc	5,997	10,071			671	15,397
Carpionato Properties, Inc	15,936				782	15,154
AR Global Investments, LLC Dental	3,949	2,628	4,580	4,680	15,837	
Procaccianti Group Corporate - Dental	8,431	7,359				15,790
Macera's Italian Restaurant, Inc	2,797	605	2,249	10,111	15,762	
Lincoln Pediatric Associates, Inc.				15,744	15,744	
Active School Clerks	7,738	7,738			278	15,198
S & S Electric DBA S & S Electric LLC	3,187	3,187	3,187	5,873	15,434	
Medicare Advantage	1,104	565	276	13,458	15,403	
Evolution Wireless Inc. DBA Metro by T Mobile	2,273	4,152	3,755	5,195	15,375	
Basics Group Inc	15,371					15,371
Retiree School	7,435	7,490	398			15,323
E.B. Thomsen Inc				15,309	15,309	
HeliService USA LLC	15,176					15,176
ICPS LLC	3,766	3,766	3,766	3,766	15,064	
Noble Metal Services Inc.	14,987					14,987
Berkeley Towing	14,819					14,819
Lincoln Abstract & Settlement Services, LLC	12,054	2,461				14,515
Marshall Payroll Services, LLC (MPS)	8,386	5,934				14,320
Gaggle Hospitality Group	6,563	6,563	1,157		493	13,790
Lotus Landscape Inc	2,457	1,592	3,569	6,644	13,892	370
C & P Enterprises dba Miller's Auto Body	6,467	6,224	1,484		819	13,356
Mt Hope Animal Hospital	14,152					14,152
Patriot Employer, LLC.	3,832	27	3,431	6,857	14,147	
Evergreen Plumbing & Heating Inc.	7,048	7,031				14,079
Capitol Home Care Network	13,938					13,938
Boys & Girls Clubs of Providence	13,870					13,870
National Grid Usa/Non-Union-Plan 65	4,565	4,565	4,565	162	13,857	
Beausoleil Bros Inc.	3,168	3,019	2,537	5,075	13,799	
Innovative Enrollment Solutions, LLC	6,631	6,631	347			13,609
Active WSB	6,736	6,847			244	13,339
G P Masonry Inc	2,194	2,194	2,194	6,958	13,540	
Yankee Development Corp	5,798	6,483	1,198		25	13,454
Northeast Behavioral Associates DBA Northeast Fami				13,472	13,472	
JJ Logistics LLC		[	4,489	8,979	13,468	
Mansion, Inc. DBA Mansion Nursing & Rehabilitation	13,381	[				13,381
Carpionato Properties, Inc	13,209	[				13,209
TruAccess Networks LLC	12,852	344			l	13,196
Virginia Transportation Corp	6,557	6,390		3	929	12,021
Reade International, Corp.	10,010	2,916				12,926

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
BWCW. Inc				12.870	12,870	
Law Office of Richard Palumbo, LLC	.		12,851			12,851
North Providence Primary Care Assoc	1,532	1,532	567	9,199	12,830	
Allied Industrial Group Inc	12,821					12,82
Greenleaf Compassion Center	12,809					12,809
Full Keel Marine LLC	4.247	4.247	4.247			12,74
Global Outdoors, Inc	11,557	1,052				12,60
Main Street Liquors LLC	2,149	2,149	2,149	6.098	12.545	
EGP. Inc. dba East Greenwich Pediatrics. Inc	12.393					12,39
Donnelly's of Providence	4.139	8,252				12,39
KCW Management LLC DBA Providence Bagel	1,869	1,869	1.869	6,743	12,350	
Guy J Settipane Esq/DBA Settipane & Associates PC				12,320	12,320	
Indeglia & Associates Attorneys at Law PLLC	5.275	2,634	4,320			12,22
Maley Laser Processing, Inc	2,434	2,434	2,434	4,875	12,177	
Administration Services, Inc	6.080	6.080		7,070		12,16
BTTR, LLC				12,159	12,159	
Mador Electric Inc.	3.017	3,017	3,432	2,638	12,104	
Tasca Automotive Group Main Cranston	3.911	4,128	1.628	2,319	11,986	
Boys & Girls Club of Pawtucket	11,966			2,010	11,500	11,966
Summit Electrical Contractors, Inc.	3.474	3,361	2,918	2,156	11,909	11,000
Union Studio Architecture & Community Design		3,301		11,792	11,792	
ATW Companies	11,751			11,732	11,792	11,75 <sup>2</sup>
New England Building & Bridge Co., Inc	5,838	5,838			10,792	884
Provident LLC	2,361	2,361	2.361		11,580	
Washington Trust Company	11.548	2,301	2,301	4,497	11,300	11,43
Carpionato Properties, Inc	11,534					11,43
Fairfield Inn & Suites Jupiter	2,149	4.314				11,53
Bill's Heating Service, Inc.	4.149	4,314	5,068			
Bowen's Wharf Co. Inc.	4,149	4,149	3,203 2,024			11,50 11,43
						11,43
Scott Hesford Landscaping	11,094	232 1,515			44.000	11,32
Westchester Group LLC	977		1,515	7,302	11,309	11,25
Westwood Cartage Inc	5,628	5,628				
Northern Truck & Trailer Service Inc.	11,136					11,13
Primacare Inc.	.			11,129	11,129	 
Kent County Memorial Hospital	6,321	4,790				11,11
PeaceLove Foundation	11,059					11,05
Larry Giorgi Plumbing & Heating	8,581	2,438				11,01
Old Battle Axe Inc dba The Reef	8,707	2,190				10,89
Datarista, Inc.	5,428	5,428				10,85
Lansco Colors LLC				10,779	10,779	
Capco Steel Erection Company				10,743	10,743	
Justice Assistance				10,741	10,741	
USG Services Corp.	5,435	5,267				10,70
North American Crane & Rigging LLC	9,803	876				10,67
NTT DATA Americas, Inc.	10,628					10,62
Cst Donuts Inc DBA Honey Dew Donuts	2,643	2,643	2,643	2,643	10,572	
Active WSB NU/NB	5,177	5,289			188	10,278

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Cogent Computer Systems, Inc.				10,461	10,461	
TAG Boston Holdings LLC	10,429					10,429
Medicare Advantage	4,076	3,192	316	2,844	10,428	
Las Vegas Rhinestones,LLC Procaccianti Group/Lenox Hospitality	1,592 4,927	1,475 4,927	1,475 425	5,876	10,418	10,279
Advanced Auto Body, Inc.	1,537	3,691	2,043	2,958	10,229	10,219
Grinnell Cabinet Makers, Inc.	10,224		1	2,000		10,224
Medicare Advantage	503	503	503	8,708	10,217	
E W Burman Inc	10,141					10,141
Otrando Porcaro & Associates	10,130					10,130
American Tele-Connect Services Inc				10,130	10,130	
Public Service Employees The Pale LLC DBA Busker's Irish Pub	10,114	4,044	2,022			10,114 10,110
Wellington Hotel Owner's Association	5,052	5,052	2,022			10,110
Yan's Cuisine of Providence Inc	1,682	1,682	1,682	5,047	10,093	
Alberto K. Corp	2,537	2,537	2,537	2,414	10,025	
0299997 Group subscriber subtotal	9,814,388	2,987,763	1,031,565	1,596,213	4,033,312	11,396,617
0299998 Premiums due and unpaid not individually listed	749,567	320,860	90,619	891,621	1,112,600	940,067
	1 12,201	,	50,210	***,,*=*	1,112,000	
0299999 Total group	10,563,955	3,308,623	1,122,184	2,487,834	5,145,912	12,336,684
0000000 Para' and and ara'l for Marker and Fire						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	14,028,381	3,610,207	1,256,693	5,744,229	8,617,919	16,021,591

#### **EXHIBIT 3 – HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables Not Individually Listed	18,201,198	13,591,198	13,591,198	219,058	(2,550)	45,605,202
0199999 Pharmaceutical Rebate Receivables	18,201,198	13,591,198	13,591,198	219,058	(2,550)	45,605,202
VARIOUS	13,954	4,225	4,414	6,203	6,203	22,594
ROGER WILLIAMS MEDICAL CENTER	12,054					12,054
AFFINITY PHYSICIANS	10,469					10,469
JARED DASTRUP	15,514					15,514
GREENWOOD CENTER	12,904					12,904
ROGER WILLIAMS MEDICAL CENTER	146,735					146,735
UNIVERSITY ORTHOPEDICS EAST BAY SUR	21,288					21,288
BUTLER HOSPITAL	201,299					201,299
BIERMAN ABA INC			18,344		18,344	
CROSSINGS SURGERY CENTER LLC DBA OR	23,599					23,599
OPTION CARE ENTERPRISES INC	40,954					40,954
EMMA PENDLETON BRADLEY HOSPITAL	26,498					26,498
UNIVERSITY ORTHOPEDICS INC	17,804		162	208	208	17,966
ARA - TIVERTON DIALYSIS	10,374				· · · · · · · · · · · · · · · · · · ·	10,374
CHARLTON MEMORIAL HOSPITAL	42,934					42,934
ONLINE CARE NETWORK II PC	38,982					38,982
KRUPADEV, ARCHEN				16,296	16,296	
ZIBRIDA, JOSEPH T.				22,204	22,204	
KENT COUNTY HOSPITAL	104,997					104,997
WOMEN & INFANTS HOSPITAL	81,414			35	35	81,414
WESTERLY HOSPITAL	47,811			124	124	47,811
NEWPORT HOSPITAL	37,724					37,724
SALISBURY, MATTHEW T.				22.070	22,070	
KERZER, DAVID G.				22,308	22,308	
THE MIRIAM HOSPITAL	417,234			22,300		417,234
KERZER, JASON B.				17,304	17,304	
MARYESKI, STEPHANIE T.				11.999	11,999	
RHODE ISLAND HOSPITAL	1,552,946			103	103	1,552,946
WELLS, KENNETH				23.776	23,776	1,332,340
DEERFIELD FLORIDA HOUSE				139.191	139,191	
HORAN, JOHN F.				20,736	20,736	
MONTES, ANNE CAMILLE A.					14,730	
LANDMARK MEDICAL CENTER	69,974			14,730	65,540	4,434
STURDY MEMORIAL HOSPITAL						
î . î î î . î .	20,413			10.694	19,684	20,413
PHILIP, MELVIN				19,684		
FAMADOR, MA LIZA ANN F. MCGOVERN. CHELSEA		164 750		17,198	17,198	
		161,750				161,750
NARRAGANSETT BAY ANESTHESIA, LLC	9,516	423	1,013			10,952
BURDON, ANDREA M.				12,311	12,311	
OUR LADY OF FATIMA HOSPITAL	61,440					61,440
RODRIGUEZ, FARIDAH TANYA B.				14,089	14,089	
SOUTH COUNTY HOSPITAL	100,961					100,961

7

#### **EXHIBIT 3 – HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
ARSON, PAUL R.					10,113	
HUILING				15,153	15,153	
ROSPECT HEALTH SERVICES RI INC	6,894,828					6,894,8
TEGRA COMMUNITY CARE NETWORK LLC	19,628,006	6,353,200				25,981,
RIOUS	253,289	29,157	30,723	94,245	94,245	313,
299998 Claim Overpayment Receivables Not Individually Listed				627,540		
299999 Claim Overpayment Receivables	29,915,915	6,548,755	54,656	1,127,620	583,964	36,435,
 IE	2,371,544					2,371,
ESPAN						
	8,486,000					8,486
OUTH COUNTY	73,651					73
ESTERLY HOSPITAL	30,544					30
NDMARK	263,005					263
DASTAL	12,157,000					12,157
OSPECT	550,000					550
TEGRA	6,000,000					6,000
DUTHCOAST	585,572					585
699998 Other Receivables Not Individually Listed	3,123,789					3,751
0699999 Other Receivables	33,641,105					34,268,
			l			

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

	Health Care Receivables Collected or Offset During the Year		Health Care Rece as of December 3		5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	61,944,467	14,130		45,602,652	61,944,467	65,774,596
Claim overpayment receivables	1,341,015		25,004	36,994,403	1,366,019	1,366,019
Loans and advances to providers						25,449
Capitation arrangement receivables	2,070,536				2,070,536	2,070,536
Risk sharing receivables						
Other health care receivables	12,744,483			34,268,644	12,744,483	15,610,305
7. Total (Lines 1 through 6)	78,100,501	14,130	25,004	116,865,699	78,125,505	84,846,905

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

# EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
laims Unpaid (Reported)			,	,		
1199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered	126,435,713	1,345,478	695,465	358,938	(2,299,530)	126,536
0499999 Subtotals	126,435,713	1,345,478	695,465	358,938	(2,299,530)	126,536
1439999 Sublotais	120,435,713	1,343,476	695,465	330,930	(2,299,530)	120,530
0599999 Unreported claims and other claim reserves				I		97,171
0799999 Total claims unpaid						223,70

## EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
			··· <u>·</u> ·· <u>·</u> ·· <u>·</u> ··				
			NONE				
			INUNE				
	1				[		
	1						
0399999 Total gross amounts receivable							

## EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Ailliate	υσοπριστ	Amount	Current	Non-ountil
		,		
	NON			
	in U.			
0399999 Total gross payables				

#### **EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	417,311,060	20.912	51,483	13.246	54,121,756	363,189,304
Total capitation payments	417,311,060	20.912	51,483	13.246	54,121,756	363,189,304
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	1,578,262,220	79.088	XXX	XXX		1,578,262,220
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	1,578,262,220	79.088	XXX	XXX		1,578,262,220
13. Total (Line 4 plus Line 12)	1,995,573,280	100.000	XXX	XXX	54,121,756	1,941,451,524

#### **EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
			Accumulated	Book Value Less	Assets Not	Net Admitted
Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
Administrative furniture and equipment	3,693,155		3,693,155			
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment	3,793,789		3,375,504		418,285	
6. Total	7,486,944		7,068,659		418,285	



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

53473202443040100

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

2. 500 Exchange Street, Providence, RI 02903

(LOCATION)

NAIC Group Code 0000

#### BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2024

NAIC Company Code 53473

Comprehensive (Hospital & Medical) 5 10 12 13 14 Federal Title XIX Medicare Vision Dental **Employees Health** Title XVIII Disability Long-Term Other Other Individual Medicaid Total Only Benefits Plan Credit A&H Group Supplement Only Medicare Care Health Non-Health Income Total Members at end of: 388,506 20.026 74.605 22,698 73.071 55.325 Prior Year 17,254 103.741 21.786 387,564 21.482 20.271 76.936 22.854 74.834 53,923 2. First Quarter 17.614 99.650 Second Quarter 389,378 17,731 99.639 21.386 20.628 77.652 22.858 75,654 53,830 389,769 17.865 19.958 77.497 22.862 76,478 4. Third Quarter 99.346 21.316 54,447 76.784 5. Current Year 388.681 17.843 21.075 20.127 77.923 22.834 53.210 98.885 6. Current Year Member Months 4.659.193 212.864 1.193.412 256.181 241.882 925.043 274.143 908.802 646,866 Total Member Ambulatory Encounters For Year: 1,944,377 Physician 109.353 567,347 169.347 1.098.330 8. Non-Physician 1,617,924 142.314 666.648 142.314 666.648 9. Total 3,562,301 1.764.978 251.667 1,233,995 311.661 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b) 2.222.811.370 149.478.066 753.865.816 59.564.143 854.721 28.771.682 164.446.943 1.027.444.180 38.385.819 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned 2,212,944,960 149,128,227 59,564,143 164.446.943 30,967,419 751,767,645 28,771,682 1,027,444,180 16. Property/Casualty Premiums Earned 17. Amount Paid for Provision of Health Care Services 1.995.573.280 18.942.536 25,263,659 128,850,691 679,408,598 50,203,159 269.180 146.904.148 945,731,309 18. Amount Incurred for Provision of 2.036.629.631 665.132.689 48.609.503 585.252 19.052.278 152.167.975 970.776.390 38.651.350 Health Care Services 141.654.194

(a) For health business: number of persons insured under PPO managed care products 215,864 and number of persons insured under indemnity only products 482.

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,027,444,180.



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. 500 Exchange Street, Providence, RI 02903

(LOCATION)

**NAIC Group Code** 

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

#### **BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2024**

**NAIC Company Code** 

53473

	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10	11	12	13	14
		2	3	Medicare	Vision	Dental	Federal 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
Total Members at end of:														
1. Prior Year	388,506	17,254	103,741	21,786	20,026	74,605	22,698	73,071					55,325	
2. First Quarter	387,564	17,614	99,650	21,482	20,271	76,936	22,854	74,834					53,923	
Second Quarter	389,378	17,731	99,639	21,386	20,628	77,652	22,858	75,654		.	l		53,830	
4. Third Quarter	389,769	17,865	99,346	21,316	19,958	77,497	22,862	76,478		.	l		54,447	
5. Current Year	388,681	17,843	98,885	21,075	20,127	77,923	22,834	76,784					53,210	
6. Current Year Member Months	4,659,193	212,864	1,193,412	256,181	241,882	925,043	274,143	908,802					646,866	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,944,377	109,353	567,347				169,347	1,098,330		.				
8. Non-Physician	1,617,924	142,314	666,648				142,314	666,648						
9. Total	3,562,301	251,667	1,233,995				311,661	1,764,978						
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)	2,222,811,370	149,478,066	753,865,816	59,564,143	854,721	28,771,682	164,446,943	1,027,444,180		.			38,385,819	
13. Life Premiums Direct										.				
14. Property/Casualty Premiums Written										.				
15. Health Premiums Earned	2,212,944,960	149,128,227	751,767,645	59,564,143	854,721	28,771,682	164,446,943	1,027,444,180		.			30,967,419	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision														
of Health Care Services	1,995,573,280	128,850,691	679,408,598	50,203,159	269,180	18,942,536	146,904,148	945,731,309					25,263,659	
18. Amount Incurred for Provision of														
Health Care Services	2,036,629,631	141,654,194	665,132,689	48,609,503	585,252	19,052,278	152,167,975	970,776,390					38,651,350	

<sup>215,864</sup> and number of persons insured under indemnity only products 482. (a) For health business: number of persons insured under PPO managed care products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,027,444,180.

## SCHEDULE S - PART 1 - SECTION 2

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

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

## **SCHEDULE S - PART 2**

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

1	2	3	4	5	6	7
	_			_		•
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	TY	259,572	
80926	06-0893662	01/10/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	TX MI DC	248,592	
00000	AA-9990032	01/01/2014	UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	7,272,705	
38245	36-6033921	01/01/2021	BCS	IL	38,503	
1999999	Accident and F	lealth - Non-Affilia	tes - U.S. Non-Affiliates	<u> </u>	7,819,372	
2199999	Accident and F	l lealth - Non-Affilia	l tes - Total Non-Affiliates		7,819,372	
2299999	Accident and F	 	dent and Health		7,819,372	
		100011				
2399999	Total U.S.				7,819,372	
000000				L		
9999999	Totals				7,819,372	

## **SCHEDULE S - PART 3 - SECTION 2**

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

1	2	3 4	5	6	7	8	9	10 Reserve Credit	Outstandir		13	14
NAIC Company Code	ID Number	Name Effective of Date Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	11 Current Year	12 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
90581 90581	91-1079693 91-1079693	08/01/2018 SYMETRA LIFE INSURANCE COMPANY 08/01/2018 SYMETRA LIFE INSURANCE COMPANY	WA WA	SSL/G ASL/G	CMM CMM	1,304,752 12,640						
90581 38245 80926	91-1079693 36-6033921 06-0893662	08/01/2018 SYMETRA LIFE INSURANCE COMPANY 01/01/2021 BCS INSURANCE COMPANY 01/01/2020 SUN LIFE AND HEALTH INSURANCE COMPANY	WA IL MI	CAT CAT SSL/G	SLEL SLEL CMM	267,928 3,304,762 4,205,123						
80926 80926	06-0893662 06-0893662	01/01/2020 SUN LIFE AND HEALTH INSURANCE COMPANY 01/01/2020 SUN LIFE AND HEALTH INSURANCE COMPANY	MI MI	ASL/G CAT	CMM	85,200 686,004						
0199999	General Acco	bunt - Authorized - Affiliates - U.S Captive			XXX	9,866,409						
0399999	General Acco	unt - Authorized - Affiliates - U.S Total			XXX	9,866,409						
0799999	General Acco	unt - Authorized - Affiliates - Total Authorized Affiliates			XXX	9,866,409						
		punt - Authorized - Total General Account Authorized punt - Reciprocal Jurisdiction - Affiliates - U.S Captive			X X X X X X	9,866,409						
3699999	General Acco	punt - Reciprocal Jurisdiction - Affiliates - U.S Total			XXX							
		punt - Reciprocal Jurisdiction - Affiliates - Total Reciprocal Jurisdiction Affiliates punt - Reciprocal Jurisdiction - Non-Affiliates - U.S. Non-Affiliates			XXX							
4399999	General Acco		es		XXX							
4499999	General Acco	Lount - Total General Account Reciprocal Jurisdiction			XXX							
4599999	General Acco	ount - Total General Account Authorized, Unauthorized and Certified			XXX	9,866,409						
9199999	Total U.S.				XXX	9,866,409						
9999999	Totals				XXX	9,866,409						

## **SCHEDULE S - PART 4**

#### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
														1
														[
						N()								
							<b>T</b>							
9999999	Totals								XXX					

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

## SCHEDULE S - PART 5

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

1		2	3	4	5	6	7	8	9	10	11	12	13	14	15			•	Collateral	-		•	23	24	25	26
																16	17	18	19	20	21	22	Percent of			
															Dollar								Collateral	Percent Credit	Amount of	Liability for
												Total			Amount of								Provided for	Allowed on Net	Credit Allowed	Reinsurance
	ļ							Percent				Recoverable/		Net	Collateral					Funds		Total	Net	Obligation	for Net	with Certified
						Certified	Effective	Collateral		Paid and		Reserve		Obligation	Required			Issuing or		Deposited		Collateral	Obligation	Subject	Obligation	Reinsurers Due
NAIC	ŀ				ļ	Reinsurer	Date of	Required		Unpaid		Credit	"	Subject to	for Full			Confirming		by and		Provided	Subject to	to Collateral	Subject to	to Collateral
Comp-	.	ID	C#aatia	Name	Damieilian	Rating (1	Certified	for Full	Reserve	Losses	046	Taken	Miscellaneous	Collateral (Col. 12 -	Credit	Multiple	Letters	Bank	T4	Withheld		(Col. 16 +	Collateral (Col. 22 /	(Col. 23 / Col. 8,	Collateral	Deficiency
any Code	N.	umber	Effective Date	Reinsurer	Domiciliary Jurisdiction		Reinsurer Rating	Credit (0% - 100%)	Credit Taken	(Debit)	Other Debits	(Col. 9 + 10 + 11)	Balances (credit)	12)	Col. 14 X	Beneficiary	Credit	Reference Number (a)	Trust	from Reinsurers	Other	17 + 19 + 20 + 21)	Col. 227	not to exceed 100%)	(Col. 14 x Col. 24)	(Col. 14 - Col. 25)
Code	INU	ullinei	Date	Keinsulei	Jurisuiction	0)	Rauliy	- 100 /0)	Taken	(Debit)	Denits	10 + 11)	(Credit)	13)	COI. 0)	Trust	Credit	ivuilibei (a)	Agreement	Remoulers	Other	20 + 21)	COI. 14)	100 76)	001. 24)	COI. 23)
												1														
						1																				
						1												1			1					1
						1:::::		1::::::								1		1	1	1::::::	1::::::	1				
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												$\mathbf{N}(.)$	) N F	•												
000000	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						V V V	V V V				-						V V V					V V V	V V V		
999999	99 i otal	IS					XXX	XXX										XXX					XXX	XXX		

(a)

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

SCHEDULE S – PART 6
Five-Year Exhibit of Reinsurance Ceded Business (\$000 OMITTED)

		1	2	3	4	5
		2024	2023	2022	2021	2020
Α.	OPERATIONS ITEMS					
1.	Premiums	9,866	6,853	5,436	4,337	1,716
2.	Title XVIII-Medicare					
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	223,708				
8.	Reinsurance recoverable on paid losses	7 040	18,373	20,481	7,722	5,630
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
C.	UNAUTHORIZED REINSURANCE					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
	Letters of credit (L)					
15.	Trust agreements (T)					
	Other (O)					
D.	REINSURANCE WITH CERTIFIED REINSURERS					
17	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
	Multiple Beneficiary Trust					
	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S — PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)			
2.	Cash and invested assets (Line 12) Accident and health premiums due and unpaid (Line 15)	51,364,027		675,321,177 51,364,027
3.	Amounts recoverable from reinsurers (Line 16.1)		(7,819,372)	
4.	Net credit for ceded reinsurance	1	12,481,149	12,481,149
5.	All other admitted assets (Balance)	283,116,837	4 004 777	283,116,837
6.	Total assets (Line 28)	1,017,621,413	4,661,777	1,022,283,190
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	223,707,846	5,225,000	228,932,846
8.	Accrued medical incentive pool and bonus payments (Line 2)			21,081,720
9.	Premiums received in advance (Line 8)	16,972,930		16,972,930
10.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers (Line 19, first inset amount			
	plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified			
	Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)		(563,223)	418,124,181
15.		000 440 000	4,661,777	685,111,677
16.	Total capital and surplus (Line 33)	337,171,513	XXX	337,171,513
17.	Total liabilities, capital and surplus (Line 34)	1,017,621,413	4,661,777	1,022,283,190
	NET CREDIT FOR CEDED REINSURANCE			
18.	Olaina una sid	5.225.000		
19.		3,223,000		
20.	Described to advance			
21.		7,819,372		
22.				
	Total ceded reinsurance recoverables	13.044.372		
	Premiums receivable	10,011,012		
	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers			
26.	Unauthorized reinsurance	1		
27.				
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets	563,223		
30.	Total ceded reinsurance payables/offsets	563,223		
	Total net credit for ceded reinsurance	12,481,149	1	

## **SCHEDULE T - PART 2**

#### INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

#### **Allocated By States and Territories**

				Direct Bus	siness Only		
		1	2	3	4	5	6
		Life	Annuities	Disability Income	Long-Term Care		
		(Group and	(Group and	(Group and	(Group and	Deposit-Type	
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama AL						
	Alaska AK						
	Arizona AZ						
	Arkansas AR						
	Colorado CO						
	Connecticut CT Delaware DE						
	Florida FL						
	Georgia GA						
12.	Hawaii HI						
13.	Idaho ID						
	Illinois IL						
	Indiana IN						
	lowa IA						
	Kansas KS						
	Kentucky KY Louisiana LA						
	Louisiana LA Maine ME						
	Maryland MD						
	Massachusetts MA		MA				
	Michigan MI		NO	INE			
	Minnesota MN						
25.	Mississippi MS						
26.	Missouri MO						
27.	Montana MT						
	Nebraska NE						
	Nevada NV						
	New Hampshire NH						
	New Jersey NJ						
	New Mexico         NM           New York         NY						
	North Carolina NC						
	North Dakota ND						
	Ohio OH						
	Oklahoma OK						
38.	Oregon OR						
	Pennsylvania PA						
	Rhode Island RI						
	South Carolina SC						
	South Dakota SD						
	Tennessee TN						
44.	Texas TX Utah UT						
45. 16							
	Vermont VT Virginia VA						
48	Washington WA						
	West Virginia WV						
	Wisconsin WI						
	Wyoming WY						
52.	American Samoa AS						
53.	Guam GU						
54.	Puerto Rico PR						
	U.S. Virgin Islands VI						
	Northern Mariana Islands MP						
	Canada CAN						
	Aggregate Other Alien OT						
59.	Totals						

## **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							THE DE IT HE OF HEODING							_	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,	If Control			
		NAIC				Exchange if					Board,	is		Is an SCA	
		Com-				Publicly	Names of		Relationship to		Management,	Ownership		Filing	
Group		pany	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
0	BLUE CROSS AND BLUE SHIELD OF RHODE ISLA OSH-RI, LLC		05-0158952 61-1903507	0	0		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	RI	RE	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	BOARD OF DIRECTORS		BOARD OF DIRECTORS BOARD OF DIRECTORS	NO	
· · · ·	Ooi PN, LLO	.00000	01-1909001	·			BODS OF INTODE ISLAND & OAK STREET HEALTH	N	1317	DODG OF INTODE ISLAND & OAK STREET HEALTH	I POVIND OF DIFFCTORS		BOAND OF DINLOTORS	1110	

	Asterik	Explanation
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#### **SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
50.470	05 0450050											
53473	05-0158952	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND										
00000	61-1903507	OSH-RI, LLC										
		1										
		1										
	1							1				
	1						1					
	1						1					
	1											
9999999	Control Totals	1							XXX			
						1	1			1		

#### **SCHEDULE Y**

## PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	BLUE CROSS & BLUE SHIELD FO RHODE ISLA	100.000	NO NO	BOARD OF DIRECTORS	NONE	100.000	NO

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

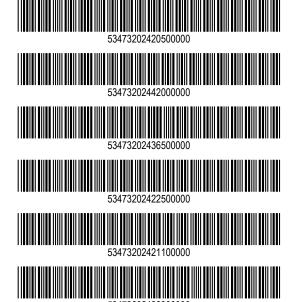
REQUIRED FILINGS

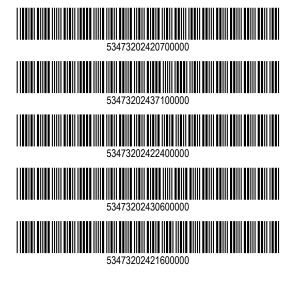
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in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

	MADOLI EILING	Responses
4	MARCH FILING  Will the Supplemental Componentian Exhibit he filed with the state of demicile by March 12	VEC
	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YEŞ
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	SUPPLEMENTAL FILINGS	
Howe will b	following supplemental reports are required to be filed as part of your statement filing, if your company is engaged in the type of business covever, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not be on enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	the specific interrogatory
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	See Explanation
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	See Explanation
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	See Explanation
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	See Explanation
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	See Explanation
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	See Explanation
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAI by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	See Explanation
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	See Explanation
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2) be files with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	See Explanation
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	See Explanation
Explanatio	on 11: NOT REQUIRED TO FILE	

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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





## **OVERFLOW PAGE FOR WRITE-INS**

#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2024 (To Be Filed By March 1)

#### FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 5347
Address (City, State and Zip Code) 500 EXCHANGE STREET

Person Completing This Exhibit ELAINE ALDERDICE

Title V.P. CORPORATE FINANCE Telephone Number 401-459-1806

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2021		F	Policies Issued in	2022, 2023, 2024	
										11	Incurred	Claims	14	15	Incurred	l Claims	18
		Standardized									12	13			16	17	
		Medicare				Date	Date		Policy			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristic	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
			-					-					=				
VEC	40			046	07/01/1966		07/01/1966		PLAN 65	691,127	561,769	81.30	237		10.006	01 20	
YES	40	A	NO.	240					PLAN 65				231	23,284	18,926	81.30	
YES	40	B	INO	240	07/01/1966		07/01/1966		1. 7. 7. 7. 7. 7	46,658	37,925	81.30		2,911	2,366	81.30	
YES	140	B	YES	246	07/01/1966		07/01/1966		PLAN 65	26,245	21,333	81.30	9		200.047		
YES	40	<u>[                                    </u>	YES	246	07/01/1966		07/01/1966		PLAN 65	10,947,218	8,898,225	81.30	3,754	372,546	302,817	81.30	128
YES	40	<u>C</u>	NO	246	07/01/1966		07/01/1966		PLAN 65	8,334,350	6,774,408	81.30	2,858	285,231	231,844	81.30	
YES	40	F	NO.	246	07/01/1966		07/01/1966		PLAN 65	5,348,215	4,347,188	81.30	1,834	183,363	149,043	81.30	63
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	5,873,121	4,773,848	81.30	2,014	200,826	163,237	81.30	69
YES	40	L	YES	246	07/01/1966	l	07/01/1966	1	PLAN 65	64,155	52,147	81.30	22	2,910	2,366	81.30	
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	452,003	367,401	81.30	155	14,552	11,829	81.30	5
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	9,328,756	7,582,691	81.30	3,199	317,246	257,867	81.30	109
YES	40	N	NO	246	07/01/1966		07/01/1966	1	PLAN 65	731,953	594,953	81.30	251	26,195	21,292	81.30	9
			1	1				1									
0199999 TO	TAL EXPERIEN	CE ON INDIVIDU	JAL POLICIES		•				•	41,843,801	34,011,888	81.30	14,349	1,429,064	1,161,587	81.30	491
										, ,			,	, ,	, ,		
YES	40	c	NO	246	07/01/1966		07/01/1966		PLAN 65	16,220,994	13,378,063	82.50	426	1,464	1,208	82.50	2
YES	40	Ğ	NO	246	07/01/1966		07/01/1966		PLAN 65					68.819	56.758	82.50	94
177	1.7	7	177	12.2					T. T. T. T. T								
0299999 TO	TAL EXPERIEN	CE ON GROUP I	POLICIES	1	1	l	l	1		16,220,994	13,378,063	82.50	426	70,283	57,966	82.50	96
0200000 10			CEIGIEG							10,220,001	10,010,000	02.00	120	70,200	01,000	02.00	
	1								1								
				1													

#### **GENERAL INTERROGATORIES**

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903-2699
  - 2.2 Contact Person and Phone Number: CHRISTINA PITNEY 401-459-1103
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903-2699
  - 3.2 Contact Person and Phone Number: CHRISTINA PITNEY 401-459-1103
- 4. Explain any policies identified above as policy type 'O'

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## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000 NAIC Company Code 53473

		Individual	Coverage	Group C	Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
	Premiums Collected					
1.1	Standard Coverage					
	1.11 With Reinsurance Coverage	5,836,668	XXX	9,064,054	XXX	14,900,722
	1.12 Without Reinsurance Coverage		XXX		XXX	
	1.13 Risk-Corridor Payment Adjustments	1,048,246	XXX		XXX	1,048,246
	Supplemental Benefits	419,139	XXX	650,902	XXX	1,070,041
2.	Premiums Due and Uncollected-change					
2.1	Standard Coverage					
	2.11 With Reinsurance Coverage	335,512	XXX	(352,394)	XXX	XXX
	2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits	24,094	XXX	(25,306)	XXX	XXX
	Unearned Premium and Advance Premium-change					
3.1	Standard Coverage					
	3.11 With Reinsurance Coverage		XXX		XXX	XXX
	3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments-change					
4.1	Receivable	(473,241)	XXX		XXX	XXX
4.2	Payable		XXX		XXX	XXX
5.	Earned Premiums					
5.1	Standard Coverage					
	5.11 With Reinsurance Coverage	6,172,180	XXX	8,711,660	XXX	XXX
	5.12 Without Reinsurance Coverage		XXX		XXX	XXX
	5.13 Risk-Corridor Payment Adjustments	575,004	XXX		XXX	XXX
	Supplemental Benefits	443,233	XXX	625,596	XXX	XXX
6.	Total Premiums	7,190,417	XXX	9,337,256	XXX	17,019,009
	Claims Paid					
7.1	Standard Coverage					
	7.11 With Reinsurance Coverage	6,394,330	XXX	6,565,139	XXX	12,959,469
	7.12 Without Reinsurance Coverage		XXX		XXX	
7.2	Supplemental Benefits	459,185	XXX	471,451	XXX	930,636
8.	Claim Reserves and Liabilities-change					
8.1	Standard Coverage					
	8.11 With Reinsurance Coverage	(115,002)	XXX	(39,122)	XXX	XXX
	8.12 Without Reinsurance Coverage		XXX		XXX	XXX
	Supplemental Benefits	(8,258)	XXX	(2,809)	XXX	XXX
9.	Health Care Receivables-change					
9.1	Standard Coverage					
	9.11 With Reinsurance Coverage	(2,378)	XXX	118,981	XXX	XXX
	9.12 Without Reinsurance Coverage		X X X		X X X	XXX
9.2	Supplemental Benefits	(171)	X X X	8,544	X X X	X X X
10.						
10.1	Standard Coverage					
	10.11 With Reinsurance Coverage	6,276,950	XXX	6,644,998	XXX	XXX
	10.12 Without Reinsurance Coverage		XXX		XXX	XXX
	Supplemental Benefits	450,756	XXX	477,186	XXX	XXX
	Total Claims	6,727,706	XXX	7,122,184	XXX	13,890,105
12.	Reinsurance Coverage and Low Income Cost Sharing					
	12.1 Claims Paid – Net of Reimbursements Applied	XXX		XXX		
	12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
	12.3 Reimbursements Receivable-change	XXX		XXX		XXX
40	12.4 Health Care Receivables-change	XXX		XXX		XXX
13.	3			400		XXX
14.		1,104,418	XXX	480,596	XXX	1,585,014
15.	Expenses Incurred	989,098	XXX	430,464	XXX	XXX
16.	Underwriting Gain/Loss	(526,387)	XXX	1,784,608	XXX	X X X
1/.	Cash Flow Result	XXX	XXX	XXX	XXX	1,543,890