



**ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2024  
 OF THE CONDITION AND AFFAIRS OF THE  
**NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND**

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

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

**OFFICERS**

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

**OTHER**

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

**DIRECTORS OR TRUSTEES**

Yahaira Placencia..... Cristina Pacheco.....  
 Pablo Rodriguez MD..... Lisa Ranglin.....  
 Peter Bancroft CPA..... Elena Nicoletta.....  
 William Hochstrasser-Walsh..... Daniel Da Ponte.....  
 Dioscaris Garcia PhD..... Rilwan Feyisitan.....  
 Gary Furtado.....

State of Rhode Island.....  
 County of Providence..... SS

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

x Peter Marino  
 Chief Executive Officer

x Karen Carlson  
 Chief Operating Officer

x Michelle Sears  
 Chief Financial Officer

Subscribed and sworn to before me  
 this Third day of  
March, 2025

x

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



**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	301,093	366,905	21,090	1,864,129	1,352,710	1,200,506
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....	(66,846)	(20,105)	72,407	38,180	38,180	(14,544)
0299999 Total group.....	(66,846)	(20,105)	72,407	38,180	38,180	(14,544)
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....	3,494,592	2,900,901	3,272,407	12,944,071		22,611,972
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	3,728,839	3,247,700	3,365,905	14,846,380	1,390,890	23,797,934

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 – Aggregate of Amounts Not Individually Listed .....	14,925,366	8,415,600	1,783,062	6,198,796	6,158,414	25,164,410
0199999 – Pharmaceutical Rebate Receivables .....	14,925,366	8,415,600	1,783,062	6,198,796	6,158,414	25,164,410
0399998 – Aggregate of Amounts Not Individually Listed .....			2,200,000		1,707,104	492,896
0399999 – Loans and Advances to Providers .....			2,200,000		1,707,104	492,896
0799999 – Gross Health Care Receivables .....	14,925,366	8,415,600	3,983,062	6,198,796	7,865,518	25,657,306

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	29,630,324	33,187,788	788,582	30,534,242	30,418,906	34,378,518
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....	17,663		—	2,200,000	17,663	17,663
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. Totals (Lines 1 through 6) .....	29,647,987	33,187,788	788,582	32,734,242	30,436,569	34,396,181

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered.....	31,174,328	225,687	(35,607)	80,258	(68,604)	31,376,062
0499999 - Subtotals.....	31,174,328	225,687	(35,607)	80,258	(68,604)	31,376,062
0599999 - Unreported claims and other claim reserves.....						96,159,895
0799999 - Total claims unpaid.....						127,535,957
0899999 - Accrued medical incentive pool and bonus amounts.....						6,623,939

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

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

**NONE**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0399999 – Total gross payables.....	<b>NONE</b>			

**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
<b>Capitation Payments:</b>						
1. Medical groups.....	46,328,788	2.667	2,636,942	1,206.618	46,328,788	
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	46,328,788	2.667	2,636,942	1,206.618	46,328,788	
<b>Other Payments:</b>						
5. Fee-for-service.....	518,304,562	29.838	XXX	XXX	518,304,562	
6. Contractual fee payments.....	1,134,205,677	65.293	XXX	XXX	1,134,205,677	
7. Bonus/withhold arrangements – fee-for-service.....			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments.....	38,251,998	2.202	XXX	XXX	38,251,998	
9. Non-contingent salaries.....			XXX	XXX		
10. Aggregate cost arrangements.....			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments.....	1,690,762,237	97.333	XXX	XXX	1,690,762,237	
13. Total (Line 4 plus Line 12).....	1,737,091,026	100.000 %	XXX	XXX	1,737,091,026	

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

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals.....			XXX	XXX	XXX

**NONE**



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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	5,265,596		4,232,392		1,033,204	
2. Medical furniture, equipment and fixtures .....						-
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	5,265,596		4,232,392		1,033,204	-



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

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

2. Smithfield, RI  
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2024

NAIC Company Code: 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	227,557	25,965	2,145						199,447					
2. First Quarter .....	221,057	29,056	2,209						189,792					
3. Second Quarter .....	223,814	34,848	2,283						186,683					
4. Third Quarter .....	220,246	35,234	2,296						182,716					
5. Current Year .....	218,540	37,770	2,390						178,380					
6. Current Year Member Months .....	2,636,942	395,951	27,342						2,213,649					
Total Member Ambulatory Encounters for Year:														
7. Physician .....	5,982,125	489,905	33,461						5,458,759					
8. Non-Physician .....	923,507	94,934	5,481						823,092					
9. Total .....	6,905,632	584,839	38,942						6,281,851					
10. Hospital Patient Days Incurred .....	574,121	8,377	443						565,301					
11. Number of Inpatient Admissions .....	42,485	1,507	88						40,890					
12. Health Premiums Written (b) .....	1,939,864,381	171,345,590	12,112,176						1,756,406,616					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	1,939,864,381	171,345,590	12,112,176						1,756,406,616					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	1,737,091,027	126,450,559	9,194,869						1,601,445,599					
18. Amount Incurred for Provision of Health Care Services .....	1,754,468,399	132,865,843	9,316,805						1,612,285,750					

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



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

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

2. Smithfield, RI  
(LOCATION)

NAIC Group Code: 0000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	227,557	25,965	2,145						199,447					
2. First Quarter .....	221,057	29,056	2,209						189,792					
3. Second Quarter .....	223,814	34,848	2,283						186,683					
4. Third Quarter .....	220,246	35,234	2,296						182,716					
5. Current Year .....	218,540	37,770	2,390						178,380					
6. Current Year Member Months .....	2,636,942	395,951	27,342						2,213,649					
Total Member Ambulatory Encounters for Year:														
7. Physician .....	5,982,125	489,905	33,461						5,458,759					
8. Non-Physician .....	923,507	94,934	5,481						823,092					
9. Total .....	6,905,632	584,839	38,942						6,281,851					
10. Hospital Patient Days Incurred .....	574,121	8,377	443						565,301					
11. Number of Inpatient Admissions .....	42,485	1,507	88						40,890					
12. Health Premiums Written (b) .....	1,939,864,381	171,345,590	12,112,176						1,756,406,616					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	1,939,864,381	171,345,590	12,112,176						1,756,406,616					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	1,737,091,027	126,450,559	9,194,869						1,601,445,599					
18. Amount Incurred for Provision of Health Care Services .....	1,754,468,399	132,865,843	9,316,805						1,612,285,750					

30.GT

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

**SCHEDULE S - PART 1 - SECTION 2**

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

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

**NONE**

**SCHEDULE S - PART 2**

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
<b>Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates</b>						
	05-60000522	01/01/2024	State of Rhode Island - HealthSource RI	RI	6,218,763	
27855	36-2781080	01/01/2024	Zurich America Insurance Company	IL	7,577,553	
2099999 – Accident and Health, Non-Affiliates, Non-U.S. Non-Affiliates					13,796,316	
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					13,796,316	
2299999 – Total Accident and Health					13,796,316	
2499999 – Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					13,796,316	
9999999 – Total (Sum of 1199999 and 2299999)					13,796,316	

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account, Authorized, Affiliates, U.S., Other</b>													
27855	36-2781080	01/01/2024	Zurich American Ins. Co. of IL	IL	SSL/G	CMM	27,157						
27855	36-2781080	01/01/2024	Zurich American Ins. Co. of IL	IL	SSL/I	CMM	402,064						
27855	36-2781080	01/01/2024	Zurich American Ins. Co. of IL	IL	SSL/I	MC	7,553,102						
0299999 – General Account, Authorized, Affiliates, U.S., Other							7,982,323						
0399999 – General Account, Authorized, Affiliates, U.S., Total							7,982,323						
0799999 – General Account, Authorized, Total Authorized Affiliates							7,982,323						
1199999 – Total General Account Authorized							7,982,323						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							7,982,323						
9199999 – Total U.S.							7,982,323						
9999999 – Total (Sum of 4599999 and 9099999)							7,982,323						

(34) Schedule S - Part 4

**NONE**

(34) Schedule S - Part 4 - Bank Footnote

**NONE**

(35) Schedule S - Part 5

**NONE**

(35) Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

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

	1	2	3	4	5
	2024	2023	2022	2021	2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	429	343	374	298	314
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....	7,553	5,526	2,798	4,643	4,198
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	17,377	17,914	14,602	4,551	1,150
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	13,796	14,198	12,180	1,100	129
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.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					



**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	306,057,534		306,057,534
2. Accident and health premiums due and unpaid (Line 15)	67,771,724		67,771,724
3. Amounts recoverable from reinsurers (Line 16.1)	13,796,316	(13,796,316)	-
4. Net credit for ceded reinsurance	XXX	13,796,316	13,796,316
5. All other admitted assets (Balance)	83,722,962		83,722,962
6. Total assets (Line 28)	471,348,537	-	471,348,537
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	127,535,957		127,535,957
8. Accrued medical incentive pool and bonus payments (Line 2)	6,623,939		6,623,939
9. Premiums received in advance (Line 8)	116,447,318		116,447,318
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)	91,529,627		91,529,627
15. Total liabilities (Line 24)	342,136,840		342,136,840
16. Total capital and surplus (Line 33)	129,211,697	XXX	129,211,697
17. Total liabilities, capital and surplus (Line 34)	471,348,537		471,348,537
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	13,796,316	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	13,796,316	XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets		XXX	XXX
30. Total ceded reinsurance payables/offsets		XXX	XXX
31. Total net credit for ceded reinsurance	13,796,316	XXX	XXX

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

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

**NONE**

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

**NONE**

(41) Schedule Y - Part 1A - Explanations

**NONE**

(42) Schedule Y - Part 2

**NONE**

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

**NONE**

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

**REQUIRED FILINGS**

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












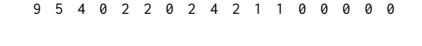

		Response
<b>March Filing</b>		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	Yes.....
2.	Will an actuarial opinion be filed by March 1?.....	YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	Yes.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	Yes.....
<b>April Filing</b>		
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.....
<b>June Filing</b>		
8.	Will an audited financial report be filed by June 1?.....	Yes.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	Yes.....

**SUPPLEMENTAL FILINGS**

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

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

**OVERFLOW PAGE FOR WRITE-INS**

ASSETS				
	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page.....				
2504. Other Receivables.....	1,609,420	6,856	1,602,564	2,110,453
2505. Due from PPC.....	160,242	160,242	-	-
2506. Prepaid Premium Tax.....				
2507. Notes Receivable.....	231,559	231,559	-	-
2597. Summary of remaining write-ins for Line 25 from overflow page.....	2,001,221	398,657	1,602,564	2,110,453

EXHIBIT OF NONADMITTED ASSETS			
	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 from overflow page.....			
2504. Other Receivables.....	238,415	269,949	31,534
2505. Due from PPC.....	160,242	163,221	2,979
2597. Summary of remaining write-ins for Line 25 from overflow page.....	398,657	433,170	34,513

**OVERFLOW PAGE FOR WRITE-INS**