



53473202520100100

# ANNUAL STATEMENT

For the Year Ended December 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 53473 Employer's ID Number 05-0158952

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry RI

Country of Domicile USA

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  Is HMO Federally Qualified? Yes  No

Incorporated/Organized February 27, 1939 Commenced Business September 1, 1939

Statutory Home Office 500 EXCHANGE STREET, PROVIDENCE, RI, US 02903  
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 EXCHANGE STREET (Street and Number)  
PROVIDENCE, RI, US 02903 (City or Town, State, Country and Zip Code)  
401-459-1000 (Area Code) (Telephone Number)

Mail Address 500 EXCHANGE STREET, PROVIDENCE, RI, US 02903  
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 EXCHANGE STREET PROVIDENCE, RI, US 02903 401-459-1000  
 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.BCBSRI.COM

Statutory Statement Contact STACIA SOUCY 401-459-2183  
 (Name) (Area Code) (Telephone Number) (Extension)  
STACIA.SOUCY@BCBSRI.ORG 401-459-2183  
 (E-Mail Address) (Fax Number)

### OFFICERS

	Name	Title
1.	MARTHA L. WOFFORD	PRESIDENT & CHIEF EXECUTIVE OFFICER
2.	KRISTEN MCLEAN #	SVP & CHIEF LEGAL OFFICER
3.	STACIA SOUCY #	VP & INTERIM CHIEF FINANCIAL OFFICER

### VICE-PRESIDENTS

Name	Title	Name	Title
ELAINE ALDERDICE	VP - CORPORATE FINANCE & SOURCING O	CAROLYN BELISLE	VP & CHIEF CORP SOCIAL RESPONSIBILITY
ANASTASIA BERGMANN	VP - CHIEF PEOPLE OFFICER	CHRISTOPHER G. BUSH	SVP - NETWORK PHARMACY & D&A
DAVID COMELLA	VP - CHIEF INFORMATION OFFICER	AVITAL CHATTO #	VP & DEPUTY GENERAL COUNSEL
CATHERINE DANGREMOND	VP - POP HEALTH STRATEGY	TARA L. DEMOURA	SVP & CHIEF OPERATING OFFICER
JOHN DONOHUE	VP - GROUP SALES	JEREMY S. DUNCAN	VP - MARKETING
KATE GERENCSEK #	SVP - STRAT, COS & MKTG COMMUNICATIO	PETER N. LEFEBER	SVP - VALUE BASED CARE
MICHAEL MENARD	VP - MEDICARE	CHRISTINE MUSIAL	VP - SHARED SERVICES
CHRISTINA PITNEY	SVP - GOVERNMENT PROGRAMS	LINDA WINFREY	VP - CHIEF AUDITOR

### DIRECTORS OR TRUSTEES

ADENRELE ABIADE	ERNEST ALMONTE	KIMBERLY BARKER	FRANCESCA BEAUDOIN M.D.
CHRISTOPHER BUFFERY	STEPHEN COHAN	JOSHUA FLUM #	JULIA MCDOWELL #
KAREN HAMMOND	MARGARET HOLLAND MCDUFF	SONIA MILLSOM #	SHARON MORRIS
WILLIAM MURRAY	KEVIN MURPHY	MARTHA TEMPLE	VICKI VIRGILIO

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.

_____ (Signature) MARTHA L. WOFFORD (Printed Name) 1.	_____ (Signature) KRISTEN MCLEAN (Printed Name) 2.	_____ (Signature) STACIA SOUCY (Printed Name) 3.
_____ PRESIDENT & CHIEF EXECUTIVE OFFICER (Title)	_____ SVP & CHIEF LEGAL OFFICER (Title)	_____ VP & INTERIM CHIEF FINANCIAL OFFICER (Title)

Subscribed and sworn to (or affirmed) before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 2026, by

- a. Is this an original filing?  Yes  No
- 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	3,044,586	198,049	102,713	3,593,160	3,744,389	3,194,119
Group subscribers:						
Federal Employees Health Benefit Program	24,210,764					24,210,764
Aipso-Local	819,383			6,309	25,767	799,925
HopeHealth Hospice and Palliative Care	628,265			1	1,818	626,448
Brown University Health	2,776			599,717	599,717	2,776
State of Rhode Island Meeting Street	299,343	36,582			335,925	
MGC, LLC	333,396					333,396
Saint Elizabeth Home	287,956	358		1	1,095	287,220
Dominion Diagnostics	89,742	80,599		97,062	267,402	1
Orthopedics Rhode Island, LLC	256,989			1	1,177	255,813
Brookwood Companies, Inc	227,560				2,461	225,099
J. Arthur Trudeau	210,449			1	807	209,643
Northeast Behavioral Associates DBA Northeast Fami	184,565				972	183,593
Violet SNF Holco LLC	163,153			3	7,976	155,180
Silver Fern Practice, LLC D.B.A. Highbar	88,525	60,169			1,115	147,579
Bradford Soap International, Inc.	147,740			671	9,513	138,898
AR Global Investments, LLC	142,827			1	2,834	139,994
Denison Pharmaceuticals, LLC	69,061	67,587	1,097		587	137,158
The Children's Workshop	15,023	54,855	61,565		5,641	125,802
J2 Construct, Inc.	42,337	43,166	44,632		1,372	128,763
Fellowship Health Resources Inc				121,769	121,769	
North-Eastern Tree Service, Inc				117,683	117,683	
American Tool Company	34,403	33,811	31,526	14,132	113,871	1
Care New England	18,000	16,637	17,091	49,926	101,654	
Aldersbridge Communities	70,529	30,977		3	101,512	(3)
Edesia	78,485	20,665			458	98,692
Crossroads Rhode Island	95,354			1	6,029	89,326
Intus Care Inc	94,228				1,208	93,020
Medicare Advantage	71,862	8,448			3,348	76,962
Kimpton Hotel Monaco	55,871	23,201	2	45	79,120	(1)
Visual Creations, Inc	10,915	7,529	11,046	49,142	78,632	
AT Cross Company, LLC	77,867				796	77,071
Texcel Industries, Inc	15,213	16,314	18,288	25,365	75,180	
McQuade's Marketplace	39,198	34,678			277	73,599
Century Drywall Inc.	71,824				415	71,409
Commercial Painting Inc	69,965				3,850	66,115
Comfort Dental, Inc				67,057	67,057	
Rhode Island Legal Services, Inc	9,371	9,371	9,371	35,591	63,703	1
Care New England	61,418					61,418
Cherenzia Excavation	53,207	7,702		2	60,914	(3)
Sole Source Construction LLC	30,171	28,795			2,562	56,404
Allied Industrial Group Inc	14,689	14,689	14,689	14,689	58,757	(1)
Brown University Health	13,581	21,746	17,038	5,256	57,621	
TPG KC HOTEL MANAGER LLC	24,090	26,061	6,435		18,765	37,821
	54,125				305	53,820

## 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
Glen Court	22,304	30,528			317	52,515
Medicare Advantage	52,156					52,156
Bristol County Water Authority	48,524					48,524
Kitchen and Countertop Center of N.E	24,105	24,105				48,210
Care New England	10,927	10,959	11,303	14,767	47,957	(1)
Central Nurseries, Inc	23,772	24,125			374	47,523
Brick, LLC.	3,525	6,515	5,860		28,625	44,525
Marshall Payroll Services, LLC (MPS)				44,069	44,069	
Rosciti Communications LLC	(8,398)	13,426	13,426	25,450	43,905	(1)
Care New England	24,357	19,230		1	43,589	(1)
MGC, LLC	6,086	(6,733)	5,759	37,393	42,506	(1)
Carpionato Properties, Inc	42,491				2,241	40,250
Amos House	41,992			1	3,025	38,968
South County Psychiatry	41,394					41,394
Medicare Advantage	1,926	782	782	37,378	40,868	
Andrew Panteleakis Trust - 1997	10,007	10,007	10,007	10,007	40,030	(2)
Northern Truck & Trailer Service Inc.	20,139	19,767			182	39,724
Chelo's Management Co., Inc.	39,845				226	39,619
Women's Development Corporation DBA Housing Opport	39,138					39,138
88 Palms Hotel & Event Center				38,559	38,559	
Medicare Advantage	37,700	61				37,761
Tedor Pharma Inc.	26,437	8,533			1,914	33,056
Medicare Advantage	14,870	15,330	2,452	424	33,076	
Marshall Payroll Services, LLC (MPS)	9,865	9,023	9,023	4,888	32,798	1
Medicare Advantage	23,527	8,131				31,658
Advanced Radiology	26,236	4,627			1,947	28,916
Premier Land Development	6,673	11,498	12,667		139	30,699
Nephrology Associates Inc				30,404	30,404	
EH Turf Supply, Inc DBA Allen's Seed	5,092	5,092	5,092	14,554	29,828	2
Boys & Girls Club of Pawtucket	14,768	14,768				29,536
Unetixs Vascular Incorporated	28,689	558				29,247
TruAccess Networks LLC	(3,573)	7,894	7,894	16,911	29,126	
Napatree Capital LLC				28,681	28,681	
Clear and Ten Inc DBA Patrick's Residential Manage	2,783	3,595	3,595	17,973	27,945	1
Rebello Funeral Home Inc	14,095	13,823				27,918
Medicare Advantage	10,758	12,338	4,400			27,496
Dennis Moffit Painting	14,056	13,357				27,413
AS220, Inc DBA AS220				27,356	27,356	
Care New England	16,925	9,858			26,784	(1)
Dynasty Gunite Pools	3,605	2,038	5,172	15,648	26,463	
Marshall Payroll Services, LLC (MPS)	1,922	1,922	1,922	20,134	25,901	(1)
D3 Logic Inc	25,756					25,756
TAG Meadowlands LLC				25,455	25,455	
Rinaldi Brothers Roofing LLC	14,662	10,771				25,433
Renaissance Providence Downtown Hotel	24,894				133	24,761
Delta Electro Power, LLC.	24,361	427				24,788
Fit & Fresh, Inc	24,150					24,150

**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
Full Keel Marine LLC	6,790	8,177	5,402	3,609	23,977	1
YouthBuild Preparatory Academy	11,421	11,421				22,842
Freeway Enterprises, LLC	22,759					22,759
Sterilization & Fumigation Services Inc	22,586				1,153	21,433
East Coast Management	22,296				1,108	21,188
S&D Auto & Truck LLC	21,846					21,846
Tomaquag Valley Milk Farm Transportation	21,756					21,756
The Westerly Ambulance Corporation Inc.	18,407	3,241			1,160	20,488
Curren Collision Center Inc	10,814	10,814				21,628
Bremer Law & Associates, LLC	21,576					21,576
Omni Resource Management, Inc.	21,513				209	21,304
Sojourner House, Inc.	20,325	1,154				21,479
Electro Standards Laboratories Inc.	21,458					21,458
Digital Octane DBA Linchpin	5,244	5,244	5,244	5,244	20,977	(1)
J.A.M. Construction Co., Inc				20,877	20,877	
Route 146 Auto Sales Inc	6,221	4,047	3,525	7,049	20,842	
Medicare Advantage	19,490	57	57	1,171	20,774	1
Care New England	13,156	7,524			20,680	
Medicare Advantage	20,305	14	14	179	20,512	
Monarch Metal Finishings Co., Inc	11,999	8,383				20,382
Vizsafe, Inc	4,391	3,800	3,800	8,361	20,350	2
Central Ave Chrysler Jeep, LLC				20,062	20,062	
Continental Engineering and Service Company	7,319	6,331	6,331			19,981
Cumberland Hill Eye Care LLC	3,783	3,783	3,783	8,600	19,949	
Turnstyle Designs Inc				19,703	19,703	
Marshall Payroll Services, LLC (MPS)	1,312	2,805	10,075	5,352	19,544	
Pinnacle Home Care LLC	19,478					19,478
Medicare Advantage	1,112	793	586	16,840	18,597	734
Andon Electronics Corporation	19,278					19,278
Meridian Printing, Inc.	19,249					19,249
East Side Management				18,607	18,607	
American Blind Wholesale	6,118	6,118	6,118			18,354
Coluch Organization LLC	6,116	6,116	6,116		18,349	(1)
Mansion, Inc. DBA Mansion Nursing & Rehabilitation	17,074	1,131				18,205
Kent County Memorial Hospital	6,861	6,861	4,465			18,187
South County Hospital	18,123					18,123
Arbor Masters, Inc	7,283	7,283	3,086			17,652
Westin Fort Lauderdale North	17,643				110	17,533
Iron Haulers Inc.				17,637	17,637	
Block Island Utility District DBA Block Island Pow	17,620					17,620
Atlantic Beach Park Inc. DBA Atlantic Park Beach I	2,900	2,900	2,900	8,838	17,538	
DE Fire Sprinkler Design Inc	7,585	6,664	3,232			17,481
Architectural Preservation Group				17,294	17,294	
The Highlander Institute	8,488	8,488			104	16,872
Cc Corp.	1,475	1,438	1,512	12,336	16,761	
Kenilworth Creations	16,709				167	16,542
Memorial Funeral Home Inc	16,708					16,708

**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
Basics Group Inc	16,566					16,566
State of Rhode Island - RIPTA	12,932	3,420				16,352
Key Corporation	16,302					16,302
MGC, LLC	8,114	8,114				16,228
Designs by Lolita				16,014	16,014	
Lincoln Pediatric Associates, Inc.				15,744	15,744	
Creative Circle Advertising Solutions DBA Creative	5,177	5,177	5,177			15,531
Bristol County Restoration, Inc. DBA AllBrite	2,985	2,985	2,985	6,474	15,429	
E.B. Thomsen Inc				15,309	15,309	
Todd E Handel, MD	4,154	4,154	4,154	2,833	15,295	
Sagamore Sales & Marketing, Inc	15,008					15,008
Bill's Heating Service, Inc.	4,745	4,745	4,745	745	14,980	
Virginia Transportation Corp	7,293	7,571		3	1,066	13,801
Hot Water Inc	8,228	6,513				14,741
Walsh's Auto Body & Sales, Inc	3,104	5,915	5,575			14,594
Carter Brothers Inc	3,324	3,324	3,324	4,599	14,572	(1)
Tasca Automotive Group Fixed Operations				14,456	14,456	
Medicare Advantage	1,169	584	292	12,407	14,452	
Marshall Payroll Services, LLC (MPS)	10,909	3,444			111	14,242
G P Masonry Inc	2,560	2,560	2,560	6,658	14,337	1
KCW Management LLC DBA Providence Bagel			207	14,110	14,317	
Indeglia & Associates Attorneys at Law PLLC	4,771	4,109	5,434			14,314
Berkeley Towing	14,235					14,235
Carpionato Properties, Inc	14,054				618	13,436
Four Seasons AL DBA Four Seasons Assisted Living	4,013	4,013	4,013	1,441	13,481	(1)
Northeast Behavioral Associates DBA Northeast Fami				13,472	13,472	
JJ Logistics LLC				13,468	13,468	
Carpionato Properties, Inc	3,256			10,111	23,652	(10,285)
Boys & Girls Clubs of Providence	13,360					13,360
Mello Construction Co.Inc	6,541	6,541				13,082
Avid Hotel	3,828	5,751	1,906	1,447	12,932	
Hilton Boston/Dedham, MA	12,867				40	12,827
Demaich Industries, Inc.	6,431	6,431				12,862
J. Thompson Marine Carpentry				12,828	12,828	
E. Turgeon Construction Corporation	3,345	3,345	3,345	2,655	12,689	1
Yankee Supply Company	12,445					12,445
DiLeonardo International, Inc.	5,513	6,316	606			12,435
Gary Crossley Ford, LLC				12,385	12,385	
Corcoran - Morgera Construction Inc	2,474	2,474	2,474	4,949	12,372	(1)
Renaissance Waterford Oklahoma City	12,357				71	12,286
Simmons Associates, Ltd	12,283					12,283
BTTR, LLC				12,159	12,159	
OceanState Cardiovascular and Vein Center	12,082					12,082
Brick Alley Pub	11,293	742				12,035
Mckenna Roofing & Construction	11,851					11,851
Union Studio Architecture & Community Design				11,792	11,792	
Tasca Automotive Group Main Cranston				11,769	11,769	

**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
Global Outdoors, Inc	11,636					11,636
Innovative Enrollment Solutions, LLC	5,623	5,623	348			11,594
Ocean State Logistics LLC	11,570				842	10,728
Polly E Leonard DO LTD				11,530	11,530	
Scott Hesford Landscaping	11,478					11,478
HGI Tampa East/Brandon	11,395					11,395
Smithfield Peat Company Inc	11,365					11,365
David S Pomerantz MD Inc	11,258					11,258
Flourish Collective Inc.	5,617	5,617				11,234
Family Subs, LLC	2,722	8,437				11,159
Primacare Inc.				11,129	11,129	
Carpionato Properties, Inc	11,080				544	10,536
Bm Rubbish Service, Inc	10,897					10,897
Lansco Colors LLC				10,779	10,779	
Capco Steel Erection Company				10,743	10,743	
Scituate Leasing Corporation	10,681					10,681
Advanced Auto Body, Inc.	2,800	2,800	2,800	2,228	10,627	1
Mador Electric Inc.		2,652	2,652	5,305	10,609	
Carpionato Properties, Inc	10,590				483	10,107
Working Planet Marketing Group	10,560					10,560
Cogent Computer Systems, Inc.				10,461	10,461	
Peregrine Property Management, LLC	10,317					10,317
Joseph V Tally Inc	10,285					10,285
TAG Yonkers II LLC				10,229	10,229	
Swan Fabrics	10,210				45	10,165
Paul Masse Chevrolet South, Inc	2,247	2,247	2,247	3,438	10,180	(1)
RIDCO Casting				10,135	10,135	
American Tele-Connect Services Inc				10,130	10,130	
Macara's Italian Restaurant, Inc	1,879	529	3,229	4,435	10,071	1
E Costantini Transport Inc	2,372	2,307	2,381	2,982	10,041	1
Arties auto parts llc	4,999	4,999	22			10,020
0299997 Group subscriber subtotal	31,114,498	1,208,321	458,856	2,156,217	3,987,417	30,950,475
0299998 Premiums due and unpaid not individually listed	691,031	217,325	41,962	874,799	966,722	858,395
0299999 Total group	31,805,529	1,425,646	500,818	3,031,016	4,954,139	31,808,870
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)	34,850,115	1,623,695	603,531	6,624,176	8,698,528	35,002,989

### 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
PRIME THERAPEUTICS	14,533,799	19,263,799	14,533,799	289,679		48,621,076
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	14,533,799	19,263,799	14,533,799	289,679		48,621,076
BURDON, ANDREA M.				12,311	12,311	
CLINICAL COLLEAGUES INC		323	23,409			23,732
DIVERSITY COUNSELING LLC	41,217					41,217
DR VEZZA MEDICAL SERVICES PC	465	49	94,724	12	12	95,238
FAMADOR, MA LIZA ANN F.				17,198	17,198	
HARRIS HEALTH CARE CENTER NORTH				11,300	11,300	
HORAN, JOHN F.				20,736	20,736	
VARIOUS	162,188	24,409	12,315	100,015	100,015	198,912
JI, HUILING				15,153	15,153	
KATTAN, MOHAMMED M.	28,662					28,662
KERZER, DAVID G.				22,308	22,308	
KERZER, JASON B.				17,304	17,304	
KRUPADEV, ARCHEN				16,296	16,296	
LARSON, PAUL R.				10,113	10,113	
LIFESPAN OF MASSACHUSETTS - FAL	1,351	2,345	6,623	1,801	1,801	10,319
LIFESPAN OF MASSACHUSETTS - TAU	9,094		17,776			26,870
LIFESPAN PHYSICIAN GROUP DBA BROWN	12,094	100				12,194
MARYESKI, STEPHANIE T.				11,999	11,999	
MCGOVERN, CHELSEA				161,750	161,750	
MONTES, ANNE CAMILLE A.				14,730	14,730	
PHILIP, MELVIN				19,684	19,684	
PULMONARY & SLEEP OFFICE OF NEW ENG	24,539					24,539
REMOTE NEUROMONITORING PHYSI		13,939	139	4,088	4,088	14,078
RHODE ISLAND PET SERVICES LLC	37,968	2,232	1,116	1,055	1,055	41,316
RODRIGUEZ, FARIDAH TANYA B.				14,089	14,089	
SALISBURY, MATTHEW T.				22,070	22,070	
SUPERIOR BIOLOGICS NY INC	7,848	3,788	4,872			16,509
UNIVERSITY ORTHOPEDICS INC	22,210		25			22,235
WELLS, KENNETH				23,776	23,776	
ZIBRIDA, JOSEPH T.				22,204	22,204	
0299998 Claim Overpayment Receivables Not Individually Listed	164,149	22,280	76,022	775,970	775,970	262,451
0299999 Claim Overpayment Receivables	511,785	69,465	237,021	1,315,962	1,315,962	818,272
Thundermist Health Care	500,000					500,000
0399998 Loans and Advances to Providers Not Individually Listed				27,694	27,694	
0399999 Loans and Advances to Providers	500,000			27,694	27,694	500,000



### 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	45,258,470		344,182	48,276,895	45,602,652	45,602,652
2. Claim overpayment receivables	36,994,403	4,433,414		2,134,236	36,994,403	36,994,403
3. Loans and advances to providers				527,694		
4. Capitation arrangement receivables				14,917,584		
5. Risk sharing receivables				1,400,000		
6. Other health care receivables	4,737,096		29,531,548	4,551,819	34,268,644	34,268,644
7. Total (Lines 1 through 6)	86,989,969	4,433,414	29,875,730	71,808,228	116,865,699	116,865,699

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



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

1 Name of Affiliates	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
			<b>NONE</b>				
0399999 Total gross amounts receivable							

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

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



### 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	3,693,155		3,693,155			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,793,789		3,496,481		297,308	
6. Total	7,486,944		7,189,636		297,308	



53473202543040100

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

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 2025**

NAIC Company Code 53473

30 RI

	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	388,681	17,843	98,885	21,075	20,127	77,923	22,834	76,784					53,210	
2. First Quarter	382,694	18,172	95,918	21,181	21,905	79,387	22,470	77,275					46,386	
3. Second Quarter	382,233	18,291	94,962	21,165	22,156	80,128	22,359	77,680					45,492	
4. Third Quarter	382,009	18,396	93,484	21,260	22,597	80,304	22,211	78,878					44,879	
5. Current Year	379,879	18,049	93,024	21,306	22,914	79,885	21,857	79,319					43,525	
6. Current Year Member Months	4,578,589	219,871	1,134,504	254,711	268,020	956,293	267,705	936,879					540,606	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,795,691	108,142	511,062				112,710	1,063,777						
8. Non-Physician	1,789,161	148,497	644,133				136,166	860,365						
9. Total	3,584,852	256,639	1,155,195				248,876	1,924,142						
10. Hospital Patient Days Incurred	96,314	6,060	19,979				2,095	68,180						
11. Number of Inpatient Admissions	17,459	912	3,744				460	12,343						
12. Health Premiums Written (b)	2,411,641,061	173,243,475	768,841,707	64,032,917	909,142	29,481,776	134,026,813	1,185,225,457					55,879,774	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	2,427,995,999	173,126,943	767,712,598	64,032,917	909,142	29,481,776	157,651,720	1,185,225,457					49,855,446	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	2,216,118,097	161,435,686	652,125,432	53,435,135	904,415	22,775,404	149,484,619	1,121,906,414					54,050,992	
18. Amount Incurred for Provision of Health Care Services	2,220,110,735	164,505,863	680,910,126	54,627,536	588,343	22,841,875	143,603,879	1,098,751,121					54,281,992	

(a) For health business: number of persons insured under PPO managed care products 211,818 and number of persons insured under indemnity only products 431.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,185,225,457.



53473202543059100

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

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 TOTAL DURING THE YEAR 2025**

NAIC Company Code 53473

30 GT

	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	388,681	17,843	98,885	21,075	20,127	77,923	22,834	76,784					53,210	
2. First Quarter	382,694	18,172	95,918	21,181	21,905	79,387	22,470	77,275					46,386	
3. Second Quarter	382,233	18,291	94,962	21,165	22,156	80,128	22,359	77,680					45,492	
4. Third Quarter	382,009	18,396	93,484	21,260	22,597	80,304	22,211	78,878					44,879	
5. Current Year	379,879	18,049	93,024	21,306	22,914	79,885	21,857	79,319					43,525	
6. Current Year Member Months	4,578,589	219,871	1,134,504	254,711	268,020	956,293	267,705	936,879					540,606	
Total Member Ambulatory Encounters For Year:														
7. Physician	1,795,691	108,142	511,062				112,710	1,063,777						
8. Non-Physician	1,789,161	148,497	644,133				136,166	860,365						
9. Total	3,584,852	256,639	1,155,195				248,876	1,924,142						
10. Hospital Patient Days Incurred	96,314	6,060	19,979				2,095	68,180						
11. Number of Inpatient Admissions	17,459	912	3,744				460	12,343						
12. Health Premiums Written (b)	2,411,641,061	173,243,475	768,841,707	64,032,917	909,142	29,481,776	134,026,813	1,185,225,457					55,879,774	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	2,427,995,999	173,126,943	767,712,598	64,032,917	909,142	29,481,776	157,651,720	1,185,225,457					49,855,446	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	2,216,118,097	161,435,686	652,125,432	53,435,135	904,415	22,775,404	149,484,619	1,121,906,414					54,050,992	
18. Amount Incurred for Provision of Health Care Services	2,220,110,735	164,505,863	680,910,126	54,627,536	588,343	22,841,875	143,603,879	1,098,751,121					54,281,992	

(a) For health business: number of persons insured under PPO managed care products 211,818 and number of persons insured under indemnity only products 431.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,185,225,457.

### SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance	
<b>NONE</b>													
999999	Totals					XXX							



### 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		
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	SSL/G	CMM	1,194,579						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	ASL/G	CMM	14,067						
90581	91-1079693	08/01/2018	SYMETRA LIFE INSURANCE COMPANY	WA	CAT	SLEL	274,705						
38245	36-6033921	01/01/2021	BCS INSURANCE COMPANY	IL	CAT	SLEL	1,468,195						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	SSL/G	CMM	3,571,528						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	ASL/G	CMM	94,102						
80926	06-0893662	01/01/2020	SUN LIFE AND HEALTH INSURANCE COMPANY	MI	CAT	SLEL	652,792						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					X X X	7,269,968						
0399999	General Account - Authorized - Affiliates - U.S. - Total					X X X	7,269,968						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					X X X	7,269,968						
1199999	General Account - Authorized - Total General Account Authorized					X X X	7,269,968						
3499999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Captive					X X X							
3699999	General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total					X X X							
4099999	General Account - Reciprocal Jurisdiction - Affiliates - Total Reciprocal Jurisdiction Affiliates					X X X							
4199999	General Account - Reciprocal Jurisdiction - Non-Affiliates - U.S. Non-Affiliates					X X X							
4399999	General Account - Reciprocal Jurisdiction - Non-Affiliates - Total Reciprocal Jurisdiction Non-Affiliates					X X X							
4499999	General Account - Total General Account Reciprocal Jurisdiction					X X X							
4599999	General Account - Total General Account Authorized, Unauthorized and Certified					X X X	7,269,968						
9199999	Total U.S.					X X X	7,269,968						
9999999	Totals					X X X	7,269,968						





## SCHEDULE S – PART 6

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

	1	2	3	4	5
	2025	2024	2023	2022	2021
<b>A. OPERATIONS ITEMS</b>					
1. Premiums	7,270	9,866	6,853	5,436	4,337
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable	195,447	223,708			
8. Reinsurance recoverable on paid losses	19,638	7,819	18,373	20,481	7,722
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)	675,462,995		675,462,995
2. Accident and health premiums due and unpaid (Line 15)	85,808,244		85,808,244
3. Amounts recoverable from reinsurers (Line 16.1)	19,638,350	(19,638,350)	
4. Net credit for ceded reinsurance	X X X	23,455,753	23,455,753
5. All other admitted assets (Balance)	259,452,088		259,452,088
6. Total assets (Line 28)	1,040,361,677	3,817,403	1,044,179,080
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	195,447,184	5,456,000	200,903,184
8. Accrued medical incentive pool and bonus payments (Line 2)	37,796,293		37,796,293
9. Premiums received in advance (Line 8)	22,593,610		22,593,610
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)	422,205,688	1,638,597	423,844,285
15. Total liabilities (Line 24)	678,042,775	7,094,597	685,137,372
16. Total capital and surplus (Line 33)	362,318,902	X X X	362,318,902
17. Total liabilities, capital and surplus (Line 34)	1,040,361,677	7,094,597	1,047,456,274
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid	5,456,000		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	19,638,350		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	25,094,350		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	1,638,597		
30. Total ceded reinsurance payables/offsets	1,638,597		
31. Total net credit for ceded reinsurance	23,455,753		

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

		Direct Business Only					
		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	6 Totals
States, Etc.							
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

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND OSH-RI, LLC	53473 00000	05-0158952 61-1903507	00	00		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	RI RI	RE NIA	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	BOARD OF DIRECTORS BOARD OF DIRECTORS		BOARD OF DIRECTORS BOARD OF DIRECTORS	NO NO	

Asterik	Explanation
<div style="font-size: 48px; font-weight: bold;">NONE</div>	

## 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)
53473 0	05-0158952 61-1903507	BLUE CROSS AND BLUE SHIELD OF RHODE ISLA BCBS OF RHODE ISLAND & OAK STREET HEALT										
9999999	Control Totals								XXX			



## 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.

	Responses
<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?	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
<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?	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
<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?	See Explanation

Explanation 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:**



53473202520500000



53473202520700000



53473202542000000



53473202537100000



53473202536500000



53473202522400000



53473202522500000



53473202530600000



53473202521100000



53473202521600000



53473202522300000

---

**OVERFLOW PAGE FOR WRITE-INS**

---

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2025  
(To Be Filed By March 1)



53473202536040100

## FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473  
 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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristic	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2022				Policies Issued in 2023, 2024, 2025			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	40	A	NO	246	07/01/1966		07/01/1966		PLAN 65	631,080	542,368	85.90	203	24,911	21,409	85.90	8
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	43,523	37,405	85.90	14	3,114	2,676	85.90	1
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	21,761	18,702	85.90	7				
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	10,551,167	9,067,965	85.90	3,394	435,940	374,659	85.90	140
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	8,029,954	6,901,165	85.90	2,583	333,183	286,347	85.90	107
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	5,620,657	4,830,548	85.90	1,808	233,539	200,710	85.90	75
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	5,900,446	5,071,007	85.90	1,898	242,881	208,739	85.90	78
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	62,175	53,435	85.90	20	3,114	2,676	85.90	1
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	640,407	550,383	85.90	206	24,911	21,409	85.90	8
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	12,348,036	10,612,244	85.90	3,972	510,673	438,886	85.90	164
YES	40	N	NO	246	07/01/1966		07/01/1966		PLAN 65	1,311,901	1,127,484	85.90	422	52,936	45,494	85.90	17
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										45,161,107	38,812,706	85.90	14,527	1,865,202	1,603,005	85.90	599
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	16,934,456	14,151,530	83.60	4,963	820	685	83.50	17
YES	40	G	NO	246	07/01/1966		07/01/1966		PLAN 65	13,649	11,406	83.60	4	57,683	48,204	83.60	1,196
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										16,948,105	14,162,936	83.60	4,967	58,503	48,889	83.60	1,213

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- 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
  - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903-2699
  - Contact Person and Phone Number: CHRISTINA PITNEY 401-459-1103
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903-2699
  - Contact Person and Phone Number: CHRISTINA PITNEY 401-459-1103
- Explain any policies identified above as policy type 'O'



53473202536500100

## 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 Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	20,881,315	X X X	12,992,750	X X X	33,874,066
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	508,333	X X X		X X X	508,333
1.2 Supplemental Benefits	1,356,508	X X X	844,044	X X X	2,200,552
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(60,074)	X X X	(381,979)	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(3,903)	X X X	(24,814)	X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	441,176	X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	20,821,241	X X X	12,610,771	X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	949,509	X X X		X X X	X X X
5.2 Supplemental Benefits	1,352,605	X X X	819,230	X X X	X X X
6. Total Premiums	23,123,355	X X X	13,430,001	X X X	36,582,951
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	21,404,227	X X X	9,354,341	X X X	30,758,568
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	1,390,477	X X X	607,684	X X X	1,998,161
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(9,921)	X X X	(23,594)	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	(645)	X X X	(1,533)	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(183,151)	X X X	(36,521)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(11,898)	X X X	(2,373)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	21,211,155	X X X	9,294,226	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	1,377,934	X X X	603,778	X X X	X X X
11. Total Claims	22,589,089	X X X	9,898,004	X X X	32,756,729
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied-change	X X X		X X X		
12.3 Reimbursements Receivable-change	X X X		X X X		X X X
12.4 Health Care Receivables-change	X X X		X X X		X X X
13. Aggregate Policy Reserves-change					X X X
14. Expenses Paid	1,042,321	X X X	585,339	X X X	1,627,660
15. Expenses Incurred	951,812	X X X	534,428	X X X	X X X
16. Underwriting Gain/Loss	(417,546)	X X X	2,997,569	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	2,198,562

