

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.....	304,660	622,596	1,197,881	-	-	2,125,137
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....						
0299999 Total group.....						
0399999 Premiums due and unpaid from Medicare entities.....						(309,876)
0499999 Premiums due and unpaid from Medicaid entities.....	7,934,232	2,701,885	4,088,258	28,302,047	-	43,336,298
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	8,238,891	3,324,482	5,286,139	28,302,047	-	45,151,559

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	18,202,732	10,627,263	7,474,405	4,708,353	4,708,292	36,304,461
0199999 – Pharmaceutical Rebate Receivables	18,202,732	10,627,263	7,474,405	4,708,353	4,708,292	36,304,461
0399998 – Aggregate of Amounts Not Individually Listed	600,472				–	600,472
0399999 – Loans and Advances to Providers	600,472				–	600,472
0699998 – Aggregate of Amounts Not Individually Listed	427					427
0699999 – Other Health Care Receivables	427					427
0799999 – Gross Health Care Receivables	18,803,630	10,627,263	7,474,405	4,708,353	4,708,292	36,905,359

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	20,811,802	51,286,133	10,759,107	30,253,647	31,570,909	31,322,824
2. Claim overpayment receivables						
3. Loans and advances to providers				600,472		2,200,000
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables				427		
7. Totals (Lines 1 through 6)	20,811,802	51,286,133	10,759,107	30,854,545	31,570,909	33,522,824

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	15,701,587	(393,895)	413,110	70,070	(283,412)	15,507,460
0499999 – Subtotals	15,701,587	(393,895)	413,110	70,070	(283,412)	15,507,460
0599999 – Unreported claims and other claim reserves						128,056,319
0799999 – Total claims unpaid						143,563,779
0899999 – Accrued medical incentive pool and bonus amounts						2,479,887

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.....	NONE			

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	15,795,830	0.779	2,637,562	1,225.673	15,795,830	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	15,795,830	0.779	2,637,562	1,225.673	15,795,830	
Other Payments:						
5. Fee-for-service	7,172,871	0.354	XXX	XXX	7,172,871	
6. Contractual fee payments	1,955,278,911	96.397	XXX	XXX	1,955,278,911	
7. Bonus/withhold arrangements – fee-for-service	50,729,285	2.501	XXX	XXX	50,729,285	
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements	(611,358)	(0.030)	XXX	XXX	(611,358)	
11. All other payments			XXX	XXX		
12. Total other payments	2,012,569,708	99.221	XXX	XXX	2,012,569,708	
13. Total (Line 4 plus Line 12)	2,028,365,538	100.000 %	XXX	XXX	2,028,365,538	

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	5,204,101		4,813,091		391,010	-
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	49,454		42,036		7,418	-
6. Total	5,253,555		4,855,127		398,428	-



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 2025

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.....	218,540	37,770	2,390						178,380					
2. First quarter.....	221,683	35,952	2,445						183,286					
3. Second quarter.....	224,108	37,879	2,563						183,666					
4. Third quarter.....	219,053	40,186	2,605						176,262					
5. Current year.....	215,193	40,628	2,649						171,916					
6. Current year member months.....	2,637,562	457,447	30,531						2,149,584					
Total Member Ambulatory Encounters for Year:														
7. Physician.....	1,293,169	166,091	12,266						1,114,812					
8. Non-physician.....	239,311	36,470	2,033						200,808					
9. Total.....	1,532,480	202,561	14,299						1,315,620					
10. Hospital patient days incurred.....	119,613	2,732	107						116,774					
11. Number of inpatient admissions.....	9,645	529	29						9,087					
12. Health premiums written (b).....	2,193,882,671	207,698,665	13,690,349						1,972,493,657					
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	2,206,008,395	209,980,936	13,690,349						1,982,337,110					
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	2,028,365,538	189,219,384	12,027,412						1,827,118,743					
18. Amount incurred for provision of health care services.....	2,028,365,538	189,219,384	12,027,412						1,827,118,743					

(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 2025

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	218,540	37,770	2,390						178,380					
2. First quarter	221,683	35,952	2,445						183,286					
3. Second quarter	224,108	37,879	2,563						183,666					
4. Third quarter	219,053	40,186	2,605						176,262					
5. Current year	215,193	40,628	2,649						171,916					
6. Current year member months	2,637,562	457,447	30,531						2,149,584					
Total Member Ambulatory Encounters for Year:														
7. Physician	1,293,169	166,091	12,266						1,114,812					
8. Non-physician	239,311	36,470	2,033						200,808					
9. Total	1,532,480	202,561	14,299						1,315,620					
10. Hospital patient days incurred	119,613	2,732	107						116,774					
11. Number of inpatient admissions	9,645	529	29						9,087					
12. Health premiums written (b)	2,193,882,671	207,698,665	13,690,349						1,972,493,657					
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	2,206,008,395	209,980,936	13,690,349						1,982,337,110					
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	2,028,365,538	189,219,384	12,027,412						1,827,118,743					
18. Amount incurred for provision of health care services	2,028,365,538	189,219,384	12,027,412						1,827,118,743					

(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 \$

30.GT

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
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
	.05-6000522	01/01/2025	State of Rhode Island - HealthSource RI	RI	17,754,638	
27855	.36-2781080	01/01/205	Zurich American Insurance Co., Inc.	IL	9,691,787	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					27,446,425	
2199999 - Accident and Health, Non-Affiliates, Total Non-Affiliates					27,446,425	
2299999 - Total Accident and Health					27,446,425	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					27,446,425	
9999999 - Total (Sum of 1199999 and 2299999)					27,446,425	

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		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
27855	36-2781080	01/01/2024	Zurich American Insurance Co., Inc.	IL	SSL/G	CMM	35,578						
27855	36-2781080	01/01/2024	Zurich American Insurance Co., Inc.	IL	SSL/I	CMM	547,786						
27855	36-2781080	01/01/2024	Zurich American Insurance Co., Inc.	IL	SSL/I	MC	11,729,396						
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							12,312,761						
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							12,312,761						
1199999 – Total General Account Authorized							12,312,761						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							12,312,761						
9199999 – Total U.S.							12,312,761						
9999999 – Total (Sum of 4599999 and 9099999)							12,312,761						

(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
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums.....	583	429	343	374	298
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....	11,729	7,553	5,526	2,798	4,643
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....		17,377	17,914	14,602	4,551
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	27,446	13,796	14,198	12,180	1,100
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).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	336,729,945		336,729,945
2. Accident and health premiums due and unpaid (Line 15)	86,450,146		86,450,146
3. Amounts recoverable from reinsurers (Line 16.1)	27,446,426	(27,446,426)	-
4. Net credit for ceded reinsurance	XXX	27,446,426	27,446,426
5. All other admitted assets (Balance)	101,316,073		101,316,073
6. Total assets (Line 28)	551,942,590	-	551,942,590
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	143,563,779		143,563,779
8. Accrued medical incentive pool and bonus payments (Line 2)	2,479,887		2,479,887
9. Premiums received in advance (Line 8)	128,572,941		128,572,941
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)	161,164,354		161,164,354
15. Total liabilities (Line 24)	435,780,961		435,780,961
16. Total capital and surplus (Line 33)	116,161,629	XXX	116,161,629
17. Total liabilities, capital and surplus (Line 34)	551,942,589		551,942,589
NET CREDIT FOR CEDED REINSURANCE			
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	27,446,426	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	27,446,426	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	27,446,426	XXX	XXX

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

			Direct Business Only					
States, Etc.			1	2	3	4	5	6
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
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 - Details 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.

	Responses
March Filing	
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
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

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.

March Filing	
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
April Filing	
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
August Filing	
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 5 3 6 0 0 0 0 0 0
11.	 9 5 4 0 2 2 0 2 5 2 0 5 0 0 0 0 0
12.	 9 5 4 0 2 2 0 2 5 4 2 0 0 0 0 0 0
13.	 9 5 4 0 2 2 0 2 5 3 7 1 0 0 0 0 0
14.	 9 5 4 0 2 2 0 2 5 3 7 0 0 0 0 0 0
15.	 9 5 4 0 2 2 0 2 5 3 6 5 0 0 0 0 0
16.	 9 5 4 0 2 2 0 2 5 2 2 4 0 0 0 0 0
17.	 9 5 4 0 2 2 0 2 5 2 2 5 0 0 0 0 0
18.	 9 5 4 0 2 2 0 2 5 2 2 6 0 0 0 0 0
19.	 9 5 4 0 2 2 0 2 5 6 0 0 0 0 0 0 0
20.	 9 5 4 0 2 2 0 2 5 3 0 6 0 0 0 0 0
21.	 9 5 4 0 2 2 0 2 5 2 1 1 0 0 0 0 0
22.	
23.	 9 5 4 0 2 2 0 2 5 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.....	1,001,537		1,001,537	1,602,564
2505. Due from PPC.....	418,923	418,923	—	—
2506. Prepaid Premium Tax.....				
2507. Notes Receivable.....	175,280	175,280	—	—
2597. Summary of remaining write-ins for Line 25 from overflow page.....	1,595,740	594,202	1,001,538	1,602,564

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Claims Adjustment expense.....		956,893			956,893
2505. Claims Interest Expense.....		23,859			23,859
2597. Summary of remaining write-ins for Line 25 from overflow page.....		980,752			980,752

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.....	175,280	238,415	63,136
2505. Due from PPC.....	418,923	160,242	(258,681)
2597. Summary of remaining write-ins for Line 25 from overflow page.....	594,202	398,657	(195,545)

OVERFLOW PAGE FOR WRITE-INS