



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
 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 Period) (Prior Period)

Organized under the Laws of Rhode Island , State of Domicile or Port of Entry Rhode Island

Country of Domicile United States

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

Incorporated/Organized 12/09/1993 Commenced Business 12/01/1994

Statutory Home Office 299 Promenade Street , Providence, RI, US 02908
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 299 Promenade Street
(Street and Number)
Providence, RI, US 02908 401-459-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 299 Promenade Street , Providence, RI, US 02908
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 299 Promenade Street
(Street and Number)
Providence, RI, US 02908 401-459-6124
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address http://www.nhpri.org/

Statutory Statement Contact Glenn Wang , 401-459-6124
(Name) (Area Code) (Telephone Number) (Extension)
gwang@nhpri.org 401-459-6043
(E-Mail Address) (Fax Number)

OFFICERS

<u>Peter Marino #</u> Francisco Trilla MD	<u>Chief Executive Officer</u> <u>Chief Medical Officer</u>	<u>Michelle Tetreault #</u> Shantha Diaz	<u>Chief Financial Officer</u> <u>Chief Operating Officer</u>
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OTHER OFFICERS

<u>Merrill Thomas</u> Brenda Dowlatshahi	<u>Chairman</u> <u>Secretary</u>	<u>Jane Hayward</u> Peter Walsh	<u>Vice Chairman</u> <u>Treasurer</u>
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DIRECTORS OR TRUSTEES

<u>Merrill Thomas</u> Pablo Rodriguez MD	<u>Brenda Dowlatshahi</u> Jane Hayward	<u>Raymond Joseph Lavoie Jr.</u> Peter Bancroft CPA	<u>Christopher Little Esq.</u> Doris De Los Santos
<u>Peter Walsh</u> Michael Lichtenstein	<u>Charles Jones</u> Patricia Martinez	<u>William Hochstrasser-Walsh</u> Richard Besdine MD	<u>Dennis Roy</u> Peter Marino #

State of Rhode Island

ss

County of _____

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.

Peter Marino
Chief Executive Officer

Michelle Tetreault
Chief Financial Officer

Francisco Trilla MD
Chief Medical Officer

Subscribed and sworn to before me this _____ day of February, 2015

- a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	96,344,886		96,344,886	47,207,214
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$34,215,763 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$107,477,062 , Schedule DA).....	141,692,825		141,692,825	77,475,398
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities	2,712		2,712	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	238,040,422	0	238,040,422	124,682,612
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	570,645		570,645	275,343
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	6,106,388		6,106,388	1,382,755
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums.....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	839,066		839,066	770,424
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	528,704		528,704	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....	426,601	25,542	401,059	320,998
21. Furniture and equipment, including health care delivery assets (\$)	562,724	562,724	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$2,749,782) and other amounts receivable.....	4,529,547	1,779,765	2,749,782	1,878,688
25. Aggregate write-ins for other-than-invested assets	3,819,347	1,068,568	2,750,779	5,165,163
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	255,423,444	3,436,599	251,986,845	134,475,983
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	255,423,444	3,436,599	251,986,845	134,475,983
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other Receivable.....	2,716,809	152,949	2,563,860	5,158,318
2502. Prepaid Expense.....	461,950	461,950	0	0
2503. Leasehold Improvement.....	362,165	362,165	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	278,423	91,504	186,919	6,845
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,819,347	1,068,568	2,750,779	5,165,163

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 23,527 reinsurance ceded)	76,566,893		76,566,893	36,265,398
2. Accrued medical incentive pool and bonus amounts	3,735,250		3,735,250	4,398,007
3. Unpaid claims adjustment expenses	2,093,287		2,093,287	1,030,771
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	48,055,888		48,055,888	8,617,962
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	54,141,122		54,141,122	41,885,960
9. General expenses due or accrued	8,313,078		8,313,078	6,143,189
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	960,745		960,745	382,613
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	5,273	0	5,273	5,273
24. Total liabilities (Lines 1 to 23)	193,871,536	0	193,871,536	98,729,173
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX		0
29. Surplus notes	XXX	XXX	1,000,000	1,000,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	57,115,309	34,746,810
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	58,115,309	35,746,810
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	251,986,845	134,475,983
DETAILS OF WRITE-INS				
2301. Unclaimed Property Payable	5,273		5,273	5,273
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	5,273	0	5,273	5,273
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,662,870	1,110,948
2. Net premium income (including \$0 non-health premium income).....	XXX	892,603,640	426,398,776
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	1,818,076	1,751,471
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	894,421,716	428,150,247
Hospital and Medical:			
9. Hospital/medical benefits		382,264,605	144,857,578
10. Other professional services		148,534,589	90,136,296
11. Outside referrals		82,045,140	55,148,130
12. Emergency room and out-of-area		33,451,136	23,809,378
13. Prescription drugs		87,329,996	58,423,639
14. Aggregate write-ins for other hospital and medical.....	0	55,442,190	4,005,254
15. Incentive pool, withhold adjustments and bonus amounts.....		9,258,640	7,795,924
16. Subtotal (Lines 9 to 15)	0	798,326,296	384,176,199
Less:			
17. Net reinsurance recoveries		2,264,954	1,568,256
18. Total hospital and medical (Lines 16 minus 17)	0	796,061,342	382,607,943
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$9,852,855 cost containment expenses.....		18,464,974	11,650,196
21. General administrative expenses.....		59,451,842	41,314,338
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	(4,300,000)
23. Total underwriting deductions (Lines 18 through 22)	0	873,978,158	431,272,477
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	20,443,558	(3,122,230)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		582,667	163,707
26. Net realized capital gains (losses) less capital gains tax of \$		137,098	25,267
27. Net investment gains (losses) (Lines 25 plus 26)	0	719,765	188,974
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$67,089)].....		(67,089)	18,580
29. Aggregate write-ins for other income or expenses	0	35,400	(880,463)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	21,131,634	(3,795,139)
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	21,131,634	(3,795,139)
DETAILS OF WRITE-INS			
0601. EOHHS Incentive Income.....	XXX	1,818,076	1,751,471
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	1,818,076	1,751,471
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Stop Loss Recoveries from EOHHS.....		(1,778,005)	(1,541,106)
1402. Gain Shares due to EOHHS.....		57,388,251	5,546,360
1403. CMS Cost Sharing Reduction Recoveries.....		(168,056)	
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	55,442,190	4,005,254
2901. Miscellaneous Income.....		150	33
2902. Grant Revenue.....		35,250	19,504
2903. Community Health Centers Grant Expense.....			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	(900,000)
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	35,400	(880,463)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	35,746,810	42,072,318
34. Net income or (loss) from Line 32	21,131,634	(3,795,139)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	205,850	52,751
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	1,031,015	(2,583,120)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	22,368,499	(6,325,508)
49. Capital and surplus end of reporting year (Line 33 plus 48)	58,115,309	35,746,810
DETAILS OF WRITE-INS		
4701.		0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	939,573,095	417,302,257
2. Net investment income	1,100,472	703,294
3. Miscellaneous income	1,818,076	1,751,471
4. Total (Lines 1 through 3)	942,491,643	419,757,022
5. Benefit and loss related payments	755,743,818	376,653,187
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	75,244,804	52,325,654
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	830,988,622	428,978,841
11. Net cash from operations (Line 4 minus Line 10)	111,503,021	(9,221,819)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	57,882,361	20,765,872
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	644	(254)
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	57,883,005	20,765,618
13. Cost of investments acquired (long-term only):		
13.1 Bonds	107,490,835	23,472,315
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	2,713	2
13.7 Total investments acquired (Lines 13.1 to 13.6)	107,493,547	23,472,317
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(49,610,542)	(2,706,699)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	2,324,948	(7,442,485)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	2,324,948	(7,442,485)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	64,217,427	(19,371,003)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	77,475,398	96,846,402
19.2 End of year (Line 18 plus Line 19.1)	141,692,825	77,475,398

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	892,603,640	2,441,080	0	0	0	0	0	890,162,560	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	1,818,076	0	0	0	0	0	0	1,818,076	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	894,421,716	2,441,080	0	0	0	0	0	891,980,636	0	0
8. Hospital/medical benefits	382,264,605	614,759						381,649,846		XXX
9. Other professional services	148,534,589	521,534						148,013,055		XXX
10. Outside referrals	82,045,140	312,574						81,732,566		XXX
11. Emergency room and out-of-area	33,451,136	95,771						33,355,365		XXX
12. Prescription drugs	87,329,996	495,379						86,834,617		XXX
13. Aggregate write-ins for other hospital and medical	55,442,190	(168,056)	0	0	0	0	0	55,610,246	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	9,258,640							9,258,640		XXX
15. Subtotal (Lines 8 to 14)	798,326,296	1,871,961	0	0	0	0	0	796,454,335	0	XXX
16. Net reinsurance recoveries	2,264,954	21,602						2,243,352		XXX
17. Total hospital and medical (Lines 15 minus 16)	796,061,342	1,850,359	0	0	0	0	0	794,210,983	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 9,852,855 cost containment expenses	18,464,974	218,325						18,246,649		
20. General administrative expenses	59,451,842	1,268,000						58,183,842		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	873,978,158	3,336,684	0	0	0	0	0	870,641,474	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	20,443,558	(895,604)	0	0	0	0	0	21,339,162	0	0
DETAILS OF WRITE-INS										
0501. EOHHS Incentive Income	1,818,076							1,818,076		XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,818,076	0	0	0	0	0	0	1,818,076	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Stop Loss Recoveries from EOHHS	(1,778,005)	0						(1,778,005)		XXX
1302. Gain Share Due to EOHHS	57,388,251	0						57,388,251		XXX
1303. CMS Cost Sharing Reduction Recoveries	(168,056)	(168,056)						0		XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	55,442,190	(168,056)	0	0	0	0	0	55,610,246	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	2,502,698		61,618	2,441,080
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....	893,374,416		3,211,856	890,162,560
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	895,877,114	.0	3,273,474	892,603,640
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	895,877,114	0	3,273,474	892,603,640

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	749,877,345	1,687,726						748,189,619		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	2,491,942							2,491,942		
1.4 Net	747,385,403	1,687,726	0	0	0	0	0	745,697,677	0	0
2. Paid medical incentive pools and bonuses	9,921,396							9,921,396		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	76,590,420	184,236	0	0	0	0	0	76,406,184	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	23,527	0	0	0	0	0	0	23,527	0	0
3.4 Net	76,566,893	184,236	0	0	0	0	0	76,382,657	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	3,735,250							3,735,250		
6. Net healthcare receivables (a).....	815,553							815,553		
7. Amounts recoverable from reinsurers December 31, current year	839,066	21,602						817,464		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	36,584,555	0	0	0	0	0	0	36,584,555	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	319,157	0	0	0	0	0	0	319,157	0	0
8.4 Net	36,265,398	0	0	0	0	0	0	36,265,398	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	4,398,007	0	0	0	0	0	0	4,398,007	0	0
11. Amounts recoverable from reinsurers December 31, prior year	770,424	0	0	0	0	0	0	770,424	0	0
12. Incurred benefits:										
12.1 Direct	789,067,657	1,871,962	0	0	0	0	0	787,195,695	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	2,264,954	21,602	0	0	0	0	0	2,243,352	0	0
12.4 Net	786,802,703	1,850,360	0	0	0	0	0	784,952,343	0	0
13. Incurred medical incentive pools and bonuses	9,258,639	0	0	0	0	0	0	9,258,639	0	0

(a) Excludes \$ 1,529,904 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	4,310,110	11,842						4,298,268		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	4,310,110	11,842	0	0	0	0	0	4,298,268	0	0
2. Incurred but Unreported:										
2.1. Direct	72,280,310	172,394						72,107,916		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	23,527							23,527		
2.4. Net	72,256,783	172,394	0	0	0	0	0	72,084,389	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	76,590,420	184,236	0	0	0	0	0	76,406,184	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	23,527	0	0	0	0	0	0	23,527	0	0
4.4. Net	76,566,893	184,236	0	0	0	0	0	76,382,657	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	1,666,124	0	184,235	0	0
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid.....	32,080,362	713,570,276	291,183	76,091,474	32,371,545	36,265,398
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	32,080,362	715,236,400	291,183	76,275,709	32,371,545	36,265,398
10. Healthcare receivables (a).....		2,999,643			0	2,184,090
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	3,866,250	6,055,146	0	3,735,250	3,866,250	4,398,007
13. Totals (Lines 9-10+11+12)	35,946,612	718,291,903	291,183	80,010,959	36,237,795	38,479,315

(a) Excludes \$1,529,904 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.0	.0	.0	.0	.0
2. 2010 .....	.0	.0	.0	.0	.0
3. 2011	XXX	.0	.0	.0	.0
4. 2012	XXX	XXX	.0	.0	.0
5. 2013	XXX	XXX	XXX	.0	.0
6. 2014	XXX	XXX	XXX	XXX	1,666

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.0	.0	.0	.0	.0
2. 2010 .....	.0	.0	.0	.0	.0
3. 2011	XXX	.0	.0	.0	.0
4. 2012	XXX	XXX	.0	.0	.0
5. 2013	XXX	XXX	XXX	.0	.0
6. 2014	XXX	XXX	XXX	XXX	1,850

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	.0	.0	.0	.0	.0	.0			.0	.0
2. 2011.....	.0	.0	.0	.0	.0	.0			.0	.0
3. 2012.....	.0	.0	.0	.0	.0	.0			.0	.0
4. 2013.....	.0	.0	.0	.0	.0	.0			.0	.0
5. 2014.....	2,441	1,666	218	13.1	1,884	77.2	184	5	2,074	85.0

12-HM

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)**

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	37,994	38,784	38,703	38,887	38,887
2. 2010	316,122	345,360	345,223	345,099	344,667
3. 2011	XXX	339,190	379,027	379,263	379,209
4. 2012	XXX	XXX	343,870	375,957	375,790
5. 2013	XXX	XXX	XXX	347,000	383,600
6. 2014	XXX	XXX	XXX	XXX	719,625

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	39,904	40,066	39,580	39,298	38,887
2. 2010	346,190	345,373	345,223	345,099	344,667
3. 2011	XXX	379,281	379,281	379,263	379,209
4. 2012	XXX	XXX	381,584	375,968	375,790
5. 2013	XXX	XXX	XXX	387,241	383,891
6. 2014	XXX	XXX	XXX	XXX	799,452

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	384,640	344,667	9,114	2.6	353,781	92.0			353,781	92.0
2. 2011.....	429,784	379,209	10,209	2.7	389,418	90.6			389,418	90.6
3. 2012.....	425,981	375,790	11,355	3.0	387,145	90.9			387,145	90.9
4. 2013.....	426,399	383,600	12,262	3.2	395,862	92.8	291	9	396,162	92.9
5. 2014.....	890,163	719,625	16,108	2.2	735,733	82.7	79,827	2,079	817,639	91.9

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	37,994	38,784	38,703	38,887	38,887
2. 2010	316,122	345,360	345,223	345,099	344,667
3. 2011	XXX	339,190	379,027	379,263	379,209
4. 2012	XXX	XXX	343,870	375,957	375,790
5. 2013	XXX	XXX	XXX	347,000	383,600
6. 2014	XXX	XXX	XXX	XXX	721,291

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	39,904	40,066	39,580	39,298	38,887
2. 2010	346,190	345,373	345,223	345,099	344,667
3. 2011	XXX	379,281	379,281	379,263	379,209
4. 2012	XXX	XXX	381,584	375,968	375,790
5. 2013	XXX	XXX	XXX	387,241	383,891
6. 2014	XXX	XXX	XXX	XXX	801,302

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	384,640	344,667	9,114	2.6	353,781	92.0	0	0	353,781	92.0
2. 2011	429,784	379,209	10,209	2.7	389,418	90.6	0	0	389,418	90.6
3. 2012	425,981	375,790	11,355	3.0	387,145	90.9	0	0	387,145	90.9
4. 2013	426,399	383,600	12,262	3.2	395,862	92.8	291	9	396,162	92.9
5. 2014	892,604	721,291	16,326	2.3	737,617	82.6	80,011	2,085	819,713	91.8

12-GT

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

Part 2C - Sn C - Claims Expense Ratio XV

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	48,055,888	1,659,010						46,396,878	
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	48,055,888	1,659,010	.0	.0	.0	.0	.0	46,396,878	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	48,055,888	1,659,010	0	0	0	0	0	46,396,878	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....	.0								
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	139,259	141,154	776,840		1,057,253
2. Salaries, wages and other benefits	6,399,050	5,481,727	22,467,376		34,348,153
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses	14,006	14,197	78,132		106,335
5. Certifications and accreditation fees			1,950		1,950
6. Auditing, actuarial and other consulting services	899,792	912,039	5,794,558		7,606,389
7. Traveling expenses	10,730	10,876	60,734		82,340
8. Marketing and advertising	181,297	183,765	1,011,348		1,376,410
9. Postage, express and telephone	53,762	54,494	299,908		408,164
10. Printing and office supplies	229,158	232,277	1,439,572		1,901,007
11. Occupancy, depreciation and amortization	161,465	163,662	900,715		1,225,842
12. Equipment	100,478	101,845	560,504		762,827
13. Cost or depreciation of EDP equipment and software	491,427	498,115	2,741,376		3,730,918
14. Outsourced services including EDP, claims, and other services	478,959	485,478	2,998,108		3,962,545
15. Boards, bureaus and association fees	11,271	11,425	62,876		85,572
16. Insurance, except on real estate	40,860	41,416	227,933		310,209
17. Collection and bank service charges	6,042	6,125	33,708		45,875
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			17,917,541		17,917,541
23.3 Regulatory authority licenses and fees	35,829	36,316	199,867		272,012
23.4 Payroll taxes	599,470	177,572	1,451,541		2,228,583
23.5 Other (excluding federal income and real estate taxes)				365,731	365,731
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	59,636	427,255	0	486,891
26. Total expenses incurred (Lines 1 to 25)	9,852,855	8,612,119	59,451,842	365,731 (a)	78,282,547
27. Less expenses unpaid December 31, current year		2,093,287	8,313,078		10,406,365
28. Add expenses unpaid December 31, prior year	0	1,030,771	6,143,189	0	7,173,960
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	9,852,855	7,549,603	57,281,953	365,731	75,050,142
DETAILS OF WRITE-INS					
2501. Conferences, Training, and Tuition.....	0	29,573	224,451		254,024
2502. Recruitment Fees.....	0	9,534	61,878		71,412
2503. Meeting.....	0	20,529	140,926		161,455
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	59,636	427,255	0	486,891

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....234,795	.....345,245
1.1 Bonds exempt from U.S. tax	(a).....0	.....0
1.2 Other bonds (unaffiliated)	(a).....467,804	.....614,883
1.3 Bonds of affiliates	(a).....0	.....0
2.1 Preferred stocks (unaffiliated)	(b).....0	.....0
2.11 Preferred stocks of affiliates	(b).....0	.....0
2.2 Common stocks (unaffiliated)	.....0	.....0
2.21 Common stocks of affiliates	.....0	.....0
3. Mortgage loans	(c).....0	.....0
4. Real estate	(d).....0	.....0
5. Contract loans	.....0	.....0
6. Cash, cash equivalents and short-term investments	(e).....7,996	.....45,770
7. Derivative instruments	(f).....0	.....0
8. Other invested assets	.....0	.....0
9. Aggregate write-ins for investment income	.....0	.....0
10. Total gross investment income	710,595	1,005,898
11. Investment expenses		(g).....365,732
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....0
13. Interest expense		(h).....57,499
14. Depreciation on real estate and other invested assets		(i).....0
15. Aggregate write-ins for deductions from investment income		.....0
16. Total deductions (Lines 11 through 15)		423,231
17. Net investment income (Line 10 minus Line 16)		582,667
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$ 53,988 accrual of discount less \$ 867,095 amortization of premium and less \$ 410,056 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 563 accrual of discount less \$ 123,486 amortization of premium and less \$ 63,199 paid for accrued interest on purchases.
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 365,732 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 57,499 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	49,178	0	49,178	205,851	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	87,276	0	87,276	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	644	0	644	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	137,098	0	137,098	205,851	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

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)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	25,542	385,199	359,657
21. Furniture and equipment, including health care delivery assets.....	562,724	247,403	(315,321)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	1,779,765	3,398,287	1,618,522
25. Aggregate write-ins for other-than-invested assets	1,068,568	436,725	(631,843)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,436,599	4,467,614	1,031,015
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	3,436,599	4,467,614	1,031,015
DETAILS OF WRITE-INS			
1101. Security Deposits.....		0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Other Receivables.....	152,949	134,309	(18,640)
2502. Prepaid Expenses.....	461,950	0	(461,950)
2503. Leasehold Improvements.....	362,165	210,912	(151,253)
2598. Summary of remaining write-ins for Line 25 from overflow page	91,504	91,504	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,068,568	436,725	(631,843)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	99,194	126,068	145,445	145,348	147,699	1,662,870
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	99,194	126,068	145,445	145,348	147,699	1,662,870
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

Neighborhood Health Plan of Rhode Island
Notes to Statutory Statement
For the Calendar Year Beginning January 1, 2014 and Ending
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1. Summary of Significant Accounting Policies.

A. Accounting Practices:

Neighborhood Health Plan of Rhode Island (Neighborhood) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by Rhode Island Department of Business Regulation (DBR). The State of Rhode Island has adopted the National Association of Insurance Commissioners' statutory accounting practices (NAIC SAP) as the basis of its statutory accounting practices (SAP). In addition, DBR has the right to permit other specified practices that may deviate from prescribed practices. At December 31, 2014 and December 31, 2013, Neighborhood has not requested permission to deviate from any accounting practices required by NAIC SAP.

	State of Domicile	2014	2013
NET INCOME			
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	Rhode Island	21,131,634	(3,795,139)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	Rhode Island	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	Rhode Island	-	-
(4) NAIC SAP (1-2-3=4)	Rhode Island	21,131,634	(3,795,139)
SURPLUS			
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	Rhode Island	58,115,309	35,746,810
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	Rhode Island	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	Rhode Island	-	-
(8) NAIC SAP (5-6-7=8)	Rhode Island	58,115,309	35,746,810

Minimum and ongoing net worth requirement: In accordance with DBR regulations, Neighborhood is required to maintain a minimum net worth of the greater of \$2,500,000 or the amount necessary to maintain the capital requirements of the National Association of Insurance Commissioners (NAIC) standards. Neighborhood's Surplus was at 186% Authorized Control Level (ACL) for the year ended December 31, 2013, which is between Company Action Level and Regulatory Action level of Risk-Based Capital (RBC) requirement, and was at 237% ACL for the year ended December 31, 2013, which was in compliance with the statutory net worth and total adjusted capital requirements.

The director may waive any of the net worth and/or total adjusted capital requirements whenever satisfied that the health maintenance organization has sufficient net worth and/or total adjusted capital and an adequate history of generating net income to assure its financial viability for the next year, or its performance and obligations are guaranteed by an organization with sufficient net worth and an adequate history of generating net income, or the assets of the health maintenance organization or its contracts with insurers, hospital or medical service corporations, governments, or other organizations are sufficient to reasonably assure the performance of its obligations; provided, however, that in no event shall the net worth requirement be less than \$100,000.

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An Interagency Agreement relating to Neighborhood's surplus requirements between The Rhode Island Executive Office of Health and Human Services (EOHHS) and The Rhode Island Office of the Health Insurance Commissioner (OHIC) was executed on June 25, 2013. The Agencies agreed that OHIC will use the following standards for actions related to Authorized and Mandatory Control Levels: An RBC of 80% of Neighborhood's Authorized Control Level shall constitute an Authorized Control Level event for Neighborhood. OHIC shall meet with EOHHS to review options and intended actions before implementation of any actions by OHIC; An RBC of 40% of Neighborhood's Authorized Control Level shall constitute a Mandatory Control Level event for Neighborhood.

This Interagency Agreement shall terminate upon the earlier of the following: 30 days following notice of termination by either EOHHS or OHIC; or July 1st following the filing of Neighborhood's annual financial statement demonstrating that Neighborhood's commercial market revenues or membership have become greater than 15% of its total revenue or membership.

B. Use of estimates:

The preparation of financial statements in conformity with SAP requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and disclosure of contingent admitted assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Estimates particularly sensitive to material change in the near term include amounts recorded for the cost of medical and hospital services provided but not reported to Neighborhood and risk or gain share calculations.

C. Accounting Policy

Subscriber/member contracts are executed principally with the Executive Office of Health & Human Services of Rhode Island (the State) to serve members of the RIte Care, Rhody Health Partners, Rhody Health Options, and Medicaid Expansion. Neighborhood also started to serve the members from Health Benefit Exchange in January 2014. Premiums are due monthly and are recognized as revenues during the period in which Neighborhood is obligated to provide services to members.

Medical and hospital expense recognition: Neighborhood contracts with some health care providers on a capitation basis for the provision of certain primary care services to its members. Neighborhood records these capitation costs in the period incurred. Neighborhood also records costs incurred under primary care incentive programs in the period incurred.

The cost of non-capitated medical services and all hospital services provided or contracted for, including behavioral health and pharmacy, is generally on a fee for service basis and is accrued in the period in which it is provided to a member, based in part on estimates. The estimates are actuarially determined and include an accrual for medical and hospital service expenses provided but not yet reported to Neighborhood.

Neighborhood Health Plan of Rhode Island
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Pharmaceutical rebates are recorded as a reduction of medical and hospital expenses as earned, based in part on estimates using historical trends.

In addition, Neighborhood uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Neighborhood does not own common stocks.
- (4) Neighborhood does not own preferred stocks.
- (5) Neighborhood does not have mortgage loans on real estate.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment is used to value all securities, except for the interest only securities or securities where the yield had become negative, that are valued using the prospective method.
- (7) Neighborhood does not own any subsidiaries, controlled and affiliated entities.
- (8) Neighborhood does not have ownership in joint ventures, partnership, and limited liability companies.
- (9) Neighborhood does not own derivative investments.
- (10) Neighborhood considers anticipated investment income as a factor in the premium deficiency reserve calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) Neighborhood has not modified its capitalization policy from the prior period.

2. Accounting Changes and Correction of Errors

There were no Accounting Changes and Correction of errors in 2014.

3. Business Combinations and Goodwill

There were no Business Combinations and resulting Goodwill in 2014.

4. Discontinued Operations

Neighborhood did not have discontinued operations in 2014.

5. Investments

- A. Mortgage loan, including Mezzanine Real Estate Loans: Not Applicable.
- B. Debt Restructuring: Not Applicable.
- C. Reverse Mortgages: Not Applicable.
- D. Loan-backed Securities:

Neighborhood Health Plan of Rhode Island
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- (1) Prepayment assumptions for mortgage-backed /loan-backed and structured securities were obtained from broker-dealer survey values.
- (2) Neighborhood did not recognize any other-than-temporary impairment (OTTC) for loan-backed securities in 2014.
- (3) Neighborhood did not recognize any OTTC for loan-backed securities in 2014.
- (4) Neighborhood did not own impaired securities.
- (5) Not Applicable.

- E. Repurchase Agreements and/or Securities Lending Transactions: Not Applicable.
- F. Real Estate: Not Applicable.
- G. For Investments in low-income housing tax credit: Not Applicable.
- H. Restricted Assets:
 - (1). Restricted Assets: On-Deposit with Rhode Island EOHHS of \$78,381,474 as of December 31, 2014.

Restricted Assets Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements	-	-	-	-	0.00%	0.00%
c. Subject to repurchase agreements	-	-	-	-	0.00%	0.00%
d. Subject to reverse repurchase agreements	-	-	-	-	0.00%	0.00%
e. Subject to dollar repurchase agreements	-	-	-	-	0.00%	0.00%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	0.00%	0.00%
g. Placed under option contracts	-	-	-	-	0.00%	0.00%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	0.00%	0.00%
i. FHLB capital stock	-	-	-	-	0.00%	0.00%
j. On deposit with states	-	-	-	-	0.00%	0.00%
k. On deposit with other regulatory bodies	78,050,264.00	-	78,050,264.00	78,381,474.00	30.56%	31.11%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	0.00%	0.00%
m. Pledged as collateral not captured in other categories	-	-	-	-	0.00%	0.00%
n. Other restricted assets	-	-	-	-	0.00%	0.00%
o. Total Restricted Assets	\$ 78,050,264.00	-	78,050,264.00	78,381,474.00	30.56%	31.11%

(2). Detail of Assets Pledged as Collateral Not Captured in Other Categories: Not Applicable.

(3). Details of Other Restricted Assets: Not Applicable.

- I. Working Capital Finance Investments: Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Neighborhood has no investments in Joint Ventures, Partnerships or Limited Liability Companies.
- B. Neighborhood did not recognize impairment write-down for its investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

7. Investment Income

Neighborhood Health Plan of Rhode Island
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- A. Neighborhood does not exclude any investment income due and accrued from assigned funds (surplus).
- B. Not applicable.

8. Derivative Instruments

Neighborhood does not own any derivative instruments.

9. Income Taxes

Not Applicable

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

A, B, C & D: A Neighborhood bylaw includes certain Rhode Island Community Health Centers to be "Members of the Corporation" so long as specific criteria continue to be met, which includes having in effect with Neighborhood a contract to provide health care services for Neighborhood's enrollees in exchange for payment. Contracts entered into by and between Neighborhood and the Members of the Corporation provide for capitation-based reimbursement to manage and deliver primary care medical services and fee-for-service based reimbursement to deliver other medical services. For the years ended December 31, 2014 and 2013, medical and hospital expenses included \$26,967,765 and \$21,355,690, respectively, for medical services provided, and incentive arrangements earned, by such Members of the Corporation. At December 31, 2014 and 2013 accrued incentives in the amount of \$3,735,250 and \$4,398,007 were due to members of the Corporation.

E to L.: Not applicable.

11. Debt

Not Applicable.

12. Retirement Plans, Deferred Compensation, Post Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

- A. Neighborhood did not have a defined benefit plan.
- B. Not Applicable.
- C. Not Applicable.
- D. Not Applicable
- E. Defined contribution plan: Neighborhood sponsors a Safe Harbor 401(k) Profit Sharing Plan and Trust (the Plan) covering employees meeting certain age and length of service requirements. Neighborhood matches one hundred percent of the first three percent of a participant's eligible compensation and fifty percent of the next two percent of a participant's eligible compensation contribution. Employer contributions to the Plan included in administrative expenses, totaled \$716,672 and \$541,458 for the years ended December 31, 2014 and 2013, respectively. At December 31, 2014, the fair value of plan assets was \$16,016,880.

Neighborhood Health Plan of Rhode Island
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- F. Neighborhood did not have multiemployer plans.
- G. Neighborhood did not have consolidated/holding company plans.
- H. Not applicable.
- I. Not applicable.

13. Capital and Surplus, shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) Neighborhood has no capital stock.
- (2) Neighborhood has no preferred stock.
- (3) Not applicable.
- (4) Not applicable.
- (5) Not applicable.
- (6) There is no restriction placed on Neighborhood's unassigned funds (surplus).
- (7) Not applicable.
- (8) Not applicable.
- (9) Not applicable.
- (10) The portion of unassigned funds (surplus) represented by cumulative unrealized gains is \$379,927.
- (11) On January 1, 2001, Neighborhood issued to Rhode Island Community Foundation a surplus note in the principal amount of \$2,000,000. The surplus note bears interest at 5.75% per annum, payable quarterly, requires principal payments of \$500,000 every five years commencing January 1, 2007, and matures January 1, 2021. Interest payments may be made upon Neighborhood meeting certain pre-established quarterly financial benchmarks. Otherwise, a written permission of DBR is required. Principal payments require prior written approval of DBR. During 2014, interests of \$71,993 and principal of \$0 were paid, respectively. Total interests of \$1,250,942 and principal of \$1,000,000 have been paid since 2001.

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principle Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
1/1/2001	5.75	2,000,000	1,000,000	71,993	2,250,942	0	1/1/2021
1311999 Total		2,000,000	1,000,000	71,993	2,250,942	-	xxx

- (12) Not applicable.
- (13) Not applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments: None.
- B. Assessments: None.
- C. Gain Assessments: None.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None.
- E. Joint and Several Liabilities: None
- F. All Other Contingencies:
Contingent arising from litigation and other matters are not considered material in relation to the financial position of Neighborhood.
Neighborhood has no assets that it considers to be impaired.

Neighborhood Health Plan of Rhode Island
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The estimated uncollectible/(recovered) amount of premiums was \$67,089 and (\$18,580) for the years ended December 31, 2014, and 2013, respectively.

15. Leases

A. Lessee Operating Lease:

(1). On July 16, 2003, Neighborhood entered into a 10 year operating lease agreement with Foundry Parcel Six Associates, LLC to lease approximately 44,328 sq feet of office space. On August 23, 2005, both parties entered into an agreement to amend that lease to include an additional 6,100 sq feet of office space. Construction, and occupation, of the expanded space was completed in March 2006. The termination date of the amended lease, July 2013, is the same as the original lease (the 2003 lease.)

In September 2007, Neighborhood entered into a second operating lease with Foundry Parcel Six Associates, LLC to lease an additional 10,612 sq feet of office space. Construction, and occupation, was completed in June 2008. The lease term is from July 2008 to July 2013 (the 2007 lease.)

On December 31, 2010 Neighborhood and Foundry Parcel Six Associates, LLC entered into an agreement to amend each of the two existing leases (the 2003 and 2007 leases above) extending the terms and conditions of the leases an additional three (3) years and five (5) months through December 31, 2016. On December 31, 2013 Neighborhood and Foundry Parcel Six Associates, LLC entered into an agreement to amend these leases, extending the terms and conditions for an additional four (4) years through December 31, 2020. Neighborhood has the option to extend both leases for one (1) additional five (5) year term.

On August 1, 2012 Neighborhood and Foundry Parcel Five Associates, LLC entered into an agreement to lease approximately 6,938 sq. feet of office space. Construction and occupancy was completed in December 2012. The lease term is from the occupancy date, December 1, 2012 to December 31, 2016 (the 2012 lease.) Neighborhood has the option to extend the lease for one (1) term of five (5) years at the same provisions except for the annual base rent. The base rent will be an agreed upon estimate of fair market value at the time of the exercised option. On December 31, 2013 Neighborhood and Foundry Parcel Five Associates, LLC entered into an agreement to amend this lease (the 2012 lease) extending the terms additional four (4) years through December 31, 2020. The option to extend the lease for one (1) term of five years remains in effect after December 31, 2020.

Included in this amendment is an option for Neighborhood to lease an additional 5,966 sq. feet of office space commencing on July 1, 2014. In February 2014 Neighborhood exercised the option for the additional space. The terms and conditions for the additional space are the same as the December 31, 2013 amendment.

On October 31, 2013 Neighborhood entered into a sublease agreement with The Northwestern Mutual Life Insurance Company to sublease approximately 9,250 sq. feet of office space. The term for this sublease is from January 2014 to December 2018. Construction and occupation was completed in February, 2014. There are no options to extend the lease.

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In addition to base rent, Neighborhood pays to Foundry Parcel Six Associates, LLC and Foundry Parcel Five Associates, LLC increases in real estate taxes and operating expenses over the base year amounts, as well as maintenance and insurance costs on all leases and subleases. Neighborhood also pays to Northwestern Mutual Life Insurance Company a square footage percentage of electricity costs based on the total rentable space.

The above operating leases (excluding the sublease) require Neighborhood to pay the lessor security deposits of \$59,465, \$19,898 and \$12,141 on the 2003, 2007 and 2012 leases respectively. The security deposits, together with any and all accrued interest, will be held by the lessor during the term of the leases.

Minimum rent expense related to the leases totaled approximately \$1,642,426 and \$1,374,127 for the years ended December 31, 2014 and 2013 respectively.

At December 31, 2014 the annual minimum future lease payments under all non-cancelable operating leases with Foundry Parcel Six Associates, LLC, and Foundry Parcel Five Associates, LLC, and Northwestern Mutual Life Insurance Company, excluding real estate taxes and operating expenses, are \$10,579,057.

At December 31, 2014 Neighborhood is negotiating a lease with ALCO Cityside Federal, LLC for approximately 19,000 square feet of office space. The finalization of the lease is contingent upon Neighborhood entering into a contract with the State of Rhode Island to administer a new line of business. In consideration of ALCO Cityside Federal, LLC agreeing to the contingency, and commencing development of the rental space, Neighborhood has agreed to pay architectural and engineering costs. At December 31, 2014 the accumulated costs are estimated to be \$50,000.

(2). a. At January 1, 2015, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1	2015	1,844,092
2	2016	1,846,867
3	2017	1,777,847
4	2018	1,780,622
5	2019	1,598,397
6	There After	<u>1,731,232</u>
7	Total	10,579,057

b. Not applicable.

(3). Neighborhood is not involved in any material sales-leaseback transactions.

Lessor Leases: None

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16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Neighborhood does not have financial instruments with off-balance risk and financial instruments with concentrations of credit risk in 2014.

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

Neighborhood did not have a sale, transfer and servicing of financial assets and extinguishments of liabilities in 2014.

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

Neighborhood did not have uninsured plans and the uninsured portion of partially insured plans in 2014.

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

Neighborhood did not have direct premium written/produced by managing general agents/third party administrators in 2014.

20. Fair Value Measurements

A. Assets and Liabilities Measured at fair value:

(1). Fair Value Measurements at reporting date: During the year of 2014, Neighborhood did not report any assets or liabilities at fair value by using Level 1, level 2 and level 3 measures after initial recognition. Level 1 measurement is the unadjusted quoted price for identical assets or liabilities in active markets accessible at the measurement date, Level 2 measurement requires significant other observable inputs, and Level 3 requires significant unobservable inputs. Neighborhood's investments, comprised principally of bonds, are recorded at amortized cost.

(2). Fair Value Measurement in (Level 3) of the Fair Value Hierarchy: Not applicable.

(3). Transfers between Levels: not applicable.

(4). The valuation techniques and inputs used in the fair value measurement Level 2: The fair value of most securities is priced automatically through Neighborhood's primary pricing vendor: Interactive Data Pricing and Reference Data, Inc., and other industry-leading pricing sources like Bloomberg and PricingDirect Inc. In the event an automated price is not available from pricing vendors, other pricing sources, like investment managers and brokers, are used to ensure accurate and timely pricing.

The valuation techniques and inputs used in the fair value measurement Level 3: not applicable.

B. Not applicable.

C.

Neighborhood Health Plan of Rhode Island
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Type of Financial Instrument	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
Class One MM Mutual Fund	671,568	671,568	0	671,568	0	0
Exempt MM Mutual Fund	59,017,640	59,017,640	0	59,017,640	0	0
Indust. & Misc.	34,229,202	34,116,700	0	34,229,202	0	0
Political Subdivision	35,413	36,091		35,413		
Special Rev./Assess. Oblig.	11,050,257	11,055,970	0	11,050,257	0	0
US Government	<u>98,395,719</u>	<u>98,923,978</u>	<u>98,395,719</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	203,399,798	203,821,947	98,395,719	105,004,079	0	0

D. Not applicable.

21. Other Items

- A). Extraordinary Items: None
- B). Troubled Debt Restructuring: None
- C). Other Disclosures and Unusual Items: None.
- D). Business Interruption Insurance Recoveries: None
- E). State Transferable Tax Credits: None
- F). Subprime-Mortgage-related Risk Exposure: None
- G). Retained Assets: None

22. Events Subsequent

Type I – Recognized Subsequent Events: None

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 02/28/2015 for the statutory statement issued on March 1, 2015.

On November 1, 2013, Neighborhood started to expand Medicaid coverage to a population eligible for both Medicaid and Medicare (Duals). As of December 31, 2014, Neighborhood was working on expanding Medicare coverage to this population.

On January 1, 2014, Neighborhood started to participate in the Health Exchange, but is not subject to an annual assessment fee under section 9010 of the Affordable Care Act (ACA) due to the percentage of Medicaid business being over 80% of total premiums.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- 1). Neighborhood does not own or control any of the reinsurers listed on Schedule S.
- 2). There are no policies issued by Neighborhood that are reinsured with a company chartered in a country other than USA that is owned in excess of 10% controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business.

Section 2 – Ceded Reinsurance Report – Part A

Neighborhood Health Plan of Rhode Island
Notes to Statutory Statement
For the Calendar Year Beginning January 1, 2014 and Ending
December 31, 2014

1). Neighborhood does not have any reinsurance agreements in effect under which reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits.

2). Neighborhood does not have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies.

Section 3 – Ceded Reinsurance Report – Part B

1). The estimated amount of the aggregate reduction in surplus of termination of all reinsurance agreements, by either party, as of the date of this statement, is \$1,391,297.

2). Neighborhood has not executed or amended any existing agreements, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement.

B. Neighborhood does not experience a write-off for uncollectible reinsurance.

C. Neighborhood does not experience commutation of ceded reinsurance.

D. Certified Reinsurance Rating Downgraded or Status Subject to Revocation: Not Applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable

B. Not Applicable

C. Not Applicable

D. Not Applicable since the life-years for both Individual and Shop lines of business are less than 1,000.

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

(1). Did the reporting entity write accident and health insurance premium is subject to the Affordable Care Act risk-sharing provisions (YES/NO) YES

The company had zero balances for the risk corridors program due to a lack of sufficient data to estimate the recoverable amounts as of December 31, 2014.

(2). Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

a. Permanent ACA Risk Adjustment Program:

1. Premium adjustments receivable due to ACA Risk Adjustment: \$0.

2. Risk adjustment user fees payable for ACA Risk Adjustment: \$981.

3. Premium adjustments payable due to ACA Risk Adjustment: \$1,659,010.

4. Reported as revenue in premium for accident and health contracts (Written/Collected) due to ACA Risk Adjustment: (\$1,659,010).

Neighborhood Health Plan of Rhode Island
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5. Reported in expenses as ACA risk adjustment user fees (incurred/paid): \$981.

b. ACA Transitional Reinsurance Program:

1. Amounts recoverable for claims paid due to ACA Reinsurance: \$21,602.
2. Amounts recoverable for claims unpaid due to ACA Reinsurance: \$0.
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance: \$0.
4. Liabilities for Contributions payable due to ACA Reinsurance - not reported as ceded premium: \$0.
5. Ceded reinsurance premiums payable due to ACA Reinsurance: \$0.
6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance: \$0.
7. Ceded reinsurance premiums due to ACA Reinsurance: \$34,608.
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments: \$21,602.
9. ACA Reinsurance Contributions – not reported as ceded premium: \$10,199.

c. ACA Temporary Risk Corridors Program:

1. Accrued retrospective premium due from ACA Risk Corridors: \$0.
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors: \$0.
3. Effect of ACA Risk Corridors on net premium income (paid/received): \$0.
4. Effect of ACA Risk Corridors on change in reserves for rate credits: \$0.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for the adjustments to prior year balance: Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$41,694,176. As of December 31, 2014, \$39,091,870 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for the prior years are now \$299,918 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,302,388 favorable prior year development since December 31, 2013 to December 31, 2014. The decrease is generally the results of ongoing analysis of recent loss development trends. Original estimates are decreased, as additional information becomes known regarding individual claims. Included in this decrease, Neighborhood experienced \$0.0 favorable prior year claim development on retrospectively rated policies. Neighborhood managed Medicaid business for the State of Rhode Island in 2013, and is not subject to retroactive rate changes.

26. Inter-company Pooling Arrangements

Neighborhood Health Plan of Rhode Island
Notes to Statutory Statement
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Neighborhood did not have intercompany pooling arrangements.

27. Structured Settlements

Not Applicable

28. Health Care Receivable

A. Pharmaceutical rebates:

In accordance with NAIC SAP Statement No. 84, the following is a summary of the required disclosures relating to pharmaceutical rebates:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing / Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
12/31/2014	473,891				
09/30/2014	785,781	656,238			
06/30/2014	422,465	323,562		323,562	
03/31/2014	396,978	399,610		6,127	393,484
12/31/2013	437,941	362,209		23,220	338,989
09/30/2013	270,000	367,676		45,574	322,102
06/30/2013	180,000	343,923		28,302	315,622
03/31/2013	180,000	254,051		22,616	231,435
12/31/2012	526,949	226,074		17,693	208,381
09/30/2012	261,778	209,553		25,004	184,549
06/30/2012	173,525	222,602		21,607	200,994
03/31/2012	175,599	205,946		16,581	189,365

Pharmaceutical rebate receivables are estimated based on the past experience and historical trends.

B. Risk sharing receivables:

In accordance with NAIC SAP Statement No. 84, a summary of risk share receivables are required to be disclosed here. Since Neighborhood was in a gain share position for the years ended December 31, 2014, and 2013, this disclosure requirement is not applicable.

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserve

1. Liability carried for premium deficiency reserves: \$ 0
2. Date of the most recent evaluation of this liability: 02/24/2015
3. Was anticipated investment income utilized in the calculation? Yes

31. Anticipated Salvage and Subrogation

Neighborhood Health Plan of Rhode Island
Notes to Statutory Statement
For the Calendar Year Beginning January 1, 2014 and Ending
December 31, 2014

Neighborhood did not take into account estimated anticipated salvage and subrogation in its determination of the liabilities for unpaid claims/losses and reduced such liability.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2013
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2013
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).11/21/2014
- 3.4 By what department or departments? Rhode Island Department of Business Regulation, Insurance Division
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [X] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young, LLP, 200 Charendon Street, Boston, MA 02116.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Jeremy D. Palmer, Principal & Consulting Actuary, Milliman, 111 Monument Circle, Suite 601, Indianapolis, IN 46204.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.11 To directors or other officers | \$.....0 |
| | 20.12 To stockholders not officers | \$.....0 |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|--|---|----------|
| | 20.21 To directors or other officers | \$.....0 |
| | 20.22 To stockholders not officers | \$.....0 |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$.....0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|--|----------------------------|---------|
| | 21.21 Rented from others | \$..... |
| | 21.22 Borrowed from others | \$..... |
| | 21.23 Leased from others | \$..... |
| | 21.24 Other | \$..... |
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|--|--|---------|
| | 22.21 Amount paid as losses or risk adjustment | \$..... |
| | 22.22 Amount paid as expenses | \$..... |
| | 22.23 Other amounts paid | \$..... |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
Not Applicable.....
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--------|---|---------|
| 24.101 | Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... |
| 24.102 | Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$..... |
| 24.103 | Total payable for securities lending reported on the liability page | \$..... |

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$	0
25.22	Subject to reverse repurchase agreements	\$	0
25.23	Subject to dollar repurchase agreements	\$	0
25.24	Subject to reverse dollar repurchase agreements	\$	0
25.25	Placed under option agreements	\$	0
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$	0
25.27	FHLB Capital Stock	\$	0
25.28	On deposit with states	\$	78,381,474
25.29	On deposit with other regulatory bodies	\$	0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
25.32	Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No []

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No []

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

1 Name of Custodian(s)	2 Custodian's Address

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Comerica Bank.....	411 West Lafayette, Detroit, MI 48226.....	Not all provisions related to safeguards and controls were included in Custodial Agreement.....
RBS Citizens Bank.....	One Citizens Plaza, Providence, RI 02903.....	Not all provisions related to safeguards and controls were included in Custodial Agreement.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No []

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

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

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
104863.....	Income Research & Management.....	100 Federal Street, 30th Floor, Boston, MA 02110.....
	RBS Citizens, N.A.....	One Citizens Plaza, Providence, RI 02903.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	203,821,947	203,399,798	(422,149)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	203,821,947	203,399,798	(422,149)

30.4 Describe the sources or methods utilized in determining the fair values:

Interactive Data Pricing Services.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Use Interactive Data Pricing Services to determine fair value for securities under Schedule D.....

32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$1,950

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
NCOA - HEDIS Annual Assessment Fees.....	\$.....1,950

34.1 Amount of payments for legal expenses, if any? \$106,335

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Chase, Ruttenberg & Freedman.....	\$.....55,878

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U. S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
- 1.31 Reason for excluding
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$892,603,640	\$	.....426,398,776
2.2	Premium Denominator	\$892,603,640	\$	.....426,398,776
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$128,358,031	\$	.....49,281,367
2.5	Reserve Denominator	\$128,358,031	\$	.....49,281,367
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [X] No []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical \$390,000
- 5.32 Medical Only \$
- 5.33 Medicare Supplement \$
- 5.34 Dental and Vision \$
- 5.35 Other Limited Benefit Plan \$
- 5.36 Other \$
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Follow NAIC's RBC requirements
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []
- 7.2 If no, give details
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year3,403
- 8.2 Number of providers at end of reporting year3,295
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|---|----|-----------|
| 10.21 Maximum amount payable bonuses | \$ | 9,258,640 |
| 10.22 Amount actually paid for year bonuses | \$ | 6,055,146 |
| 10.23 Maximum amount payable withholds | \$ | 0 |
| 10.24 Amount actually paid for year withholds | \$ | 0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|---|--|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above) ? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such net worth. Rhode Island.....
- 11.4 If yes, show the amount required. \$.....62,512,730
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Rhode Island.....
.....
.....
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- | | | |
|--|----|---|
| 15.1 Direct Premium Written (prior to reinsurance ceded) | \$ | 0 |
| 15.2 Total incurred claims | \$ | 0 |
| 15.3 Number of covered lives | | 0 |

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

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	251,986,845	134,475,983	149,497,178	155,028,299	113,493,136
2. Total liabilities (Page 3, Line 24)	193,871,536	98,729,173	107,424,860	111,661,009	80,749,490
3. Statutory surplus	62,512,730	30,120,474	29,968,606	29,441,720	27,119,764
4. Total capital and surplus (Page 3, Line 33)	58,115,309	35,746,810	42,072,318	43,367,290	32,743,646
Income Statement (Page 4)					
5. Total revenues (Line 8)	894,421,716	428,150,247	427,631,246	431,455,607	386,111,063
6. Total medical and hospital expenses (Line 18)	796,061,342	382,607,943	381,038,339	377,828,471	344,397,709
7. Claims adjustment expenses (Line 20)	18,464,974	11,650,196	11,401,859	9,931,251	9,097,978
8. Total administrative expenses (Line 21)	59,451,842	41,314,338	33,042,029	31,261,836	29,817,177
9. Net underwriting gain (loss) (Line 24)	20,443,558	(3,122,230)	(2,150,981)	12,434,049	14,198,199
10. Net investment gain (loss) (Line 27)	719,765	188,974	2,407,870	1,025,293	750,368
11. Total other income (Lines 28 plus 29)	(31,689)	(861,883)	(933,163)	(2,305,686)	(1,572,664)
12. Net income or (loss) (Line 32)	21,131,634	(3,795,139)	(676,274)	11,153,656	13,375,903
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	111,503,021	(9,221,819)	(5,774,124)	38,260,695	10,120,257
Risk-Based Capital Analysis					
14. Total adjusted capital	58,115,309	35,746,810	42,072,318	43,367,290	32,743,646
15. Authorized control level risk-based capital	31,256,365	15,060,237	14,984,303	14,720,860	13,559,882
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	147,699	99,194	91,201	91,215	90,373
17. Total members months (Column 6, Line 7)	1,662,870	1,110,948	1,099,441	1,084,716	987,054
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	89.2	89.7	89.4	87.9	89.5
20. Cost containment expenses	1.1	1.4	1.8	1.6	1.7
21. Other claims adjustment expenses	1.0	1.3	0.9	0.8	0.7
22. Total underwriting deductions (Line 23)	97.9	101.1	100.9	97.5	96.7
23. Total underwriting gain (loss) (Line 24)	2.3	(0.7)	(0.5)	2.9	3.7
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	36,237,795	32,713,713	40,749,500	31,324,134	39,903,562
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	38,479,315	35,253,945	41,385,628	32,776,554	42,494,341
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	0
2. Alaska	AK	N							0	0
3. Arizona	AZ	N							0	0
4. Arkansas	AR	N							0	0
5. California	CA	N							0	0
6. Colorado	CO	N							0	0
7. Connecticut	CT	N							0	0
8. Delaware	DE	N							0	0
9. District of Columbia	DC	N							0	0
10. Florida	FL	N							0	0
11. Georgia	GA	N							0	0
12. Hawaii	HI	N							0	0
13. Idaho	ID	N							0	0
14. Illinois	IL	N							0	0
15. Indiana	IN	N							0	0
16. Iowa	IA	N							0	0
17. Kansas	KS	N							0	0
18. Kentucky	KY	N							0	0
19. Louisiana	LA	N							0	0
20. Maine	ME	N							0	0
21. Maryland	MD	N							0	0
22. Massachusetts	MA	N							0	0
23. Michigan	MI	N							0	0
24. Minnesota	MN	N							0	0
25. Mississippi	MS	N							0	0
26. Missouri	MO	N							0	0
27. Montana	MT	N							0	0
28. Nebraska	NE	N							0	0
29. Nevada	NV	N							0	0
30. New Hampshire	NH	N							0	0
31. New Jersey	NJ	N							0	0
32. New Mexico	NM	N							0	0
33. New York	NY	N							0	0
34. North Carolina	NC	N							0	0
35. North Dakota	ND	N							0	0
36. Ohio	OH	N							0	0
37. Oklahoma	OK	N							0	0
38. Oregon	OR	N							0	0
39. Pennsylvania	PA	N							0	0
40. Rhode Island	RI	L	2,502,698		893,374,416				895,877,114	0
41. South Carolina	SC	N							0	0
42. South Dakota	SD	N							0	0
43. Tennessee	TN	N							0	0
44. Texas	TX	N							0	0
45. Utah	UT	N							0	0
46. Vermont	VT	N							0	0
47. Virginia	VA	N							0	0
48. Washington	WA	N							0	0
49. West Virginia	WV	N							0	0
50. Wisconsin	WI	N							0	0
51. Wyoming	WY	N							0	0
52. American Samoa	AS	N							0	0
53. Guam	GU	N							0	0
54. Puerto Rico	PR	N							0	0
55. U.S. Virgin Islands	VI	N							0	0
56. Northern Mariana Islands	MP	N							0	0
57. Canada	CAN	N							0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		2,502,698		893,374,416				895,877,114	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	0
61. Total (Direct Business)	(a) 1		2,502,698	0	893,374,416	0	0	0	895,877,114	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc. NOT APPLICABLE

(a) Insert the number of L responses except for Canada and other Alien.

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

PART 1 - ORGANIZATIONAL CHART

NONE

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