

QUARTERLY STATEMENT

AS OF MARCH 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code	0000 (Current Period)	,	0000 (Prior Period)	_ NA	AIC Company Code _	95402	Employer's ID Number	05-0477052
Organized under the Laws	of	Rhod	e Island	,	State of Dom	nicile or Port of Entry	Rh	node Island
Country of Domicile		United Stat	es of America					
Licensed as business type:	Life, Accident Dental Servic Other[]	& Health[] e Corporation[] Visi		Ity[] Corporation[] Iy Qualified? Yes[] N	Health N	, Medical & Dental Service or Maintenance Organization[X]	Indemnity[]
Incorporated/Organized		1:	2/09/1993		Comm	nenced Business	12/01/1	994
Statutory Home Office		9	10 Douglas Pike		,		Smithfield, RI, US 0291	7
Main Administrative Office		(5	Street and Number)		910 Do	ouglas Pike	(City or Town, State, Country and Z	ip Code)
		Smithfield, RI,	110 02017			and Number)	(401)459-6000	
	(City or To	own, State, Countr	y and Zip Code)				(Area Code) (Telephone N	•
Mail Address			10 Douglas Pike and Number or P.O. E	Box)	, , , , , , , , , , , , , , , , , , ,		Smithfield, RI, US 0291 (City or Town, State, Country and Z	
Primary Location of Books	and Records	(0000000	and Number of 1.0. L	JOX)	g	910 Douglas Pike	City of Town, State, Country and 2	ip code)
	Sr	nithfield, RI, US	3 02917		(Street and Number)	(401)427-6768	
		own, State, Countr	y and Zip Code)				(Area Code) (Telephone N	umber)
Internet Web Site Address			http://www.nhpri.o	rg/				
Statutory Statement Contac	t		Robert Ekstrom	ı			(401)459-6768	·-
		rekstrom@nhp	(Name) ri.org				(Area Code)(Telephone Number (401)459-6043	(Extension)
		(E-Mail Addres	ss)				(Fax Number)	
				OF	FICERS			
			Peter Mar Frank Me	aney	Title Chief Executive Off Chief Financial Offi	icer		
			Francisco Shantha [Chief Medical Offic Chief Operating Of			
				0	THERS			
		eter Bancroft, Cl enda Dowlatsha				Jane Hayward, Peter Walsh, Tr		
				-CTAD	S OR TRUST			
		Merrill Thoma		ECIUR	S UK IKUSI	Brenda Do	wlatshahi	
		Raymond Jos Pablo Rodrigu	eph Lavoie Jr.			Christophe Jane Hayw		
		Peter Bancrof Peter Walsh				Doris De L Charles Jo	os Santos	
			strasser-Walsh			Dennis Ro Patricia Ma	y	
		Richard Besdi				Peter Marii		
	le Island vidence ss	.						
		,						
nerein described assets were lelated exhibits, schedules a reporting entity as of the rep Statement Instructions and A reporting not related to acco	e the absolute prind explanations orting period state accounting Practicularing practices also the related co	operty of the sa therein contains ed above, and o ces and Procec and procedures orresponding ele	id reporting entity, ed, annexed or refo of its income and o lures manual exce , according to the ectronic filing with	free and cle erred to, is a deductions the pt to the extended best of their the NAIC, when	ear from any liens or c full and true statement nerefrom for the perion ent that: (1) state law information, knowledo hen required, that is a	laims thereon, excep nt of all the assets a d ended, and have b may differ; or, (2) the ge and belief, respectan exact copy (excep	y, and that on the reporting pe of as herein stated, and that the nd liabilities and of the condition een completed in accordance at state rules or regulations rectively. Furthermore, the scope of the formatting differences due to the scope to the scope to the scope to to the scope to to the scope to to the scope to to the scope to to the scope to to the scope to the scope to the scope to the to the scope to the to the scope to the t	is statement, together with on and affairs of the said with the NAIC Annual quire differences in e of this attestation by the
	(Signature)		_		(Signature)		(Signature)	
	Peter Marino Printed Name)				ank Meaney rinted Name)		Shantha Dia (Printed Name	
`	1.			•	2.		3.	,
Chief	Executive Officer (Title)	•		Chief I	Financial Officer (Title)		Chief Operating (Title)	Officer
Subscribed and swor	n to before me th	is , 2016	a. Is b. If	2. [inal filing? State the amendment Date filed Number of pages atta		Yes[X] No[]
				J. I	tumber or payes alla	onou		
(Notary Publi	c Signature)	_						

ASSETS

	AUU	Current Statement Date			4	
		1	2	3	7	
		Į.	2	Net Admitted	December 31	
		Assets	Nonadmitted Assets	Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets	
1.	Bonds	98,920,953		` '	98,261,314	
2.	Stocks:	00,320,300			30,201,014	
۷.						
	2.1 Preferred stocks					
	2.2 Common stocks					
3.	Mortgage loans on real estate:					
	3.1 First liens					
	3.2 Other than first liens					
4.	Real estate:					
	4.1 Properties occupied by the company (less \$0 encumbrances)					
	encumbrances)					
	4.3 Properties held for sale (less \$0 encumbrances)					
5.	Cash (\$125,502,938), cash equivalents (\$0) and short-term					
	investments (\$146,833,991)	272.336.929		272.336.929	251,285,611	
6.	Contract loans (including \$0 premium notes)				l ' '	
7.	Derivatives					
8.	Other invested assets					
9.	Receivables for securities					
10.	Securities lending reinvested collateral assets					
11.	Aggregate write-ins for invested assets					
12.	Subtotals, cash and invested assets (Lines 1 to 11)	371,257,883		371,257,883	349,546,925	
13.	Title plants less \$ 0 charged off (for Title insurers only)					
14.	Investment income due and accrued	538,224		538,224	560,690	
15.	Premiums and considerations:				·	
	15.1 Uncollected premiums and agents' balances in the course of					
		2 761 410		2 761 410	2 076 000	
	collection	3,761,418		3,761,418	3,876,898	
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)					
	15.3 Accrued retrospective premiums (\$0) and contracts					
	subject to redetermination (\$0)					
16.	Reinsurance:					
	16.1 Amounts recoverable from reinsurers	1.342.248		1.342.248	1.080.949	
	16.2 Funds held by or deposited with reinsured companies					
	16.3 Other amounts receivable under reinsurance contracts					
17		· ·		· · · · · · · · · · · · · · · · · · ·	· ·	
17.	Amounts receivable relating to uninsured plans					
18.1	Current federal and foreign income tax recoverable and interest thereon					
18.2	Net deferred tax asset					
19.	Guaranty funds receivable or on deposit					
20.	Electronic data processing equipment and software	867,417		867,417	957,430	
21.	Furniture and equipment, including health care delivery assets					
	(\$0)	1.383.007	1.383.007			
22.	Net adjustments in assets and liabilities due to foreign exchange rates					
23.						
	Receivables from parent, subsidiaries and affiliates					
24.	Health care (\$7,978,644) and other amounts receivable					
25.	Aggregate write-ins for other-than-invested assets	7,627,119	808,809	6,818,309	3,441,049	
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and					
	Protected Cell Accounts (Lines 12 to 25)	396,349,128	3,256,281	393,092,847	369,480,153	
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts					
20				202 000 047	260 400 452	
28.	TOTAL (Lines 26 and 27)	J 390,349,128	J 3,230,281	J 393,U92,847	JO9,46U,153	
	ILS OF WRITE-INS					
1101.						
1102.						
1	Summary of remaining write-ins for Line 11 from overflow page					
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)					
2502.	Prepaid Expense	547,737	547,737	0		
2503.	Deposits	127,296	127,296	0		
	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	7,627,119	808,809	6,818,309	3,441,049	

STATEMENT AS OF March 31, 2016 OF THE Neighborhood Health Plan of Rhode Island

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITILO, CAFITAL AND			Dei an V	
		1	Current Period 2	3	Prior Year 4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)				81,473,582
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	2,511,968		2,511,968	2,204,795
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	110,711,423		110,711,423	100,334,033
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	13,095,960		13,095,960	12,274,306
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	88,335		88,335	
12.	Amounts withheld or retained for the account of others	302,613		302,613	436,576
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities	3,299		3,299	3,286
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	7,064,648		7,064,648	5,461,985
23.	Aggregate write-ins for other liabilities (including \$0 current)	5,562		5,562	5,562
24.	Total liabilities (Lines 1 to 23)	307,513,819		307,513,819	283,924,104
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X		
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	85,579,026	85,556,049
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	85,579,026	85,556,049
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	393,092,846	369,480,153
DETA	LS OF WRITE-INS			'	
	Unclaimed Property Payable				
2302. 2303.					
	Summary of remaining write-ins for Line 23 from overflow page			l I	
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	5,562		5,562	5,562
2501.					
2502. 2503.			X X X		
	Summary of remaining write-ins for Line 25 from overflow page			l I	
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)		X X X		
3001.		X X X	X X X		
3002.					
3003. 3008	Summary of remaining write-ins for Line 30 from overflow page				
	Commercy of romaining write-ind for Line of Holli Overliow page	^ ^ ^	^ ^ ^ ^		

STATEMENT AS OF March 31, 2016 OF THE Neighborhood Health Plan of Rhode Island STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
	al and Medical:		20 1,000, 101		, , , , , , , , , , , , , , , , , , , ,
_	Hospital/medical benefits		105 026 654	104 401 236	412 482 290
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
14.	Prescription drugs Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
	Subtotal (Lines 9 to 15)				
16.	Subtotal (Lines 9 to 15)		234,911,421	232,618,854	003,004,204
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				
	Non-health claims (net)				
20.	Claims adjustment expenses, including \$2,370,058 cost containment expenses				
21.	General administrative expenses		26,934,948	17,329,900	78,880,735
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
	Net underwriting gain or (loss) (Lines 8 minus 23)		, ,		
25.	Net investment income earned				
	Net realized capital gains (losses) less capital gains tax of \$0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		533,883	256,766	936,952
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$408,356)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	X X X	(118,137)	8,394,872	28,575,652
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	(118,137)	8,394,872	28,575,652
	S OF WRITE-INS EOHHS Incentive Income	XXX			1 945 697
0602.		X X X			
0603. 0698.	Summary of remaining write-ins for Line 6 from overflow page				
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0701.		X X X			
0702. 0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) Stop Loss Recoveries from EOHHS				
	Gain Shares due to EOHHS			28,580,743	
1403.	CMS Cost Sharing Reduction Recoveries		(1,070,614)	(509,479)	(5,814,529)
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page				
2901.	TOTALS (Lines 1401 tillough 1403 plus 1496) (Line 14 above)				
2902. 2903.					
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	85,556,050	58,115,309	58,115,309
34.	Net income or (loss) from Line 32	(118,137)	8,394,872	28,575,652
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(105,761)	(367,696)	(68,353)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	246,877	(6,487,567)	(66,558)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			(1,000,000)
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	22,979	1,539,609	27,440,741
49. DETA I	Capital and surplus end of reporting period (Line 33 plus 48)	85,579,029	59,654,918	85,556,050
4701. 4702.	EO OT WILL-ING			
4703.	Cummany of samplining units in a fact in a 47 from quadiant page			
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

	CASH FLOW		I	
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	To Date	To Date	December 31
1.	Premiums collected net of reinsurance	270 035 073	266 282 493	1 080 7/15 868
2.	Net investment income			
3.	Miscellaneous income		, i	
3. 4.	TOTAL (Lines 1 to 3)			
4 . 5.	Benefit and loss related payments			
	·			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
	(losses)			
10.	TOTAL (Lines 5 through 9)			
11.	Net cash from operations (Line 4 minus Line 10)	24,987,448	26,975,506	114,796,935
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	22,318,526	9,477,788	55,583,846
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	13	2,735	9,009
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	22,318,539	9,480,523	55,592,855
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	23,036,667	10,397,367	58,424,344
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	38		
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
	Cash from Financing and Miscellaneous Sources		,	,
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			(1.000.000)
	16.2 Capital and paid in surplus, less treasury stock			,
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)			
17.			(0,940,337)	(1,372,039)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)		/C 040 E07\	(0.370.650)
		(3,217,963)	(0,948,537)	(2,3 <i>1</i> 2,659)
10	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		40.440.40-	400 500 50
40	17)	21,051,319	19,110,125 	109,592,787
19.	Cash, cash equivalents and short-term investments:	_		
	19.1 Beginning of year			
	19.2 End of period (Line 18 plus Line 19.1) Note: Supplemental Disclosures of Cash Flow Informatio		160,802,949	251,285,611

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	marviduai	Group	Опристеп	Offiny	Offity	Benefit i lan	Wicalcarc	Wicaldala	Other
Total I	Members at end of:										
1.	Prior Year	178,418	16,497	405						161,516	
2.	First Quarter	184,530	17,475	532						166,523	
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	539,849	48,278	1,445						490,126	
Total I	Member Ambulatory Encounters for Period:										
7.	Physician	1,044,768	57,174	857						986,737	
8.	Non-Physician	243,541	12,249	184						231,108	
9.	Total	1,288,309	69,423	1,041						1,217,845	
10.	Hospital Patient Days Incurred	255,528	1,332	20						254,176	
11.	Number of Inpatient Admissions	12,012	257	4						11,751	
12.	Health Premiums Written (a)	265,581,413	11,637,235	136,793						253,807,385	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	265,581,413	11,637,235	136,793						253,807,385	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	227,289,135		127,753						218,325,172	
18.	Amount Incurred for Provision of Health Care										
	Services		8,870,566	115,276						225,925,579	

STATEMENT AS OF March 31, 2016 OF THE NE	eighborhood Health Plan of Rhode Island CLAIMS UNPAID AND INCE	NTIVE POOL,	WITHHOLD AN	ID BONUS (Re	eported and Ur	nreported)	
	1	Aging Ar	alysis of Unpaid Cla	ims	Б	6	7
	Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	91 - 120 days	Over 120 Days	Total
	0199999 Individually Listed Claims Unpaid						
	0299999 Aggregate Accounts Not Individually Listed - Uncovered						
	0399999 Aggregate Accounts Not Individually Listed - Covered	4,374,046	182,488				4,556,534
	0499999 Subtotals	4,374,046	182,488				4,556,534
	0599999 Unreported claims and other claim reserves						82,096,927
	0699999 Total Amounts Withheld						
	0799999 Total Claims Unpaid						86,653,461
	0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,669,775

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				IN-INCO INCINOUNT		5	6
		Liab		Liability			
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					5,629,493	5,702,119
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)	6,660,797	1,988,494			6,660,797	10,201,783
11.	Other non-health						
12.	Medical incentive pools and bonus amounts		1,908,914	1,779,863	889,913	1,779,863	1,779,863
13.	Totals (Lines 9 - 10 + 11 + 12)	61,939,977	156,128,981	11,899,254	77,423,984	73,839,231	73,051,660

⁽a) Excludes \$......393,817 loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Neighborhood Health Plan of Rhode Island (the "Company" or "Neighborhood") have been prepared in conformity with accounting practices prescribed or permitted by the state of Rhode Island for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Rhode Island Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Rhode Island.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Rhode Island is shown below:

		State of	2016	2015
		Domicile	2016	2015
NET	INCOME			
IVE	<u>III (CIME</u>			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	RI	(118,137)	28,575,651
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		0	0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		0	0
(4)	NAIC SAP (1-2-3=4)		(118,137)	28,575,651
SURI	<u>PLUS</u>			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	RI	85,579,026	85,556,049
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		0	0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		0	0
(8)	NAIC SAP (5-6-7=8)		85,579,026	85,556,049

B. Use of Estimates in the Preparation of the Financial Statements.

No Material Change

C. Accounting Policy

(1) - (5) – No Material Change

- (6) The Company had no loan-backed securities.
- (7) (13) No Material Change
- D. Going Concern

None

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

No Material Change

4. Discontinued Operations

No Material Change

5. Investments

- A. Mortgage Loans No Material Change
- B. Debt Restructuring No Material Change
- C. Reverse Mortgages No Material Change
- D. Loan-Backed Securities None
- E. Repurchase Agreements
 - (1) Policy for requiring collateral or other security No Material Change
 - (2) Carrying amount and classification of both those assets and associated liabilities No Material Change
 - (3) Collateral accepted that it is permitted by contract or custom to sell or repledge:
 - a. Aggregate amount of contractually obligated open collateral positions No Material Change
 - b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged None
 - c. Information about the sources and uses of that collateral No Material Change
 - (4) Aggregate value of the reinvested collateral which is "one-line" reported and the aggregate reinvested collateral which is reported in the investment schedules No Material Change
 - (5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged No Material Change
 - (6) Collateral accepted that it is not permitted by contract or custom to sell or repledge No Material Change
 - (7) Collateral for transactions that extend beyond one year from the reporting date No Material Change
- F. Real Estate No Material Change

STATEMENT AS OF March 31, 2016 OF THE Neighborhood Health Plan of Rhode Island

Notes to Financial Statement

- G. Low-income housing tax credits (LIHTC) No Material Change
- H. Restricted Assets No Material Change
- I. Working Capital Finance Investments
 - (2) Aggregate Book/Adjusted Carrying Value None
 - (3) Events of Default None
- J. Offsetting and Netting of Assets and Liabilities None
- K. Structured Notes No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

8. Derivative Instruments

No Material Change

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries and Affiliates

- A, B, & C No Material Change
- D. Amounts Due from or to Related Parties No Material Change
- E. Guarantees No Material Change
- F. Material management contracts No Material Change
- G. Common Control No Material Change
- H. Deductions in Value No Material Change
- I. SCA that exceed 10% of Admitted Assets No Material Change
- J. Investments in SCAs No Material Change
- K. Foreign Subsidiary No Material Change
- L. Downstream Noninsurance Holding Company No Material Change
- M. Investments in SCAs No Material Change
- N. Investments in SCAs No Material Change

11. Debt

- A. Debt No Material Change
- B. FHLB (Federal Home Loan Bank) Agreements None

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

- A. Defined Benefit Plan
- (1) Change in benefit obligation No Material Change
- (2) Change in plan assets- No Material Change
- (3) Funded status No Material Change
- (4) Components of net periodic benefit cost None
- (5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized No Material Change
- (6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost No Material Change
- (7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost No Material Change
- (8) Weighted-average assumptions used to determine net period benefit cost No Material Change
- (9) The amount of accumulated benefit obligation for defined benefit pension plans No Material Change
- (10) (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets No Material Change
- (12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years—No Material Change
- (13) Regulatory contribution requirements No Material Change
- (14) (21) No Material Change.
- B. Investment Policies and Strategies No Material Change
- C. Plan Assets No Material Change
- D. Long-term Rate-of-return-on-assets Assumption No Material Change
- E. Defined Contribution Plans No Material Change
- F. Multi-Employer Plan No Material Change
- G. Consolidated/Holding Company Plans No Material Change
- H. Post-Employment Benefits and Compensated Absences No Material Change
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) No Material Change

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

- (1) (11) No Material Change
- (12) (13) No Material Change

14. Contingencies

No Material Change

15. Leases

- A. Lessee Operating Leases No Material Change
- B. (1) Lessor Leases No Material Change
 - (2) Leveraged Leases No Material Change

16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.

No Material Change

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

- A. Transfers of Receivables reported as Sales No Material Change
- B. Transfer and Servicing of Financial Assets
- (1) Description of loaned securities No Material Change
- (2) Servicing Assets and Liabilities
 - a. Risks inherent in servicing assets and servicing liabilities None
 - b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period None
 - c. Assumptions used to estimate the fair value None
- (3) Servicing assets and servicing liabilities are subsequently measured at fair value No Material Change
- (4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:
 - a. Each income statement presented None
 - b. Each statement of financial position presented, regardless of when the transfer occurred None
- (5) Transfers of financial assets accounted for as secured borrowing value No Material Change
- (6) Transfers of receivables with recourse No Material Change
- (7) Securities underlying repurchase and reverse repurchase agreements No Material Change
- C. Wash Sales None

18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.

No Material Change

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

No Material Change

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

- (1) Fair Value Measurements at reporting date: During the year of 2016, 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 Measurements in (Level 3) of the Fair Value None
- (3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.
- (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.

- (5) Derivative assets and liabilities- None
- B. Fair Value Information under SSAP No. 100 combined with Fair Value information Under Other Account Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$101,101,686	\$98,920,953	\$49,621,575	\$51,480,111		
Short-term						
Investments	\$146,851,938	\$146,833,991	\$46,199,739	\$100,652,199		

D. Not Practicable to Estimate Fair Value - None

21. Other Items

- A. Unusual or Infrequent Items No Material Change
- B. Troubled Debt Restructuring No Material Change
- C. Other Disclosures No Material Change
- D. Business Interruption Insurance Recoveries No Material Change
- E. State Transferable and Nontransferable Tax Credits No Material Change
- F. Subprime Related Risk Exposure No Material Change
- G. Retained Assets No Material Change

H. Insurance Linked Securities – No Material Change

22. Events Subsequent

Type I. – Recognized Subsequent Events

No Material Change

Type II. – Nonrecognized Subsequent Events

No Material Change

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Estimates accrued retrospective premium adjustments No Material Change
- B. Accrued retrospective premium No Material Change.
- C. Net premiums written subject to retrospective rating features No Material Change.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act No Material Change
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Did the reporting entity write accident and health insurance premium that 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 make estimates.

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

	AMOUNT
a. Permanent ACA Risk Adjustment Program	
Assets	
1.Premium adjustments receivable due to ACA Risk Adjustment	0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	20,647
3. Premium adjustments payable due to ACA Risk Adjustment	23,962,145
Operations (Revenue & Expense)	
4.Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(4,644,465)
5.Reported in expenses as ACA risk adjustment user fees (incurred/paid)	4,126
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	967,698
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	0
3.Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	0

Liabilities

Notes to Financial Statement

4.Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	43,116
5.Ceded reinsurance premiums payable due to ACA Reinsurance	88,335
6.Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	0
Operations (Revenue & Expense)	
7.Ceded reinsurance premiums due to ACA Reinsurance	88,335
8.Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	196,335
9.ACA Reinsurance contributions – not reported as ceded premium	43,116
c. Temporary ACA Risk Corridors Program	
Assets	
1 A garmed retragnestive promium due to ACA Pick Corridors	0

1.Accrued retrospective premium due to ACA Risk Corridors 0
Liabilities

2.Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

Operations (Revenue & Expense)

3.Effect of ACA Risk Corridors on net premium income (paid/received)
4.Effect of ACA Risk Corridors on change in reserves for rate 0

4.Effect of ACA Risk Corridors on change in reserves for rate credits

(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 adjustments to prior year balance.

	Accrued Duri Year on Busi	ness Written	Received or P Current Year	on Business	Diffe	erences	Adjustments		Unsettled Balances as of the Reporting Date		
	Before Decem Prior		Written Befor 31 of the P		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivabl	(Payable)	Ref	Receivable	(Payable)
a Permanent A	CA Risk Adjustm	ent Program					e				
Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$19,317,680	\$0	\$0	\$0	\$19,317,680	\$0	\$0	В	\$0	\$19,317,680
3. Subtotal ACA Permanent Risk Adjustment Program b. Transitional	\$0 ACA Reinsurance	\$19,317,680	\$0	\$0	\$0	\$19,317,680	\$0	\$0		\$0	\$19,317,680
1. Amounts	\$1,080,949	\$0	\$309,586	\$0	\$771,363	\$0	\$196,335	\$0	С	\$967,698	\$0
recoverable for claims paid	\$1,000,747	30	\$307,360	50	\$771,303	30	\$170,333	50		\$707,078	30
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Е	\$0	\$0
4. Liabilities for contribution s payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$0	\$0		\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	\$0		\$0	\$0	\$0	\$0	G	\$0	\$0

6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Н	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$1,080,949	\$0	\$309,586	\$0	\$771,363	\$0	\$196,335	\$0		\$967,698	\$0
	CA Risk Corridor										
Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$1,080,949	\$19,317,680	\$309,586	\$0	\$771,363	\$19,317,680	\$0	\$0		\$967,698	\$19,317,680

Explanations of Adjustments

A	
B.	
C Adjusted amount based on further claim development.	
D	
E	
F	
G	
H	
I.	
J	

Roll Forward of ACA Risk Corridor Asset and Liability Balances

		Differences Adjustments				Unsettled Balances as or Reporting Date							
	Before Dece	Business Written December 31 of Prior Year Current Year on Business Written Before December 31 of the Prior Year		Written Before December		Current Year on Business Written Before December		Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulati Balance from Pric Years (C 2 – 4 +8
	1	2	3	4	5	6	7	8		9	10		
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable		
2014 Program Benefit Year Risk Corridor	0	0	0	0	0	0	0	0		0	0		
2015 Program Benefit Year Risk Corridor	0	0	0	0	0	0	0	0		0	0		

ACA Risk Corridor Receivable:

Program Benefit Year	2014	2015	2016
Estimated amount to be filed or final amounts	0	0	0
filed with federal agency			
Amounts impaired or amounts not accrued for	0	0	0
other reasons (not withstanding collectability			
concerns)			
Amounts received from federal agency	0	0	0
Asset balance gross of nonadmission	0	0	0
Nonadmitted amounts	0	0	0
Net admitted assets	0	0	0

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2015 were \$85,458,240. As of March 31, 2016, \$70,805,570 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$11,899,253 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,753,417 favorable prior-year development since December 31, 2015 to March 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

28. Health Care Receivables

No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as require	ntity experience any material trans ed by the Model Act? ort been filed with the domiciliary st		Disclosure of M	aterial Transactio	ons with the Stat	e of	Ye	Yes[] No[X] es[] No[] N/A[X]
	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?2.2 If yes, date of change:								Yes[] No[X]
 3.1 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? If yes, complete Schedule Y, Parts 1 and 1A. 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? 3.3 If the response to 3.2 is yes, provide a brief description of those changes: 								••••	Yes[] No[X] Yes[] No[X]
4.2	If yes, provide the r	entity been a party to a merger or or on name of entity, NAIC Company Co of the merger or consolidation.	onsolidation during the perio de, and state of domicile (us	d covered by thi e two letter state	s statement? e abbreviation) fo	r any entity that	has ceased		Yes[] No[X]
		1 Name of E	Entity	NAIC Co	2 ompany Code	State	3 of Domicile		
	or similar agreeme If yes, attach an ex	•	changes regarding the term	s of the agreeme	ent or principals i	ral agent(s), attonvolved?	orney-in-fact,	Ye	es[] No[] N/A[X]
6.2	State the as of date date should be the State as of what date	ate the latest financial examination that the latest financial examinati date of the examined balance she ate the latest financial examination . This is the release date or comple	on report became available f et and not the date the repor report became available to c	rom either the si t was completed other states or th	tate of domicile o I or released. e public from eith	er the state of d	omicile or		12/31/2013 12/31/2013 11/21/2014
6.4	By what departmer Rhode Island Depa Have all financial st filed with Departmen	artment of Business Regulation, In atement adjustments within the lat	est financial examination rep			equent financial	statement	Ye	es[] No[] N/A[X] es[] No[] N/A[X]
	Has this reporting or revoked by any gov If yes, give full info	entity had any Certificates of Authovernmental entity during the report rmation	ority, licenses or registrations ing period?	(including corpo	orate registration,	if applicable) su	spended or		Yes[] No[X]
8.2 8.3 8.4	If response to 8.1 is Is the company affi If response to 8.3 is regulatory services	ubsidiary of a bank holding compasyes, please identify the name of liated with one or more banks, thrisyes, please provide below the natagency [i.e. the Federal Reservetion (FDIC) and the Securities Exc	the bank holding company. fts or securities firms? mes and location (city and s Board (FRB), the Office of th	tate of the main e Comptroller of	office) of any affi the Currency (O	CC), the Federa	l Deposit		Yes[] No[X] Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		
				. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]		
	similar functions) of	ers (principal executive officer, print f the reporting entity subject to a c hical conduct, including the ethical	ode of ethics, which includes	the following sta	andards?		· ·		Yes[X] No[]
9.11	(c) Compliance wi (d) The prompt int (e) Accountability 1 If the response to	rate, timely and understandable di ith applicable governmental laws, ternal reporting of violations to an for adherence to the code. 9.1 is No, please explain:	rules and regulations; appropriate person or person			orting entity;			
9.21 9.3	 If the response to Have any provision 	thics for senior managers been an 9.2 is Yes, provide information rel ons of the code of ethics been waiv 9.3 is Yes, provide the nature of a	ated to amendment(s). red for any of the specified of	fficers?					Yes[] No[X] Yes[] No[X]
10.1 10.2	1 Does the reporting 2 If yes, indicate an	g entity report any amounts due fro y amounts receivable from parent	om parent, subsidiaries or aff	ANCIAL iliates on Page 2 nt:	2 of this statemer	ıt?		\$	Yes[] No[X] 0
	use by another pe	tocks, bonds, or other assets of the erson? (Exclude securities under s d complete information relating the	e reporting entity loaned, pla ecurities lending agreements	STMENT ced under optior	n agreement, or c	therwise made	available for		Yes[] No[X]
12.	Amount of real es	tate and mortgages held in other in	nvested assets in Schedule E	BA:				\$	0
13.	Amount of real es	tate and mortgages held in short-to	erm investments:					\$	0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
	above		

		y neaging transactions reported on schedule DD:	
15.2	If yes, has a comprehensive description	n of the hedging program been made available to the domic	ciliary s
) 55, 1145 4 5511 p. 511511 5 4 5 5 1 p. 151	· o. a.oougg p.og.a zoonauo aramazio to aio uoi	J J U

tate? If no, attach a description with this statement

Yes[] No[X] Yes[] No[] N/A[X]

- 16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

 - 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.3 Total payable for securities lending reported on the liability page

- 17. 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?
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[] No[X]

1	2					
Name of Custodian(s)	Custodian Address					

17.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)
Comerica Bank	411 West Lafayette, Detroit, MI 48226	Not all provisions related to safeguards and controls were included in Custodial
RBS Citizens Bank	One Citizens Plaza, Providence, RI 02903	Agreement. Not all provisions related to safeguards and controls were included in Custodial Agreement

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

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

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

17.5 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	2	3
Central Registration		
Depository	Name(s)	Address
104863	Income Research & Management	100 Federal Street, 30th Floor, Boston, MA 02110
	RBS Citizens, N.A.	One Citizens Plaza, Providence, RI 02903

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

18.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- Operating Percentages:
 1.1 A&H loss percent
 1.2 A&H cost containment percent
 1.3 A&H expense percent excluding cost containment expenses

- 89.359% 0.895% 10.734%
- Yes[] No[X] \$ Yes[] No[X]

- 2.1 Do you act as a custodian for health savings accounts?
 2.2 If yes, please provide the amount of custodial funds held as of the reporting date.
 2.3 Do you act as an administrator for health savings accounts?
 2.4 If yes, please provide the balance of the funds administered as of the reporting date.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

		<u> </u>						
1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
Accident and Health - Non-aff	iliates							
27855	36-2781080	01/01/2016	ZURICH AMER INS CO OF IL	IL	SSL/A/I	Authorized		
	AA-9990032	01/01/2016	US Dept of Hlth & Human Serv	DC	SSL/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Current	Tear to	Date - All	ocated by	States and				
						Direct Bus	· · · · · · · · · · · · · · · · · · ·	7		^
		1	2	3	4	5 Fodoral	6	7	8	9
			1 Applied = 1			Federal	Life and Annuity	Drog and /	Tetal	
		A . (* .	Accident and	NA . P	Maratra et al	Employees Health	Premiums	Property/	Total	D
	Ctata Fta	Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
1.	State, Etc. Alabama (AL)	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)									
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)									
12.	Hawaii (HI)									
13.	Idaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22. 23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)	N								
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)	1								
37.	Oklahoma (OK)									
38.	Oregon (OR)									
39.	Pennsylvania (PA)				050 007 005					
40.	Rhode Island (RI)				1				. 265,581,413	
41.	South Carolina (SC)									
42.	` ,									
43. 44.	Tennessee (TN)									
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)									
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)				1					
51.	Wyoming (WY)	1								
52.	American Samoa (AS)	N								
53.	Guam (GU)									
54.	Puerto Rico (PR)	1								
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)									
59.	Subtotal	X X X .	. 11,774,028		. 253,807,385				. 265,581,413	
60.	Reporting entity contributions for									
04	Employee Benefit Plans		44.774.000		050 007 005					
61.	Total (Direct Business)	(a)1	. 11,774,028		. 253,807,385				. 265,581,413	
	LS OF WRITE-INS	VVV			1	1	1	1	1	
58001.		X X X .								
58002.		X X X .								
58003.	Summary of romaining write ing for	X X X .								
58998.	, ,	x x x .								
58000	Line 58 from overflow page TOTALS (Lines 58001 through	^ ^ .								
30333.	58003 plus 58998) (Line 58 above)	x x x .								
L							[

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

15	5 Schedule Y -	Part 1				. NONE
16	6 Schedule Y I	Part 1A - Detail o	f Insurance Hol	ding Company S	System	. NONE

STATEMENT AS OF March 31, 2016 OF THE Neighborhood Health Plan of Rhode Island

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

95402201636500001 2016 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	C	4		
	1	2	3	
			Net Admitted	December 31
		Nonadmitted	Assets	Prior Year Net
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Prepaid Premium Tax	3,377,261		3,377,261	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	3,377,261		3,377,261	

STATEMENT AS OF March 31, 2016 OF THE Neighborhood Health Plan of Rhode Island SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying va		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	_
		!	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 +		
	6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	Actual cost at time of acquisition Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals NORE		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Deduct amortization of premium and depreciation		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		l I	
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	98,261,314	96,344,886
2.	Cost of bonds and stocks acquired	23,036,667	58,424,344
3.	Accrual of discount	16,893	66,807
4.	Unrealized valuation increase (decrease)	(105,761)	(68,354)
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	22,318,526	55,583,845
7.	Deduct amortization of premium	236,720	1,064,547
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	98,920,953	98,261,314
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	98,920,953	98,261,314

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

During the Ot	in chit Quanter	ioi ali bolia	3 and i leter	rea olock by	INAIO Desig	mation		
	1	2	3	4	5	6	7	8
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	244,973,338	65,543,108	64,671,867	(339,187)	245,505,392			244,973,338
2. NAIC 2 (a)	249,530			23	249,553			249,530
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	245,222,868	65,543,108	64,671,867	(339,164)	245,754,945			245,222,868
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock								
\D \								

SCHEDULE DA - PART 1

Short - Term Investments

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	146,833,991	X X X	146,857,143	51,550	4,702

SCHEDULE DA - Verification

Short-Term Investments

	0.10.1. 10.1.1. 10.1.1.		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	146,961,135	107,477,062
2.	Cost of short-term investments acquired	42,506,441	196,587,749
3.	Accrual of discount	4,438	1,620
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(39)	3,014
6.	Deduct consideration received on disposals	42,620,388	157,008,612
7.	Deduct amortization of premium	17,595	99,698
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	146,833,991	146,961,135
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	146.833.991	146.961.135

SI04 Schedule DB - Part A Verification
SI04 Schedule DB - Part B VerificationNONE
SI05 Schedule DB Part C Section 1
SI06 Schedule DB Part C Section 2NONE
SI07 Schedule DB - Verification NONE
SI08 Schedule E - Verification (Cash Equivalents)

E01 Schedule A Part 2NONE
E01 Schedule A Part 3
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3
E03 Schedule BA Part 2
200 Constant Data and Entered in the Constant of the Constant
E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	Show All Long-Term Bonds and Stock Acquired During the Current Quarter										
1	2	3	4	5	6	7	8	9	10		
								Paid for	NAIC		
								Accrued	Designation		
CUSIP				Name of	Number of			Interest and	or Market		
Identification	Description	Foreian	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)		
10011011011	Governments	1 oroigii	Date / toquired	Volidor	Ondres of Otook	7 lotadi Oost	1 di Valdo	Dividorido	maloator (a)		
Bollas - U.S.	Governments										
912828B58	UNITED STATES TREASURY		03/30/2016	SOCIETE GENERALE, NEW YORK BRANCH		7,350,486					
912828M98	UNITED STATES TREASURY		03/24/2016	VARIOUS	X X X	8,841,511	8,682,000				
912828N71	UNITED STATES TREASURY		01/29/2016	MORGAN STANLEY DEAN WITTER	X X X		490,430				
912828NM8	UNITED STATES TREASURY		01/04/2016	TORONTO DOMINION SECS USA INC	X X X	383,097	367,424	2,172			
912828P53 912828QV5	UNITED STATES TREASURY UNITED STATES TREASURY		03/30/2016	VARIOUS	X X X	2,974,325 139,867	2,988,000	2,534 130	1		
912828WU0 .	UNITED STATES TREASURY		01/29/2016	TORONTO DOMINION SECS USA INC	XXX	378,796		23			
912828XB1	UNITED STATES TREASURY			Goldman Sachs		1,124,042					
	tal - Bonds - U.S. Governments			The state of the s	XXX	21.688.111	21.210.124	73.609			
	Special Revenue, Special Assessment					,,	, -,	-,,,,,,,,			
	FLORIDA ST BRD ADMIN FIN CORP REV		03/16/2016	VARIOUS	x x x	339,979	340,000	29	1FE		
	tal - Bonds - U.S. Special Revenue, Special Assessment			1	X X X	339,979			X X X		
Bonds - Indu	strial and Miscellaneous (Unaffiliated)					,	,				
210518CL8	CONSUMERS ENERGY CO		03/15/2016	Keybank	X X X	401,871	355,000				
26442CAK0	DUKE ENERGY CAROLINAS LLC		02/18/2016	MarketAxess	X X X	45,707	42,000	309			
	EXXON MOBIL CORP			CITIGROUP GLOBAL MARKETS INC		561,000			1FE		
	tal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,008,578	,	8,834	X X X		
8399997 Subto	tal - Bonds - Part 3				X X X	23,036,667	22,508,124	82,472	X X X		
8399998 Sumn	nary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X		
	tal - Bonds					23,036,667	22,508,124	82,472	X X X		
8999998 Sumn	nary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X		
9799998 Sumn	nary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X		
9899999 Subto	tal - Preferred and Common Stocks				X X X		X X X		X X X		
9999999 Total	- Bonds, Preferred and Common Stocks				X X X	23,036,667	X X X	82,472	X X X		

2E05

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

								Duri	ing the C	urrent (uarter										
1	2	3	4	5	6	7	8	9	10			ook/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15	1						
		0																			
		r							Prior Year			Current Year's	:	Total	Book/				Bond Interest/		
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Bonds - I	J.S. Governments									,			,			·	·	·			
83162CRN5 .	ABS - SBAP-0820A-A		01/04/2016	Direct	xxx	21,765	21,765	24.511	24.517		(2,752)		(2,752)		21.765					01/01/2028	1
83162CRR6 .	ABS - SBAP-0820C-A		03/10/2016	VARIOUS	XXX	397,396	360,154	410,491	411,354		(5,781)		(5,781)		405,573		(8,177)	(8,177)	10,989	03/01/2028	1
83162CTB9 .	ABS - SBAP-1020B-A		02/01/2016	Direct	XXX	13,148	13,148	14,115	14,159		(1,011)		(1,011)		13,148				287	02/01/2030	1
83162CUR2 . 83162CVA8 .	ABS - SBAP-1220C-A			Direct	XXX	70,789	70,789	69,279	69,351		1,438		1,438		70,789				954	03/01/2032 09/01/2032	1
83162CVG5 .	ABS - SBAP-1320A-A		03/29/2016	VARIOUS	XXX	757,258	759,150	731,052	732,301		1,520				733,820		23,438	23,438	12,125	01/01/2033	1
83162CVH3 .	ABS - SBAP-1320B-A		03/23/2016		XXX	88,400	88,358	85,559	85,623		222		222		85,845		2,554	2,554	1,342		1
83162CVR1 . 83162CWK5	ABS - SBAP-1320G-A		01/04/2016		XXX	31,246		31,898			(629)		(629)		31,246				120	07/01/2033 07/01/2034	1
83162CWN9	ABS - SBAP-1420I-A		03/01/2016	Direct	XXX	18,719	18,719	18,730	18,729		(10)		(10)		18,719				285	09/01/2034	1
83162CXD0 .	ABS - SBAP-1520G-G		01/04/2016		XXX	13,008	13,008	13,008	13,008						13,008				174	07/01/2035	1
912810FR4 .	UNITED STATES TREASURY		01/04/2016	NOMURA SECURITIES/FIXED	xxx	218.908	191.736	226.550	223.862	(678)	(38)		(716)		223.146		(4 238)	(4.238)	2.153	01/15/2025	1
912828FL9	UNITED STATES TREASURY		01/29/2016	CREDIT LYONNAISE SECS .	XXX	211,010	208,010	224,540	212,992	(2,688)	(720)		(3,407)		209,584		1,426	1,426	2,846	07/15/2016	1
912828GX2 . 912828J27	UNITED STATES TREASURY		01/29/2016		XXX	248,079	237,041	263,970	251,292				(1,213)		250,080		(2,000)	(2,000)	3,405	07/15/2017	1
912828J27	UNITED STATES TREASURY		02/29/2016	FIXED INC	XXX	92.102	90.000	90.422	90.395		(6)		(6)		90.389		1 714	1.714	974	02/15/2025	1
912828J84	UNITED STATES TREASURY			VARIOUS	XXX	5,208,839	5,160,000	5,136,078	5,138,158				745		5,138,903		69,937	69,937		03/31/2020	1
912828P53	UNITED STATES TREASURY		03/30/2016	CITIGROUP GLOBAL MARKETS INC.	V V V	470.050	470.000	474.000			75		75		474,695		4 202	1.363	440	00/45/0040	1,
912828SQ4 .	UNITED STATES TREASURY		01/29/2016	CHASE SECURITIES	XXX	476,058	478,000 375,131	474,620	383,678	(10,884)	(529)		(11 414)		372,268			3.067	443	02/15/2019 04/15/2017	
912828TE0 .	UNITED STATES TREASURY		03/10/2016	NOMURA SECURITIES/FIXED																	
912828UX6 .	UNITED STATES TREASURY		04/04/0046	INCOME	XXX	118,529	118,345 162,521	123,890	124,505	(3,518)			(3,685)		120,821		(2,292)	(2,292)	97	07/15/2022 04/15/2018	1
912828XB1 .	UNITED STATES TREASURY		02/29/2016		XXX	102,470	102,321	170,039	107,901	(3,449)	(30)		(3,479)		104,500		(2,036)	(2,030)	40	04/15/2016	1
				YORK BRANCH	XXX	479,551	464,000	459,958	459,990		64		64		460,055		19,496	19,496		05/15/2025	1
912828XH8 .	UNITED STATES TREASURY		03/30/2016	VARIOUS	XXX	10,596,438	10,407,000	10,444,158	10,441,838		(1,812)		(1,812)		10,440,026		156,412	156,412		06/30/2020	1
	otal - Bonds - U.S. Governments		• • • • • • • • • • • • • • • • • • • •	•	XXX	19,625,228	19,294,300	19,429,206	18,921,186	(21,669)	(9,581)		(31,251)		19,364,564		260,664	260,664	110,315	XXX.	XXX.
	J.S. Special Revenue, Specia	al As																			
3128S5ZW7 .	RMBS - FH 1Q1657		03/17/2016	VARIOUS	XXX	76,376	72,849	77,926	77,845		(225)		(225)		77,620		(1,244)	(1,244)	442	09/01/2037	1
3136AHUV0 . 3137AJYX6 .	CMBS - FN-14M01-AQ2 CMO/RMBS - FH-3977C-AD		03/25/2016 03/15/2016		XXX	4,414	4,414 5.925				(74)		(74)						12	11/25/2018 09/15/2029	1
3137BEWK6	CMO/RMBS - FH-4395E-PA		03/15/2016		XXX	4,171	4,171	4,269	4,263		(103)		(92)		4,171					04/15/2023	1
3138NJAB4 .	RMBS - FN FN0001		03/25/2016		XXX	3,014	3,014	3,300	3,191		(178)		(178)	1	3,014				10	12/01/2020	1
31397MTY3 . 645913AU8 .	CMO/RMBS - FN-0881A-LK		03/25/2016	Direct	XXX	50,983	50,983	55,531	52,732		(1,750)		(1,750)		50,983				220	09/25/2023	1
043913A00 .	ST PENSION		02/15/2016	Maturity	xxx	189,000	189,000	181,589	188,660		340		340		189,000					02/15/2016	1FE
3199999 Subt	otal - Bonds - U.S. Special Revenue, Special	Assess	sment		XXX	333,882	330,355	333,289	337,214		(2,089)		(2,089)		335,126		(1,244)	(1,244)	706	XXX.	XXX.
Bonds - I	ndustrial and Miscellaneous	(Un	affiliate	d)																	
02581FYE3 .	AMERICAN EXPRESS CENTURION	()		US BANCORP INVESTMENTS																	
	BANK		01/29/2016	INC	XXX	609,330	570,000	673,031	611,995		(2,078)		(2,078)		609,918		(588)	(588)	13,110	09/13/2017	1FE
07387JAE6	CMBS - BSCMS-06PR12-A4		03/11/2016	Direct	XXX	320,506	320,506	348,238	323,738		(3,239)		(3,239)		320,506				2,612	09/11/2038	1FM
07388YAE2 . 20047RAE3 .	CMBS - BSCMS-07PR16-A4		03/11/2016		XXX	2,133	2,133 70,874	2,389	2,247		(114)		(114)		2,133 70.874		0		21	06/11/2040 12/10/2049	1FM
20047RAE3 . 20173QAE1 .	CMBS - CMT-07C9-A4		03/10/2016		XXX	2,404	2,404	2,589	2,490		(86)		(3,710)		2,404					03/10/2039	1FM
20173TAE5 .	CMBS - CSFBMS-07C4-A4		02/18/2016		XXX	3,029	3,029				(136)		(136)		3,029				31	09/15/2039	1FE
22545DAD9 . 22545LAD1 .	CMBS - CSFBMS-06C3-A3		03/17/2016		XXX	400,989	400,989	430,548	405,009 27.656		(4,020)		(4,020)		400,989		0	0	4,012	06/15/2038 12/15/2039	1FM
24736XAA6 .	DELTA AIR LINES INC		02/01/2016	Direct	XXX	5,170	5,170	5,170	5,170				(603)		5,170		0	0		01/30/2029	1FE
46629YAC3 .	CMBS - JPMCMS-07CB18-A4		03/14/2016	Direct	XXX	11,076	11,076	11,588	11,412		(336)		(336)		11,076				136	06/12/2047	1FM
46630EAC4 . 46639EAB7 .	CMBS - JPMCMS-06CB17-A4		02/12/2016		XXX	66,272	66,272		68,046		(1,779)		(1,779)		66,272				128	12/12/2043 12/15/2047	1FM
55313KAE1 .	CMBS - MLCFC-077-A4		03/11/2016		XXX	2 522	2,522	2,716	2,642		(119)		(119)		2,522		0	0		06/12/2050	1FM
59022KAD7 .	CMBS - MLMT-06C2-A4			Direct	XXX	20,523	20,523	22,297	20,893		(372)		(372)		20,523		0	0	82	08/12/2043	1FM
60687UAE7 . 841215AA4 .	CMBS - MLCFC-062-A4SOUTHAVEN COMBINED CYCLE		03/14/2016	Direct	XXX	60,968	60,968	62,468	61,584		(616)		(616)		60,968]o	[· · · · · · · · 0	552	06/12/2046	1FM
	GENERATION LLC		02/16/2016		XXX	7,752	7,752	8,053	8,053		(301)		(301)		7,752				149	08/15/2033	1FE
84474YAA4 .	SOUTHWEST AIRLINES CO		02/01/2016	Direct	XXX	6,938	6,938	7,934	7,585		(647)		(647)		6,938		0	0	213	02/01/2024	1FE
931142CJ0	WAL-MART STORES INC		03/02/2016	Wells Fargo	XXX	736,790	675,000	801,474	733,409		(4,872)		(4,872)		728,537		8,253	8,253	1 21,968	02/15/2018	1FE

QE05.1

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change in Bo	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15							
		0																			
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
3899999 Subtot	al - Bonds - Industrial and Miscellaneous (Unaffilia	ated)		XXX	2,359,416	2,258,297	2,566,699	2,374,813		(23,080)		(23,080)		2,351,751		7,665	7,665	43,748	XXX.	XXX.
8399997 Subtot	al - Bonds - Part 4				XXX	22,318,526	21,882,952	22,329,194	21,633,212	(21,669)	(34,750)		(56,419)		22,051,441		267,085	267,085	154,769	XXX.	XXX.
8399998 Summ	ary Item from Part 5 for Bonds (N/A to Qua	arterly) .			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
8399999 Subtot	al - Bonds				XXX	22,318,526	21,882,952	22,329,194	21,633,212	(21,669)	(34,750)		(56,419)		22,051,441		267,085	267,085	154,769	XXX.	XXX.
8999998 Summ	ary Item from Part 5 for Preferred Stocks (N/A to C	Quarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9799998 Summ	ary Item from Part 5 for Common Stocks (I	N/A to C	Quarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9899999 Subtot	al - Preferred and Common Stocks				XXX		XXX													XXX.	XXX.
9999999 Total -	Bonds, Preferred and Common Stocks				XXX	22,318,526	XXX	22,329,194	21,633,212	(21,669)	(34,750)		(56,419)		22,051,441		267,085	267,085	154,769	XXX.	XXX.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1NONE
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF March 31, 2016 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE E - PART 1 - CASH Month End Depository Balances

0199999 Totals - Open Depositories X X X	Month End Depository Balances											
Rate of During Rate of Current Statement First Second Third Month		1	2	3	4	5	Book Balance at End of Each Month					
Rate of During Accrued at Current Statement Date Date Month Month Month Month *					Amount	Amount of	Dur					
Rate of Current Statement Current Statement Current Statement Current Statement Current Curren					of Interest	Interest	6	7	8			
Rate of Current Depository Code Interest Quarter Date Month Month Month Month Month Month Month *					Received	Accrued						
Depository Code Interest Quarter Date Month Month Month *					During	at Current						
open depositories Code Interest (Quarter Date Mother Date Date Mother Date Date Mother Date Date Mother Date Date Date Date Date Date Date Date				Rate of	Current	Statement	First	Second	Third			
Bank of America		Depository	Code	Interest	Quarter	Date	Month	Month	Month	*		
Bank of America Providence, RI (2,391,108) (2,298,179) (1,829,126) X X X Bank of America Providence, RI (685) (685) (685) X X X Fidelity 65 4,184 8 X X X 0199998 Deposits in	open depositories											
0199998 Deposits in	Bank of America	Providence, RI					(2.391.108)	(2.298.179)	(1.829.126)	XXX		
allowable limit in any one depository (see Instructions) - open depositories X X X X X X X X X 0199999 Totals - Open Depositories X X X X X X X X X 0299998 Deposits in							(685)	(685) 4,184	(685) 8	XXX		
0199999 Totals - Open Depositories X X X X X X 120,288,671 105,551,701 125,498,143 X X X 0299998 Deposits in	0199998 Deposits in	0 depositories that do not exceed the										
0299998 Deposits in	allowable limit in any one depor	sitory (see Instructions) - open depositories	XXX	X X X						XXX		
allowable limit in any one depository (see Instructions) - suspended depositories X X X X X X X X X X X X X X X X X X X			XXX	X X X			. 120,288,671	. 105,551,701	. 125,498,143	XXX		
depositories X X X X X X X X X 0299999 Totals - Suspended Depositories X X X X X X X X X 0399999 Total Cash On Deposit X X X X X X X X X 0499999 Cash in Company's Office X X X X X X X X X X X X X X X X X X X X X	0299998 Deposits in	O depositories that do not exceed the										
0299999 Totals - Suspended Depositories X X X X X X X X X 0399999 Total Cash On Deposit X X X X X X X X X X X X 0499999 Cash in Company's Office X X X	allowable limit in any one depor	sitory (see Instructions) - suspended										
0399999 Total Cash On Deposit X X X X X X 120,288,671 105,551,701 125,498,143 X X X 0499999 Cash in Company's Office X X X X X	depositories		XXX	X X X						XXX		
0399999 Total Cash On Deposit X X X X X X 120,288,671 105,551,701 125,498,143 X X X 0499999 Cash in Company's Office X X X X X	0299999 Totals - Suspended D	XXX	X X X						XXX			
0499999 Cash in Company's Office	0399999 Total Cash On Depos	XXX	X X X			. 120,288,671	. 105,551,701	125,498,143	XXX			
	0499999 Cash in Company's C	XXX	X X X	. X X X .	X X X	5,900	6,800	4,795	XXX			
7777 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			XXX	X X X			. 120,294,571	. 105,558,501	125,502,938	XXX		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investm	ents Owne	ed End of Current Qા	uarter				
1	2	3	4	5	6	7	8
						Amount of	
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
	V C	NE					
8699999 Total - Cash Equivalents							1

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