

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016

OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code	0000 (Current Period)		0000 (Prior Period)	N/	AIC Company Code _	95402	Employer's ID Number _	05-0477052
Organized under the Laws of	f	Rhode	Island	,	State of Dom	nicile or Port of Entry	R	node Island
Country of Domicile		United States	of America					
Licensed as business type:	Life, Accident Dental Service Other[]	& Health[] e Corporation[]	Vision		Ity[] Corporation[] Ily Qualified? Yes[]!	Health N	, Medical & Dental Service or Naintenance Organization[X]	Indemnity[]
Incorporated/Organized		12/	09/1993		Comm	nenced Business	12/01/1	994
Statutory Home Office		910	Douglas Pike		,		Smithfield, RI, US 0291	7
Main Administrative Office		(Stre	eet and Number)		910 Do	ouglas Pike	(City or Town, State, Country and 2	'ip Code)
Man / tarimica ativo oriico		O STREET DITT	0.00047			and Number)	(404)450 0000	
Mail Address	(City or To	Smithfield, RI, U wn, State, Country of 910			, _		(401)459-6000 (Area Code) (Telephone N Smithfield, RI, US 0291	7
Primary Location of Books a	nd Records	(Street and	d Number or P.O. Box)	ç	910 Douglas Pike	(City or Town, State, Country and 2	'ip Code)
		nithfield. RI. US 0	02017			Street and Number)	(401)427-6768	
		wn, State, Country	and Zip Code)				(Area Code) (Telephone N	lumber)
Internet Web Site Address		ht	tp://www.nhpri.org/					
Statutory Statement Contact			Joanne Roux (Name)				(401)459-6118 (Area Code)(Telephone Numbe	r)(Extension)
		jroux@nhpri.or	g				(401)459-6043	T)(Extended)
		(E-Mail Address))	OF	FICERS		(Fax Number)	
			Nam		Title			
			Peter Marino Frank Meane Francisco Tri Shantha Dia	ey illa MD	Chief Executive Of Chief Financial Offic Chief Medical Offic Chief Operating Of	icer cer		
					THERS			
		ter Bancroft, Cha enda Dowlatshah		•		Jane Hayward, Peter Walsh, T		
	ы	eriua Dowiatsiiaii	•	.	0 0D TDU0T		easurer	
		Merrill Thomas Raymond Josep Pablo Rodrigue Peter Bancroft (Peter Walsh William Hochstr Michael Lichten	oh Lavoie Jr. z MD CPA asser-Walsh stein	JIUK	S OR TRUST	Brenda Do	r Little Esq. vard os Santos nes y	
		Richard Besdine	e MD			Peter Mari	10	
State of Rhod	e Island ss							
nerein described assets were lelated exhibits, schedules ar reporting entity as of the repo Statement Instructions and A reporting not related to accou	the absolute prond explanations to ord explanations to orting period state occounting Practic nting practices a es the related co	operty of the said herein contained ed above, and of ces and Procedurand and procedures, a presponding elec	reporting entity, fre, , annexed or referred its income and ded res manual except a according to the best tronic filing with the	ee and cle ed to, is a luctions th to the ext st of their e NAIC, w	ear from any liens or c a full and true stateme herefrom for the perio ent that: (1) state law information, knowled when required, that is a	elaims thereon, exce nt of all the assets a d ended, and have b may differ; or, (2) th ge and belief, respectan exact copy (excep	y, and that on the reporting peon to as herein stated, and that the notal liabilities and of the conditional to the completed in accordance at state rules or regulations restrively. Furthermore, the scope to for formatting differences during the state of the state of the scope	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)	
P	eter Marino			Fr	ank Meaney		Francisco Trilla	a, MD
(P	rinted Name) 1.			(P	Printed Name) 2.		(Printed Nam 3.	e)
Chief E	Executive Officer (Title)			Chief	Financial Officer (Title)		Chief Medical C	Officer
Subscribed and sworn	, ,			•	inal filing?		Yes[X] No[1
day of		, 2016	b. If no	2. 1	State the amendment Date filed Number of pages atta			<u> </u>
(Notary Public	Signature)	<u></u>						

ASSETS

	7100	LIO	urrent Statement Dat	Δ.	4
		1	2	3	7
		'		Net Admitted	December 31
			Nonadmitted	Assets	Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	100,013,006		100,013,006	98,261,314
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
٥.					
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$53,078,487), cash equivalents (\$0) and short-term				
•	investments (\$146,971,301)	200 049 788		200 049 788	251 285 611
6.	Contract loans (including \$0 premium notes)				
	,				
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)	300,062,794		300,062,794	349,546,925
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
15.	Premiums and considerations:	,		•	,
	15.1 Uncollected premiums and agents' balances in the course of				
	· · · · · · · · · · · · · · · · · · ·	4 106 633		4 106 633	2 076 000
	collection	4,106,633		4,106,633	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	1,898,449		1,898,449	1,080,949
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
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	1,797,205		1,797,205	957,430
21.	Furniture and equipment, including health care delivery assets				
	(\$0)	1,916,677	1,916,677		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$9,401,547) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
		11,7 10,092		10,401,113	3,441,049
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and		4 004 000		000 400 470
	Protected Cell Accounts (Lines 12 to 25)	332,570,532	4,331,986	328,238,546	369,480,153
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)	332,570,532	4,331,986	328,238,546	369,480,153
	ILS OF WRITE-INS				
1102.					
1103.	Commence of commissions units in a faul in a 44 from a conflant transfer				
	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) Prepaid Premium Tax				
	Prepaid Expenses				
	Receivable from State				
2598.	Summary of remaining write-ins for Line 25 from overflow page	137,438	137,438		3,441,049
2599	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	11,718.892	1,317.777	10,401.115	3,441.049

STATEMENT AS OF September 30, 2016 OF THE Neighborhood Health Plan of Rhode Island LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPITAL AND	JURPL			Delan Varan
		1	Current Period	3	Prior Year 4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
3. 4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio	2,419,011		2,413,011	2,204,733
4.	rebate per the Public Health Service Act	22 260 075		22 260 075	100 224 022
_	·				
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	14,106,990		14,106,990	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	254,577		254,577	
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	297		297	3.286
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
10.	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				
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
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	101,493,915	85,556,049
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$	X X X	X X X		
	32.2 0 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)				
34.	Total Liabilities, capital and surplus (Lines 24 and 33)				
_	ILS OF WRITE-INS				
2301.	Unclaimed Property Payable	5,386			
ı	Other Liabilities				
2303.	Cumpany of completing write ing fact ing 22 from grantless nage				
	Summary of remaining write-ins for Line 23 from overflow page TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	TOTALS (Lines 2501 tillough 2505 plus 2595) (Line 25 above)			430,077	
2502.		X X X			
2503.					
	Summary of remaining write-ins for Line 25 from overflow page		X X X		
2599. 3001.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.					
3002.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X			

STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. N	Member Months				
	Net premium income (including \$0 non-health premium income)				
	Change in unearned premium reserves and reserves for rate credits				
	Fee-for-service (net of \$ medical expenses)				
	Risk revenue				
	Aggregate write-ins for other health care related revenues				
	Aggregate write-ins for other non-health revenues				
	Fotal revenues (Lines 2 to 7)				
	and Medical:	XXX		110,330,240	1,011,374,300
-	dospital/medical benefits		221 065 112	210 100 660	412 402 200
	·				
	Other professional services				
	Dutside referrals				
	Emergency room and out-of-area				
	Prescription drugs				
	Aggregate write-ins for other hospital and medical				
	ncentive pool, withhold adjustments and bonus amounts				
16. S	Subtotal (Lines 9 to 15)		714,593,306	673,827,324	883,084,204
Less:					
17. N	Net reinsurance recoveries		2,965,081	1,436,630	2,010,475
	Total hospital and medical (Lines 16 minus 17)				
	Non-health claims (net)				
20. C	Claims adjustment expenses, including \$10,121,779 cost containment expenses		18,968,957	16,736,359	23,395,147
21. 0	General administrative expenses		67,532,515	54,866,296	78,880,735
22. Ir	ncrease in reserves for life and accident and health contracts (including \$0 increase				
ir	n reserves for life only)				
23. T	Total underwriting deductions (Lines 18 through 22)		798,129,697	743,993,349	983,349,611
24. N	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	15,171,685	27,002,891	28,025,325
25. N	Net investment income earned		802,551	436,819	791,913
26. N	Net realized capital gains (losses) less capital gains tax of \$0		479,343	211,065	145,039
27. N	Net investment gains or (losses) (Lines 25 plus 26)		1,281,894	647,884	936,952
28. N	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
\$	5124,760) (amount charged off \$0)]		124,760	(2,621)	(386,625)
29. A	Aggregate write-ins for other income or expenses				
30. N	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
р	olus 27 plus 28 plus 29)	x x x	16,578,339	27,648,154	28,575,652
31. F	Federal and foreign income taxes incurred	XXX			
	Vet income (loss) (Lines 30 minus 31)	XXX	16,578,339	27,648,154	28,575,652
	G OF WRITE-INS EOHHS Incentive Income		2 210 206		1 045 607
	Grant Revenue				
	Summary of remaining write-ins for Line 6 from overflow page				
	/iscellaneous Income				
	Summary of remaining write-ins for Line 7 from overflow page				
0799. T	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X	50		
	Stop Loss Recoveries from EOHHS				
1403. C	CMS Cost Sharing Reduction Recoveries				
	Summary of remaining write-ins for Line 14 from overflow page				
	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	 			
2902.					
	Summary of remaining write-ins for Line 29 from overflow page				
	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	16,578,339	27,648,154	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 \$0	188,354	37,834	(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	(828,829)	(4,850,483)	(66,558)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes		(1,000,000)	(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)	15,937,864	21,835,505	27,440,741
49. DETA I	Capital and surplus end of reporting period (Line 33 plus 48)	101,493,914	79,950,814	85,556,050
4701. 4702.	LO OF WATE-ING			
4702. 4703. 4798.	Cummany of ramaining write ing far Line 47 from avarillary nage			
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

STATEMENT AS OF September 30, 2016 OF THE Neighborhood Health Plan of Rhode Island CASH FLOW

	CASITILOW			
		1 Current Year	2 Prior Year	3 Prior Year Ended
		To Date	To Date	December 31
1	Cash from Operations	745 249 201	044 044 572	1 000 745 060
1.	Premiums collected net of reinsurance			
2.	Net investment income			
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)			
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		63,901,615	93,127,786
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)	. (40,991,610)	102,962,131	114,796,935
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	42,794,910	48,395,995	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	210	5,997	9,009
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	42,795,120		55,592,855
13.	Cost of investments acquired (long-term only):		, ,	, ,
	13.1 Bonds	44.543.567	50.700.624	58.424.344
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	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)	(1,751,436)	(2,298,696)	[(2,831,489)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes		, , ,	, , , , ,
	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)	(8,705,644)	(5,530,380)	(1,372,659)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus Line 16.6)	(8,705,644)	(6,530,380)	(2,372,659)
	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)	(51,448,691)	94,133,055	109,592,787
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year		1	
	19.2 End of period (Line 18 plus Line 19.1)			251,285,611

	Note: Supplemental disclosures of Cash Flow Information for Non-Cash Transactions:							
20.0001								

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	muividuai	Group	Supplement	Only	Offily	Benefit Plan	iviedicare	iviedicald	Other
Total	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	185,554	16,883	561						168,110	
4.	Third Quarter	189,480	15,864	589						173,027	
5.	Current Year										
6.	Current Year Member Months	1,655,850	148,443	4,823						1,502,584	
Total	Member Ambulatory Encounters for Period:										
7.	Physician	3,104,657	172,525	4,849						2,927,283	
8.	Non-Physician	537,712	35,866	1,008						500,838	
9.	Total	3,642,369	208,391	5,857						3,428,121	
10.	Hospital Patient Days Incurred	1,866,811	3,152	89						1,863,570	
11.	Number of Inpatient Admissions	86,429	605	17						85,807	
12.	Health Premiums Written (a)	813,673,380	39,429,574	909,189						773,334,617	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	813,673,380	39,429,574	909,189						773,334,617	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	703,648,833	19,302,320	509,878						683,836,636	
18.	Amount Incurred for Provision of Health Care										
	Services									694,764,598	

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.................0.

CLAIMS UNPAID AND INCE		WITHHOLD AN nalysis of Unpaid Cla		ported and Ur	reported)	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	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	5,452,620					5,452,62
0499999 Subtotals	5,452,620					5,452,62
0599999 Unreported claims and other claim reserves						84,877,00
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						90,329,62
						3,606,87

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				IN-INC I OF INCOME		5	6
				Liability			
		Cla	ims	End of			
		Paid Yea	Paid Year 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)	4,659,399	14,370,731	873,636	5,064,411	5,533,035	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	71,394,070	603,409,105	3,255,518	81,136,058	74,649,588	75,771,461
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)	1,370,587	8,569,776			1,370,587	10,201,783
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	27,305	6,823,142	1,752,558	1,854,314	1,779,863	1,779,863
13.	Totals (Lines 9 - 10 + 11 + 12)	74,710,188	616,033,202	5,881,711	88,054,783	80,591,899	73,051,660

⁽a) Excludes \$.......558,716 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 Domicile	2016	2015
		Domicic	2010	2013
NET	INCOME			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	RI	16,578,339	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)		16,578,339	28,575,651
SURI	<u>PLUS</u>			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	RI	101,493,915	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)		101,493,915	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 September 30, 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	\$101,545,315	\$100,013,006	\$44,902,219	\$56,643,096		
Short-term Investments	\$146,996,160	\$146,971,301	\$48,029,154	\$98,967,006		

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

STATEMENT AS OF September 30, 2016 OF THE Neighborhood Health Plan of Rhode Island

Notes to Financial Statement

- 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	12,826
3. Premium adjustments payable due to ACA Risk Adjustment	14,335,350
Operations (Revenue & Expense)	
4.Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(489,335)
5.Reported in expenses as ACA risk adjustment user fees (incurred/paid)	12,826
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	585,235
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	
4.Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	125,409
5.Ceded reinsurance premiums payable due to ACA Reinsurance	254,577
6.Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	0
Operations (Revenue & Expense)	
7.Ceded reinsurance premiums due to ACA Reinsurance	254,577
8.Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	782,074
9.ACA Reinsurance contributions – not reported as ceded premium	125,409
c. Temporary ACA Risk Corridors Program	
Assets	
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	5,614,069
Operations (Revenue & Expense)	
3.Effect of ACA Risk Corridors on net premium income (paid/received)	(5,614,069)
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 adjustments to prior year balance.

	Accrued Duri Year on Busin	ness Written		Paid as of the r on Business	Differ	rences		Adjustments			ances as of the ng Date
	Before Decem Prior			e December 31 rior Year	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)	Receivable	(Payable)	Ref	Receivable	(Payable)
	CA Risk Adjustme		#0								
Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$19,317,680	\$0	\$15,837,280	\$0	\$8,952,065	\$0	\$(10,365,615)	В	\$0	\$0
3. Subtotal ACA Permanent Risk Adjustment Program	\$0	\$19,317,680	\$0	\$15,837,280	\$0	\$8,952,065	\$0	\$(10,365,615)		\$0	\$0
	ACA Reinsurance		#1 277 700	60	#(10.6 p2p)	60	6505 520	60		6200 700	#0
Amounts recoverable for claims paid	\$1,080,949	\$0	\$1,277,788	\$0	\$(196,839)	\$0	\$595,539	\$0	С	\$398,700	\$0
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	\$0	\$0	\$0		\$0	\$0	\$0	\$0	G	\$0	\$0
payable 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	\$1,277,788	\$0	\$(196,839)	\$0	\$595,539	\$0		\$398,700	\$0
c. Temporary A	ACA Risk Corridor		er.	60	e.c	60	60	60	т	\$0	60
retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I		\$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 Explanations of	\$1,080,949	\$19,317,680	\$1,277,788	\$8,952,065	\$(196,839)	\$10,365,615	\$595,539	\$(10,365,615)		\$398,700	\$0

Roll Forward of ACA Risk Corridor Asset and Liability Balances

					Diffe	rences	Adjust	ments		Unsettled Bala Reportin	
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		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)	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	0	0	0
amounts filed with federal agency			
Amounts impaired or amounts not accrued	0	0	0
for 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 September 30, 2016, \$78,285,570 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,881,711 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,290,959 favorable prior-year development since December 31, 2015 to September 30, 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]
	Has any change be reporting entity? If yes, date of chan	een made during the year of this st	atement in the charter, by-lav	ws, articles of inc	corporation, or de	ed of settlemen	t of the		Yes[] No[X]
3.1	Is the reporting ent an insurer? If yes, complete S Have there been a	ity a member of an Insurance Hold Schedule Y, Parts 1 and 1A. ny substantial changes in the orga 3.2 is yes, provide a brief description	nizational chart since the pric	-	ore affiliated pers	ons, one or mor	e of which is	••••	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,	Ύ	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	FINANCIAL 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:						\$	Yes[] No[X] 0	
 INVESTMENT 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) 11.2 If yes, give full and complete information relating thereto: 							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		

10. I	Has the reporting entity entered into any	neaging transactions reported on Schedule DB?
		of the hadging program been made quallable to the d

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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

1. 1.	Operating Percentages: .1 A&H loss percent .2 A&H cost containment percent .3 A&H expense percent excluding cost containment expenses	88.9 1.2 9.4
2.2 If 2.3 E	Do you act as a custodian for health savings accounts? If yes, please provide the amount of custodial funds held as of the reporting date. Do you act as an administrator for health savings accounts? If yes, please provide the balance of the funds administered as of the reporting date.	Yes[] No[X] \$ Yes[] No[X] \$

STATEMENT AS OF September 30, 2016 OF THE Neighborhood Health Plan of Rhode Island SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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						
00000	AA-9990032	01/01/2016	US Dept of Hith & Human Serv	DC	SSL/A/I	Authorized						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Current	I Cai lu	Date - All	ocateu by	States and				
		1	2	3	4	Direct Busi	6	7	8	9
		'	_		7	Federal	Life and Annuity	,		
			Accident and			Employees Health	Premiums	Property/	Total	
		Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)		l							
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)	N								
5. 6.	California (CA)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)									
15.	Indiana (IN)									
16. 17.	lowa (IA) Kansas (KS)									
18.	Kentucky (KY)									
19.	Louisiana (LA)									
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)									
23.	Michigan (MI)									
24. 25.	Minnesota (MN)									
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)	N								
33. 34.	New York (NY)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)	1	l							
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)				. 773,334,617				813,673,380	
41.	South Carolina (SC)									
42. 43.	South Dakota (SD) Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)	N								
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51. 52.	Wyoming (WY)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)	1								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)		l							
58.	Aggregate other alien (OT)								042.072.200	
59. 60.	Subtotal Reporting entity contributions for	X X X .	40,338,763		. 773,334,617				. 813,673,380	
00.	Employee Benefit Plans	X X X .								
61.	Total (Direct Business)				. 773,334,617		†		. 813,673,380	
	S OF WRITE-INS	14-7	1 .,,		,,		1	1	1 . 2,2.0,000	
58001.		X X X .								
58002.		X X X .								
58003.		X X X .								
58998.	Summary of remaining write-ins for									
E0000	Line 58 from overflow page	X X X .								
58999.	TOTALS (Lines 58001 through									
1	58003 plus 58998) (Line 58 above)	X X X .								

⁽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.

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

15	Schedule	Y - Part 1						. NONE
16	Schedule	Y Part 1A -	Detail of	: Insuranc	ce Holdin	g Compai	ny System	 . NONE

STATEMENT AS OF September 30, 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

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	C	Current Statement Date			
	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. Deposits	127,296	127,296		3,441,049	
2505. Other Receivables	10,142	10,142			
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	137,438	137,438		3,441,049	

STATEMENT AS OF September 30, 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		
5.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying va		
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

	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		
ĺ	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.	Total foreign exchange change in book/adjusted carrying value		
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

			0
		1	
			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	44,543,567	58,424,344
3.	Accrual of discount	44,598	66,807
4.	Unrealized valuation increase (decrease)	188,354	(68,354)
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	709,050	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)	100,013,006	98,261,314
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	100,013,006	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 Out	CIIL Qualter	ioi ali bolla	3 and 1 feler	ica otock 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)	246,326,249	33,847,485	33,068,566	(120,861)	245,505,392	246,326,249	246,984,307	244,973,338
2.	NAIC 2 (a)					249,553			249,530
3.	NAIC 3 (a)								
	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	246,326,249	33,847,485	33,068,566	(120,861)	245,754,945	246,326,249	246,984,307	245,222,868
PREFE	RRED STOCK								
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
	NAIC 5								
	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	246,326,249	33,847,485	33,068,566	(120,861)	245,754,945	246,326,249	246,984,307	245,222,868
\ D	A !: (10 :) / I C C								0 11110 0

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	146,971,301	X X X	146,978,545	111,689	43,331

SCHEDULE DA - Verification

Short-Term Investments

		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	109,299,683	196,587,749
3.	Accrual of discount	16,613	1,620
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	210	3,014
6.	Deduct consideration received on disposals	109,253,953	157,008,612
7.	Deduct amortization of premium	52,388	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)	146,971,301	146,961,135
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	146,971,301	146,961,135

SI04 Schedule DB - Part A VerificationNONI	Ε
SI04 Schedule DB - Part B VerificationNONI	E
SI05 Schedule DB Part C Section 1NONI	E
SI06 Schedule DB Part C Section 2NONI	E
SI07 Schedule DB - Verification NONI	E
SI08 Schedule E - Verification (Cash Equivalents) NONI	E

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3 NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3 NONE
E03 Schedule BA Part 2 NONE
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				
	Deceder	F	Data Assatisad			A - (- 1 O 1	D- W-L						
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)				
Bonds - U.S.	Governments												
83162CXY4	SBAP-1620H-CTF - ABS		08/11/2016	VARIOUS		66,000	66,000		1				
912810PS1	UNITED STATES TREASURY		09/29/2016	VARIOUS	X X X	132,191	108,648	478	1				
912828K33	UNITED STATES TREASURY		09/13/2016	VARIOUS		230,900	228,448	110	1				
912828P46	UNITED STATES TREASURY		09/28/2016	VARIOUS		2,021,399	2,009,000	6,454	1				
912828Q37	UNITED STATES TREASURY		09/26/2016	VARIOUS		1,544,513	1,538,000	7,760	1				
912828S50	UNITED STATES TREASURY		09/29/2016	VARIOUS		603,485	594,427	51	1				
0599999 Subto	otal - Bonds - U.S. Governments				X X X	4,598,488	4,544,523	14,853	X X X				
Bonds - U.S.	Special Revenue, Special Assessment												
3138Y7F98	RMBS - FN AX5591		07/18/2016	CHASE SECURITIES		376,424	362,355	609	1				
3199999 Subto	otal - Bonds - U.S. Special Revenue, Special Assessment				X X X	376,424	362,355	609	X X X				
Bonds - Indu	strial and Miscellaneous (Unaffiliated)												
084664CK5	BERKSHIRE HATHAWAY FINANCE CORP		08/08/2016	MLPFS INC FIXED INCOME	x x x	374,636	375 000		1FE				
12625KAD7	CMBS - COMM 13CRE8 A4		07/21/2016	DEUTSCHE BANK ALEX BROWN	X X X	510,563							
34528QBY9	ABS - FORDF 125 A		07/13/2016	Wells Fargo		130,564	130,000		1FF				
36192KAT4	GSMS 12GCJ7 A4 - CMBS		09/28/2016	VARIOUS	X X X	660,709	615,000	1.662	1FM				
372546AQ4	GEORGE WASHINGTON UNIVERSITY		08/19/2016	VARIOUS	x x x	294,902	273,000		1FE				
44266RAC1	HOWARD HUGHES MEDICAL INSTITUTE		07/22/2016	Goldman Sachs	X X X	145,778	132,000	1,874	1FE				
74052BAA5	PREMIER HEALTH PARTNERS		08/24/2016	BARCLAYS CAPITAL INC FIXED INC		526,000	526,000		Z				
90269GAC5 .	CMBS - UBSCM 12C1 A3	R	09/26/2016	VARIOUS	X X X	692,183	645,112	1,678					
	WFCM 13C17 A2 - CMBS			KGS ALPHA CAPITAL MARKETS	X X X	372,761		852	1FM				
3899999 Subto	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	3,708,097	3,531,112	11,379	X X X				
8399997 Subto	otal - Bonds - Part 3					8,683,009	8,437,990	26,842	X X X				
	nary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X				
8399999 Subto					X X X	8,683,009	8,437,990	26,842	X X X				
	nary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X				
	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		X X X				
9999999 Total	- Bonds, Preferred and Common Stocks				X X X	8,683,009	X X X	26,842	X X X				

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

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			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/		
		l e							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		Ιī			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	1
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	l 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)
		- "	Date	Fulcilasei	UI SLUCK	Consideration	value	COSI	value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	D./A.C.V.	Date	UII DISPUSAI	On Disposal	OH DISPOSAL	During real	Date	indicator (a)
	J.S. Governments																				
83162CRN5 .	ABS - SBAP 0820A A		07/01/2016 08/01/2016		XXX	22,291	22,291	25,103	25,109		(2,818)		(2,818)		22,291				1,243	01/01/2028 02/01/2030	[1
83162CTB9 . 83162CUR2 .	SBAP 1020B A - ABS		09/01/2016		XXX	13,551	13,551 65,837	64,432			(1,042)		1,338		13,551				590	03/01/2030	1
83162CVA8 .	SBAP 1220I A - ABS		09/01/2016		XXX	16,228	16,228	15,667	15,687		542		542		16,228				378	09/01/2032	1
83162CVR1 .	ABS - SBAP 1320G A		07/01/2016		XXX	32,140	32,140	32,810	32,787		(647)		(647)		32,140				1,060	07/01/2033	1
83162CWK5	ABS - SBAP 1420G A		07/01/2016	Direct	XXX	8,259	8,259	8,259							8,259				241	07/01/2034	[1
83162CWN9 83162CXD0 .	ABS - SBAP 1520G G			Direct	XXX	19,162	19,162 14,622	19,173	19,173 14,622		(11)		(11)		19,162 14,622				586	09/01/2034 07/01/2035	[]
912810FR4 .	UNITED STATES TREASURY	1	09/01/2016	Adjustment	XXX	14,022													(1)	01/15/2025	1
912810FS2 .	UNITED STATES TREASURY	1	07/15/2016	6 . ´	XXX														(1)	01/15/2026	[1]
912828B25 .	UNITED STATES TREASURY	1	07/15/2016		XXX	4.755.400	4 004 000	4.740.400			(5.007)		(5.007)		4.744.055		44.077		19.067	01/15/2024	[1
912828B58 912828H45	UNITED STATES TREASURY		09/23/2016		XXX	1,755,432	1,681,000	1,749,422			(5,067)		(5,067)		1,744,355		11,077	11,077	19,067	01/31/2021 01/15/2025	1
912828HN3 .	UNITED STATES TREASURY	1:::	07/15/2016	5	XXX														1	01/15/2025	[i]
912828J27	UNITED STATES TREASURY		08/11/2016	BARCLAYS CAPITAL INC		1					1		1		1		1	1			[.]
912828J84	UNITED STATES TREASURY	1	09/01/2016	FIXED INC	XXX	38,541	37,000 130,000	37,311	37,291		(18)		(18)		37,273 129,645		1,268	1,268	734	02/15/2025 03/31/2020	[]
912828JE1	UNITED STATES TREASURY		07/15/2016		XXX	131,523	130,000	129,548	129,581		64		64		129,645		1,879	1,879		03/31/2020	[]
912828JX9	UNITED STATES TREASURY		07/15/2016		XXX															01/15/2019	1
912828LA6 .	UNITED STATES TREASURY		07/28/2016	NOMURA SECURITIES/FIXED																	
0400001400	LINUTED OTATEO TREACURY		08/09/2016	INCOME	XXX	121,998	113,594	129,976	123,362	(3,802)			(5,620)		117,749		4,249	4,249		07/15/2019	[1
912828M98 . 912828MF4 .	UNITED STATES TREASURY			Adjustment	XXX	297,815	291,000	297,025			(535)		(535)		296,489		1,326	1,326	3,240	11/30/2020 01/15/2020	[]
912828N71 .	UNITED STATES TREASURY		07/15/2016		XXX															01/15/2026	1
912828NM8 .	UNITED STATES TREASURY		07/15/2016		XXX														0	07/15/2020	1
912828PP9 .	UNITED STATES TREASURY		07/15/2016		XXX	700 570	704.000	700 000							704 407				(1)	01/15/2021	[1
912828Q37 . 912828QV5 .	UNITED STATES TREASURY		09/28/2016		XXX	789,572	784,000	780,938			250		250		781,187		8,385	8,385		03/31/2021 07/15/2021	1
912828SA9 .	UNITED STATES TREASURY		09/29/2016		XXX	342,577	337,347	346,704	348,772	(9,640)	(1,855)		(11,495)		337,277		5,300	5,300	486	01/15/2022	1
912828TE0 .	UNITED STATES TREASURY		07/15/2016		XXX														0	07/15/2022	1
912828UH1 . 912828UX6 .	UNITED STATES TREASURY		07/15/2016	MLPFS INC FIXED INCOME .	XXX	246 400	313,734	240 444	317,236	/F 7FC)	(4.640)		(7.200)		309.837				0	01/15/2023 04/15/2018	1
912828UX6 . 912828VM9 .	UNITED STATES TREASURY			CITIGROUP GLOBAL	XXX	316,490	313,734	318,411	317,236	(5,756)	(1,640)		(7,396)		309,837		6,653	6,653	306	04/15/2018	1
	ONTED OTHER MERCORY	1		MARKETS INC	XXX	120,698	117,993	114,668	116,775	(2,151)	(25)		(2,176)		114,599		6,099	6,099	512	07/15/2023	1
912828WU0 .	UNITED STATES TREASURY		07/15/2016	5	XXX						1								0	07/15/2024	1
912828XB1 .	UNITED STATES TREASURY		08/24/2016		XXX	589,515	562,000 657.000	556,147	556,170		367		367		556,538		32,977	32,977	9,267	05/15/2025	[1
912828XH8 . 912828XL9 .	UNITED STATES TREASURY		07/15/2016	VARIOUS	XXX	671,072	657,000	660,920	660,680		(513)		(513)		660,167		10,905	10,905	6,906	06/30/2020 07/15/2025	1
		1			XXX	5.367.323	5.216.757	5.315.683	2.484.594	(21.350)			(34,779)		5.277.205		90.118	90.118		XXX.	XXX.
					,,,,,,,,,,,	0,001,020				(21,000)	(10,120)		(0.,,0)							,,,,,,	
	J.S. Special Revenue, Specia	ai As																			
31300M7L1 .	RMBS - FH 849899			Direct	XXX	25,640	25,640	26,649			(1,010)		(1,010)		25,640		0	0	90	06/01/2044	[1
3130A2T97 . 3136AHUV0 .	FEDERAL HOME LOAN BANKS		09/28/2016	Maturity	XXX	200,000	200,000 4.781	199,911	199,962 4.860						200,000				1,000	09/28/2016 11/25/2018	[1
3137AJYX6 .	CMO/RMBS - FHR 3977C AD		09/15/2016			9,093	9,093	9,425	9,261		(168)		(168)		9,093		0	0	164	09/15/2029	1
3137BEWK6	. CMO/RMBS - FHR 4395E PA		09/27/2016	VARIOUS	XXX	64,582	62,898	64,372	64,288		(51)		(51)		64,237		345	345	1,278	04/15/2037	1
3138ETM45 .	RMBS - FN AL8478		09/26/2016		XXX	45,962	45,962	47,768			(1,806)		1 (1.806)		45,962		0	0	205	09/01/2044	1
3138ETND4 . 3138NJAB4 .	RMBS - FN AL8487		09/26/2016		XXX	24,615 2,950	24,615 2,950	25,317					(702)		24,615 2,950				153	04/01/2046 12/01/2020	1
3138Y7F98 .	FN AX5591 - RMBS		09/26/2016		XXX	13,658	13,658	14,188			(530)		(530)		13,658		0		50	01/01/2045	1
31397MTY3 .	CMO/RMBS - FNR 0881A LK		09/26/2016	Direct	XXX	42,393	42,393	46,175			(1,455)		(1,455)		42,393				1,309	09/25/2023	1
880591EQ1 .	TENNESSEE VALLEY AUTHORITY		08/30/2016	MORGAN STANLEY DEAN							l		·								1
91412GF59 .	UNIVERSITY CALIF REVS		07/21/2016	WITTER	XXX	279,533	275,000 293,000	273,691	274,266		171		1/1		274,438		5,095 4,682	5,095 4,682	4,224	10/15/2018 05/15/2021	1FE
	otal - Bonds - U.S. Special Revenue, Special	Assess		The state of the s	XXX	1.010.888	999,989	1,008,634	599,608		(5,766)		(5,766)		1,000,766		10,122	10,122		XXX.	XXX.
	ndustrial and Miscellaneous			۹)		,,,,,,,,,	222,230	,,	111,100		. (2,: 30)		. (2,: 30)		.,,. 00		,	1, , , ,			
02377BAB2 .	AMERICAN AIRLINES INC	1011			xxx	18,663	10 663	10.670	18,670		/0\		(0)		18,663				600	02/22/2020	155
02377BAB2 . 07388YAE2 .	CMBS - BSCMS 07PR16 A4	1	09/22/2016	Direct	XXX	15,682	18,663 15,682	18,670	16,523		(8)		(8)		15,682				668	03/22/2029 06/11/2040	1FE 1FM
084664BS9 .	BERKSHIRE HATHAWAY FINANCE	.1									. ,										
l	CORP		09/01/2016	Goldman Sachs	XXX	447,372		452,975			(1,395)		(1,395)		446,944		428	428		05/15/2017	1FE
12623SAB6 .	CMBS - COMM 12CRE5 A2	l R	09/12/2016	6 Direct	XXX	1 51.189	l 51.189 l	52.469	51.600	l		1	(412)		51.189		1		599	12/12/2045	1FM

SCHEDULE D - PART 4

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

During the Current Quarter

	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	1						
		,																			
									Prior Year			Current Year's		Total	Dools!				Bond Interest/		
		1												Total	Book/						
		e							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		l a l	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	l 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)
12624HAD5 .	ABS - CNHI 12D A4	R	09/15/2016	Direct	XXX	8,636	8,636	8,601	8,623				13		8,636		0	0	52	11/15/2019	1FF
20047RAE3 .	CMBS - COMM 07C9 A4		09/12/2016	Direct	XXX	2,173	2,173	2,452	2,287		(114)		(114)		2,173				92	12/10/2049	1FM
20173QAE1 .	CMBS - GCCFC 07GG9 A4		09/12/2016	Direct	XXX	330,337	330,337	355,757	342,113		(11,776)		(11,776)		330,337				12,972	03/10/2039	1FM
20173TAE5 .	CMBS - CSFB 07C4 A4	R	09/16/2016	Direct	XXX	3,131	3,131	3,367	3,272		(141)		(141)		3,131				126	09/15/2039	1FM
22545LAD1 .	CMBS - CSFB 06C5 A3	R	09/19/2016	Direct	XXX	271,602	271,602	283,858	277,652		(6,049)		(6,049)		271,602		0	0	9,681	12/15/2039	1FM
24736XAA6 . 40428HPB2 .	DELTA AIR LINES INC		08/01/2016 09/01/2016	Direct	XXX	(270.318)	5,720	(240.103)	5,720						5,720		(25.200)	(25.398)	194	01/30/2029	1FE
44266RAC1 .	HOWARD HUGHES MEDICAL INSTITUTE		09/16/2016	MarketAxess	XXX	42.943	(250,000)	(240,103)			(170)		(170)		42.048			805	758	09/21/2020	1FE
46629YAC3	CMBS - JPMCC 07CB18 A4		09/12/2016	Direct	XXX	286.683	286.683	299.939	295.373		(8,690)		(8,690)		286 683		0	0	11 357	06/12/2047	1FM
46630EAC4 .	CMBS - JPMCC 06CB17 A4		09/12/2016	Direct	XXX	284,275	284,275	306,579	291,885		(7,602)		(7,602)		284,275			0	10,555	12/12/2043	1FM
46639EAB7 .	CMBS - JPMCC 12LC9 A2			Direct	XXX	3,035	3,035	3,111	3,061		(26)		(26)		3,035		0	0	34	12/17/2047	1FM
55313KAE1 .	CMBS - MLCFC 077 A4		09/14/2016	Direct	XXX	11,299	11,299	12,168	11,833		(535)		(535)		11,299				467	06/12/2050	1FM
841215AA4 .	SOUTHAVEN COMBINED CYCLE		08/15/2016	Dit	VVV	7,004	7.004	0.000	0.000		(207)		(207)		7.004				204	00/45/0000	455
84474YAA4 .	GENERATION LLC		00/15/2016	Direct	***	2 005			7.526		(507)		(307)		2,000			0	304	08/15/2033	1FE
90269GAC5 .	UBSCM 12C1 A3 - CMBS		09/12/2016	Direct		1,281	1.281	1.373	1,520		(641)		(93)		6,885				5	05/12/2045	1FE
90783WAA1 .	ABS - UNP 061 1	l l	07/05/2016	Direct	XXX	9.651	9.651	11.219			(1.568)		(1.568)		9.651				283	07/02/2030	1FE
92938CAB3 .	WFRBS 13C15 A2 - CMBS		09/16/2016	Direct	XXX	3,482	3,482	3,586	3,570		(88)		(88)		3,482				72	08/17/2046	1FE
3899999 Subto	otal - Bonds - Industrial and Miscellaneous (U	Inaffiliat	ed)		XXX	1,541,620	1,555,623	1,657,611	1,796,254		(40,451)		(40,451)		1,565,696		(24,075)	(24,075)	52,784	XXX.	XXX.
Bonds - H	lybrid Securities																				
40400UDD0	HSBC USA INC (NEW)	ا ہا	00/04/0040	Adicatasant	VVV	070 040	050 000	040 400							244.919		05 200	05 200	4 500	00/07/0000	455
40428HPB2 .	,	K	09/01/2016	Adjustment	XXX	270,318	250,000	240,103							7		25,398	25,398	1,528	09/27/2020	1FE
	otal - Bonds - Hybrid Securities				XXX	270,318	250,000	240,103			(-0.040)		/00.000		244,919		25,398	25,398	1,528	XXX.	XXX.
	otal - Bonds - Part 4				XXX	8,190,149	8,022,369	8,222,031	4,880,457	(21,350)	(59,646)		(80,996)		8,088,586		101,563	101,563	119,902	XXX.	XXX.
	nary Item from Part 5 for Bonds (N/A to Quar	terly) .			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
8399999 Subto					XXX	8,190,149	8,022,369	8,222,031	4,880,457	(21,350)	(59,646)		(80,996)		8,088,586		101,563	101,563		XXX.	XXX.
	nary Item from Part 5 for Preferred Stocks (N				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9799998 Sumn	nary Item from Part 5 for Common Stocks (N	/A to Qu	uarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9899999 Subto	otal - Preferred and Common Stocks				XXX		XXX													XXX.	XXX.
9999999 Total	- Bonds, Preferred and Common Stocks				XXX	8,190,149	XXX	8,222,031	4,880,457	(21,350)	(59,646)		(80,996)		8,088,586		101,563	101,563	119,902	XXX.	XXX.

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

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 September 30, 2016 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Bala	nce at End of E	ach Month	9
			Amount	Amount of	Dur	ing Current Qua	arter	
			of Interest	Interest	6	7	8	
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
Bank of America - Operating Providence, RI					48,132,567	26,287,122	59,980,992	XXX
Bank of America - A/P Providence, RI					(6,283,567)	(728,895)	(6,906,301)	XXX
Bank of America - Claims Providence, RI Covington, KY					(685)	(685)	(685)	XXX
Covington, KY Covington, Cov					3,799		(3,893)	
0199998 Deposits in0 depositories that do not exceed the							(0,000)	
allowable limit in any one depository (see Instructions) - open depositories	XXX	X X X						XXX
0199999 Totals - Open Depositories	XXX				41,852,114			XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - suspended								
depositories		X X X						XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X			41,852,114	25,561,342	53,073,913	XXX
0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X	1,649	4,949	4,574	XXX
0599999 Total Cash	XXX	X X X			41,853,763	25,566,291	53,078,487	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Sr	iow Investments Owned	d End of Current Q	luarter				
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
	N C	NE					
8699999 Total - Cash Equivalents							

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