

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	575,909	633,732	685,016			1,894,657
0299999 TOTAL Group	575,909	633,732	685,016			1,894,657
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	4,767,107	4,832,932	3,398,420	812,785		13,811,244
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	5,343,016	5,466,664	4,083,436	812,785		15,705,901

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	350,000	350,000	350,000	409,266	409,266	1,050,000
0199999 Subtotal - Pharmaceutical Rebate Receivables	350,000	350,000	350,000	409,266	409,266	1,050,000
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed	130,881			358,068	449,851	39,099
0399999 Subtotal - Loans and Advances to Providers	130,881			358,068	449,851	39,099
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Stop Loss A/R from EOHHS	1,624,729	1,975,190	1,452,830	7,057,726		12,110,475
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	1,624,729	1,975,190	1,452,830	7,057,726		12,110,475
0799999 Gross health care receivables	2,105,610	2,325,190	1,802,830	7,825,061	859,117	13,199,574

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	3,001,034	1,723,676		1,459,266	3,001,034	1,983,976
2. Claim overpayment receivables						
3. Loans and advances to providers	1,311,836		218,068	270,881	1,529,904	1,529,904
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	7,760,565	4,649,341	88,187	12,022,288	7,848,752	8,217,808
7. TOTALS (Lines 1 through 6)	12,073,435	6,373,017	306,255	13,752,435	12,379,690	11,731,688

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	12,091,620					12,091,620
0499999 Subtotals	12,091,620					12,091,620
0599999 Unreported claims and other claim reserves						107,843,847
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						119,935,468
0899999 Accrued Medical Incentive Pool and Bonus Amounts						4,017,508

22 Exhibit 5 - Amounts Due From Parent NONE

23 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	13,723,702	1.447	192,678	100.000		13,723,702
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	13,723,702	1.447	192,678	100.000		13,723,702
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	930,560,440	98.090	X X X	X X X		930,560,440
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	4,392,128	0.463	X X X	X X X		4,392,128
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	934,952,568	98.553	X X X	X X X		934,952,568
13. TOTAL (Line 4 plus Line 12)	948,676,270	100.000	X X X	X X X		948,676,270

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	2,022,358	166,296	1,254,592	934,061	934,061	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,099,335		905,985	193,350	193,350	
6. TOTAL	3,121,693	166,296	2,160,577	1,127,412	1,127,412	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Company Code 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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	189,879	15,864	589						173,426	
5. Current Year	192,678	13,810	595						178,273	
6. Current Year Member Months	2,231,981	191,885	6,603						2,033,493	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,348,370	226,369	7,024						5,114,977	
8. Non-Physician	790,512	42,556	1,320						746,636	
9. TOTAL	6,138,882	268,925	8,344						5,861,613	
10. Hospital Patient Days Incurred	1,306,743	3,279	102						1,303,362	
11. Number of Inpatient Admissions	74,580	646	20						73,914	
12. Health Premiums Written (b)	1,122,948,011	52,267,569	1,048,037						1,069,632,405	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,122,948,011	52,267,569	1,048,037						1,069,632,405	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	948,225,770	23,573,204	691,757						923,960,809	
18. Amount Incurred for Provision of Health Care Services	985,557,345	26,168,411	736,069						958,652,866	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95402

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
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	189,879	15,864	589						173,426	
5. Current Year	192,678	13,810	595						178,273	
6. Current Year Member Months	2,231,981	191,885	6,603						2,033,493	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,348,370	226,369	7,024						5,114,977	
8. Non-Physician	790,512	42,556	1,320						746,636	
9. TOTAL	6,138,882	268,925	8,344						5,861,613	
10. Hospital Patient Days Incurred	1,306,743	3,279	102						1,303,362	
11. Number of Inpatient Admissions	74,580	646	20						73,914	
12. Health Premiums Written (b)	1,122,948,011	52,267,569	1,048,037						1,069,632,405	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,122,948,011	52,267,569	1,048,037						1,069,632,405	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	948,225,770	23,573,204	691,757						923,960,809	
18. Amount Incurred for Provision of Health Care Services	985,557,345	26,168,411	736,069						958,652,866	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>											
999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	AA-9990032	01/01/2016	US Dept of Hlth & Human Serv	DC	625,366	
27855	36-2781080	01/01/2016	ZURICH AMER INS CO OF IL	IL	667,628	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,292,994	
2199999 Total - Accident and Health - Non-Affiliates					1,292,994	
2299999 Total - Accident and Health					1,292,994	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,292,994	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					1,292,994	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
27855	36-2781080	01/01/2016	ZURICH AMER INS CO OF IL	IL	SSL/A/I	CMM,MC	2,977,107						
00000	AA-9990032	01/01/2016	US Dept of Hlth & Human Serv	DC	SSL/A/I	CMM	311,151						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							3,288,258						
1099999 Total - General Account - Authorized - Non-Affiliates							3,288,258						
1199999 Total - General Account Authorized							3,288,258						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							3,288,258						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							3,288,258						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							3,288,258						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums	640	1,137	62		
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	2,649	4,294	3,212	3,347	3,180
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	4,070	2,010	2,265	1,568	321
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable			24	319	91
8. Reinsurance recoverable on paid losses	1,293	1,081	839	770	
9. Experience rating refunds due or unpaid			529		815
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	311,821,743		311,821,743
2. Accident and health premiums due and unpaid (Line 15)	15,705,901		15,705,901
3. Amounts recoverable from reinsurers (Line 16.1)	1,292,994	(1,292,994)	0
4. Net credit for ceded reinsurance	X X X	1,292,994	1,292,994
5. All other admitted assets (Balance)	20,005,780		20,005,780
6. TOTAL Assets (Line 28)	348,826,417		348,826,417
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	119,484,968		119,484,968
8. Accrued medical incentive pool and bonus payments (Line 2)	4,017,508		4,017,508
9. Premiums received in advance (Line 8)	88,649,482		88,649,482
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	33,971,789		33,971,789
15. TOTAL Liabilities (Line 24)	246,123,746		246,123,746
16. TOTAL Capital and Surplus (Line 33)	102,702,671	X X X	102,702,671
17. TOTAL Liabilities, Capital and Surplus (Line 34)	348,826,417		348,826,417
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,292,994		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	1,292,994		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	1,292,994		

39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NONE

40 Schedule Y - Part 1 NONE

41 Schedule Y - Part 1A NONE

42 Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | No |
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | No |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



95402201636000000 2016 Document Code: 360

Health Life Supplement



95402201620500000 2016 Document Code: 205

Health Property / Casualty Supplement



95402201620700000 2016 Document Code: 207

Schedule SIS



95402201642000000 2016 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



95402201637100000 2016 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



95402201637000000 2016 Document Code: 370

Medicare Part D Coverage Supplement



95402201636500000 2016 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



95402201622400000 2016 Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



95402201622500000 2016 Document Code: 225

Approval for Relief related to Require. for Audit Committees



95402201622600000 2016 Document Code: 226

LTC Supplemental Interrogatories



95402201630600000 2016 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95402201621100000 2016 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95402201621300000 2016 Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Deposits	127,296	127,296		
2505. Other Receivables	174,661	174,661		3,441,049
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	301,956	301,956		3,441,049

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0604.	X X X		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2904. Dental Grant - State of RI			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Other Miscellaneous Expenses (Income)			257,262		257,262
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			257,262		257,262

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504. Deposits	127,296	127,296	0
2505. Other Receivables	174,661	201,030	26,369
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	301,956	328,326	26,370

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