



53473201820100100

ANNUAL STATEMENT

For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 53473 Employer's ID Number 05-0158952

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry RI

Country of Domicile USA

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

Incorporated/Organized February 27, 1939 Commenced Business September 1, 1939

Statutory Home Office 500 EXCHANGE STREET, PROVIDENCE, RI, US 02903
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 EXCHANGE STREET (Street and Number)
PROVIDENCE, RI, US 02903 (City or Town, State, Country and Zip Code)
401-459-5886 (Area Code) (Telephone Number)

Mail Address 500 EXCHANGE STREET, PROVIDENCE, RI, US 02903
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 EXCHANGE STREET PROVIDENCE, RI, US 02903 401-459-1000
 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.bcbsri.com

Statutory Statement Contact MARK C. STEWART 401-459-5886
 (Name) (Area Code) (Telephone Number) (Extension)
MARK.STEWART@BCBSRI.ORG 401-459-1198
 (E-Mail Address) (Fax Number)

OFFICERS

	Name	Title
1.	KIM A. KECK	PRESIDENT & CEO
2.	MICHELE B. LEDERBERG	EVP. & GEN. COUNSEL
3.	MARK C. STEWART	EXECUTIVE VICE PRESIDENT & CFO

VICE-PRESIDENTS

Name	Title	Name	Title
CHRISTOPHER G. BUSH	VP - NETWORK MANAGEMENT	MATTHEW COLLINS M.D.	VP - CLINICAL INTEGRATION
DEREK E. COSTA	VP - CHIEF INFORMATION OFFICER	MELISSA B. CUMMINGS	EVP - CHIEF CUSTOMER OFFICER
LINDA WINFREY	VP - INTERNAL AUDIT & ERM	TARA L. DEMOURA	VP - CUSTOMER OPERATIONS
JEREMY S. DUNCAN	VP - MARKETING	AUGUSTINE A. MANOCCHIA M.D.	EVP - CHIEF MEDICAL OFFICER
MICHAEL J. MARRONE	VP - FINANCE	COREY R. MCCARTY	VP - CONSUMER SEGMENT
SAMIR MISTRY #	VP - CHIEF PHARMACY OFFICER	MONICA A. NERONHA	VP - LEGAL SERVICES
CHRISTINA PITNEY	VP - STRATEGIC PLN & PARTNERSHIPS	VISAEL RODRIGUEZ	VP - CHIEF PEOPLE OFFICER
SAMUEL B. SLADE	VP - EMPLOYER SEGMENT	KEVIN SPLAINE	EVP - CARE INTEGRATION & MGMT

DIRECTORS OR TRUSTEES

DENISE A. BARGE	STEPHEN COHAN #	CHRISTOPHER CROSBY	NICHOLAS DENICE
MICHAEL DICHIRO	SCOTT DUHAMEL	JAMES A. HARRINGTON	DONNA HUNTLEY-NEWBY
MICHAEL A ISRAELITE	ELIZABETH B. LANGE M.D.	JOHN C. LANGENUS	WARREN E. LICHT M.D.
ROBERT G. NORTON	DEBRA PAUL	PETER QUATTROMANI	ROBERT A. SANDERS
MERRILL SHERMAN	RANDY A. WYROFSKY		

State of RHODE ISLAND

County of PROVIDENCE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) <u>KIM A. KECK</u> (Printed Name) 1.	(Signature) <u>MICHELE B. LEDERBERG</u> (Printed Name) 2.	(Signature) <u>MARK C. STEWART</u> (Printed Name) 3.
PRESIDENT & CEO (Title)	EVP. & GEN. COUNSEL (Title)	EXECUTIVE VICE PRESIDENT & CFO (Title)

Subscribed and sworn to (or affirmed) before me this on this _____ day of _____, 2019, by

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

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						
Group subscribers:						
Federal Employees Health Benefit Program	18,848,782					18,848,782
HealthSource RI for DP	124,325	76,530	56,806	1,302,689	1,362,481	197,869
PPSD Retirees Basic	318,483	320,023				638,506
Medicare SSA	484,113					484,113
Plan 65	127,492	124,206	126,030			377,728
Home & Hospice Care of RI-Medical	347,400					347,400
Direct Pay Group	263,464	52,450	3,997	98	392	319,617
Medicare Advantage Direct Pay	139,303	95,225	83,459			317,987
Community Care Alliance	196,486	75,512				271,998
Meeting Street	259,141					259,141
Fellowship Health Resources Inc	198,174	52,458				250,632
RI Laborers Health Fund	195,230					195,230
Ocean State Urgent Care	99,680	90,061				189,741
NFA / Hope Global	176,857					176,857
Blackstone Valley Community Health Center HSA	176,077					176,077
PPSD Teachers Active	86,820	88,453				175,273
Thrive Behavioral Health	109,671	65,344				175,015
Gilbane Building Company	165,551					165,551
Hopkins Manor Ltd	153,502					153,502
Solidifi Title & Closing, LLC	151,129					151,129
Newport Harbor Corporation	135,283					135,283
Bradford Soap International, Inc.	123,629	1,013				124,642
P+F Over 65 Retirees	40,530	40,679	40,580			121,789
Gem Plumbing & Heating	115,990					115,990
ARPIN GROUP, INC	108,831					108,831
Lighthouse Computer Services Inc	105,449					105,449
City Of Prov	31,373	31,871	32,002	459	95,705	
Charlesgate Nursing Center	92,994					92,994
1033 City	30,511	30,859	30,909			92,279
Village Retirement Communities	86,422					86,422
American Medical Alert Corp. dba Tunstall Americas	85,984					85,984
The Allied Group	82,430					82,430
Rhode Island Distributing	81,878					81,878
The Children's Workshop	81,675					81,675
Marinosci Law Group, PC.	75,800					75,800
Town of East Greenwich Fire Dept	71,210					71,210
Axion Business Technologies	69,653					69,653
Fire Department	21,934	22,332	22,680			66,946
Vibco Inc	65,992					65,992
Smg	63,634					63,634
Police Department	20,936	20,936	21,235			63,107
Boston Marriott Newton	62,244					62,244
Saint Elizabeth Manor	61,981					61,981
Silver Fern Practice, LLC D.B.A. Performance Physi	61,259					61,259

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
University Gastroenterology, LLC	56,285					56,285
Northeast Behavioral Associates dba Northeast Fami	45,564	10,565				56,129
Atlantis Comfort Systems Corp.	56,111					56,111
Met Cap Management, LLC	55,381					55,381
PPSD Aides/Monitors	27,275	27,804				55,079
Truex Incorporated	53,740					53,740
Chartwise Medical Systems, Inc	53,593					53,593
ALCOR Scientific Inc.	26,586	26,822				53,408
United Way of RI	46,706	5,675				52,381
Child & Family Services of Newport County	50,338					50,338
CPN	49,928					49,928
Renaissance Suites Chicago O'Hare	49,910					49,910
Plan 65 Direct Pay Group	29,040	3,901	880	15,736	1,720	47,837
Matrix Power Services	48,722					48,722
Barrington Christian Academy	24,002	24,073				48,075
Hilton Scottsdale	47,570					47,570
Century Drywall Inc	46,346					46,346
Magna Hospitality Group	46,109					46,109
Fire Retirees 1995-2006	15,068	15,118	14,869			45,055
Bliss Properties Inc	44,765					44,765
J.A.M. Construction Co., Inc	23,513	20,168				43,681
Overhead Door Co of Prov	42,452					42,452
SquadLocker, Inc.	41,776					41,776
Rhode Island Distributing	40,863					40,863
A G I Construction	39,093					39,093
University Otolaryngology	36,574	2,215				38,789
Kenilworth Creations	38,635					38,635
Sargent Rehabilitation Center	38,332					38,332
Texcel Industries, Inc	33,045	5,122				38,167
RI Rehabilitation Institute	16,898	19,240	761			36,899
Newport County Community Mental Health Center, Inc	36,526					36,526
Advanced Radiology	34,574					34,574
Majestic Hotel Corp	34,337	5				34,342
City of Providence	11,060	11,159	11,408			33,627
City Non-Union/Non-Bargained	11,090	11,239	11,189			33,518
Marriott Fort Lauderdale North, FL	30,101	3,380				33,481
Police Retirees - After 1995	10,891	11,090	10,941			32,922
Diversified Global Technologies,LLC D/B/A Diversif	32,721					32,721
W.R. Cobb Company	32,488					32,488
Nephrology Associates Inc	23,186	9,201				32,387
Rhode Island Legal Services, Inc	32,282					32,282
Cumberland School Dept - Certified	30,795					30,795
Kay/Tak	13,397	13,848	3,228			30,473
StepStone Hospitality, Inc.	16,371	13,868				30,239
Metro Motors, Inc. d/b/a Metro Honda	30,144					30,144
Walco Electric Co	29,653					29,653
Renaissance Waterford Oklahoma City	12,854	16,591				29,445

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
Renaissance Providence Downtown Hotel	28,616					28,616
Sansiveri Kimball & Co	28,547					28,547
D3Logic, Inc	27,709					27,709
ParsonsKellogg, LLC	25,454					25,454
Double Tree Tulsa	24,421					24,421
Cortland Place	24,269					24,269
Home & Hospice Care of RI-Dental	23,082					23,082
Innovex (Advanced Business Machines)	22,981					22,981
Mercedes Benz of Oxnard	22,862					22,862
Carpionato Properties, Inc	22,604					22,604
Shechtman Halperin Savage, LLP	23,753	(2,616)	731			21,868
Garofalo & Associates, Inc.	21,595					21,595
Electro Standards Laboratories Inc.	21,386					21,386
Armbrust International LTD	21,225					21,225
PPSD Retirees	10,084	10,564	384			21,032
Rosciti Construction LLC	20,533					20,533
Amos House	20,257					20,257
Fairfield Inn & Suites Providence Airport	8,722	11,519				20,241
Eagle Cornice Co., Inc.	19,876					19,876
Woonsocket Consumers Coal Co. Inc DBA Consumers Pr	19,834					19,834
The Paradigm Group	19,417					19,417
R&R Machine Industries, Inc.	9,614	9,601				19,215
Washington Trust Company	19,130					19,130
Eagle Industries, Inc.	18,892					18,892
Brigido's Iga Marketplace	18,620					18,620
Boys & Girls Clubs of Providence	18,593					18,593
Insurance Reconstruction Services, Inc	18,461					18,461
1033 Water	6,067	6,067	5,918			18,052
Carpionato Properties, Inc	18,044					18,044
Rhode Island Distributing	17,998					17,998
Extend Health	1,503	757	873	14,758	17,891	
Twisted Throttle LLC	17,775					17,775
Athena Health Care Systems, Inc.	17,744					17,744
SyQwest, Inc.	17,593					17,593
Kelly, Souza, Rocha, Parmenter PC	13,574	3,663				17,237
PPSD Clerks	8,644	8,548				17,192
A2B Tracking Solutions, Inc.	17,066					17,066
Smg	16,909					16,909
Turnstyle Designs Inc	3,908	5,079	2,784	4,751	16,522	
Universal Truck & Equipment Leasing Inc	7,810	8,647				16,457
PPSD Administrators - Non-Union/Non-Bargaining	8,067	7,827				15,894
Kent County Memorial Hospital	9,312	6,543				15,855
Holiday Inn Baltimore Inner Harbor	15,470					15,470
E.B. Thomsen Inc				15,309	15,309	
Direct Bill Riperc	1,426	354	354	13,112	15,246	
JJI International Inc	14,877					14,877
DoubleTree by Hilton BWI	14,804					14,804

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
R.I. Bureau of Investigation	14,736					14,736
Life Wear Technologies	14,390					14,390
First Petroleum Management LLC	14,194					14,194
American Aerial Equipment, LLC	14,183					14,183
PPSD BEST	7,011	7,107				14,118
Colonial Printing Inc			13,965			13,965
Smithfield Peat Company Inc	13,904					13,904
Aacone Insulation Inc	13,885					13,885
Semper Home Loans, Inc	13,834					13,834
Unetixs Vascular Incorporated	13,806					13,806
The Silk Companies	13,488					13,488
The Rhode Island Philharmonic Orchestra & Music Sc	13,302					13,302
R & R Construction	13,089					13,089
Cosmed of PA	12,691					12,691
Carpenter Jenks Funeral Home	12,528					12,528
Public Service Employees	12,406					12,406
Packaging and More, Inc	11,956					11,956
Rhode Island Distributing	11,910					11,910
Carpiionato Properties, Inc	11,881					11,881
R & D Manufacturing	5,609	6,210				11,819
Brand & Oppenheimer Co., Inc.	11,750					11,750
AS220, Inc DBA AS220	11,612					11,612
Tomaquag Valley Milk Farm Transporation	11,576					11,576
Churchill & Banks Companies LLC	11,568					11,568
Pawtucket Hot Mix Asphalt Inc	11,508					11,508
Post Card Inn on the Beach	11,350					11,350
American Tele-Connect Services Inc	11,274					11,274
Full Circle Recycling LLC	11,260					11,260
Up Country Inc	11,182					11,182
Primacare Inc.				11,129	11,129	
Johnstone Supply	10,241	822				11,063
RC&D, Inc.	11,061					11,061
Abacus Benefit Consultants Inc	11,037					11,037
Saint Elizabeth Court	10,820					10,820
Lincoln Pediatric Associates, Inc.	10,796					10,796
Woonasquatucket River Watershed Council	5,903	3,203	1,032	646	10,784	
Capco Steel Erection Company		10,743				10,743
Orabona Law Office, P.C.	10,743					10,743
Dunkin Donuts Center	10,588					10,588
Cogent Computer Systems, Inc.				10,461	10,461	
The Right Choice Physical Therapy Inc.	8,381			2,041	10,422	
Quidnesset Country Club	10,391					10,391
Southstream Seafoods, Inc.	8,623	1,535				10,158
American Tele-Connect Services Inc				10,130	10,130	
0299997 Group subscriber subtotal	27,285,587	1,545,209	497,015	1,401,319	1,578,192	29,150,938

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
PRIME THERAPEUTICS	4,770,991	4,092,072	4,092,072	5,801,084	169,137	18,587,082
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	4,770,991	4,092,072	4,092,072	5,801,084	169,137	18,587,082
MA DEPARTMENT OF HEALTH				562,280		562,280
MEMORIAL HOSPITAL OF RI		163	3,922	8,257	8,257	4,085
RHODE ISLAND HOSPITAL	26,623					26,623
SOUTH COUNY HOSPITAL	19,203					19,203
JAMES RYBINSKY		10,723				10,723
MVP HEALTH PLAN			8,963	1,353	1,353	8,963
ROGER WILLIAMS MEDICAL CENTER	33,752					33,752
DIALYSIS CENTER OF W WARWICK	29,753					29,753
BUTLER HOSPITAL	13,207					13,207
EMMA PENDLETON BRADLEY HOS	93,092					93,092
ARA-JOHNSTON DIALYSIS LLC	16,413					16,413
CHERRY HILL MANOR	29,825					29,825
KENT CARDIOLOGY ASSOCIATES	11,325					11,325
CHARLTON MEMORIAL HOSPITAL	18,165					18,165
PROVIDENCE VAMCS AFFAIRS	490	367	2,821	35,337	35,337	3,678
KENT COUNTY HOSPITAL	30,377					30,377
UNIVERSITY GASTROENTEROLOGY LLC	10,273					10,273
LIFESPAN PHYSICIAN GROUP	58,881					58,881
WOMEN & INFANTS HOSPITAL	140,360					140,360
THE MIRIAM HOSPITAL	67,744					67,744
RHODE ISLAND HOSPITAL	324,060					324,060
GREENWICH HOSPITAL				13,078	13,078	
SAINT JOSEPHS LIVING CENTER INC				12,450	12,450	
OUR LADY OF FATIMA HOSPITAL	20,999					20,999
SOUTH COUNTY HOSPITAL	43,259					43,258
0299998 Claim Overpayment Receivables Not Individually Listed	263,909	41,191	29,303	23,830	23,830	334,404
0299999 Claim Overpayment Receivables	1,251,710	52,444	45,009	656,585	94,305	1,911,443
COASTAL MEDICAL	750,000				750,000	
0399998 Loans and Advances to Providers Not Individually Listed						
0399999 Loans and Advances to Providers	750,000				750,000	
0799999 Gross Health Care Receivables	6,772,701	4,144,516	4,137,081	6,457,669	1,013,442	20,498,525

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 (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	20,643,379	38,902,415	543,419	18,212,800	21,186,798	13,645,680
2. Claim overpayment receivables	1,813,047		566,996	1,438,751	2,380,043	2,421,748
3. Loans and advances to providers				750,000		1,125,000
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	415,164				415,164	300,000
7. Total (Lines 1 through 6)	22,871,590	38,902,415	1,110,415	20,401,551	23,982,005	17,492,428

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

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999	Total gross payables			

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	9,445,243		8,493,657	951,586	951,586	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,753,962		2,941,429	812,533	812,533	
6. Total	13,199,205		11,435,086	1,764,119	1,764,119	



53473201843040100

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 2018

NAIC Company Code 53473

30 RI

	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	402,276	25,064	131,380	24,818		80,255	22,283	54,096		64,380
2. First Quarter	394,230	21,535	124,499	24,875	12,505	82,285	22,244	52,673		53,614
3. Second Quarter	391,917	20,896	122,372	24,900	13,460	82,215	22,152	52,457		53,465
4. Third Quarter	392,153	20,459	121,852	25,105	13,361	82,243	22,204	52,379		54,550
5. Current Year	390,593	19,690	121,077	25,191	13,708	81,673	22,236	52,111		54,907
6. Current Year Member Months	4,711,740	250,460	1,474,192	300,013	157,269	984,837	266,523	629,617		648,829
Total Member Ambulatory Encounters For Year:										
7. Physician	1,754,116	123,403	714,946				170,584	745,183		
8. Non-Physician	1,296,498	113,608	577,893				138,139	466,858		
9. Total	3,050,614	237,011	1,292,839				308,723	1,212,041		
10. Hospital Patient Days Incurred	119,256	6,726	54,049				3,082	55,399		
11. Number of Inpatient Admissions	25,516	1,376	12,264				767	11,109		
12. Health Premiums Written (b)	1,710,953,678	133,418,188	736,153,864	59,570,648	763,771	31,959,624	124,335,761	600,597,704		24,154,118
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,708,865,057	133,418,188	736,153,864	59,570,648	763,771	31,959,624	124,335,761	600,597,704		22,065,497
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,412,926,459	109,957,426	599,263,877	48,551,178	415,970	22,476,095	111,751,551	503,684,512		16,825,850
18. Amount Incurred for Provision of Health Care Services	1,419,429,605	109,957,426	604,262,374	49,497,231	415,970	22,535,111	112,748,192	502,800,095		17,213,206

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1,293.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 600,597,704 .



53473201843059100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2018

NAIC Company Code 53473

30 GT

	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	402,276	25,064	131,380	24,818		80,255	22,283	54,096		64,380
2. First Quarter	394,230	21,535	124,499	24,875	12,505	82,285	22,244	52,673		53,614
3. Second Quarter	391,917	20,896	122,372	24,900	13,460	82,215	22,152	52,457		53,465
4. Third Quarter	392,153	20,459	121,852	25,105	13,361	82,243	22,204	52,379		54,550
5. Current Year	390,593	19,690	121,077	25,191	13,708	81,673	22,236	52,111		54,907
6. Current Year Member Months	4,711,740	250,460	1,474,192	300,013	157,269	984,837	266,523	629,617		648,829
Total Member Ambulatory Encounters For Year:										
7. Physician	1,754,116	123,403	714,946				170,584	745,183		
8. Non-Physician	1,296,498	113,608	577,893				138,139	466,858		
9. Total	3,050,614	237,011	1,292,839				308,723	1,212,041		
10. Hospital Patient Days Incurred	119,256	6,726	54,049				3,082	55,399		
11. Number of Inpatient Admissions	25,516	1,376	12,264				767	11,109		
12. Health Premiums Written (b)	1,710,953,678	133,418,188	736,153,864	59,570,648	763,771	31,959,624	124,335,761	600,597,704		24,154,118
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,708,865,057	133,418,188	736,153,864	59,570,648	763,771	31,959,624	124,335,761	600,597,704		22,065,497
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,412,926,459	109,957,426	599,263,877	48,551,178	415,970	22,476,095	111,751,551	503,684,512		16,825,850
18. Amount Incurred for Provision of Health Care Services	1,419,429,605	109,957,426	604,262,374	49,497,231	415,970	22,535,111	112,748,192	502,800,095		17,213,206

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1,293.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 600,597,704 .

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
999999	Totals						XXX					

NONE **Schedule S - Part 4**

NONE **Schedule S - Part 5**

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 OMITTED)

	1	2	3	4	5
	2018	2017	2016	2015	2014
A. OPERATIONS ITEMS					
1. Premiums	2,089	2,151	2,544	1,546	4,570
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	815	1,657	5,834	12,666	19,602
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	491,536,418		491,536,418
2. Accident and health premiums due and unpaid (Line 15)	66,202,120		66,202,120
3. Amounts recoverable from reinsurers (Line 16.1)	815,020		815,020
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	79,688,883		79,688,883
6. Total assets (Line 28)	638,242,441		638,242,441
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	120,163,351		120,163,351
8. Accrued medical incentive pool and bonus payments (Line 2)	27,714,000		27,714,000
9. Premiums received in advance (Line 8)	20,029,112		20,029,112
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)	171,677,353		171,677,353
15. Total liabilities (Line 24)	339,583,816		339,583,816
16. Total capital and surplus (Line 33)	298,658,624	X X X	298,658,624
17. Total liabilities, capital and surplus (Line 34)	638,242,440		638,242,440
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
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			

NONE Schedule T - Part 2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND OSH-RI, LLC	53473 00000	05-0158952 61-1903507	00	00		BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	RI RI	RE NIA	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND BCBS OF RHODE ISLAND & OAK STREET HEALTH	BOARD OF DIRECTORS BOARD OF DIRECTORS		BOARD OF DIRECTORS BOARD OF DIRECTORS	N N	

Asterik	Explanation
<div style="font-size: 48px; font-weight: bold;">NONE</div>	

SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53473 00000	05-0158952 61-1903507	BLUE CROSS AND BLUE SHIELD OF RHODE ISLA OSH-RI, LLC		(3,493,000) 3,493,000							(3,493,000) 3,493,000	
9999999	Control Totals								XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
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, if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	See Explanation
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
14. 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?	See Explanation
15. 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?	See Explanation
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17. 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?	See Explanation
18. 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 with the NAIC by March 1?	See Explanation
19. 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?	See Explanation
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	See Explanation
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	See Explanation
22. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	See Explanation
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	See Explanation
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if require be filed with the state of domicile and the NAIC by April 1?	See Explanation
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 12: NOT REQUIRED TO FILE

Explanation 13: NOT REQUIRED TO FILE

Explanation 14: NOT REQUIRED TO FILE

Explanation 15: NOT REQUIRED TO FILE

Explanation 17: NOT REQUIRED TO FILE

Explanation 18: NOT REQUIRED TO FILE

Explanation 19: NOT REQUIRED TO FILE

Explanation 20: NOT REQUIRED TO FILE

Explanation 21: NOT REQUIRED TO FILE

Explanation 22: NOT REQUIRED TO FILE

Explanation 24: NOT REQUIRED TO FILE

Explanation 25: NOT REQUIRED TO FILE

Bar Code:



53473201820500000



53473201842000000



53473201836500000



53473201822500000



53473201830600000



53473201821600000



53473201820700000



53473201837100000



53473201822400000



53473201822600000



53473201821100000



53473201821700000

OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



53473201836040100

For The Year Ended December 31, 2018
(To Be Filed By March 1)

FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473
 Address (City, State and Zip Code) 500 EXCHANGE ST, PROVIDENCE, RI 02903
 Person Completing This Exhibit MARK STEWART
 Title EVP & CFO Telephone Number 401-459-5886

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristic	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned				16 Amount	17 Percent of Premiums Earned		
YES	40	A	NO	246	07/01/1966		07/01/1966		PLAN 65	1,501,052	1,273,554	84.80	629	105,007	89,093	84.80	44		
YES	40	B	NO	246	07/01/1966		07/01/1966		PLAN 65	107,388	91,113	84.80	45	7,160	6,074	84.80	3		
YES	40	B	YES	246	07/01/1966		07/01/1966		PLAN 65	57,274	48,593	84.80	24	4,773	4,050	84.90	2		
YES	40	C	YES	246	07/01/1966		07/01/1966		PLAN 65	14,728,923	12,496,618	84.80	6,172	1,026,210	870,678	84.80	430		
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	12,626,496	10,712,833	84.80	5,291	878,244	745,138	84.80	368		
YES	40	F	NO	246	07/01/1966		07/01/1966		PLAN 65	4,183,377	3,549,347	84.80	1,753	291,157	247,030	84.80	122		
YES	40	F	YES	246	07/01/1966		07/01/1966		PLAN 65	5,701,134	4,837,074	84.80	2,389	396,165	336,122	84.80	166		
YES	40	L	YES	246	07/01/1966		07/01/1966		PLAN 65	143,185	121,484	84.80	60	9,546	8,099	84.80	4		
YES	40	G	YES	246	07/01/1966		07/01/1966		PLAN 65	465,350	394,822	84.80	195	33,411	28,348	84.80	14		
YES	40	N	YES	246	07/01/1966		07/01/1966		PLAN 65	16,705	14,173	84.80	7						
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										39,530,884	33,539,611	84.80	16,565	2,751,673	2,334,632	84.80	1,153		
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65	17,102,701	13,476,901	78.80	7,392	183,101	144,283	78.80	80		
YES	40	C	NO	246	07/01/1966		07/01/1966		PLAN 65					2,289	1,804	78.80	1		
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										17,102,701	13,476,901	78.80	7,392	185,390	146,087	78.80	81		

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
 - Contact Person and Phone Number: COREY MCCARTY 401-459-5482
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
 - Contact Person and Phone Number: COREY MCCARTY 401-459-5482
- Explain any policies identified above as policy type 'O'



53473201836500100

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code 0000

NAIC Company Code 53473

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	4,686,038	X X X	7,976,357	X X X	12,662,395
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	(33,908)	X X X		X X X	(33,908)
1.2 Supplemental Benefits	854,749	X X X	1,251,307	X X X	2,106,056
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	11,276	X X X	41,278	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	1,760	X X X	6,442	X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	535,217	X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	4,697,314	X X X	8,017,635	X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	501,309	X X X		X X X	X X X
5.2 Supplemental Benefits	733,107	X X X	1,251,307	X X X	X X X
6. Total Premiums	5,931,730	X X X	9,268,942	X X X	14,734,543
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	7,959,267	X X X	8,120,363	X X X	16,079,630
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	1,242,198	X X X	1,267,340	X X X	2,509,538
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(66,166)	X X X	(18,296)	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits	(10,327)	X X X	(2,855)	X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(3,518,140)	X X X	(2,307,527)	X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(549,074)	X X X	(360,134)	X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	4,374,960	X X X	5,794,539	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	682,797	X X X	904,350	X X X	X X X
11. Total Claims	5,057,757	X X X	6,698,889	X X X	18,589,168
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied-change	X X X		X X X		
12.3 Reimbursements Receivable-change	X X X		X X X		X X X
12.4 Health Care Receivables-change	X X X		X X X		X X X
13. Aggregate Policy Reserves-change					X X X
14. Expenses Paid	1,239,626	X X X	663,923	X X X	1,903,549
15. Expenses Incurred	1,259,455	X X X	674,152	X X X	X X X
16. Underwriting Gain/Loss	(385,482)	X X X	1,895,901	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(5,758,174)

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