



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2020

### OF THE CONDITION AND AFFAIRS OF THE

# Neighborhood Health Plan of Rhode Island

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	95402	Employer's ID Number	05-0477052
Organized under the Laws of	Rhode Island		State of Domicile or Port of Entry	RI		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Incorporated/Organized	12/09/1993		Commenced Business	12/01/1994		
Statutory Home Office	910 Douglas Pike <small>(Street and Number)</small>		Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office			910 Douglas Pike <small>(Street and Number)</small>		Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>	
Mail Address	910 Douglas Pike <small>(Street and Number or P.O. Box)</small>		910 Douglas Pike <small>(Street and Number)</small>		(401)459-6000 <small>(Area Code) (Telephone Number)</small>	
Primary Location of Books and Records			910 Douglas Pike <small>(Street and Number)</small>		Smithfield, RI, US 02917 <small>(City or Town, State, Country and Zip Code)</small>	
Internet Website Address	http://www.nhpri.org/				(401)459-6000 <small>(Area Code) (Telephone Number)</small>	
Statutory Statement Contact	Mihaela Miha <small>(Name)</small>				(401)443-5931 <small>(Area Code)(Telephone Number)(Extension)</small>	
	mmiha@nhpri.org <small>(E-Mail Address)</small>				(401)459-6043 <small>(Fax Number)</small>	

### OFFICERS

Name	Title
Peter Marino	Chief Executive Officer
Frank Meaney	Chief Financial Officer
Peter Lymm	Chief Operating Officer
Marylou Buyse	Chief Medical Officer

### OTHERS

Peter Bancroft, Chairman	Jane Hayward, Vice Chairman
Brenda Dowlatshahi, Secretary	Merrill Thomas, Treasurer

### DIRECTORS OR TRUSTEES

Merrill Thomas	Brenda Dowlatshahi
Raymond Joseph Lavoie Jr.	Lisa Ranglin
Pablo Rodriguez MD	Jane Hayward
Peter Bancroft CPA	Daniel Da Ponte
Jeanne LaChance	William Hochstrasser-Walsh
Dennis Roy	Patricia Martinez
Richard Besdine MD	Peter Marino
Gary Furtado	Keith Oliveira
Alison Croke	

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.

_____ <small>(Signature)</small> Peter Marino <small>(Printed Name)</small> 1. Chief Executive Officer <small>(Title)</small>	_____ <small>(Signature)</small> Frank Meaney <small>(Printed Name)</small> 2. Chief Financial Officer <small>(Title)</small>	_____ <small>(Signature)</small> Peter Lymm <small>(Printed Name)</small> 3. Chief Operating Officer <small>(Title)</small>
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021

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

Yes[X] No[ ]

\_\_\_\_\_  
(Notary Public Signature)

## 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 .....	(79,613)	117,074	(15,763)	3,455,852	3,455,852	21,698
0299997 Subtotal - Group Subscribers: .....						
0299998 Premiums due and unpaid not individually listed .....	45,399	1,016	(3,098)	87,698	87,698	43,317
0299999 TOTAL Group .....	45,399	1,016	(3,098)	87,698	87,698	43,317
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....	26,400,571	12,282,160	12,218,225	61,750,696		112,651,652
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	26,366,357	12,400,250	12,199,364	65,294,246	3,543,550	112,716,667

### 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
<b>Pharmaceutical Rebate Receivables</b>						
Perform RX .....	9,496,799	8,996,989		28,827		18,522,615
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	9,496,799	8,996,989		28,827		18,522,615
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
<b>Loans and Advances to Providers</b>						
Spring Villa .....				7,500		7,500
Visiting Angels of Rhode Island .....				25,000	25,000	
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....				32,500	25,000	7,500
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
<b>Other Receivables</b>						
Stop Loss A/R from RI EOHHS .....				2,737,728		2,737,728
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....				2,737,728		2,737,728
0799999 Gross health care receivables .....	9,496,799	8,996,989		2,799,055	25,000	21,267,843

### 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 .....	22,713,219	17,114,499		18,522,615	22,713,219	26,693,842
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....	27,500		7,500	25,000	35,000	35,000
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	3,637,250	3,980,986	1,531,089	1,206,639	5,168,339	5,189,369
7. TOTALS (Lines 1 through 6) .....	26,377,969	21,095,485	1,538,589	19,754,254	27,916,558	31,918,211

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 .....	13,301,135	367,191	(24,792)	3,931	612,706	14,260,171
0499999 Subtotals .....	13,301,135	367,191	(24,792)	3,931	612,706	14,260,171
0599999 Unreported claims and other claim reserves .....						122,918,240
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						137,178,411
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						2,014,448

**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
<b>Capitation Payments:</b>						
1. Medical groups .....	15,946,645	1.328	204,632	100.000		15,946,645
2. Intermediaries .....						
3. All other providers .....						
4. TOTAL Capitation Payments .....	15,946,645	1.328	204,632	100.000		15,946,645
<b>Other Payments:</b>						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	1,183,031,810	98.528	X X X	X X X		1,183,031,810
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....	1,732,626	0.144	X X X	X X X		1,732,626
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 .....	1,184,764,436	98.672	X X X	X X X		1,184,764,436
13. TOTAL (Line 4 plus Line 12) .....	1,200,711,081	100.000	X X X	X X X		1,200,711,081

## 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
<b>NONE</b>					
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 .....	5,166,192		1,502,516	3,663,676	3,663,676	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....	5,166,192		1,502,516	3,663,676	3,663,676	





## 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							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	185,914	24,472	1,553						159,889	
2. First Quarter .....	189,218	28,123	1,731						159,364	
3. Second Quarter .....	197,288	27,051	1,684						168,553	
4. Third Quarter .....	200,900	26,390	1,680						172,830	
5. Current Year .....	204,632	24,317	1,671						178,644	
6. Current Year Member Months .....	2,359,899	317,935	20,265						2,021,699	
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	5,840,756	446,919	22,853						5,370,984	
8. Non-Physician .....	850,600	76,620	3,445						770,535	
9. TOTAL .....	6,691,356	523,539	26,298						6,141,519	
10. Hospital Patient Days Incurred .....	698,115	9,262	435						688,418	
11. Number of Inpatient Admissions .....	47,664	1,653	77						45,934	
12. Health Premiums Written (b) .....	1,395,135,903	126,067,441	7,018,183						1,262,050,279	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,395,135,903	126,067,441	7,018,183						1,262,050,279	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,200,711,080	95,726,839	4,562,419						1,100,421,822	
18. Amount Incurred for Provision of Health Care Services .....	1,212,877,909	94,377,032	4,099,124						1,114,401,753	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (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							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	185,914	24,472	1,553						159,889	
2. First Quarter .....	189,218	28,123	1,731						159,364	
3. Second Quarter .....	197,288	27,051	1,684						168,553	
4. Third Quarter .....	200,900	26,390	1,680						172,830	
5. Current Year .....	204,632	24,317	1,671						178,644	
6. Current Year Member Months .....	2,359,899	317,935	20,265						2,021,699	
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	5,840,756	446,919	22,853						5,370,984	
8. Non-Physician .....	850,600	76,620	3,445						770,535	
9. TOTAL .....	6,691,356	523,539	26,298						6,141,519	
10. Hospital Patient Days Incurred .....	698,115	9,262	435						688,418	
11. Number of Inpatient Admissions .....	47,664	1,653	77						45,934	
12. Health Premiums Written (b) .....	1,395,135,903	126,067,441	7,018,183						1,262,050,279	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,395,135,903	126,067,441	7,018,183						1,262,050,279	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,200,711,080	95,726,839	4,562,419						1,100,421,822	
18. Amount Incurred for Provision of Health Care Services .....	1,212,877,909	94,377,032	4,099,124						1,114,401,753	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
 (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	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business 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>												
9999999 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
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
27855 ...	36-2781080 ...	01/01/2020	ZURICH AMER INS CO OF IL .....	IL .....	128,505	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					128,505	
2199999 Total - Accident and Health - Non-Affiliates .....					128,505	
2299999 Total - Accident and Health .....					128,505	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					128,505	
9999999 Total (Sum of 1199999 and 2299999) .....					128,505	

## 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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
27855	36-2781080	01/01/2020	ZURICH AMER INS CO OF IL	IL	SSL/G	CMM	19,089						
27855	36-2781080	01/01/2020	ZURICH AMER INS CO OF IL	IL	SSL/I	CMM	295,377						
27855	36-2781080	01/01/2020	ZURICH AMER INS CO OF IL	IL	SSL/I	MC	4,198,109						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							4,512,575						
1099999 Total - General Account - Authorized - Non-Affiliates							4,512,575						
1199999 Total - General Account - Authorized							4,512,575						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							4,512,575						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							4,512,575						
9999999 Total (Sum of 4599999 and 9099999)							4,512,575						

**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 2020	2 2019	3 2018	4 2017	5 2016
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	314	294	292	235	640
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....	4,198	4,029	3,484	2,034	2,649
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	1,150	1,540	4,570	2,310	4,070
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	129	998	2,003	1,085	1,293
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 .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	206,041,832		206,041,832
2. Accident and health premiums due and unpaid (Line 15) .....	149,455,253		149,455,253
3. Amounts recoverable from reinsurers (Line 16.1) .....	128,505	(128,505)	
4. Net credit for ceded reinsurance .....	X X X	128,505	128,505
5. All other admitted assets (Balance) .....	48,827,326		48,827,326
6. TOTAL Assets (Line 28) .....	404,452,916		404,452,916
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	137,178,411		137,178,411
8. Accrued medical incentive pool and bonus payments (Line 2) .....	2,014,448		2,014,448
9. Premiums received in advance (Line 8) .....	87,634,610		87,634,610
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) .....	54,977,314		54,977,314
15. TOTAL Liabilities (Line 24) .....	281,804,783		281,804,783
16. TOTAL Capital and Surplus (Line 33) .....	122,648,134	X X X	122,648,134
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	404,452,917		404,452,917
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	128,505		
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	128,505		
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 .....	128,505		



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

**MARCH FILING**

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|--|----|
| 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No |
| 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? | No |
| 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?                              | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No |
| 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?                                   | No |
| 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 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 Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No |

**APRIL FILING**

- |   |     |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?   | No  |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?   | No  |
| 22. 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 |
| 23. 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 |
| 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?                                  | No  |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No  |

**AUGUST FILING**

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

Bar Code:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95402202022600000

2020

Document Code: 226

LTC Supplemental Interrogatories



95402202030600000

2020

Document Code: 306

Health Life Supplement - April



95402202021100000

2020

Document Code: 211

LHA Guaranty Association Reconciliation



95402202029000000

2020

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



95402202030000000

2020

Document Code: 300

## 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. Other Receivables .....	300,000	300,000		
2505. Due from PPC .....	167,617	167,617		
2506. Premium Tax Receivable .....	484,914		484,914	
2507. ....				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	952,531	467,617	484,914	

**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) .....	48,254	(11,756)	(35,762)		736
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	48,254	(11,756)	(35,762)		736

## 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. Other Receivables .....	300,000	437,549	137,549
2505. Due from PPC .....	167,617	563,051	395,434
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	467,617	1,000,600	532,983