

**ANNUAL STATEMENT**  
**OF THE**  
**DELTA DENTAL OF P.R., INC.**

**of**  
**GUAYNABO**  
**in the state of**  
**Puerto Rico**

**TO THE**  
**Insurance Department**  
**OF THE STATE OF**  
**Puerto Rico**

**For the Year Ending**  
**December 31, 2011**

**2011**



# ANNUAL STATEMENT

## For the Year Ending December 31, 2011

### OF THE CONDITION AND AFFAIRS OF THE

# DELTA DENTAL OF P.R., INC.

NAIC Group Code 2479 , 2479 NAIC Company Code 47085 Employer's ID Number 680652604  
(Current Period) (Prior Period)

Organized under the Laws of Puerto Rico , State of Domicile or Port of Entry Puerto Rico

Country of Domicile United States of America

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

Incorporated/Organized 06/10/2002 Commenced Business 07/01/2007

Statutory Home Office METRO OFFICE PARK 14 STREET 2 SUITE 200 , GUAYNABO, PR 00968  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office METRO OFFICE PARK 14 STREET 2 SUITE 200  
(Street and Number)  
GUAYNABO, PR 00968 (939)205-3300  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address METRO OFFICE PARK 14 STREET 2 SUITE 200 , GUAYNABO, PR 00968  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records METRO OFFICE PARK 14 STREET 2 SUITE 200  
(Street and Number)  
GUAYNABO, PR 00968 (939)205-3300  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.deltadentalpr.com

Statutory Statement Contact Marianne Ortiz (939)205-3300  
(Name) (Area Code)(Telephone Number)(Extension)  
mortiz@deltadentalpr.com (939)205-3311  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
Rafael Burgos	President
Carmen Figueroa	Secretary
Marianne Ortiz	Vice President/Treasurer

### OTHERS

### DIRECTORS OR TRUSTEES

Gary Radine	Belinda Martinez
Alfonso Ortiz	Ana Maria Romero
Lic. Edlin Buitrago	Jorge Rodriguez DMD
Lic. Jaime Rodriguez	

State of Puerto Rico  
 County of Guaynabo ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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)  
**Rafael Burgos**  
(Printed Name)  
 1.  
 President  
(Title)

\_\_\_\_\_  
(Signature)  
**Carmen Figueroa**  
(Printed Name)  
 2.  
 Secretary  
(Title)

\_\_\_\_\_  
(Signature)  
**Marianne Ortiz**  
(Printed Name)  
 3.  
 Vice President / Treasurer  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012

- 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)

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	5,406,625		5,406,625	5,602,422
2. Stocks (Schedule D)				
2.1 Preferred stocks .....				
2.2 Common Stocks .....	3,415,168		3,415,168	3,404,801
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....3,790,672 Schedule E Part 1), cash equivalents (\$.....609,380 Schedule E Part 2) and short-term investments (\$.....0 Schedule DA) .....	4,400,052		4,400,052	3,522,084
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	13,221,845		13,221,845	12,529,307
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	26,145		26,145	31,378
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	242,676	42,626	200,050	431,264
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	888,257		888,257	1,169,150
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....	537,463	7,961	529,502	510,567
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....	118,868	118,868		111,250
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	105,218		105,218	81,254
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	201,719	201,719		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	68,651	67,691	960	209
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	15,410,843	438,865	14,971,979	14,864,379
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	15,410,843	438,865	14,971,979	14,864,379
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. OTHER RECEIVABLES .....	8,002	7,042	960	209
2502. PREPAID EXPENSES .....	60,649	60,649		
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	68,651	67,691	960	209

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....350,000 reinsurance ceded) .....	350,000		350,000	462,500
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	16,387		16,387	16,639
9. General expenses due or accrued .....	667,272		667,272	938,127
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....	1,341,127		1,341,127	1,833,594
12. Amounts withheld or retained for the account of others .....	597		597	271
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....				40,600
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers) .....				
20. Reinsurance in unauthorized companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....	505,835		505,835	536,107
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	2,881,218		2,881,218	3,827,838
25. Aggregate write-ins for special surplus funds .....	X X X	X X X	500,000	500,000
26. Common capital stock .....	X X X	X X X	5,453,600	5,453,590
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	5,453,600	5,453,590
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	690,561	(364,639)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X	7,000	6,000
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	12,090,761	11,036,541
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	14,971,979	14,864,379
<b>DETAILS OF WRITE-INS</b>				
2301. LIABILITY FOR GROUP REFUND (TEACHER) .....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. FUNDS REQUIRE BY THE DOI .....	X X X	X X X	500,000	500,000
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X	500,000	500,000
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	X X X	2,673,133	2,739,061
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	10,246,864	9,890,289
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X	4,514,523	4,448,273
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X		
8. TOTAL Revenues (Lines 2 to 7) .....	X X X	14,761,387	14,338,562
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		9,529,426	9,350,309
10. Other professional services .....			
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....			
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Lines 9 to 15) .....		9,529,426	9,350,309
<b>Less:</b>			
17. Net reinsurance recoveries .....		4,775,363	4,690,348
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		4,754,063	4,659,961
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses .....		395,875	838,261
21. General administrative expenses .....		8,619,250	8,910,975
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....		13,769,187	14,409,197
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	992,200	(70,635)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		368,641	363,757
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		20,316	
27. Net investment gains (losses) (Lines 25 plus 26) .....		388,957	363,757
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29. Aggregate write-ins for other income or expenses .....		31,427	504,905
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	1,412,584	798,027
31. Federal and foreign income taxes incurred .....	X X X	271,581	242,411
32. Net income (loss) (Lines 30 minus 31) .....	X X X	1,141,003	555,616
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. MISCELLANEOUS INCOME .....		31,427	39,780
2902. AMORT OF BOND/PREMIUM .....			
2903. ADMINISTRATION INCOME .....			465,125
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....		31,427	504,905

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2
		Current Year	Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33.	Capital and surplus prior reporting year .....	11,036,541	9,748,100
34.	Net income or (loss) from Line 32 .....	1,141,003	555,616
35.	Change in valuation basis of aggregate policy and claim reserves .....		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	(2,963)	(1,495)
37.	Change in net unrealized foreign exchange capital gain or (loss) .....		
38.	Change in net deferred income tax .....		
39.	Change in nonadmitted assets .....	(82,840)	9,232
40.	Change in unauthorized reinsurance .....		
41.	Change in treasury stock .....	(1,000)	(2,000)
42.	Change in surplus notes .....		
43.	Cumulative effect of changes in accounting principles .....		
44.	Capital Changes:		
44.1	Paid in .....	10	916,810
44.2	Transferred from surplus (Stock Dividend) .....		
44.3	Transferred to surplus .....		
45.	Surplus adjustments:		
45.1	Paid in .....	10	916,810
45.2	Transferred to capital (Stock Dividend) .....		
45.3	Transferred from capital .....		
46.	Dividends to stockholders .....		(300,000)
47.	Aggregate write-ins for gains or (losses) in surplus .....		(806,533)
48.	Net change in capital and surplus (Lines 34 to 47) .....	1,054,220	1,288,441
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	12,090,761	11,036,541
<b>DETAILS OF WRITE-INS</b>			
4701.	RECLASS TO OTHER INCOME .....		
4702.	RECLASS UNNAMED ADDITIONAL PAID IN CAPITAL .....		(898,480)
4703.	CHANGE IN ALLOWANCE OF BAD DEBT .....		91,947
4798.	Summary of remaining write-ins for Line 47 from overflow page .....		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		(806,533)

**CASH FLOW**

		1	2
		Current Year	Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	10,066,113	9,798,668
2.	Net investment income .....	471,746	364,093
3.	Miscellaneous income .....	4,514,523	4,448,273
4.	Total (Lines 1 through 3) .....	15,052,382	14,611,034
5.	Benefit and loss related payments .....	4,830,504	4,336,472
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	9,033,355	10,661,089
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	213,436	353,662
10.	Total (Lines 5 through 9) .....	14,077,294	15,351,222
11.	Net cash from operations (Line 4 minus Line 10) .....	975,088	(740,189)
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	956,991	1,912,000
12.2	Stocks .....	33,517	
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....	990,508	1,912,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	775,000	1,660,005
13.2	Stocks .....	33,514	499,965
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....	118,190	
13.7	Total investments acquired (Lines 13.1 to 13.6) .....	926,704	2,159,969
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	63,804	(247,969)
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....	(980)	1,831,620
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		300,000
16.6	Other cash provided (applied) .....	(159,943)	91,947
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(160,923)	1,623,567
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	877,968	635,409
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	3,522,084	2,886,675
19.2	End of year (Line 18 plus Line 19.1) .....	4,400,052	3,522,084

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001	.....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	10,246,864			10,246,864						
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....	4,514,523								4,514,523	X X X
4. Risk revenue .....										X X X
5. Aggregate write-ins for other health care related revenues .....										X X X
6. Aggregate write-ins for other non-health care related revenues .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6) .....	14,761,387			10,246,864					4,514,523	
8. Hospital/medical benefits .....	9,529,426			9,529,426						X X X
9. Other professional services .....										X X X
10. Outside referrals .....										X X X
11. Emergency room and out-of-area .....										X X X
12. Prescription drugs .....										X X X
13. Aggregate write-ins for other hospital and medical .....										X X X
14. Incentive pool, withhold adjustments and bonus amounts .....										X X X
15. Subtotal (Lines 8 to 14) .....	9,529,426			9,529,426						X X X
16. Net reinsurance recoveries .....	4,775,363			4,775,363						X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	4,754,063			4,754,063						X X X
18. Non-health claims (net) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....0 cost containment expenses .....	395,875			395,875						
20. General administrative expenses .....	8,619,250			4,104,726					4,514,523	
21. Increase in reserves for accident and health contracts .....										X X X
22. Increase in reserves for life contracts .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22) .....	13,769,187			9,254,664					4,514,523	
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	992,200			992,200						
<b>DETAILS OF WRITE-INS</b>										
0501. ....										X X X
0502. ....										X X X
0503. ....										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page .....										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X
0601. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301. ....										X X X
1302. ....										X X X
1303. ....										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page .....										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										X X X

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				
2. Medicare Supplement .....				
3. Dental only .....	16,193,364		5,946,500	10,246,864
4. Vision only .....				
5. Federal Employees Health Benefits Plan .....				
6. Title XVIII - Medicare .....				
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Lines 1 through 8) .....	16,193,364		5,946,500	10,246,864
10. Life .....				
11. Property/casualty .....				
12. TOTALS (Lines 9 to 11) .....	16,193,364		5,946,500	10,246,864

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	9,754,426			9,754,426						
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....	4,887,863			4,887,863						
1.4 Net .....	4,866,563			4,866,563						
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	700,000			700,000						
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....	350,000			350,000						
3.4 Net .....	350,000			350,000						
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....										
6. Net healthcare receivables (a) .....										
7. Amounts recoverable from reinsurers December 31, current year .....										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	925,000			925,000						
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....	462,500			462,500						
8.4 Net .....	462,500			462,500						
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....										
11. Amounts recoverable from reinsurers December 31, prior year .....										
12. Incurred benefits:										
12.1 Direct .....	9,529,426			9,529,426						
12.2 Reinsurance assumed .....										
12.3 Reinsurance ceded .....	4,775,363			4,775,363						
12.4 Net .....	4,754,063			4,754,063						
13. Incurred medical incentive pools and bonuses .....										

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....										
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....										
2. Incurred but Unreported:										
2.1 Direct .....	700,000			700,000						
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....	350,000			350,000						
2.4 Net .....	350,000			350,000						
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	700,000			700,000						
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....	350,000			350,000						
4.4 Net .....	350,000			350,000						

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....						
2. Medicare Supplement .....						
3. Dental only .....	357,797	4,508,766	5,000	345,000	362,797	462,500
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	357,797	4,508,766	5,000	345,000	362,797	462,500
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pool and bonus amounts .....						
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	357,797	4,508,766	5,000	345,000	362,797	462,500

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Grand Total**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	528		2		
2. 2007 .....	11,164	527			
3. 2008 .....	X X X	11,310	605		
4. 2009 .....	X X X	X X X	11,249	434	
5. 2010 .....	X X X	X X X	X X X	8,552	715
6. 2011 .....	X X X	X X X	X X X	X X X	9,061

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	542				
2. 2007 .....	11,482	541			
3. 2008 .....	X X X	11,584	618		
4. 2009 .....	X X X	X X X	11,506	457	
5. 2010 .....	X X X	X X X	X X X	8,992	740
6. 2011 .....	X X X	X X X	X X X	X X X	9,386

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....	18,099		(223)		(223)	(1.233)			(223)	(1.233)
2. 2008 .....	18,145		(4,527)		(4,527)	(24.948)			(4,527)	(24.948)
3. 2009 .....	17,701		4,824		4,824	27.251			4,824	27.251
4. 2010 .....	15,563	715	(606)	(84.769)	109	0.700	25		134	0.860
5. 2011 .....	16,193	9,061	572	6.317	9,633	59.491	325		9,958	61.498

12 Total

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Hospital and Medical**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Hospital and Medical

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Medicare Supplement**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Medicare Supplement

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Dental Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	528		2		
2. 2007 .....	11,164	527			
3. 2008 .....	X X X	11,310	605		
4. 2009 .....	X X X	X X X	11,249	434	
5. 2010 .....	X X X	X X X	X X X	8,552	715
6. 2011 .....	X X X	X X X	X X X	X X X	9,061

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....	542				
2. 2007 .....	11,482	541			
3. 2008 .....	X X X	11,584	618		
4. 2009 .....	X X X	X X X	11,506	457	
5. 2010 .....	X X X	X X X	X X X	8,992	740
6. 2011 .....	X X X	X X X	X X X	X X X	9,386

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....	18,099		(223)		(223)	(1.233)			(223)	(1.233)
2. 2008 .....	18,145		(4,527)		(4,527)	(24.948)			(4,527)	(24.948)
3. 2009 .....	17,701		4,824		4,824	27.251			4,824	27.251
4. 2010 .....	15,563	715	(606)	(84.769)	109	0.700	25		134	0.860
5. 2011 .....	16,193	9,061	572	6.317	9,633	59.491	325		9,958	61.498

12 Dental Only

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Vision Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Vision Only

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Federal Employees Health Benefits Plan Premiums**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Fed Emp HBPP

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Title XVIII - Medicare**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Title XVIII-Medicare

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Title XIX - Medicaid**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Title XIX-Medicaid

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**

**Other**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior .....					
2. 2007 .....					
3. 2008 .....	X X X				
4. 2009 .....	X X X	X X X			
5. 2010 .....	X X X	X X X	X X X		
6. 2011 .....	X X X	X X X	X X X	X X X	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2007 .....										
2. 2008 .....										
3. 2009 .....										
4. 2010 .....										
5. 2011 .....										

12 Other

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....									
5. Aggregate write-ins for other policy reserves .....									
6. TOTALS (Gross) .....									
7. Reinsurance ceded .....									
8. TOTALS (Net) (Page 3, Line 4) .....									
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. TOTALS (Gross) .....									
13. Reinsurance ceded .....									
14. TOTALS (Net) (Page 3, Line 7) .....									
<b>DETAILS OF WRITE-INS</b>									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....									
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....									

(a) Includes \$.....0 premium deficiency reserve.

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building) .....			259,124		259,124
2. Salaries, wages and other benefits .....			2,040,332		2,040,332
3. Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			1,109,273		1,109,273
4. Legal fees and expenses .....			77,921		77,921
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....			144,295		144,295
7. Traveling expenses .....			31,749		31,749
8. Marketing and advertising .....			90,308		90,308
9. Postage, express and telephone .....			138,288		138,288
10. Printing and office supplies .....			72,480		72,480
11. Occupancy, depreciation and amortization .....			10,516		10,516
12. Equipment .....			41,042		41,042
13. Cost or depreciation of EDP equipment and software .....			46,315		46,315
14. Outsourced services including EDP, claims, and other services .....					
15. Boards, bureaus and association fees .....			115,404		115,404
16. Insurance, except on real estate .....			45,742		45,742
17. Collection and bank service charges .....			52,564		52,564
18. Group service and administration fees .....		395,875			395,875
19. Reimbursements by uninsured plans .....			4,060,539		4,060,539
20. Reimbursements from fiscal intermediaries .....					
21. Real estate expenses .....					
22. Real estate taxes .....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					
23.2 State premium taxes .....					
23.3 Regulator authority licenses and fees .....			27,000		27,000
23.4 Payroll taxes .....			130,297		130,297
23.5 Other (excluding federal income and real estate taxes) .....			15,363		15,363
24. Investment expenses not included elsewhere .....				40,406	40,406
25. Aggregate write-ins for expenses .....			110,674		110,674
26. TOTAL Expenses Incurred (Lines 1 to 25) .....		395,875	8,619,225	40,406	(a) 9,055,505
27. Less expenses unpaid December 31, current year .....			667,272		667,272
28. Add expenses unpaid December 31, prior year .....			938,127		938,127
29. Amounts receivable relating to uninsured plans, prior year .....			(4,448,273)		(4,448,273)
30. Amounts receivable relating to uninsured plans, current year .....			(4,060,539)		(4,060,539)
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....		395,875	9,277,813	40,406	9,714,093
<b>DETAILS OF WRITE-INS</b>					
2501. SOFTWARE & ENHANCEMENT .....			1,302		1,302
2502. SEMINARS, CONVENTIONS, OFFICE EXPENSES & DONATIONS .....			109,372		109,372
2503. SETTLEMENT CONTRACT & FINE & PENALTY .....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....			110,674		110,674

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 213,224	213,224
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	195,783	195,783
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 39	39
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	409,046	409,046
11. Investment expenses		(g) 40,405
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		40,405
17. Net Investment income (Line 10 minus Line 16)		368,641

**DETAILS OF WRITE-INS**

0901. 0		
0902. 0		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	9,946		9,946	(2,963)	
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	10,370		10,370		
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	20,316		20,316	(2,963)	

**DETAILS OF WRITE-INS**

0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)					

**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)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Invested income due and accrued .....			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	42,626	123,379	80,753
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....	7,961	7,511	(450)
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....	118,868	65,763	(53,105)
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....	201,719	106,015	(95,704)
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....	67,691	53,357	(14,334)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	438,865	356,025	(82,840)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27) .....	438,865	356,025	(82,840)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501. OTHER RECEIVABLES .....	7,042	3,577	(3,465)
2502. PREPAID EXPENSES .....	60,649	49,780	(10,869)
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	67,691	53,357	(14,334)

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	209,836	232,857	227,238	224,237	220,223	2,673,133
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. TOTAL .....	209,836	232,857	227,238	224,237	220,223	2,673,133
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....						

## 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 .....						
<b>Group Subscribers:</b>						
.....	6,762	156,882	36,406	42,626	42,626	200,050
0299997 Subtotal - Group Subscribers: .....	6,762	156,882	36,406	42,626	42,626	200,050
0299998 Premium due and unpaid not individually listed .....						
0299999 Total group .....	6,762	156,882	36,406	42,626	42,626	200,050
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	6,762	156,882	36,406	42,626	42,626	200,050

### 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 .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....						
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....						

## 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 .....	.....	.....	.....	.....	.....	.....
0499999 Subtotals .....	.....	.....	.....	.....	.....	.....
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	700,000
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	700,000
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....							

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 Payables not individually listed .....	X X X .....	.....	.....	.....
0399999 Total gross payables .....	X X X .....	.....	.....	.....

### 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 .....						
2. Intermediaries .....						
3. All other providers .....						
4. TOTAL Capitation Payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....	9,754,426	100.000	X X X	X X X	9,754,426	
6. Contractual fee payments .....			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
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 .....	9,754,426	100.000	X X X	X X X	9,754,426	
13. TOTAL (Line 4 plus Line 12) .....	9,754,426	100.000	X X X	X X X	9,754,426	

### 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
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 .....	249,353	147,262	194,896		201,719	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....	249,353	147,262	194,896		201,719	

## Notes to Financial Statements

### Summary of Operation

Delta Dental of Puerto Rico (the Association) was established in Puerto Rico as a not-for-profit organization in January 1984 under the provisions of the Law No. 152 of May 9, 1942 (Law No. 152), and commenced doing business immediately thereafter. The Association was organized to maintain and operate dental service plans within the jurisdiction of Puerto Rico. These dental services are offered to its subscribers on either a risk basis or a cost-plus basis.

In November 1998, the board of directors approved and a general assembly of delegates of the Association ratified a resolution in order to voluntarily dissolve the Association and to reincorporate as a stock insurer, as provided by the provisions of the Law No. 122 of July 13, 1998, which amended the Law No. 152 of May 9, 1942. On July 5, 2001, the Commissioner of Insurance approved the voluntary dissolution of the Association in permitting the Association to begin the incorporation process.

Delta Dental of Puerto Rico, Inc. was incorporated as a stock issuer as per approval of the Commissioner of Insurance of Puerto Rico on June 10, 2002. Effective July 1, 2007, Delta Dental of Puerto Rico, Inc. complied with the corresponding requirements of the Insurance Code of Puerto Rico and was granted the certificate of authority to transact, within Puerto Rico, disability insurance. The board of directors is composed of seven (7) members, two (2) representing the unnamed stockholders and five (5) representing the stockholders that contributed capital. The unnamed stockholders own 49% of the common stock, DDC 47% and the Dentist 4%.

As a member of the Delta Dental Plan Association, Delta Dental of PR, Inc. is required by membership standards of the Association to comply with certain requirements, including financial standards, among others, one of which is a provision for surplus requirement under which the Association is required to maintain as minimum surplus three times the Company Action Level as defined in the NAIC's Risk Based Capital for Insurers Model Act. Delta Dental of Puerto Rico, Inc. is in compliance with such requirements.

### (1) Summary of Significant Accounting Policies

#### (a) Accounting Practices

The accompanying financial statements of the Company have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that state law may differ.

#### (b) Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements requires management to make estimates and assumptions that affects the reported amount of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### (c) Accounting Policy

1. For the purposes of reporting cash flows, cash and cash equivalents include cash in bank and temporary and short-term funds. Cash and cash equivalents include investments with maturities of three months or less and short-term funds, which when purchased, are due to mature within one year. Short-term investments are stated at amortized cost. Cash and cash equivalents as of December 31, 2011 consist of \$4,400,052.
2. Bonds are classified as available-for-sale, and therefore, are recorded at its estimated fair value. Unrealized holding gains and losses on available-for-sale securities are excluded from earnings and are reported as a separate component of operating reserve until realized.

Realized gains and losses for securities classified as available-for-sale are included in earnings and are derived using the specific-identification method for determining the cost of securities sold. Interest income is recognized when earned.

The carrying value of investment securities classified as available-for-sale is reduced to its estimated fair value if a decline in the fair value of a security is deemed to be other-than-temporary. Such reduction in carrying value is recognized as realized losses and charged to operations, and a new cost basis for the security is established. Premiums are amortized and discounts are accreted over the term of the security as an adjustment to yield using the straight-line method, which approximates the effective interest method.

## Notes to Financial Statements

3. Stocks and mutual funds are carried at market values with the net unrealized gain or loss included in unassigned funds. Realized investment gains and losses are reported in the statutory statements of operations, based upon the specific identification of securities sold.
4. The Company does not currently own preferred stocks.
5. The Company does not issue mortgage loans on real estate.
6. The Company has no investments in derivatives.
7. The Company does not have a premium deficiency reserve.
8. The Company does not currently own real estate.
9. The liability for claims is for services rendered which have been reported to the Company and are unpaid at statement date as well as provisions for claims incurred but not reported at the statement date. The liability for reported claims is based on approved and preauthorized claims unpaid at period-end. The liability for claims incurred but not reported is calculated in accordance with formulas established by management and certified at year-end by an enrolled actuary. Management believes that the liabilities for unpaid claims and claims adjustment expenses are adequate to cover the ultimate net costs of claims to date, but the liability is necessarily based on estimates, and the amount ultimately paid may be more or less than such estimates. These liabilities are subject to continuing review by management and changes in estimates are reflected in current earnings.
10. Premiums are billed monthly in advance based on agreed-upon rates and recognized as revenue over the term of the contract. Unearned premiums represent cash received in advance from subscriber groups.
11. Data processing equipment and operating systems software are carried at cost less accumulated depreciation. Non-operating system software is charged to surplus as a nonadmitted asset. Equipment and software are being depreciated over three years using the straight-line method.
12. In the normal course of business, the company seeks to limit its exposure to large unforeseen claims by ceding a level of risks with a reinsurer under a quota share reinsurance agreement. The company is not discharged of its primary liability to its contract holders, but reduces its maximum potential exposure in the event of a loss by obtaining the right to reimbursement from the reinsurer for the reinsured portion of the claim. Reinsurance receivables are recognized based on the percentage of risk ceded of the related claim liabilities. The amounts of earned premiums ceded are reported as a reduction of premiums earned and the claims recovery as a reduction of claims incurred.

The reinsurance agreements also provide for experience-rated refund, which allows the company to participate in the profits of the reinsured business. The experience-rated refund is determined by the company on based on a predetermined percentage of the reinsurance profit and recorded as an adjustment to premiums ceded.

### 13. Income Taxes

Effective July 1, 2007, the Company changed to a stock insurer and its income tax status to a non exempt and a provision for this six month has been made. In addition, the Company has to complete the state Personal Property tax return.

## Notes to Financial Statements

### (2) Accounting Changes and Correction of Error

The Company has made no correction of errors or experienced accounting changes in the period of this report.

### (3) Business Combinations and Goodwill

The Company has not experienced any business combinations or goodwill transactions during the period of this report.

### (4) Discontinued Operations

This is not applicable to the Company.

### (5) Investment

- a. The Company has not been involved in debt restructuring.
- c. The Company has not been involved in reverse mortgages.
- d. The Company had not been involved in repurchase agreements.
- e. The Company has not invested in real estate.
- f. The Company has not invested in low-income housing tax credits (LIHTC).

The amortized cost, gross unrealized gains, gross unrealized losses, and estimated fair value of available-for-sale securities by major security type as of December 31, 2011 were as follows:

	Amortized Cost	Gross unrealized gains	Gross unrealized losses	Estimated fair value
Mortgage-Backed Securities	4,776	381	-	5,158
Collateralized Mortgage Obligations	2,941	-	(659)	2,282
Mutual Funds	2,647,029	-	(66,235)	2,580,793
Exchange traded Funds (Equities)	768,140	243,025	-	1,011,165
U.S. Treasury and other governmental agencies	748,746	146,765	-	895,511
Government sponsored enterprises (FHL)	-	-	-	-
Instrumentalities of Commonwealth of PR	4,650,161	38,996	-	4,689,158
<b>Total</b>	<b>8,821,793</b>	<b>429,167</b>	<b>(66,894)</b>	<b>9,184,067</b>

Unrealized gains as of December 31, 2011 consist of (\$66,894) in losses and \$429,167 in gains. The unrealized losses on debt securities were caused by interest rate increases. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. Because the Company has the ability and intent to hold these investments until a market price recovery or maturity, these investments are not considered other-than-temporarily impaired.

Maturities of investment securities classified as available-for-sale as of December 31, 2011 were as follows:

	Amortized Cost	Estimated fair value
Due within one year	90,010	91,034
Due after one year through five years	2,890,325	3,059,864
Due after five year through ten years	1,973,851	1,972,197
Over ten years through 20 years	-	-
Over 20 years	444,721	461,574
Mutual Funds	2,647,029	2,580,793
Exchange Traded Funds (Equities)	768,140	1,011,165
Mortgage-Backed Securities	4,776	5,158
Collateralized Mortgage Obligations	2,941	2,282
<b>Total</b>	<b>8,821,793</b>	<b>9,184,067</b>

## Notes to Financial Statements

### Investment Income

Components of investment income for the year ended December 31, 2011 were as follows:

	<b>Interest</b>
Mortgage-Backed Securities	351
Collateralized Mortgage Obligations	150
Mutual Funds	174,404
Exchange Traded Funds (Equities)	21,379
US. Treasury and other governmental agencies	25,972
Government sponsored enterprises (FHL)	-
Instrumentalities of Commonwealth of PR	186,790
<b>Gross Investment Income</b>	<b>409,046</b>
Amortization Premium/Discount	(20,789)
Investment Expenses	(19,616)
Gain on Sale of Investment	20,317
<b>Investment Income, net</b>	<b>388,957</b>

Due and accrued investment income was excluded from investment income for amounts that are over 90 days past due in the amount of \$0.

### (6) Joint Ventures, Partnerships, and Limited Liability Companies

- a. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that have a net book value exceeding 10% of its admitted assets.
- b. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

### (7) Derivative Instruments

The Company has not invested in derivative instruments.

### (8) Income Taxes

A. The components of the net deferred tax asset as of December 31 are as follows:

	2011
(1) Total of all deferred tax assets (admitted and non-admitted)	\$118,868
(2) Total of all deferred tax liabilities	
(3) Total deferred tax assets non-admitted per SAP 10	\$(118,868)
(4) Increase (decrease) in deferred tax assets non-admitted	\$53,105

B. There was no deferred tax liabilities recognized in the current period.

C. The components of incurred income tax expense and the change in DTA's and DTL's at December 31 are as follows:

	2011
(1) Current income tax expense	\$ 271,581

## Notes to Financial Statements

Change in DTA's

Change in DTL's

Change in deferred taxes (Page 4, Line 40) \$ 0

D. The Company's income tax rate is 22% to net operation gain (loss) from operations for this year \$1,412,584. Significant book to tax adjustments for December 31, 2011, are as follows:

	Amount
(1) Income (loss) before tax	\$1,412,584
(2) Book over tax reserves	
(3) Net other adjustments	
(4) Depreciation	
(5) Accrued market discount	
(6) Tax exempt interest	(\$234,429.58)
(7) Dividends received deduction	
(8) Accrued dividends	
(9) Key-person life insurance premiums	
(10) Accrued deferred compensation and Other	
(11) Taxable income/Income tax expense	\$272,282

E. As of December 31, 2011 the Company had not operating loss carry forwards.

F. The Company files all required independent income tax returns.

### (9) Information Concerning Parent, Subsidiaries, and Affiliates

Delta Dental of California (DDC) and Delta Dental of Pennsylvania (DDPA) own Dentegra Insurance Company, the Holding Company. The Company is a member of the holding company, Dentegra Group, Inc., where DDC owns 47% of DDPR common stock.

Effective January 1, 2011, the Company entered into a Computer Support Agreement with Delta Dental of California ("DDC"), under which DDC will provide computer services and related support allowing the Company to process dental claims. The expenses incurred as of December 31, 2011 were \$349,956.

The Company has no guarantees or contingencies for related parties.

The Company is not involved in cost sharing arrangements.

The Company's operations are not affected by the nature of relationships.

The Company does not deduct any amounts for investments in an upstream company.

The Company does not have any investments greater than 10% of admitted assets in affiliates.

### (10) Debt

This is not applicable to the Company.

### (11) Retirement Plans, Deferred Compensation and Postretirement Benefits Plans

The Company has a defined contribution benefits plan (1165E) covering substantially all employees. The plan covers all permanent employees who are at least 21 years old. For participants under such plan (effective since 2007) the company will make matching contributions equal to 50% of the employee contribution up to 7% of compensation. Company contribution expense for 2011 amounted to \$27,734. The Company may also make

## Notes to Financial Statements

profit-sharing contributions in its discretion which will be allocated among all eligible employees, whether or not they make contributions.

The Company does not maintain a postretirement benefit plan.

### (12) Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations

- (1) The Company has 800,000 issued shares where DDC has 257,378; the dentist has 20,405; and the unnamed stockholders have 267,226.
- (2) The Company has no shares of preferred stock.
- (3) The Company has no shares of stock.
- (4) The Company has no declare dividends.
- (5) The Company has no restrictions on unassigned surplus.
- (6) The Company is not a mutual or similarly organized entity.
- (7) The Company holds no shares of stock.
- (8) The Company has no special surplus funds.
- (9) The Company has 350 treasury stock.
- (10) The portion of unassigned surplus that is represented or reduced by unrealized gain and losses of \$362,274.
- (11) The Company has had no quasi-reorganizations.
- (12) The Company has no surplus debentures outstanding.

### (13) Contingencies

The Company is currently indicted as part of a class action lawsuit from the College of Dental Surgeons of Puerto Rico. This class action lawsuit is currently in the process of jurisdictional discovery from the plaintiff part under the First circuit Court of Appeals. The total amount claimed to \$150,000 in the aggregate against 25 defendants, mostly health insurance companies. The management of the company, with the advice of the legal advisory, believes that any financial impact of this legal claim would not be material to the financial statements as of December 31, 2011.

### (14) Leases

The Company leases its office facility under an operating lease agreement. Total rent expense under such lease amounted to \$125,444 at December 31, 2011. As of December 31, 2011 the future minimum lease payments under this operating lease are as follows:

Year ending December 31:		
	2012	128,320
	2013	128,320
	2014	136,340
	2015	144,360

### (15) Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company does not have any financial instruments with off-balance sheet risk or concentrations of credit risk.

### (16) Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

The Company has not sold, transferred, serviced financial assets, or extinguished liabilities.

### (17) Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

The gain from operations from ASC uninsured plans for the period ended December 31, 2011 was as follows:

**2011**

Gross reimbursement for claims costs incurred	\$4,060,539
---	-------------

## Notes to Financial Statements

Gross administrative fees	453,984
Gross expenses incurred (claims and administrative)	<u>(4,479,639)</u>
 Total net gain (loss) from operations	 \$34,884

**(18) Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

The Company does not have a direct premium that is produced by managing agents or third party administrators.

**(19) Other Items**

The Company elected to use rounding in reporting amounts in the statements. The amounts in this statement pertain to the entire Company business including, as appropriate, its separate accounts business.

**(20) Events Subsequent**

There were no events occurring subsequent to December 31, 2011 that may have material effect on the financial condition of the Company.

**(21) Reinsurance**

The Company cedes insurance risk with one reinsurer. Under the agreement, the Company retains 50% quota share of incurred claims and cedes to the reinsurer 50% of the pure premium, as defined. Under this treaty, the amount of premiums ceded from the reinsurer for the Company amounted to \$5,975,885 in 2011. The agreement also provides for a reinsurance premiums of 1.75% of the gross premiums received from groups covered under the agreement to be paid to the reinsurer. Reinsurance premium amounted to \$282,366 as of December 31, 2011. Such amounts are included in premiums ceded. The experience rated refund under the reinsurance agreement amounted to \$0 for 2011. Amounts are presented as a reduction of premiums ceded. Ceded claim liabilities as of December 31, 2011 amounted to \$4,775,363.

In the normal course of business, the company seeks to limit its exposure to large unforeseen claims by ceding a level of risks with a reinsurer under a quota share reinsurance agreement. The company is not discharged of its primary liability to its contract holders, but reduces its maximum potential exposure in the event of a loss by obtaining the right to reimbursement from the reinsurer for the reinsured portion of the claim. Reinsurance receivables are recognized based on the percentage of risk ceded of the related claim liabilities. The amounts of earned premiums ceded are reported as a reduction of premiums earned and the claims recovery as a reduction of claims incurred.

The reinsurance agreements also provide for experience-rated refund, which allows the company to participate in the profits of the reinsured business. The experience-rated refund is determined by the company on based on a predetermined percentage of the reinsurance profit and recorded as an adjustment to premiums ceded.

## Notes to Financial Statements

### (22) Retrospectively Rated Contracts

This is not applicable to the Company.

### (23) Changes in Incurred Claims and Claim Adjustment Expenses

The activity in the claim liabilities during 2011 is as follows:

Claim liabilities, beginning of year	\$	925,000
Reinsurance recoverable on claims liabilities		462,500
		462,500
Incurred claims:		
Current period insured events		4,649,360
Prior period insured events		104,703
		4,754,063
Payment for claims:		
Current period insured events		4,508,766
Prior period insured events		357,797
		4,866,563
Claim liabilities, end of year		350,000
Ceded liability for claims reserve		350,000
		700,000
Gross claims liabilities	\$	700,000

As a result of changes in estimates of insured events in prior years, the amounts included as incurred claims for prior periods insured events differ from anticipated claims incurred. The credits in the incurred claims for prior periods insured events are due to a favorable development of the claim liabilities attributed to better than expected utilization trends.

### (24) Intercompany Pooling Arrangements

This is not applicable to the Company.

### (25) Structured Settlements

This is not applicable to the Company.

### (26) Health Care Receivables

This is not applicable to the Company.

### (27) Participating Policies

This is not applicable to the Company.

### (28) Premium Deficiency Reserve

The Company does not have a premium deficiency reserve.

### (29) Anticipated Salvage and Subrogation

The Company does not anticipate salvage and subrogation. Intercompany Pooling Arrangements

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[ ] N/A[ ]
- 1.3 State Regulating? California
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 06/18/1997
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 06/18/1997
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 06/18/1997
- 3.4 By what department or departments?  
Puerto Rico Insurance Department
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[ ] No[ ] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes[ ] No[X]
- 4.12 renewals? Yes[ ] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[ ] No[X]
- 4.22 renewals? Yes[ ] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Yes[ ] No[X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[ ] No[X]
- 7.2 If yes, ..... 0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
.....	.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	.....	Yes[ ] No[X]				

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
ARMANINO MCKENNA LLP, 12667 Alcosta Blvd., San Ramon, CA 94583
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]
- 10.2 If response to 10.1 is "yes," provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[ ] No[ ] N/A[X]
- 10.6 If the answer to 10.5 is "NO" or "N/A" please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
CBIZ Benefits & Insurance Services, Inc., 5450 Frantz Road, Suite 300, Dublin, OH 43016

## GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[ ] No[X]  
 12.11 Name of real estate holding company  
 12.12 Number of parcels involved 0  
 12.13 Total book/adjusted carrying value \$ 0  
 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes[ ] No[X] N/A[ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes[ ] No[ ] N/A[X]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes[ ] No[ ] N/A[X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code.  
 14.11 If the response to 14.1 is no, please explain:  
 14.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes[ ] No[X]  
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001	.....	.....	.....	.....

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No[ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[ ] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.11 To directors or other officers \$ ..... 0  
 20.12 To stockholders not officers \$ ..... 0  
 20.13 Trustees, supreme or grand (Fraternal only) \$ ..... 0  
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.21 To directors or other officers \$ ..... 0  
 20.22 To stockholders not officers \$ ..... 0  
 20.23 Trustees, supreme or grand (Fraternal only) \$ ..... 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[ ] No[X]  
 21.2 If yes, state the amount thereof at December 31 of the current year:  
 21.21 Rented from others \$ ..... 0  
 21.22 Borrowed from others \$ ..... 0  
 21.23 Leased from others \$ ..... 0  
 21.24 Other \$ ..... 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[ ] No[X]  
 22.2 If answer is yes:  
 22.21 Amount paid as losses or risk adjustment \$ ..... 0  
 22.22 Amount paid as expenses \$ ..... 0  
 22.23 Other amounts paid \$ ..... 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]  
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

### INVESTMENT

- 24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.3) Yes[ ] No[X]  
 24.2 If no, give full and complete information, relating thereto:  
 24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet, (an alternative is to reference Note 17 where this information is also provided)  
 24.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes[ ] No[ ] N/A[X]  
 24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. \$ ..... 0  
 24.6 If answer to 24.4 is no, report amount of collateral for other programs. \$ ..... 0  
 24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[ ] No[ ] N/A[X]  
 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[ ] No[ ] N/A[X]  
 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes[ ] No[ ] N/A[X]

## GENERAL INTERROGATORIES (Continued)

- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [ ] No [X]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- |  |    |   |
|--|----|---|
| 25.21 Subject to repurchase agreements                 | \$ | 0 |
| 25.22 Subject to reverse repurchase agreements         | \$ | 0 |
| 25.23 Subject to dollar repurchase agreements          | \$ | 0 |
| 25.24 Subject to reverse dollar repurchase agreements  | \$ | 0 |
| 25.25 Pledged as collateral                            | \$ | 0 |
| 25.26 Placed under option agreements                   | \$ | 0 |
| 25.27 Letter stock or securities restricted as to sale | \$ | 0 |
| 25.28 On deposit with state or other regulatory body   | \$ | 0 |
| 25.29 Other  | \$ | 0 |

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]  
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ ..... 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]
- 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
UBS FINANCIAL SERVICES .....	1 ST 1 METRO OFFICE PARK PH GUAYNABO, PR 00968 .....
CITIGROUP .....	PO BOX 70301 SAN JUAN, PR 00936-8301 .....
POPULAR SECURITIES .....	209 MUNOZ RIVERA AVE POPULAR CENTER 12TH FLOOR SJ PR 00918

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]
- 28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisers, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes [ ] No [X]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total .....		

29.3 For each mutual fund listed in the table above, complete the following schedule:

## GENERAL INTERROGATORIES (Continued)

1  Name of Mutual Fund (from above table)	2  Name of Significant Holding of the Mutual Fund	3  Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4  Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1  Statement (Admitted) Value	2  Fair Value	3  Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	5,406,625	5,592,109	185,484
30.2 Preferred stocks .....			
30.3 Totals .....	5,406,625	5,592,109	185,484

30.4 Describe the sources or methods utilized in determining the fair values

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[ ]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[ ] No[X] N/A[ ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[ ] No[X]
- 32.2 If no, list exceptions:

### OTHER

- 33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ ..... 0
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

- 34.1 Amount of payments for legal expenses, if any? \$ ..... 77,921
- 34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
FIDDLER GONZALEZ & RODRIGUEZ, PSC .....	31,325

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ ..... 0
- 35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

1 Name	2 Amount Paid

# GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes  No
- 1.2 If yes, indicate premium earned on U.S. business only: \$ ..... 0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ ..... 0
- 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ ..... 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ ..... 0
- 1.6 Individual policies - Most current three years:
- 1.61 Total premium earned \$ ..... 0
- 1.62 Total incurred claims \$ ..... 0
- 1.63 Number of covered lives ..... 0
- All years prior to most current three years:
- 1.64 Total premium earned \$ ..... 0
- 1.65 Total incurred claims \$ ..... 0
- 1.66 Number of covered lives ..... 0
- 1.7 Group policies - Most current three years:
- 1.71 Total premium earned \$ ..... 0
- 1.72 Total incurred claims \$ ..... 0
- 1.73 Number of covered lives ..... 0
- All years prior to most current three years:
- 1.74 Total premium earned \$ ..... 0
- 1.75 Total incurred claims \$ ..... 0
- 1.76 Number of covered lives ..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	10,246,864	9,890,289
2.2 Premium Denominator .....	10,246,864	9,890,289
2.3 Premium Ratio (2.1 / 2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	350,000	462,500
2.5 Reserve Denominator .....	350,000	462,500
2.6 Reserve Ratio (2.4 / 2.5) .....	1.000	1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes  No
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes  No
- 4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes  No  N/A
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes  No
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
- 5.31 Comprehensive Medical \$ ..... 0
- 5.32 Medical Only \$ ..... 0
- 5.33 Medicare Supplement \$ ..... 0
- 5.34 Dental & Vision \$ ..... 0
- 5.35 Other Limited Benefit Plan \$ ..... 0
- 5.36 Other \$ ..... 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
~
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes  No
- 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year ..... 1,263
- 8.2 Number of providers at end of reporting year ..... 1,290
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes  No
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months ..... 711,486
- 9.22 Business with rate guarantees over 36 months ..... 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes  No
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ ..... 0
- 10.22 Amount actually paid for year bonuses \$ ..... 0
- 10.23 Maximum amount payable withholds \$ ..... 0
- 10.24 Amount actually paid for year withholds \$ ..... 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes  No
- 11.13 An Individual Practice Association (IPA), or, Yes  No
- 11.14 A Mixed Model (combination of above)? Yes  No
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes  No
- 11.3 If yes, show the name of the state requiring such net worth.
- 11.4 If yes, show the amount required. \$ ..... 0
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes  No
- 11.6 If the amount is calculated, show the calculation.
- 12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? Yes  No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ ..... 0
- 13.3 Do you act as an administrator for health savings accounts? Yes  No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ ..... 0

## FIVE-YEAR HISTORICAL DATA

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	14,971,979	14,864,379	13,984,774	15,485,758	14,754,389
2. TOTAL Liabilities (Page 3, Line 24) .....	2,881,218	3,827,838	4,236,674	6,030,635	5,296,497
3. Statutory surplus .....					
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	12,090,761	11,036,541	9,748,100	9,455,123	9,457,892
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	14,761,387	14,338,562	14,961,203	14,879,368	15,907,160
6. TOTAL Medical and Hospital Expenses (Line 18) .....	4,754,063	4,659,961	5,900,921	5,803,062	5,830,462
7. Claims adjustment expenses (Line 20) .....	395,875	838,261	1,466,512	1,569,855	2,646,651
8. TOTAL Administrative Expenses (Line 21) .....	8,619,250	8,910,975	7,917,898	7,478,777	8,677,665
9. Net underwriting gain (loss) (Line 24) .....	992,200	(70,635)	(324,128)	27,674	(1,247,618)
10. Net investment gain (loss) (Line 27) .....	388,957	363,757	339,049	(136,752)	200,316
11. TOTAL Other Income (Lines 28 plus 29) .....	31,427	504,905	495,823	454,678	533,843
12. Net income or (loss) (Line 32) .....	1,141,003	555,616	437,338	250,659	(513,459)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	975,088	(740,189)	476,824	1,741,347	(579,389)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	12,090,761	11,036,541	9,748,100	9,455,123	9,457,892
15. Authorized control level risk-based capital .....	597,009	625,066	746,832	555,479	529,726
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	220,223	209,836	231,849	236,822	236,969
17. TOTAL Members Months (Column 6, Line 7) .....	2,673,133	2,739,061	2,855,691	2,829,554	2,833,037
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	46.4	47.1	53.6	51.4	51.8
20. Cost containment expenses .....					
21. Other claims adjustment expenses .....	3.9	8.5	13.3	13.9	23.5
22. TOTAL Underwriting Deductions (Line 23) .....	134.4	145.7	138.8	131.6	152.5
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	9.7	(0.7)	(2.9)	0.2	(11.1)
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	362,797	270,000	322,499	403,034	291,745
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	462,500	270,000	322,499	403,034	350,614
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain::



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 2479

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit 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 .....	209,836					209,836				
2. First Quarter .....	232,857					232,857				
3. Second Quarter .....	227,238					227,238				
4. Third Quarter .....	224,237					224,237				
5. Current Year .....	220,223					220,223				
6. Current Year Member Months .....	2,673,133					2,673,133				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	10,246,864					10,246,864				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	9,754,426					9,754,426				
18. Amount Incurred for Provision of Health Care Services .....	9,529,426					9,529,426				

(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 2479

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

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit 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 .....	209,836					209,836				
2. First Quarter .....	232,857					232,857				
3. Second Quarter .....	227,238					227,238				
4. Third Quarter .....	224,237					224,237				
5. Current Year .....	220,223					220,223				
6. Current Year Member Months .....	2,673,133					2,673,133				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	10,246,864					10,246,864				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	9,754,426					9,754,426				
18. Amount Incurred for Provision of Health Care Services .....	9,529,426					9,529,426				

(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

29 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	Federal 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
0799999 Total U.S. (Sum of 0199999 and 0499999) .....											
0899999 Total Non-U.S. (Sum of 0299999 and 0599999) .....											
0999999 Total (Sum of 0399999 and 0699999) .....											

## 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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity .....						
<b>Accident and Health - Affiliates - U.S. Affiliates</b>						
81396	94-2761537	01/01/1991	DELTA DENTAL INS CO	DE	888,257	350,000
0899999 Subtotal - Accident and Health - Affiliates - U.S. Affiliates .....					888,257	350,000
1099999 Total - Accident and Health - Affiliates .....					888,257	350,000
1499999 Total - Accident and Health .....					888,257	350,000
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) .....					888,257	350,000
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) .....						
1799999 Total (Sum of 0799999 and 1499999) .....					888,257	350,000

## 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 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>General Account - Authorized - Affiliates - U.S. Affiliates</b>												
81396	94-2761537	01/01/1991	DELTA DENTAL INS CO	DE	OTH/A/G	5,946,500		350,000				
0199999 Subtotal - General Account - Authorized - Affiliates - U.S. Affiliates						5,946,500		350,000				
0399999 Total - General Account - Authorized - Affiliates						5,946,500		350,000				
0799999 Total - General Account Authorized						5,946,500		350,000				
1499999 Total - General Account - Unauthorized												
1599999 Total - General Account - Authorized and Unauthorized						5,946,500		350,000				
2299999 Total - Separate Accounts - Authorized												
2999999 Total - Separate Accounts - Unauthorized												
3099999 Total - Separate Accounts - Authorized and Unauthorized												
3199999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699993, 1999999, 2399999 and 2699999)						5,946,500		350,000				
3299999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)												
3399999 Total (Sum of 1599999 and 3099999)						5,946,500		350,000				

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
0799999			Total - General Account - Life and Annuity						X X X	X X X	X X X					
1499999			Total - General Account - Accident and Health						X X X	X X X	X X X					
1599999			Total - General Account						X X X	X X X	X X X					
2299999			Total - Separate Accounts						X X X	X X X	X X X					
2399999			Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)						X X X	X X X	X X X					
2499999			Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)						X X X	X X X	X X X					
2599999			Total (Sum of 1599999 and 2299999)						X X X	X X X	X X X					

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
.....	.....	.....

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	5,947	5,762	6,690	6,858	6,847
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	350	463	270	288	335
8. Reinsurance recoverable on paid losses .....	888	1,169	1,233	2,963	3,032
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

## SCHEDULE S - PART 6

### 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) .....	13,221,845		13,221,845
2. Accident and health premiums due and unpaid (Line 15) .....	200,050		200,050
3. Amounts recoverable from reinsurers (Line 16.1) .....	888,257		888,257
4. Net credit for ceded reinsurance .....	X X X	366,387	366,387
5. All other admitted assets (Balance) .....	661,827		661,827
6. TOTAL Assets (Line 28) .....	14,971,979	366,387	15,338,366
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	350,000	350,000	700,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	16,387		16,387
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19) .....			
11. Reinsurance in unauthorized companies (Line 20) .....			
12. All other liabilities (Balance) .....	2,514,831		2,514,831
13. TOTAL Liabilities (Line 24) .....	2,881,218	350,000	3,231,218
14. TOTAL Capital and Surplus (Line 33) .....	12,090,761	X X X	12,090,761
15. TOTAL Liabilities, Capital and Surplus (Line 34) .....	14,971,979	350,000	15,321,979
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....	350,000		
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....	16,387		
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. TOTAL Ceded Reinsurance Recoverables .....	366,387		
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. TOTAL Ceded Reinsurance Payables/Offsets .....			
27. TOTAL Net Credit for Ceded Reinsurance .....	366,387		

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

1	2	Direct Business Only							9
		3	4	5	6	7	8		
State, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	L	16,193,364						16,193,364	
55. U.S. Virgin Islands (VI)	N								
56. Northern Marianas Islands (MP)	N								
57. Canada (CN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X	16,193,364						16,193,364	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a) 1	16,193,364						16,193,364	

**DETAILS OF WRITE-INS**

5801.	X X X								
5802.	X X X								
5803.	X X X								
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

Explanation of basis of allocation of premiums by states, etc.: ~ The Company only has business in State of Puerto Rico.

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

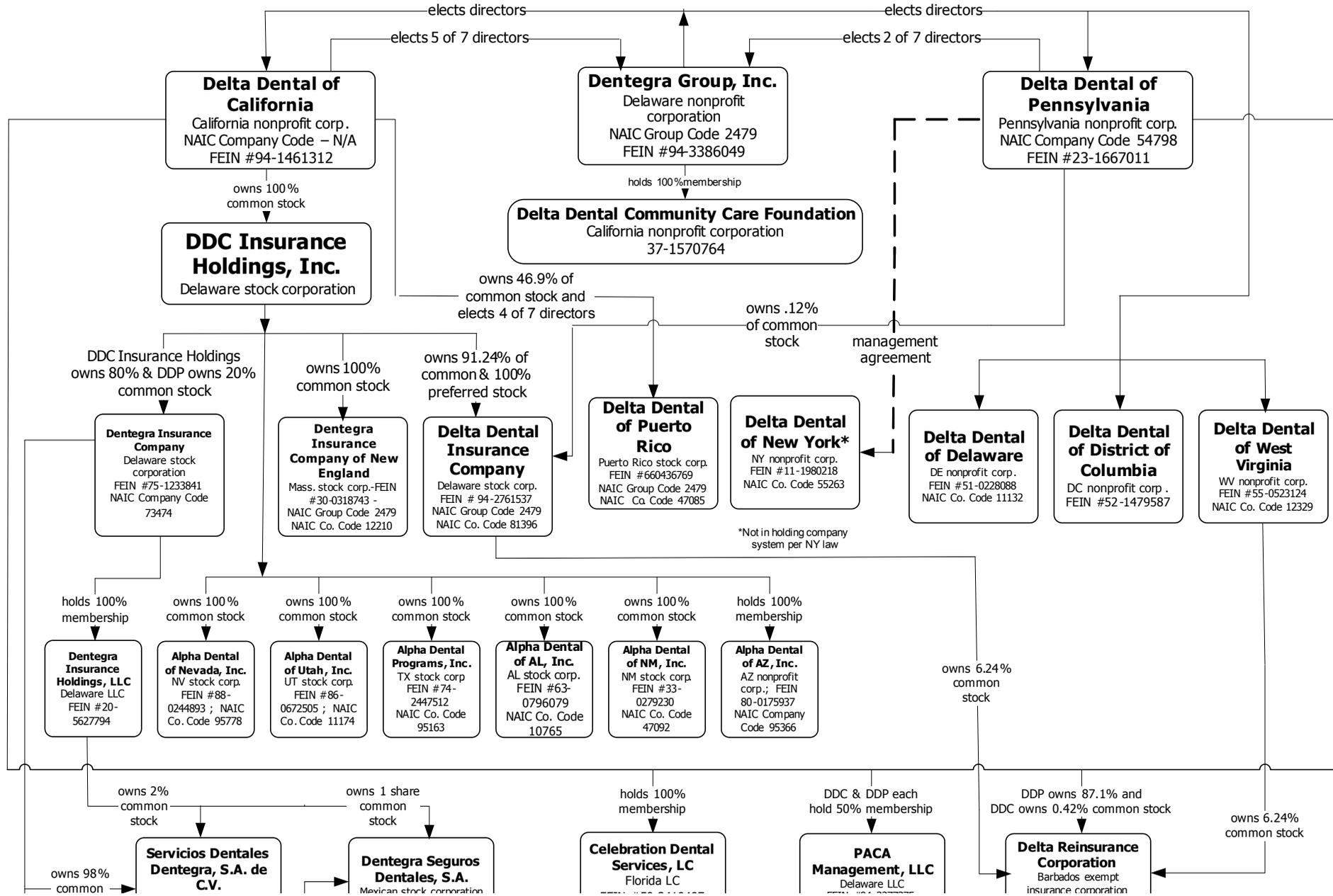
Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

#### Insurance Holding Company System of Delta Dental of California



## 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
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
2479 ..	.....	47085	68-0652604 .	.....	.....	.....	DELTA DENTAL PLAN OF PR INC .....	PR .....	.....	.....	.....	.....	.....	.....

Asterisk	Explanation
0000001	.....

## 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	Federal 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/(Disburse- ments) 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)
81396	94-2761537	DELTA DENTAL INS CO						1,077,354			1,077,354	
00000	94-1461312	DELTA DENTAL OF CALIFORNIA					(368,561)				(368,561)	888,258
47085	68-0652604	DELTA DENTAL PLAN OF PR INC						(1,077,354)			(1,077,354)	
81396	94-2761537	DELTA DENTAL INS CO										
00000	94-1461312	DELTA DENTAL OF CALIFORNIA										
47085	68-0652604	DELTA DENTAL PLAN OF PR INC					368,561				368,561	
9999999 Control Totals							0		X X X		0	888,258

Schedule Y Part 2 Explanation:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



4708520113060000 2011 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



47085201121100000 2011 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



47085201121300000 2011 Document Code: 213

Supplemental Health Care Exhibit



47085201121600000 2011 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



47085201121700000 2011 Document Code: 217

Management's Report of Internal Control over Financial Reporting



47085201122300000 2011 Document Code: 223

**OVERFLOW PAGE FOR WRITE-INS**

**ASSETS**

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
2504. ....				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
2304. ....				
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) .....				

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total
2904. ....			
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	2	General Administrative Expenses	Investment Expenses	Total
	Cost Containment Expenses	Other Claim Adjustment Expenses			
2504. 0 .....					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....					

**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities .....	748,746	5.663	748,746		748,746	5.663
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies .....						
1.22 Issued by U.S. government sponsored agencies .....						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) .....						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations .....	4,650,161	35.170	4,650,161		4,650,161	35.170
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....						
1.43 Revenue and assessment obligations .....						
1.44 Industrial development and similar obligations .....						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or Guaranteed by GNMA .....	4,776	0.036	4,776		4,776	0.036
1.512 Issued or Guaranteed by FNMA and FHLMC .....						
1.513 All other .....						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA .....	2,941	0.022	2,941		2,941	0.022
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 .....						
1.523 All other .....						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) .....						
2.2 Unaffiliated Non-U.S. securities (including Canada) .....						
2.3 Affiliated securities .....						
3. Equity interests:						
3.1 Investments in mutual funds .....	3,415,168	25.830	3,415,168		3,415,168	25.830
3.2 Preferred stocks:						
3.21 Affiliated .....						
3.22 Unaffiliated .....						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated .....						
3.32 Unaffiliated .....						
3.4 Other equity securities:						
3.41 Affiliated .....						
3.42 Unaffiliated .....						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated .....						
3.52 Unaffiliated .....						
4. Mortgage loans:						
4.1 Construction and land development .....						
4.2 Agricultural .....						
4.3 Single family residential properties .....						
4.4 Multifamily residential properties .....						
4.5 Commercial loans .....						
4.6 Mezzanine real estate loans .....						
5. Real estate investments:						
5.1 Property occupied by company .....						
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt) .....						
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt) .....						
6. Contract loans .....						
7. Derivatives .....						
8. Receivables for securities .....						
9. Securities Lending (Line 10, Asset Page reinvested collateral) .....				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments .....	4,400,052	33.279	4,400,052		4,400,052	33.279
11. Other invested assets .....						
12. Total invested assets .....	13,221,845	100.000	13,221,844		13,221,844	100.000

## SCHEDULE A - VERIFICATION BETWEEN YEARS

### Real Estate

1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6) .....		
2.2 Additional investment made after acquisition (Part 2, Column 9) .....		
3. Current year change in encumbrances:		
3.1 Totals, Part 1, Column 13 .....		
3.2 Totals, Part 3, Column 11 .....		
4. Total gain (loss) on disposals, Part 3, Column 18 .....		
5. Deduct amounts received on disposals, Part 3, Column 15 .....		
6. Total foreign exchange change in book/adjusted carrying value:		
6.1 Totals, Part 1, Column 15 .....		
6.2 Totals, Part 3, Column 13 .....		
7. Deduct current year's other than temporary impairment recognized:		
7.1 Totals, Part 1, Column 12 .....		
7.2 Totals, Part 3, Column 10 .....		
8. Deduct current year's depreciation:		
8.1 Totals, Part 1, Column 11 .....		
8.2 Totals, Part 3, Column 9 .....		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Lines 9 minus 10) .....		

## SCHEDULE B - VERIFICATION BETWEEN YEARS

### Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7) .....		
2.2 Additional investment made after acquisition (Part 2, Column 8) .....		
3. Capitalized deferred interest and other:		
3.1 Totals, Part 1, Column 12 .....		
3.2 Totals, Part 3, Column 11 .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 9 .....		
5.2 Totals, Part 3, Column 8 .....		
6. Total gain (loss) on disposals, Part 3, Column 18 .....		
7. Deduct amounts received on disposals, Part 3, Column 15 .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
9.1 Totals, Part 1, Column 13 .....		
9.2 Totals, Part 3, Column 13 .....		
10. Deduct current year's other than temporary impairment recognized:		
10.1 Totals, Part 1, Column 11 .....		
10.2 Totals, Part 3, Column 10 .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Lines 11 plus 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14) .....		

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

### Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year .....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 8) .....		
2.2	Additional investment made after acquisition (Part 2, Column 9) .....		
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 16 .....		
3.2	Totals, Part 3, Column 12 .....		
4.	Accrual of discount .....		
5.	Unrealized valuation increase (decrease):		
5.1	Totals, Part 1, Column 13 .....		
5.2	Totals, Part 3, Column 9 .....		
6.	Total gain (loss) on disposals, Part 3, Column 19 .....		
7.	Deduct amounts received on disposals, Part 3, Column 16 .....		
8.	Deduct amortization of premium and depreciation .....		
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Totals, Part 1, Column 17 .....		
9.2	Totals, Part 3, Column 14 .....		
10.	Deduct current year's other than temporary impairment recognized:		
10.1	Totals, Part 1, Column 15 .....		
10.2	Totals, Part 3, Column 11 .....		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....		

## SCHEDULE D - VERIFICATION BETWEEN YEARS

### Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....		9,007,223
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....		808,514
3.	Accrual of Discount .....		
4.	Unrealized valuation increase (decrease):		
4.1	Part 1, Column 12 .....		
4.2	Part 2, Section 1, Column 15 .....		
4.3	Part 2, Section 2, Column 13 .....		
4.4	Part 4, Column 11 .....		
5.	Total gain (loss) on disposals, Part 4, Column 19 .....		20,317
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....		990,508
7.	Deduct amortization of premium .....		23,753
8.	Total foreign exchange change in book/adjusted carrying value:		
8.1	Part 1, Column 15 .....		
8.2	Part 2, Section 1, Column 19 .....		
8.3	Part 2, Section 2, Column 16 .....		
8.4	Part 4, Column 15 .....		
9.	Deduct current year's other than temporary impairment recognized:		
9.1	Part 1, Column 14 .....		
9.2	Part 2, Section 1, Column 17 .....		
9.3	Part 2, Section 2, Column 14 .....		
9.4	Part 4, Column 13 .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....		8,821,793
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....		8,821,793

## SCHEDULE D - SUMMARY BY COUNTRY

### Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	5,406,625	5,592,109	5,429,488	5,342,000
	2. Canada .....				
	3. Other Countries .....				
	4. Totals .....	5,406,625	5,592,109	5,429,488	5,342,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals .....				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals .....				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals .....				
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8. United States .....				
	9. Canada .....				
	10. Other Countries .....				
	11. Totals .....				
Parent, Subsidiaries and Affiliates	12. Totals .....				
	13. Total Bonds .....	5,406,625	5,592,109	5,429,488	5,342,000
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. Totals .....				
Parent, Subsidiaries and Affiliates	18. Totals .....				
	19. Total Preferred Stocks .....				
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States .....	3,415,168	3,415,168	3,591,959	
	21. Canada .....				
	22. Other Countries .....				
	23. Totals .....	3,415,168	3,415,168	3,591,959	
Parent, Subsidiaries and Affiliates	24. Totals .....				
	25. Total Common Stocks .....	3,415,168	3,415,168	3,591,959	
	26. Total Stocks .....	3,415,168	3,415,168	3,591,959	
	27. Total Bonds and Stocks .....	8,821,793	9,007,277	9,021,447	

## SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating Per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 9.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments											
1.1 Class 1		753,522	2,941			756,463	13.99	1,287,834	22.99		756,463
1.2 Class 2	90,010	2,141,579	1,973,851		444,722	4,650,162	86.01	4,314,589	77.01		4,650,162
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS	90,010	2,895,101	1,976,792		444,722	5,406,625	100.00	5,602,422	100.00		5,406,625
2. All Other Governments											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 TOTALS											
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS											
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 TOTALS											
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 TOTALS											

## SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 TOTALS .....											
7. Hybrid Securities											
7.1 Class 1 .....											
7.2 Class 2 .....											
7.3 Class 3 .....											
7.4 Class 4 .....											
7.5 Class 5 .....											
7.6 Class 6 .....											
7.7 TOTALS .....											
8. Parent, Subsidiaries and Affiliates											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 TOTALS .....											

## SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 Class 1	(d)	753,522	2,941			756,463	13.99	X X X	X X X		756,463
9.2 Class 2	(d) 90,010	2,141,579	1,973,851		444,722	4,650,162	86.01	X X X	X X X		4,650,162
9.3 Class 3	(d)							X X X	X X X		
9.4 Class 4	(d)							X X X	X X X		
9.5 Class 5	(d)					(c)		X X X	X X X		
9.6 Class 6	(d)					(c)		X X X	X X X		
9.7 TOTALS	90,010	2,895,101	1,976,792		444,722	(b) 5,406,625	100.00	X X X	X X X		5,406,625
9.8 Line 9.7 as a % of Column 6	1.66	53.55	36.56		8.23	100.00	X X X	X X X	X X X		100.00
10. Total Bonds Prior Year											
10.1 Class 1		784,892	500,005	2,937		X X X	X X X	1,287,834	22.99		1,287,834
10.2 Class 2	109,551	2,333,796	1,424,779		446,463	X X X	X X X	4,314,589	77.01		4,314,589
10.3 Class 3						X X X	X X X				
10.4 Class 4						X X X	X X X				
10.5 Class 5						X X X	X X X	(c)			
10.6 Class 6						X X X	X X X	(c)			
10.7 TOTALS	109,551	3,118,687	1,924,784	2,937	446,463	X X X	X X X	(b) 5,602,422	100.00		5,602,422
10.8 Line 10.7 as a % of Col. 8	1.96	55.67	34.36	0.05	7.97	X X X	X X X	100.00	X X X		100.00
11. Total Publicly Traded Bonds											
11.1 Class 1											X X X
11.2 Class 2											X X X
11.3 Class 3											X X X
11.4 Class 4											X X X
11.5 Class 5											X X X
11.6 Class 6											X X X
11.7 TOTALS											X X X
11.8 Line 11.7 as a % of Col. 6							X X X	X X X	X X X		X X X
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9							X X X	X X X	X X X		X X X
12. Total Privately Placed Bonds											
12.1 Class 1		753,522	2,941			756,463	13.99	1,287,834	22.99	X X X	756,463
12.2 Class 2	90,010	2,141,579	1,973,851		444,722	4,650,162	86.01	4,314,589	77.01	X X X	4,650,162
12.3 Class 3										X X X	
12.4 Class 4										X X X	
12.5 Class 5										X X X	
12.6 Class 6										X X X	
12.7 TOTALS	90,010	2,895,101	1,976,792		444,722	5,406,625	100.00	5,602,422	100.00	X X X	5,406,625
12.8 Line 12.7 as a % of Col. 6	1.66	53.55	36.56		8.23	100.00	X X X	X X X	X X X	X X X	100.00
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9	1.66	53.55	36.56		8.23	100.00	X X X	X X X	X X X	X X X	100.00

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(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
 (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5\* designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

## SCHEDULE D - PART 1A - SECTION 2

### Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. Governments											
1.1 Issuer Obligations	90,010	2,890,325	1,973,851		444,722	5,398,908	99.86	5,592,714	99.83		5,398,908
1.2 Residential Mortgage-Backed Securities											
1.3 Commercial Mortgage-Backed Securities		4,776	2,941			7,717	0.14	9,709	0.17		7,717
1.4 Other Loan-Backed and Structured Securities											
1.5 Totals	90,010	2,895,101	1,976,792		444,722	5,406,625	100.00	5,602,422	100.00		5,406,625
2. All Other Governments											
2.1 Issuer Obligations											
2.2 Residential Mortgage-Backed Securities											
2.3 Commercial Mortgage-Backed Securities											
2.4 Other Loan-Backed and Structured Securities											
2.5 Totals											
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations											
3.2 Residential Mortgage-Backed Securities											
3.3 Commercial Mortgage-Backed Securities											
3.4 Other Loan-Backed and Structured Securities											
3.5 Totals											
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations											
4.2 Residential Mortgage-Backed Securities											
4.3 Commercial Mortgage-Backed Securities											
4.4 Other Loan-Backed and Structured Securities											
4.5 Totals											
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations											
5.2 Residential Mortgage-Backed Securities											
5.3 Commercial Mortgage-Backed Securities											
5.4 Other Loan-Backed and Structured Securities											
5.5 Totals											
6. Industrial and Miscellaneous											
6.1 Issuer Obligations											
6.2 Residential Mortgage-Backed Securities											
6.3 Commercial Mortgage-Backed Securities											
6.4 Other Loan-Backed and Structured Securities											
6.5 Totals											
7. Hybrid Securities											
7.1 Issuer Obligations											
7.2 Residential Mortgage-Backed Securities											
7.3 Commercial Mortgage-Backed Securities											
7.4 Other Loan-Backed and Structured Securities											
7.5 Totals											
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations											
8.2 Residential Mortgage-Backed Securities											
8.3 Commercial Mortgage-Backed Securities											
8.4 Other Loan-Backed and Structured Securities											
8.5 Totals											

## SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 9.5	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
9. Total Bonds Current Year											
9.1 Issuer Obligations	90,010	2,890,325	1,973,851		444,722	5,398,908	99.86	X X X	X X X		5,398,908
9.2 Residential Mortgage-Backed Securities								X X X	X X X		
9.3 Commercial Mortgage-Backed Securities		4,776	2,941			7,717	0.14	X X X	X X X		7,717
9.4 Other Loan-Backed and Structured Securities								X X X	X X X		
9.5 Totals	90,010	2,895,101	1,976,792		444,722	5,406,625	100.00	X X X	X X X		5,406,625
9.6 Line 9.5 as a % of Col. 6	1.66	53.55	36.56		8.23	100.00	X X X	X X X	X X X		100.00
10. Total Bonds Prior Year											
10.1 Issuer Obligations	109,551	3,111,916	1,924,784		446,463	X X X	X X X	5,592,714	99.83		5,592,714
10.2 Residential Mortgage-Backed Securities						X X X	X X X				
10.3 Commercial Mortgage-Backed Securities		6,772			2,937	X X X	X X X	9,709	0.17		9,709
10.4 Other Loan-Backed and Structured Securities						X X X	X X X				
10.5 Totals	109,551	3,118,688	1,924,784		449,400	X X X	X X X	5,602,423	100.00		5,602,422
10.6 Line 10.5 as a % of Col. 8	1.96	55.67	34.36		8.02	X X X	X X X	100.00	X X X		100.00
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations											X X X
11.2 Residential Mortgage-Backed Securities											X X X
11.3 Commercial Mortgage-Backed Securities											X X X
11.4 Other Loan-Backed and Structured Securities											X X X
11.5 Totals											X X X
11.6 Line 11.5 as a % of Col. 6							X X X	X X X	X X X		X X X
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9							X X X	X X X	X X X		X X X
12. Total Privately Placed Bonds											
12.1 Issuer Obligations	90,010	2,890,325	1,973,851		444,722	5,398,908	99.86	5,592,714	99.83	X X X	5,398,908
12.2 Residential Mortgage-Backed Securities										X X X	
12.3 Commercial Mortgage-Backed Securities		4,776	2,941			7,717	0.14	9,709	0.17	X X X	7,717
12.4 Other Loan-Backed and Structured Securities										X X X	
12.5 Totals	90,010	2,895,101	1,973,851	2,941	444,722	5,406,625	100.00	5,602,422	100.00	X X X	5,406,625
12.6 Line 12.5 as a % of Col. 6	1.66	53.55	36.51	0.05	8.23	100.00	X X X	X X X	X X X	X X X	100.00
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	1.66	53.55	36.51	0.05	8.23	100.00	X X X	X X X	X X X	X X X	100.00

## SCHEDULE DA - VERIFICATION BETWEEN YEARS

### Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....	.....	.....	.....
2. Cost of short-term investments acquired .....	.....	.....	.....	.....	.....
3. Accrual of discount .....	.....	.....	.....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....	.....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....	.....	.....	.....
6. Deduct consideration received on disposals .....	.....	.....	.....	.....	.....
7. Deduct amortization of premium .....	.....	.....	.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....	.....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....	.....	.....	.....
10. Book adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	.....	.....	.....	.....	.....
11. Deduct total nonadmitted amounts .....	.....	.....	.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	.....	.....	.....	.....	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

## SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

### Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted carrying value, December 31, prior year (Line 9, prior year) .....			
2.	Cost paid/(Consideration received) on additions:			
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12 .....			
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14 .....			
3.	Unrealized valuation increase/(decrease):			
3.1	Section 1, Column 17 .....			
3.2	Section 2, Column 19 .....			
4.	Total gain (loss) on termination recognized, Section 2, Column 22 .....			
5.	Considerations received/(paid) on terminations, Section 2, Column 15 .....			
6.	Amortization:			
6.1	Section 1, Column 19 .....			
6.2	Section 2, Column 21 .....			
7.	Adjustment to the book/adjusted carrying value of hedged item:			
7.1	Section 1, Column 20 .....			
7.2	Section 2, Column 23 .....			
8.	Total foreign exchange change in book/adjusted carrying value:			
8.1	Section 1, Column 18 .....			
8.2	Section 2, Column 20 .....			
9.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8) .....			
10.	Deduct nonadmitted assets .....			
11.	Statement value at end of current period (Line 9 minus Line 10) .....			

## SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

### Futures Contracts

1.	Book/Adjusted carrying value, December 31 of prior year .....				
2.	Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote) .....				
3.1	Change in variation margin on open contracts:				
3.11	Section 1, Column 15, current year minus .....				
3.12	Section 1, Column 15, prior year .....				
3.2	Add:				
	Change in adjustment to basis of hedged item:				
3.21	Section 1, Column 17, current year to date minus .....				
3.22	Section 1, Column 17, prior year .....				
	Change in amount recognized				
3.23	Section 1, Column 16, current year to date minus .....				
3.24	Section 1, Column 16, prior year .....				
3.3	Subtotal (Line 3.1 minus Line 3.2) .....				
4.1	Variation margin on terminated contracts during the year (Section 2, Column 16) .....				
4.2	Less:				
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17) .....				
4.22	Amount recognized (Section 2, Column 16) .....				
4.3	Subtotal (Line 4.1 minus Line 4.2) .....				
5.	Disposition gains (losses) on contracts terminated in prior year:				
5.1	Recognized .....				
5.2	Used to adjust basis of hedged items .....				
6.	Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2) .....				
7.	Deduct total nonadmitted amounts .....				
8.	Statement value at end of current period (Line 6 minus Line 7) .....				

## SCHEDULE DB - PART C - SECTION 1

### Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions									
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Notional Amount	5 Book/Adjusted Carrying Value	6 Fair Value	7 Effective Date	8 Maturity Date	Derivative Instrument(s) Open			Cash Instrument(s) Held						
								9 Description	10 Book/Adjusted Carrying Value	11 Fair Value	12 CUSIP	13 Description	14 NAIC Designation or Other Description	15 Book/Adjusted Carrying Value	16 Fair Value		
9999999 Totals .....						. X X X .	. X X X .	..... X X X .....			..... X X X .....	..... X X X .....	..... X X X .....				

## SCHEDULE DB - PART C - SECTION 2

### Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory .....										
2. Add: Opened or Acquired Transactions .....										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value .....	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions .....										
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value .....	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory .....										

## SCHEDULE DB - VERIFICATION

### Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

	Book/Adjusted Carrying Value Check	
1. Part A, Section 1, Column 14 .....		
2. Part B, Section 1, Column 14 .....		
3. Total (Line 1 plus Line 2) .....		
4. Part D, Column 5 .....		
5. Part D, Column 6 .....		
6. Total (Line 3 minus Line 4 minus Line 5) .....		

	Fair Value Check	
7. Part A, Section 1, Column 16 .....		
8. Part B, Section 1, Column 13 .....		
9. Total (Line 7 plus Line 8) .....		
10. Part D, Column 8 .....		
11. Part D, Column 9 .....		
12. Total (Line 9 minus Line 10 minus Line 11) .....		

	Potential Exposure Check	
13. Part A, Section 1, Column 21 .....		
14. Part B, Section 1, Column 19 .....		
15. Part D, Column 11 .....		
16. Total (Line 13 plus Line 14 minus Line 15) .....		

## SCHEDULE E - VERIFICATION BETWEEN YEARS

### (Cash Equivalents)

		1	2	3
		Total	Bonds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year .....	176,410		176,410
2.	Cost of cash equivalents acquired .....	1,369,787		1,369,787
3.	Accrual of discount .....			
4.	Unrealized valuation increase (decrease) .....			
5.	Total gain (loss) on disposals .....			
6.	Deduct consideration received on disposals .....	936,817		936,817
7.	Deduct amortization of premium .....			
8.	Total foreign exchange change in book/adjusted carrying value .....			
9.	Deduct current year's other than temporary impairment recognized .....			
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	609,380		609,380
11.	Deduct total nonadmitted amounts .....			
12.	Statement value at end of current period (Lines 10 minus 11) .....	609,380		609,380

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment: MONEY MARKETS

## SCHEDULE A - PART 1

Showing all Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (13 - 11 - 12)	Total Foreign Exchange Change in B./A.C.V.	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
0699999 Totals .....																

## SCHEDULE A - PART 2

**Showing all Real Estate ACQUIRED and Additions Made During the Year**

1	Location		4	5	6	7	8	9	
Description of Property	2	3	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition	
City	State								
0399999 Totals .....									

### SCHEDULE A - PART 3

Showing all Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Change in Encumbrances	Book Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other Than Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B./A.C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amount Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
0399999 Totals .....																			

## SCHEDULE B - PART 1

### Showing All Mortgage Loans OWNED December 31 of Current Year

1 Loan Number	2 Code	Location		5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book Value/Recorded Investment Excluding Accrued Interest	Change in Book Value/Recorded Investment					14 Value of Land and Buildings	15 Data of Last Appraisal or Valuation
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Foreign Exchange Change in Book Value		
3399999 Total Mortgages (sum of Lines 0899999, 1699999, 2499999 and 3299999) .....														

General Interrogatory:

1. Mortgages in good standing \$.....0 unpaid taxes \$.....0 interest due and unpaid.
2. Restructured mortgages \$.....0 unpaid taxes \$.....0 interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.
4. Mortgages in process of foreclosure \$.....0 unpaid taxes \$.....0 interest due and unpaid.

## SCHEDULE B - PART 2

**Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year**

1	Location		4	5	6	7	8	9
Loan Number	2	3	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
	City	State						
3399999 Total Mortgages (sum of Lines 0899999, 1699999, 2499999 and 3299999) .....								

## SCHEDULE B - PART 3

### Showing all Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Disposal Date	7 Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Change in Book Value/Recorded Investment					14 Book Value/ Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal
	2 City	3 State					8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other than Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8+9-10+11)					
0599999 Totals .....																



## SCHEDULE BA - PART 2

### Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 Date Originally Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Amount of Encumbrances	11 Percentage of Ownership
		3 City	4 State							
3999999 Total - Unaffiliated .....										
4099999 Total - Affiliated .....										
4199999 Totals .....										

## SCHEDULE BA - PART 3

### Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/ Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A. C. V. (9 + 10 - 11 + 12)	Total Foreign Exchange Change in B./A. C. V.	Book/ Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
3999999 Total - Unaffiliated .....																			
4099999 Total - Affiliated .....																			
4199999 Totals .....																			

# SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F O R E I G N	B O N D C H A R	NAIC Designation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Maturity
<b>U.S. Governments - Issuer Obligations</b>																					
31359F4A3	FNMA (REMIC TR 1994 CL 1-U PT)				1	4,802		5,158	5,000	4,776			(26)		6.500		MON	26	351	01/01/1994	01/25/2014
74436GCP6	PRUD SEC CMO S 17 CL-17-S				1	2,941		2,282	2,000	2,941			0		7.500		MON		150	01/01/1992	12/25/2021
74514LSL2	PUERTO RICO COMWLTH PUB				1	40,147		40,460	40,000	40,005			(142)		4.400		MON	142	1,755	05/01/2008	07/01/2012
74529IUP7	PUERTO RICO PUB FING CORP				1	5,119		5,147	5,000	5,095			(25)		6.050		MON	25	304	05/29/2009	08/01/2017
74527PBG7	PUERTO RICO HSG FIN CORP COLL				1	138,305		140,485	145,000	138,305					5.010		0			06/08/2009	01/01/2013
74517EB7	PUERTO RICO COMWLTH GOVT DEV				1	60,198		60,042	60,000	60,000			(198)		4.100		MON	198	2,453	01/08/2010	02/01/2013
74527PBH5	PUERTO RICO HSG FIN CORP COLL				1	149,076		152,422	160,000	149,076					5.010		MON			06/08/2009	07/01/2013
74527BJP0	PR INDL TOURST EDL MED				1	4,649		4,582	5,000	4,650					5.160		0			06/08/2009	07/01/2013
745177ER2	PR COMWLTH GOVT DEV BK				1	501,712		500,215	500,000	500,000			(1,712)		4.250		MON	1,712	21,191	08/26/2010	08/01/2014
745277NT6	PUERTO RICO MUN FIN AGY SER A				1	403,467		395,230	390,000	396,699			(6,768)		5.250		MON	8,474	23,787	11/07/2008	08/01/2017
745177ES0	PR COMWLTH GOVT DEV BK				1	220,913		220,073	220,000	220,000			(913)		5.150		MON	913	11,299	08/26/2010	08/01/2017
745177ET8	PR COMWLTH GOVT DEV BK				1	502,175		500,155	500,000	500,000			(2,175)		5.400		MON	2,175	26,925	08/26/2011	08/01/2019
745177FC4	GOVERNMENT DEVELOPMENT BAK OF PR				1	500,000		500,000	500,000	500,000					4.500		MON	125	125	12/28/2011	08/01/2019
74529JAC9	PR SALES TAX FING CORP				1	446,842		461,574	435,000	444,722			(2,120)		5.780		MON	2,120	26,244	02/20/2008	08/01/2036
912828BW9	US TSY INFL PROT NOTE				1	755,101		895,512	690,000	748,746			(6,354)		2.000		MON	7,721	8,389	05/29/2009	01/15/2014
74514LSN8	PUERTO RICO COMWLTH PUB				1	110,005		113,746	110,000	110,005					4.750		MON		3,788	05/01/2008	07/01/2014
74514LSL2	PR COMWLTH REF PUB IMPT				1	50,004		50,575	50,000	50,005					4.400		MON		1,595	05/01/2008	07/01/2012
74514LTG2	PUERTO RICO COMWLTH PUB				1	38,264		38,437	35,000	38,264					5.300		MON		875	01/05/2009	07/01/2015
745277NT6	PUERTO RICO MUN FIN AGY SER A				1	112,057		111,475	110,000	112,057					5.250		MON			11/07/2008	08/01/2017
745215AL7	PR COMWLTH IDR				1	135,323		135,252	135,000	135,323					6.650		MON		7,631	10/04/2002	07/01/2015
745291QP2	PUERTO RICO PUB FIN CORP CMWLTH				1	105,946		107,260	105,000	105,946					4.600		MON		3,502	01/25/2006	08/01/2013
74514LSM0	PR COMWLTH REF PUB IMPT				1	100,379		102,639	100,000	100,005			(375)		4.500		MON	375	4,500	05/01/2008	07/01/2013
74514LSN8	PR COMWLTH REF PUB IMPT				1	200,796		206,778	200,000	200,005			(792)		4.750		MON	792	9,500	05/01/2008	07/01/2014
745177EK7	PR COMWLTH GOVT DEV BK GEN GOVT				1	100,354		100,000	100,000	100,000			(354)		4.250		MON	354	4,250	07/29/2010	08/01/2014
74527BSS4	PR INDL TOURIST EDL MED				1	500,911		502,495	500,000	500,000			(911)		4.100		MON	911	20,500	12/18/2009	07/15/2013
745177FB6	PR COMWLTH GOVT DEV BK SR NTS				1	240,000		240,118	240,000	240,000					4.150		MON	83	83	12/28/2011	08/01/2017
0199999	Subtotal - U.S. Governments - Issuer Obligations					5,429,488	X X X	5,592,109	5,342,000	5,406,625			(22,864)		X X X	X X X	X X X	26,145	179,197	X X X	X X X
0599999	Subtotal - U.S. Governments					5,429,488	X X X	5,592,109	5,342,000	5,406,625			(22,864)		X X X	X X X	X X X	26,145	179,197	X X X	X X X
7799999	Subtotals - Issuer Obligations					5,429,488	X X X	5,592,109	5,342,000	5,406,625			(22,864)		X X X	X X X	X X X	26,145	179,197	X X X	X X X
8399999	Grand Total - Bonds					5,429,488	X X X	5,592,109	5,342,000	5,406,625			(22,864)		X X X	X X X	X X X	26,145	179,197	X X X	X X X

## SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				20 NAIC Designation	21 Date Acquired
		3 Code	4 For- eign					9 Rate Per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amortization) Accretion	17 Current Year's Other than Temporary Impairment Recognized	18 Total Change in B./A.C.V. (15+16-17)		
8999999 Total Preferred Stocks .....								X X X										X X X	X X X

## SCHEDULE D - PART 2 - SECTION 2

### Showing All COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	Fair Value		9 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired
		3 Code	4 For- eign			7 Rate per Share Used to Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (Col. 13-14)	16 Total Foreign Exchange Change in B./A.C.V.		
<b>Mutual Funds</b>																	
33611N101	FIRST PR TAX EXEMPT TARGET IV			50,000.000	467,500	9.050	467,500	479,000		30,264							10/04/2002
33611Q104	FIRST PUERTO RICO III			10,000.000	95,500	9.300	95,500	89,700		6,063							04/29/2002
745276105	PR INVESTORS TAX FREE			16,900.000	174,920	9.800	174,920	162,240		12,083							02/14/2008
87675H103	TAX FREE PR FUND II INC			17,073.000	175,003	9.650	175,003	163,901		12,038							02/19/2008
74528B103	PR FIXED INOCME FUND V			17,500.000	175,005	9.650	175,005	177,625		21,119							02/28/2008
74514M105	PR AAA PORTFL TARGET			72,407.000	909,104	9.500	909,104	928,980		56,664							09/08/2004
464287101	ISHARES S&P 100 INDEX FUND			3,022.000	130,550	43.200	130,550	172,345		3,569							05/15/2008
464287234	ISHARES MSCI EMERGING MARKETS			455.000	34,084	74.910	34,084	51,788		1,137							05/15/2008
464287465	ISHARES MSCI EAFE INDEX FUND			4,325.000	194,020	44.860	194,020	214,217		7,397							05/15/2008
464287499	ISHARES TRUST RUSELL MIDCAP			850.000	50,762	49.720	50,762	83,657		1,325							05/15/2008
464287598	ISHARES TRUST RUSELL 1000 VALUE INDEX			2,215.000	109,687	49.520	109,687	140,608		3,230							05/15/2008
464287614	ISHARES TRUST RUSELL 1000 GROWTH INDEX			3,785.000	140,272	37.060	140,272	218,735		3,046							05/15/2008
464287655	ISHARES TRUST RUSELL 2000			850.000	41,854	49.240	41,854	62,688		876							05/15/2008
464287861	ISHARES S&P EUROPE 350 INDEX			330.000	20,552	62.280	20,552	22,268		801							05/15/2008
06738C778	BARCLAYS BANK PLC IPATH INX			365.000	46,359	35.190	46,359	44,859									05/15/2008
73317S103	POPULAR HIGH GRADE FIXED INCOME			32,608.000	300,000	9.200	300,000	253,370		16,960							11/17/2009
73317X201	POPLAR INCOME PLUS FUND			20,429.000	200,000	9.790	200,000	173,238		10,583							11/17/2009
74527W108	PUERTO RICO GNMA & US GOVT			15,274.000	149,996	9.820	149,996	152,740		8,629							10/23/2009
9299999	Subtotal - Mutual Funds				3,415,168	X X X	3,415,168	3,591,959		195,783						X X X	X X X
9799999	Total Common Stocks				3,415,168	X X X	3,415,168	3,591,959		195,783						X X X	X X X
9899999	Total Preferred and Common Stocks				3,415,168	X X X	3,415,168	3,591,959		195,783						X X X	X X X

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues .....0, the total \$ value (included in Column 8) of all such issues \$.....0.

## SCHEDULE D - PART 3

### Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
<b>Bonds - U.S. Governments</b>								
745177FC4	GOVERNMENT DEVELOPMENT BANK FOR PR SERIE		12/28/2011	UBS FINANCIAL SERVICES	X X X	500,000	500,000.00	
745177FB6	PR COMWLTH GOVT DEV BK SNR NTS 2011		12/28/2011	POPULAR SECURITIES	X X X	240,000	240,000.00	
74514LTG2	PUERTO RICO COMWLTH		08/09/2011	CITIBANK	X X X	35,000	35,000.00	
0599999 Subtotal - Bonds - U.S. Governments						775,000	775,000.00	
8399997 Subtotal - Bonds - Part 3						775,000	775,000.00	
8399998 Summary item from Part 5 for Bonds								
8399999 Subtotal - Bonds						775,000	775,000.00	
8999998 Summary Item from Part 5 for Preferred Stocks							X X X	
<b>Common Stocks - Mutual Funds</b>								
06738C778	BARCLAYS BANK PLC IPATH		08/22/2011	UBS FINANCIAL SERVICES	697.000	33,514	X X X	
9299999 Subtotal - Common Stocks - Mutual Funds						33,514	X X X	
9799997 Subtotal - Common Stocks - Part 3						33,514	X X X	
9799998 Summary Item from Part 5 for Common Stocks							X X X	
9799999 Subtotal - Common Stocks						33,514	X X X	
9899999 Subtotal - Preferred and Common Stocks						33,514	X X X	
9999999 Totals						808,514	X X X	

## SCHEDULE D - PART 4

### Showing All Long-Term Bonds and Stocks SOLD, REDEEMED, or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (Cols. 11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. Governments</b>																						
31359F4A3	FNMA (REMIC TR 1994 CL 1-UCPT)		06/27/2011	UBS	X X X	1,000														351	01/24/2014	
745291TF1	PUERTO RICO PUB FIN CORP		08/01/2011	CITIBANK	X X X	110,000	110,000.00		103,330						103,330		6,670	6,670	4,620	08/01/2011		
745291UF9	PUERTO RICO PUB FING CORP COMWLTH		08/01/2011	CITIBANK	X X X	20,000	20,000.00		20,523						20,523		(523)	(523)	840	08/01/2015		
745291UK8	PUERTO RICO PUB FIN CORP COMWLTH		08/01/2011	UBS	X X X	10,000	10,000.00		10,404						10,404		(404)	(404)	353	08/01/2017		
3133XVUK5	FHLB STEP UP CALL		11/30/2011	UBS	X X X	500,000	50,000.00		500,005						500,005		(5)	(5)	17,583	11/30/2017		
745177EL5	PUERTO RICO COMWLTH GOVT DEV BK		12/28/2011	POPULAR	X X X	179,996	179,995.50		180,000						180,000		(5)	(5)	8,925	08/01/2016		
745177EC5	PUERTO RICO COMWLTH GOVT DEV BK		12/28/2011	POPULAR	X X X	59,996	59,995.50		60,005						60,005		(9)	(9)	4,055	02/01/2015		
31359F4A3	FNMA (REMIC TR 1994 CL 1-UCPT)		01/25/2011	UBS	X X X	1,000																
745177EC5	PUERTO RICO COMWLTH GOVT DEV BK		07/01/2011	POPULAR	X X X	40,000	40,000.00		40,000						40,000					02/01/2015		
74514LTG2	PUERTO RICO COMWLTH PUB		08/09/2011	UBS	X X X	35,000	35,000.00		34,431						34,431		4,222	4,222	875	07/01/2015		
0599999	Subtotal - Bonds - U.S. Governments					956,991	504,991.00		948,698						948,698		9,946	9,946	37,602	X X X		
8399997	Subtotal - Bonds - Part 4					956,991	504,991.00		948,698						948,698		9,946	9,946	37,602	X X X		
8399998	Summary Item from Part 5 for Bonds																				X X X	
8399999	Subtotal - Bonds					956,991	504,991.00		948,698						948,698		9,946	9,946	37,602	X X X		
8999998	Summary Item from Part 5 for Preferred Stocks						X X X														X X X	
<b>Common Stocks - Mutual Funds</b>																						
73936B408	POWERSHARES DB MULTI		08/22/2011	UBS	315.000	10,445	X X X		8,247						8,247		2,199	2,199		X X X		
06739H206	DJ AIG AGG		08/22/2011	UBS	370.000	23,072	X X X		14,900						14,900		8,172	8,172		X X X		
9299999	Subtotal - Common Stocks - Mutual Funds					33,517	X X X		23,147						23,147		10,370	10,370		X X X		
9799997	Subtotal - Common Stocks - Part 4					33,517	X X X		23,147						23,147		10,370	10,370		X X X		
9799998	Summary Item from Part 5 for Common Stocks						X X X														X X X	
9799999	Subtotal - Common Stocks					33,517	X X X		23,147						23,147		10,370	10,370		X X X		
9899999	Subtotal - Preferred and Common Stocks					33,517	X X X		23,147						23,147		10,370	10,370		X X X		
9999999	Totals					990,508	X X X		971,844						971,844		20,317	20,317	37,602	X X X		

## SCHEDULE D - PART 5

**Showing All Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year**

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identifi- cation	Description	F O R E I G N	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) Number of Shares (Stock)	Actual Cost	Consider- ation	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (Col. 12+ 13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
9999999 Totals .....																				

## SCHEDULE D - PART 6 - SECTION 1

### Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1  CUSIP Identification	2  Description Name of Subsidiary, Controlled or Affiliated Company	3  Foreign	4  NAIC Company Code or Alien Insurer Identification Number	5  NAIC Valuation Method (See SVO Purposes and Procedures manual)	6  Do Insurer's Assets Include Intangible Assets connected with Holding of Such Company's Stock?	7  Total Amount of Such Intangible Assets	8  Book/Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9  Number of Shares	10  % of Outstanding
1999999 Total - Preferred and Common Stocks .....								... X X X ...	... X X X ...

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$.....0.
2. Total amount of intangible assets nonadmitted \$.....0.

## SCHEDULE D - PART 6 - SECTION 2

1  CUSIP Identification	2  Name of Lower-tier Company	3  Name of Company Listed in Section 1 Which Controls Lower-tier Company	4  Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-tier Company Owned Indirectly by Insurer on Statement Date	
				5  Number of Shares	6  % of Outstanding
0399999 Total - Preferred and Common Stocks .....				... X X X ...	... X X X ...

## SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 CUSIP Identi- fication	2 Description	Codes		5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				13 Par Value	14 Actual Cost	Interest						21 Paid For Accrued Interest
		3 Code	4 For- eign					9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Total Foreign Exchange Change in B./A.C.V.			15 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	16 Non-Admitted Due and Accrued	17 Rate of	18 Effective Rate of	19 When Paid	20 Amount Received During Year	
8399999 Total Bonds .....																				
9199999 Total Short-Term Investments .....																				

# SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Description	Description of Items Hedged or Used for Income Generation	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization) Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Year-end (a)	
0369999	Total - Purchased Options - Call Options and Warrants													XXX							XXX	XXX	
0379999	Total - Purchased Options - Put Options													XXX								XXX	XXX
0389999	Total - Purchased Options - Caps													XXX								XXX	XXX
0399999	Total - Purchased Options - Floors													XXX								XXX	XXX
0409999	Total - Purchased Options - Collars													XXX								XXX	XXX
0419999	Total - Purchased Options - Other													XXX								XXX	XXX
0429999	Total - Purchased Options													XXX								XXX	XXX
0789999	Total - Written Options - Call Options and Warrants													XXX								XXX	XXX
0799999	Total - Written Options - Put Options													XXX								XXX	XXX
0809999	Total - Written Options - Caps													XXX								XXX	XXX
0819999	Total - Written Options - Floors													XXX								XXX	XXX
0829999	Total - Written Options - Collars													XXX								XXX	XXX
0839999	Total - Written Options - Other													XXX								XXX	XXX
0849999	Total - Written Options													XXX								XXX	XXX
1159999	Total - Swaps - Interest Rate													XXX								XXX	XXX
1169999	Total - Swaps - Credit Default													XXX								XXX	XXX
1179999	Total - Swaps - Foreign Exchange													XXX								XXX	XXX
1189999	Total - Swaps - Total Return													XXX								XXX	XXX
1199999	Total - Swaps - Other													XXX								XXX	XXX
1209999	Total - Swaps													XXX								XXX	XXX
1399999	Grand Total - Hedging Effective													XXX								XXX	XXX
1409999	Grand Total - Hedging Other													XXX								XXX	XXX
1419999	Grand Total - Replication													XXX								XXX	XXX
1429999	Grand Total - Income Generation													XXX								XXX	XXX
1439999	Grand Total - Other													XXX								XXX	XXX
1449999	GRAND TOTAL													XXX								XXX	XXX

E18

(a)	
1	2
Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
.. 0000 ..	

## SCHEDULE DB - PART A - SECTION 2

**Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Hedged Item(s)	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange or Counterparty	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Prior Year Initial Cost of Premiums (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A./C./V	Current Year's (Amortization) / Accretion	Gain (Loss) on Termination Recognized	Adjustment to Carrying Value of Hedged Item	Gain (Loss) on Termination Deferred	Hedge Effectiveness at Inception and at Termination (a)
0369999 Total - Purchased Options - Call Options and Warrants																	XXX							XXX
0379999 Total - Purchased Options - Put Options																	XXX							XXX
0389999 Total - Purchased Options - Caps																	XXX							XXX
0399999 Total - Purchased Options - Floors																	XXX							XXX
0409999 Total - Purchased Options - Collars																	XXX							XXX
0419999 Total - Purchased Options - Other																	XXX							XXX
0429999 Total - Purchased Options																	XXX							XXX
0789999 Total - Written Options - Call Options and Warrants																	XXX							XXX
0799999 Total - Written Options - Put Options																	XXX							XXX
0809999 Total - Written Options - Caps																	XXX							XXX
0819999 Total - Written Options - Floors																	XXX							XXX
0829999 Total - Written Options - Collars																	XXX							XXX
0839999 Total - Written Options - Other																	XXX							XXX
0849999 Total - Written Options																	XXX							XXX
1159999 Total - Swaps - Interest Rate																	XXX							XXX
1169999 Total - Swaps - Credit Default																	XXX							XXX
1179999 Total - Swaps - Foreign Exchange																	XXX							XXX
1189999 Total - Swaps - Total Return																	XXX							XXX
1199999 Total - Swaps - Other																	XXX							XXX
1209999 Total - Swaps																	XXX							XXX
1399999 Grand Total - Hedging Effective																	XXX							XXX
1409999 Grand Total - Hedging Other																	XXX							XXX
1419999 Grand Total - Replication																	XXX							XXX
1429999 Grand Total - Income Generation																	XXX							XXX
1439999 Grand Total - Other																	XXX							XXX
1449999 GRAND TOTAL																	XXX							XXX

E19

(a)	
1	2
Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
0000	



## SCHEDULE DB - PART B - SECTION 2

### Futures Contracts Terminated December 31 of Current Year

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Hedged Item(s)	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Termination Date	13 Termination Price	14 Indicate Exercise, Expiration, Maturity or Sale	15 Book/ Adjusted Carrying Value At Termination	Change in Variation Margin			19 Hedge Effectiveness at Inception/ and at Termination (a)
															16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of hedged Item in Current Year	18 Deferred	
1399999 Total - Hedging Effective .....															.....	.....	.....	..... X X X .....
1409999 Total - Hedging Other .....															.....	.....	.....	..... X X X .....
1419999 Total - Replication .....															.....	.....	.....	..... X X X .....
1429999 Total - Income Generation .....															.....	.....	.....	..... X X X .....
1439999 Total - Other .....															.....	.....	.....	..... X X X .....
1449999 Grand Total .....															.....	.....	.....	..... X X X .....

1 Broker Name	2 Net Cash Deposits
9999999 Total - Net Cash Deposits .....	.....

1 Code	2 Financial or Economic Impact of the Hedge at the End of the Reporting Period
.. 0000 ..	.....

## SCHEDULE DB - PART D

### Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1 Description Counterparty or Exchange Traded	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value > 0	6 Contracts With Book/ Adjusted Carrying Value < 0	7 Exposure net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0	10 Exposure Net of Collateral		
0199999 Aggregate Sum of Exchange Traded Derivatives .....											
0899999 Totals .....											

## SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation / Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
6599999	Subtotal - Bonds .....					X X X .....
7699999	Total Preferred and Common Stocks .....					X X X .....
9999999	Grand Totals .....					X X X .....

General Interrogatories:

1. Total activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation: NAIC 1 \$.....0, NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

## SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
6599999	Subtotal - Bonds .....					X X X .....
7699999	Total Preferred and Common Stocks .....					X X X .....
9999999	Grand Totals .....					X X X .....

General Interrogatories:

1. Total activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
3. Grand Total Schedule DL Part 1 and Part 2 Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

## SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
<b>open depositories</b>						
BANCO POPULAR .....					3,752,811	X X X
CITIBANK .....					37,861	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories .....						
		X X X				X X X
0199999 Totals - Open Depositories .....						
		X X X			3,790,672	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories .....						
		X X X				X X X
0299999 Totals - Suspended Depositories .....						
		X X X				X X X
0399999 Total Cash On Deposit .....						
		X X X			3,790,672	X X X
0499999 Cash in Company's Office .....						
		X X X	X X X	X X X		X X X
0599999 Total Cash .....						
		X X X			3,790,672	X X X

### TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January .....	3,676,192	4. April .....	3,109,765	7. July .....	2,982,699	10. October .....	3,511,138
2. February .....	3,565,803	5. May .....	3,440,729	8. August .....	3,371,891	11. November .....	3,662,173
3. March .....	3,816,317	6. June .....	3,435,842	9. September .....	3,486,880	12. December .....	3,790,672

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>Other Cash Equivalents</b>							
MONEY MARKET - FIXED INCOME .....			0.000		340,687		
MONEY MARKET - UBS EQUITY ACCOUNT .....			0.000		42,656		
MONEY MARKET - POPULAR SECURITIES .....			0.000		226,036		
8599999 Subtotal - Other Cash Equivalents .....					609,380		
8699999 Total Cash Equivalents .....					609,380		

## SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	States. Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
				3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
				1.	Alabama (AL)		
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CN)						
58.	Aggregate other alien (OT)	X X X	X X X				
59.	Total	X X X	X X X				
<b>DETAILS OF WRITE-INS</b>							
5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	X X X				



## SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2011  
(To be filed by March 1)

### PART 1 - INTERROGATORIES

- |   |  |
|---|--|
| <p>1. The reporting insurer is a member of a group of insurers or other holding company system:<br/>If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group:<br/>or 2) allocation to each insurer:</p>  | Yes[X] No[ ]<br><br>Yes[X] No[ ]<br>Yes[X] No[ ] |
| <p>2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?</p>  | Yes[ ] No[X]                                     |
| <p>3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?</p> | Yes[ ] No[X]                                     |

### PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	Annual Compensation			
		3	4	5	6
Name and Principal Position	Year	Salary	Bonus	All Other Compensation	Totals
1. RAFAEL BURGOS, CHIEF EXECUTIVE OFFICER	2011				
	2010				
	2009				
2. MARIANNE ORTIZ, VICE PRESIDENT & TREASURER	2011				
	2010				
	2009				
3. CARMEN FIGUEROA, SECRETARY	2011				
	2010				
	2009				
4.	2011				
	2010				
	2009				
5.	2011				
	2010				
	2009				
6.	2011				
	2010				
	2009				
7.	2011				
	2010				
	2009				
8.	2011				
	2010				
	2009				
9.	2011				
	2010				
	2009				
10.	2011				
	2010				
	2009				

### PART 3 - DIRECTOR COMPENSATION

1	2	3	4
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All Other Compensation Paid or Deferred	Totals
MR. GARY RADINE, CHAIRMAN	900		900
MRS. BELINDA MARTINEZ, VICE CHAIRMAN	600		600
MRS. ANA MARIA ROMERO	300		300
MR. JAIME RODRIGUEZ CORA	600		600
MR. ALFONSO ORTIZ	600		600
MRS. EDLIN BUITRAGO HUERTAS, SECRETARY	900		900
MR. JORGE RODRIGUEZ BARROSO, TRESURER	900		900
9999999	4,800		4,800



# SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2011  
(To Be Filed by April 1)

Of The DELTA DENTAL OF P.R., INC.  
 Address (City, State, Zip Code) GUAYNABO, PR, 00968  
 NAIC Group Code 2479 NAIC Company Code 47085 Employer's ID Number 680652604

The Investment Risk Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.  
 Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$ ..... 14,971,979

1	2	3	4
Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2. Ten largest exposures to a single issuer/borrower/investment.			
2.01	GOVERNMENT DEVELOPMENT BANK OF PR	BOND ..... 500,000	..... 3.340
2.02	PR COMWLTH GOVT DEV	BOND ..... 1,220,000	..... 8.149
2.03	PR INDL TOURIST EDL	BOND ..... 500,000	..... 3.340
2.04	PR MUN FIN AGY	BOND ..... 568,757	..... 3.799
2.05	US TSY INFL PROT NOTE	BOND ..... 748,746	..... 5.001
2.06	PR TAX EXEMPT TARGET IV	MUTUAL FUND ..... 467,500	..... 3.122
2.07	PR SALES TAX FING CORP	BOND ..... 444,722	..... 2.970
2.08	PR AAA PORTFL TARGET	MUTUAL FUND ..... 909,104	..... 6.072
2.09	POPULAR HIGH GRADE FIXED INCOME	MUTUAL FUND ..... 300,000	..... 2.004
2.10	PR COMWLTH GOVT DEV SNR NTS	BOND ..... 240,000	..... 1.603

NAIC Rating	1	2
	Amount	Percent
3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.		
<b>Bonds</b>		
3.01 NAIC-1	..... 756,463	..... 5.053
3.02 NAIC-2	..... 4,650,162	..... 31.059
3.03 NAIC-3	.....	.....
3.04 NAIC-4	.....	.....
3.05 NAIC-5	.....	.....
3.06 NAIC-6	.....	.....
<b>Preferred Stocks</b>		
3.07 P/RP-1	.....	.....
3.08 P/RP-2	.....	.....
3.09 P/RP-3	.....	.....
3.10 P/RP-4	.....	.....
3.11 P/RP-5	.....	.....
3.12 P/RP-6	.....	.....

4. Assets held in foreign investments:  
 4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[ ]  
 If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

	1	2
	Amount	Percent
4.02 Total admitted assets held in foreign investments	.....	.....
4.03 Foreign-currency-denominated investments	.....	.....
4.04 Insurance liabilities denominated in that same foreign currency	.....	.....

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

	1 Amount	2 Percent
NAIC Sovereign Rating		
5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:		
5.01 Countries rated NAIC-1 .....		
5.02 Countries rated NAIC-2 .....		
5.03 Countries rated NAIC-3 or below .....		

	1 Amount	2 Percent
NAIC Sovereign Rating		
6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:		
Countries rated NAIC-1:		
6.01 .....		
6.02 .....		
Countries rated NAIC-2:		
6.03 .....		
6.04 .....		
Countries rated NAIC-3 or below:		
6.05 .....		
6.06 .....		

	1 Amount	2 Percent
Description		
7. Aggregate unhedged foreign currency exposure .....		

	1 Amount	2 Percent
NAIC Sovereign Rating		
8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:		
8.01 Countries rated NAIC-1 .....		
8.02 Countries rated NAIC-2 .....		
8.03 Countries rated NAIC-3 or below .....		

	1 Amount	2 Percent
NAIC Sovereign Rating		
9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:		
Countries rated NAIC-1:		
9.01 .....		
9.02 .....		
Countries rated NAIC-2:		
9.03 .....		
9.04 .....		
Countries rated NAIC-3 or below:		
9.05 .....		
9.06 .....		

	2 NAIC Rating	3 Amount	4 Percent
1 Issuer			
10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:			
10.01 .....			
10.02 .....			
10.03 .....			
10.04 .....			
10.05 .....			
10.06 .....			
10.07 .....			
10.08 .....			
10.09 .....			
10.10 .....			

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:  
 11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?  
 If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

Yes[X] No[ ]

Description		1 Amount	2 Percent
11.02	Total admitted assets held in Canadian Investments .....		
11.03	Canadian-currency-denominated investments .....		
11.04	Canadian-denominated insurance liabilities .....		
11.05	Unhedged Canadian currency exposure .....		

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.  
 12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?  
 If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

Yes[X] No[ ]

1 Contractual Sales Restrictions		2 Amount	3 Percent
12.02	Aggregate statement value of investments with contractual sales restrictions .....		
	Largest 3 investments with contractual sales restrictions:		
12.03	.....		
12.04	.....		
12.05	.....		

13. Amounts and percentages of admitted assets held in the ten largest equity interests:  
 13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?  
 If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

Yes[X] No[ ]

1 Name of Issuer		2 Amount	3 Percent
Assets held in equity interests:			
13.02	.....		
13.03	.....		
13.04	.....		
13.05	.....		
13.06	.....		
13.07	.....		
13.08	.....		
13.09	.....		
13.10	.....		
13.11	.....		

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?

Yes[X] No[ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

1 Investment Category	2 Amount	3 Percent
14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities .....		
Largest 3 investments held in nonaffiliated, privately placed equities:		
14.03 .....		
14.04 .....		
14.05 .....		

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets?

Yes[X] No[ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

1 Investments in General Partnerships	2 Amount	3 Percent
15.02 Aggregate statement value of investments held in general partnership interests .....		
Largest 3 investments in general partnership interests:		
15.03 .....		
15.04 .....		
15.05 .....		

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets?

Yes[X] No[ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

1 Type (Residential, Commercial, Agricultural)	2 Amount	3 Percent
Total admitted assets held in Mortgage Loans		
16.02 .....		
16.03 .....		
16.04 .....		
16.05 .....		
16.06 .....		
16.07 .....		
16.08 .....		
16.09 .....		
16.10 .....		
16.11 .....		

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

Description	Loans	
	2 Amount	3 Percent
Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:		
16.12 Construction loans .....		
16.13 Mortgage loans over 90 days past due .....		
16.14 Mortgage loans in the process of foreclosure .....		
16.15 Mortgage loans foreclosed .....		
16.16 Restructured mortgage loans .....		

Loan-to-Value	Residential		Commercial		Agricultural	
	1 Amount	2 Percent	3 Amount	4 Percent	5 Amount	6 Percent
17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:						
17.01 Above 95% .....						
17.02 91% to 95% .....						
17.03 81% to 90% .....						
17.04 71% to 80% .....						
17.05 Below 70% .....						

18. Amounts and percents of the reporting entity's total admitted assets held in each of the five largest investments in real estate:
- 18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[ ]  
 If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

1 Description	2 Amount	3 Percent
Largest 5 investments in any one parcel or group of contiguous parcels of real estate:		
18.02 .....		
18.03 .....		
18.04 .....		
18.05 .....		
18.06 .....		

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:
- 19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[ ]  
 If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

1 Description	2 Amount	3 Percent
19.02 Aggregate statement value of investments held in mezzanine real estate loans .....		
Largest three investments held in mezzanine real estate loans:		
19.03 .....		
19.04 .....		
19.05 .....		

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

Description	At Year-End		Amount at End of Each Quarter		
	Amount 1	Percent 2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:					
20.01 Securities lending agreements (do not include assets held as collateral for such transactions) .....					
20.02 Repurchase agreements .....					
20.03 Reverse repurchase agreements .....					
20.04 Dollar repurchase agreements .....					
20.05 Dollar reverse repurchase agreements .....					

Description	Owned		Written	
	1 Amount	2 Percent	3 Amount	4 Percent
21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:				
21.01 Hedging .....				
21.02 Income generation .....				
21.03 Other .....				

Description	At Year-End		Amount at End of Each Quarter		
	Amount 1	Percent 2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:					
22.01 Hedging .....					
22.02 Income generation .....					
22.03 Replications .....					
22.04 Other .....					

Description	At Year-End		Amount at End of Each Quarter		
	Amount 1	Percent 2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:					
23.01 Hedging .....					
23.02 Income generation .....					
23.03 Replications .....					
23.04 Other .....					



# ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only

For The Year Ended December 31, 2011

NAIC Group Code: 2479

(To Be Filed By April 1)

NAIC Company Code: 47085

Supps

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS</b>							
<b>1. Comprehensive Major Medical</b>							
1.1. With Contract Reserves .....							
1.2. Without Contract Reserves .....							
1.3. Subtotal .....							
<b>2. Short-Term Medical</b>							
2.1. With Contract Reserves .....							
2.2. Without Contract Reserves .....							
2.3. Subtotal .....							
<b>3. Other Medical (Non-Comprehensive)</b>							
3.1. With Contract Reserves .....							
3.2. Without Contract Reserves .....							
3.3. Subtotal .....							
<b>4. Specified/Named Disease</b>							
4.1. With Contract Reserves .....							
4.2. Without Contract Reserves .....							
4.3. Subtotal .....							
<b>5. Limited Benefit</b>							
5.1. With Contract Reserves .....							
5.2. Without Contract Reserves .....							
5.3. Subtotal .....							
<b>6. Student</b>							
6.1. With Contract Reserves .....							
6.2. Without Contract Reserves .....							
6.3. Subtotal .....							
<b>7. Accident Only or AD&amp;D</b>							
7.1. With Contract Reserves .....							
7.2. Without Contract Reserves .....							
7.3. Subtotal .....							
<b>8. Disability Income - Short-Term</b>							
8.1. With Contract Reserves .....							
8.2. Without Contract Reserves .....							
8.3. Subtotal .....							

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

Supp 9

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS (Continued)</b>							
<b>9. Disability Income - Long-Term</b>							
9.1. With Contract Reserves .....							
9.2. Without Contract Reserves .....							
9.3. Subtotal .....							
<b>10. Long-Term Care</b>							
10.1. With Contract Reserves .....							
10.2. Without Contract Reserves .....							
10.3. Subtotal .....							
<b>11. Medicare Supplement (Medigap)</b>							
11.1. With Contract Reserves .....							
11.2. Without Contract Reserves .....							
11.3. Subtotal .....							
<b>12. Dental</b>							
12.1. With Contract Reserves .....							
12.2. Without Contract Reserves .....							
12.3. Subtotal .....							
<b>13. State Children's Health Insurance Program</b>							
13.1. With Contract Reserves .....							
13.2. Without Contract Reserves .....							
13.3. Subtotal .....							
<b>14. Medicare</b>							
14.1. With Contract Reserves .....							
14.2. Without Contract Reserves .....							
14.3. Subtotal .....							
<b>15. Medicaid</b>							
15.1. With Contract Reserves .....							
15.2. Without Contract Reserves .....							
15.3. Subtotal .....							
<b>16. Medicare Part D - Stand-alone</b>							
16.1. With Contract Reserves .....							
16.2. Without Contract Reserves .....							
16.3. Subtotal .....							
<b>17. Other Individual Business</b>							
17.1. With Contract Reserves .....							
17.2. Without Contract Reserves .....							
17.3. Subtotal .....							
<b>18. Total Individual Business</b>							
18.1. With Contract Reserves .....							
18.2. Without Contract Reserves .....							
<b>19. Grand Total Individual</b>							

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
<b>Comprehensive Major Medical</b>							
<b>1. Single Employer</b>							
1.1. Small Employer .....							
1.2. Other Employer .....							
1.3. Single Employer Subtotal .....							
2. Multiple Employer Assns and Trusts .....							
3. Other Associations and Discretionary Trusts .....							
4. Other Comprehensive Major Medical .....							
5. Comprehensive/Major Medical Subtotal .....							
<b>Other Medical (Non-Comprehensive)</b>							
6. Specified/Named Disease .....							
7. Limited Benefit .....							
8. Student .....							
9. Accident Only or AD&D .....							
10. Disability Income - Short-Term .....							
11. Disability Income - Long-Term .....							
12. Long-Term Care .....							
13. Medicare Supplement (Medigap) .....							
14. Federal Employees Health Benefit Plans .....							
15. Tricare .....							
16. Dental .....	16,193,364	9,754,426	(225,000)	58.8	896	114,602	220,223
17. Medicare .....							
18. Medicare Part D - Stand-alone .....							
19. Other Group Care .....							
20. Grand Total Group Business .....	16,193,364	9,754,426	(225,000)	58.8	896	114,602	220,223
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group) .....							
2. Stop Loss/Excess Loss .....							
3. Administrative Services Only .....	X X X	X X X	X X X	X X X			
4. Administrative Services Contracts .....	X X X	X X X	X X X	X X X			
5. Grand Total Other Business .....							
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms .....	(16,193,364)	(9,754,426)	225,000	58.8			
2. Grand Total Individual, Group and Other Business .....					896	114,602	220,223

Supp10

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

**PART 1 - INDIVIDUAL POLICIES SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....				

**PART 2 - GROUP POLICIES SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....				

**PART 3 - CREDIT POLICIES (Individual and Group) SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....				

**PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....				
2. Other Forms Direct Business .....				
3. Total Direct Business .....				
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....				



**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**  
**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

**FOR THE YEAR ENDED**  
**December 31, 2011**

**(To Be Filed by March 1)**

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES**  
**INTERROGATORIES FOR THE PROPERTY / CASUALTY, LIFE, ACCIDENT AND HEALTH, TITLE**  
**AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

**DELTA DENTAL OF P.R., INC.**

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COMPANY

## GENERAL INSTRUCTIONS

The Stockholder Information Supplement shall be completed by all stock companies incorporated in the U.S.A., which have 100 or more stockholders. Such supplement shall be filed with the Insurance Commissioner of the company's domiciliary state as a part of its Annual Statement. The information required to be contained in this supplement is to be furnished to the best of the knowledge of the company. Where appropriate, the company should obtain the required information, in writing, from its Directors or Officers and from any person known to the company to be the official owner of more than 10% of any class of its equity securities.

The term "officer" means a President, Vice-President, Treasurer, Actuary, Secretary, Controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

### FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year? Yes  No   
If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.:
  
2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year? Yes  No   
If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.:
  
3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting? Yes  No   
If answer is "No" explain in detail below. Attach separate sheet if necessary.:  
(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A	Column B
<b>To be answered by Life and A &amp; H Companies:</b>		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Summary of Operations .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Surplus Account .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>To be answered by Property and Casualty Companies:</b>		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Statement of Income - Underwriting and Investment Exhibit .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Capital and Surplus Account .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>To be answered by Title Insurance Companies</b>		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Statement of Income - Operations and Investment Exhibit .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Capital and Surplus Account .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>To be answered by Health Insurance Companies:</b>		
a. Statement of Assets, Liabilities, Capital and Surplus .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Statement of Revenues and Expenses .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Capital and Surplus Account .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



# STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(See Instructions Below)

1	2	3	Number of Shares				
			4	5	Disposed of During Current Year		
					6	7	8
Name and Title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at end of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year
.....	.....	.....	.....	.....	.....	.....	.....

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise?   No   If answer is "no", explain in detail on a separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer: \_\_\_\_\_

## INSTRUCTIONS FOR STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

### Column 1 - Name and Title

Indicate relationship of the person to the Company, for example: "Director," "Director and Vice-President," "Beneficial owner of more than 10% of the Company's common stock," etc.

### Column 2 - Title of Security

The statement of the title of a security should be such as to clearly identify the security, even though there may be only one class, for example: "Common stock," "4% convertible preferred stock," etc.

### Column 3 - Nature of Ownership

Under the "Nature of Ownership" state whether ownership of securities is "direct" or "indirect." If the ownership is indirect, i.e., through a partnership, corporation, trust or other entity, indicate in a footnote or other appropriate manner the name of the medium through which the securities are indirectly owned. The fact that securities are held in the name of a broker or other nominee does not, of itself, constitute indirect ownership. Securities owned indirectly shall be reported on separate lines from those owned directly and from those owned through a different type of indirect ownership.

### Columns 4 to 8 - Number of Shares

In the case of securities owned indirectly, the entire amount of securities owned by the partnership, corporation, trust or other entity shall be stated. There may also be indicated in a footnote or other appropriate manner the extent of the security holder's interest in such partnership, corporation, trust or other entity.

If a transaction in securities of the Company was with the Company or one of its subsidiaries, so state. If it involved the purchase of securities through the exercise of options, so state. If any other purchase or sale was effected otherwise than in the open market, that fact shall be indicated. If the transaction was not a purchase or sale, indicate its character, for example, gift, stock dividend, etc., as the case may be. The foregoing information may be indicated in a footnote or other appropriate manner.

Any additional information deemed relevant by the Company should be included as a footnote or in other appropriate manner.



## Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 2479

(To be Filed By March 1)

NAIC Company Code: 47085

	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		X X X		X X X	
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		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		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		X X X		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		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. Total Premiums		X X X		X X X	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X		X X X	
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. Total Claims		X X X		X X X	
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 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid		X X X		X X X	
15. Expenses Incurred		X X X		X X X	X X X
16. Underwriting Gain/Loss		X X X		X X X	X X X
17. Cash Flow Results	X X X	X X X	X X X	X X X	



**LONG-TERM CARE EXPERIENCE REPORTING FORM 1**  
**ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY**  
**REPORTING YEAR 2011**  
**(To Be Filed By April 1)**

NAIC Group Code: 2479

NAIC Company Code: 47085

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives Inforce End of Year	8 Expected Lives Inforce End of Year	9 Actual to Expected Lives Inforce
<b>A. Individual</b>									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>B. Group</b>									
Comprehensive:									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>C. Summary</b>									
1. Form Inception-to-Date									
2. Total Inception-to-Date			XXX	XXX	XXX	XXX	XXX	XXX	XXX

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**LONG-TERM CARE EXPERIENCE REPORTING FORM 2  
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR**

REPORTING YEAR 2011  
(To Be Filed By April 1)

NAIC Group Code 2479

NAIC Company Code 47085

Reporting Year	1 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/ Annual Gross Premiums	8 Current Year Net Premiums	9 Inforce Count Beginning of Year	10 New Issues Current Year	11 Inforce Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/Reported Ratio
<b>A. INDIVIDUAL</b>															
<b>B. GROUP</b>															
<b>C. SUMMARY</b>															
1. Total Current - Individual .....						XXX	XXX					XXX			XXX
2. Total Prior - Individual .....						XXX	XXX					XXX			XXX
3. Total 2nd Prior - Individual .....						XXX	XXX					XXX			XXX
4. Total Current - Group .....						XXX	XXX					XXX			XXX
5. Total Prior - Group .....						XXX	XXX					XXX			XXX
6. Total 2nd Prior - Group .....						XXX	XXX					XXX			XXX
7. Current Year Total .....															

**LONG-TERM CARE EXPERIENCE REPORTING FORM 3  
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

REPORTING YEAR 2011

(To Be Filed By April 1)



NAIC Group Code: 2479

NAIC Company Code: 47085

Incurred Year	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011
<b>A. Individual</b>								
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior								
2. 2004								
3. 2005	XXX							
4. 2006	XXX	XXX						
5. 2007	XXX	XXX	XXX					
6. 2008	XXX	XXX	XXX	XXX				
7. 2009	XXX	XXX	XXX	XXX	XXX			
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2011	XXX							
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>								
1. Prior								
2. 2004								
3. 2005	XXX							
4. 2006	XXX	XXX						
5. 2007	XXX	XXX	XXX					
6. 2008	XXX	XXX	XXX	XXX				
7. 2009	XXX	XXX	XXX	XXX	XXX			
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2011	XXX							
<b>PART 3 - Transferred Reserves</b>								
1. Prior								
2. 2004								
3. 2005	XXX							
4. 2006	XXX	XXX						
5. 2007	XXX	XXX	XXX					
6. 2008	XXX	XXX	XXX	XXX				
7. 2009	XXX	XXX	XXX	XXX	XXX			
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2011	XXX							
<b>PART 4 - Present Value of Incurred Claims</b>								
1. Prior								
2. 2004								
3. 2005	XXX							
4. 2006	XXX	XXX						
5. 2007	XXX	XXX	XXX					
6. 2008	XXX	XXX	XXX	XXX				
7. 2009	XXX	XXX	XXX	XXX	XXX			
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2011	XXX							

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**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)**  
**LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

REPORTING YEAR 2011

Incurred Year		1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011
<b>B. Group</b>									
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholders</b>									
1.	Prior .....								
2.	2004 .....								
3.	2005 .....	XXX							
4.	2006 .....	XXX	XXX						
5.	2007 .....	XXX	XXX	XXX					
6.	2008 .....	XXX	XXX	XXX	XXX				
7.	2009 .....	XXX	XXX	XXX	XXX	XXX			
8.	2010 .....	XXX	XXX	XXX	XXX	XXX	XXX		
9.	2011 .....	XXX							
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>									
1.	Prior .....								
2.	2004 .....								
3.	2005 .....	XXX							
4.	2006 .....	XXX	XXX						
5.	2007 .....	XXX	XXX	XXX					
6.	2008 .....	XXX	XXX	XXX	XXX				
7.	2009 .....	XXX	XXX	XXX	XXX	XXX			
8.	2010 .....	XXX	XXX	XXX	XXX	XXX	XXX		
9.	2011 .....	XXX							
<b>PART 3 - Transferred Reserves</b>									
1.	Prior .....								
2.	2004 .....								
3.	2005 .....	XXX							
4.	2006 .....	XXX	XXX						
5.	2007 .....	XXX	XXX	XXX					
6.	2008 .....	XXX	XXX	XXX	XXX				
7.	2009 .....	XXX	XXX	XXX	XXX	XXX			
8.	2010 .....	XXX	XXX	XXX	XXX	XXX	XXX		
9.	2011 .....	XXX							
<b>PART 4 - Present Value of Incurred Claims</b>									
1.	Prior .....								
2.	2004 .....								
3.	2005 .....	XXX							
4.	2006 .....	XXX	XXX						
5.	2007 .....	XXX	XXX	XXX					
6.	2008 .....	XXX	XXX	XXX	XXX				
7.	2009 .....	XXX	XXX	XXX	XXX	XXX			
8.	2010 .....	XXX	XXX	XXX	XXX	XXX	XXX		
9.	2011 .....	XXX							

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**LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)**  
**LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

REPORTING YEAR 2011

Incurring Year	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011
<b>C. Summary</b>								
<b>PART 1 - Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior .....								
2. 2004 .....								
3. 2005 .....	XXX							
4. 2006 .....	XXX	XXX						
5. 2007 .....	XXX	XXX	XXX					
6. 2008 .....	XXX	XXX	XXX	XXX				
7. 2009 .....	XXX	XXX	XXX	XXX	XXX			
8. 2010 .....	XXX							
9. 2011 .....	XXX							
<b>PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserves Outstanding at End of Year</b>								
1. Prior .....								
2. 2004 .....								
3. 2005 .....	XXX							
4. 2006 .....	XXX	XXX						
5. 2007 .....	XXX	XXX	XXX					
6. 2008 .....	XXX	XXX	XXX	XXX				
7. 2009 .....	XXX	XXX	XXX	XXX	XXX			
8. 2010 .....	XXX							
9. 2011 .....	XXX							
<b>PART 3 - Transferred Reserves</b>								
1. Prior .....								
2. 2004 .....								
3. 2005 .....	XXX							
4. 2006 .....	XXX	XXX						
5. 2007 .....	XXX	XXX	XXX					
6. 2008 .....	XXX	XXX	XXX	XXX				
7. 2009 .....	XXX	XXX	XXX	XXX	XXX			
8. 2010 .....	XXX							
9. 2011 .....	XXX							
<b>PART 4 - Present Value of Incurred Claims</b>								
1. Prior .....								
2. 2004 .....								
3. 2005 .....	XXX							
4. 2006 .....	XXX	XXX						
5. 2007 .....	XXX	XXX	XXX					
6. 2008 .....	XXX	XXX	XXX	XXX				
7. 2009 .....	XXX	XXX	XXX	XXX	XXX			
8. 2010 .....	XXX							
9. 2011 .....	XXX							

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**LONG-TERM CARE EXPERIENCE REPORTING FORM 4  
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS**

REPORTING YEAR 2011  
(To Be Filed By April 1)

NAIC Group Code: 2479

NAIC Company Code: 47085

Incurring Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
<b>A. Individual</b>					
1. Current .....	.....	.....	.....	.....	.....
2. Prior .....	.....	.....	.....	.....	.....
3. 2nd Prior .....	.....	.....	.....	.....	.....
<b>B. Group</b>					
1. Current .....	.....	.....	.....	.....	.....
2. Prior .....	.....	.....	.....	.....	.....
3. 2nd Prior .....	.....	.....	.....	.....	.....
<b>C. Summary</b>					
1. Total Inception-to-Date .....	.....	.....	.....	.....	.....

Total Reserves are reserves for these particular life products with LTC accelerated benefits.  
Incurred claims are only the policies that claims have been triggered due to acceleration.

### SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968  
 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2011



NAIC Group Code 2479

NAIC Company Code 47085

Supp80 Puerto Rico

	Business Subject to MLR							8 Government Business (Excluded by Statute)	9 Other Business (Excluded by Statute)	10 Other Health	11 Aggregate (2% rule)	12 Subtotal (Cols. 1 thru 11)	13 Uninsured Plans	14 Total (Cols. 12 + 13)
	Comprehensive Health Coverage			Mini-Med Plans			7 Expatriate Plans							
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer								
1. Premium:														
1.01 Health premiums earned (From Part 2, Line 1.11)													XXX	
1.02 Federal high risk pools													XXX	
1.03 State high risk pools													XXX	
1.04 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)													XXX	
1.05 Federal taxes and federal assessments														
1.06 State insurance, premium and other taxes (Similar local taxes of \$.....0)														
1.07 Regulatory authority licenses and fees														
1.08 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)													XXX	
1.09 Net assumed less ceded reinsurance premiums earned													XXX	
1.10 Other adjustments due to MLR calculations - Premiums													XXX	
1.11 Risk Revenue													XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)													XXX	
2. Claims:														
2.1 Incurred claims excluding prescription drugs													XXX	
2.2 Prescription drugs													XXX	
2.3 Pharmaceutical rebates													XXX	
2.4 State stop-loss, market stabilization and claim/census based assessments													XXX	
3. Incurred medical incentive pools and bonuses													XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)														
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.15)													XXX	
5.1 Net assumed less ceded reinsurance claims incurred													XXX	
5.2 Other adjustments due to MLR calculations - Claims													XXX	
5.3 Rebates Paid								XXX	XXX	XXX	XXX		XXX	
5.4 Estimated rebates unpaid prior year								XXX	XXX	XXX	XXX		XXX	
5.5 Estimated rebates unpaid current year								XXX	XXX	XXX	XXX		XXX	
5.6 Fee-for-service and co-pay revenue													XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)													XXX	
6. Improving Health Care Quality Expenses Incurred:														
6.1 Improve health outcomes														
6.2 Activities to prevent hospital readmissions														
6.3 Improve patient safety and reduce medical errors														
6.4 Wellness and health promotion activities														
6.5 Health Information Technology expenses related to health improvement														
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 to 6.5)														
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8								XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Claim Adjustment Expenses:														
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6														
8.2 All other claims adjustment expenses														
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)														
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX
10. General and Administrative (G&A) Expenses:														
10.1 Direct sales salaries and benefits														
10.2 Agents and brokers fees and commissions														
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)														
10.4 Other general and administrative expenses														
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)														
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)													XXX	
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)														
0. OTHER INDICATORS:														
01. Number of certificates / policies											896		896	896
02. Number of Covered Lives										114,602		114,602		114,602
03. Number of Groups	XXX													
04. Member Months										220,223		220,223		220,223

(a) Is run off business reported in Columns 1 through 7? Yes [ ] No [X]  
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0



**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3**

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968

BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2011

NAIC Group Code 2479

NAIC Company Code 47085

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
1.	Individual Comprehensive Coverage Expenses:									
1.01	Salaries (including \$.....0 for affiliated services)									
1.02	Outsourced services									
1.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
1.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
1.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
1.06	Other Expenses (incl \$.....0 for affiliated services)									
1.07	Subtotal before reimbursements and taxes (1.1 to 1.6)									
1.08	Reimbursements by uninsured plans and fiscal intermediaries									
1.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
1.10	Total (1.7 to 1.9)									
1.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
2.	Small Group Comprehensive Coverage Expenses:									
2.01	Salaries (including \$.....0 for affiliated services)									
2.02	Outsourced services									
2.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
2.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
2.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
2.06	Other Expenses (incl \$.....0 for affiliated services)									
2.07	Subtotal before reimbursements and taxes (2.1 to 2.6)									
2.08	Reimbursements by uninsured plans and fiscal intermediaries									
2.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2.10	Total (2.7 to 2.9)									
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
3.	Large Group Comprehensive Coverage Expenses:									
3.01	Salaries (including \$.....0 for affiliated services)									
3.02	Outsourced services									
3.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
3.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
3.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
3.06	Other Expenses (incl \$.....0 for affiliated services)									
3.07	Subtotal before reimbursements and taxes (3.1 to 3.6)									
3.08	Reimbursements by uninsured plans and fiscal intermediaries									
3.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3.10	Total (3.7 to 3.9)									
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
4.	Individual Mini-med Plans Expenses									
4.01	Salaries (including \$.....0 for affiliated services)									
4.02	Outsourced services									
4.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
4.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
4.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.06	Other Expenses (incl \$.....0 for affiliated services)									
4.07	Subtotal before reimbursements and taxes (4.1 to 4.6)									
4.08	Reimbursements by uninsured plans and fiscal intermediaries									
4.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	Total (4.7 to 4.9)									
4.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp82 Puerto Rico

**SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)**

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
5.	Small Group Mini-med Plans Expenses									
5.01	Salaries (including \$.....0 for affiliated services)									
5.02	Outsourced services									
5.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
5.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
5.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.06	Other Expenses (incl \$.....0 for affiliated services)									
5.07	Subtotal before reimbursements and taxes (5.1 to 5.6)									
5.08	Reimbursements by uninsured plans and fiscal intermediaries									
5.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	Total (5.7 to 5.9)									
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-med Plans Expenses									
6.01	Salaries (including \$.....0 for affiliated services)									
6.02	Outsourced services									
6.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
6.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
6.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.06	Other Expenses (incl \$.....0 for affiliated services)									
6.07	Subtotal before reimbursements and taxes (6.1 to 6.6)									
6.08	Reimbursements by uninsured plans and fiscal intermediaries									
6.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	Total (6.7 to 6.9)									
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
7.	Expatriate Plans Expenses									
7.01	Salaries (including \$.....0 for affiliated services)									
7.02	Outsourced services									
7.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
7.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
7.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.06	Other Expenses (incl \$.....0 for affiliated services)									
7.07	Subtotal before reimbursements and taxes (7.1 to 7.6)									
7.08	Reimbursements by uninsured plans and fiscal intermediaries									
7.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	Total (7.7 to 7.9)									
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp83 Puerto Rico

### SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: DELTA DENTAL OF P.R., INC. 2. LOCATION: GUAYNABO, PR 00968



NAIC Group Code 2479

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2011

NAIC Company Code 47085

Supp80 Grand Total

	Business Subject to MLR							8 Government Business (Excluded by Statute)	9 Other Business (Excluded by Statute)	10 Other Health	11 Aggregate (2% rule)	12 Subtotal (Cols. 1 thru 11)	13 Uninsured Plans	14 Total (Cols. 12 + 13)
	Comprehensive Health Coverage			Mini-Med Plans			7 Expatriate Plans							
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer								
1. Premium:														
1.01 Health premiums earned (From Part 2, Line 1.11)													XXX	
1.02 Federal high risk pools													XXX	
1.03 State high risk pools													XXX	
1.04 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)													XXX	
1.05 Federal taxes and federal assessments														
1.06 State insurance, premium and other taxes (Similar local taxes of \$.....0)														
1.07 Regulatory authority licenses and fees														
1.08 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)													XXX	
1.09 Net assumed less ceded reinsurance premiums earned													XXX	
1.10 Other adjustments due to MLR calculations - Premiums													XXX	
1.11 Risk Revenue													XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)													XXX	
2. Claims:														
2.1 Incurred claims excluding prescription drugs													XXX	
2.2 Prescription drugs													XXX	
2.3 Pharmaceutical rebates													XXX	
2.4 State stop-loss, market stabilization and claim/census based assessments													XXX	
3. Incurred medical incentive pools and bonuses													XXX	
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)														
5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (From Part 2, Line 2.15)													XXX	
5.1 Net assumed less ceded reinsurance claims incurred													XXX	
5.2 Other adjustments due to MLR calculations - Claims													XXX	
5.3 Rebates Paid								XXX	XXX	XXX	XXX		XXX	
5.4 Estimated rebates unpaid prior year								XXX	XXX	XXX	XXX		XXX	
5.5 Estimated rebates unpaid current year								XXX	XXX	XXX	XXX		XXX	
5.6 Fee-for-service and co-pay revenue													XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)													XXX	
6. Improving Health Care Quality Expenses Incurred:														
6.1 Improve health outcomes														
6.2 Activities to prevent hospital readmissions														
6.3 Improve patient safety and reduce medical errors														
6.4 Wellness and health promotion activities														
6.5 Health Information Technology expenses related to health improvement														
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 to 6.5)														
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6) / Line 1.8								XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Claim Adjustment Expenses:														
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6														
8.2 All other claims adjustment expenses														
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)														
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX
10. General and Administrative (G&A) Expenses:														
10.1 Direct sales salaries and benefits														
10.2 Agents and brokers fees and commissions														
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)														
10.4 Other general and administrative expenses														
10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)														
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)													XXX	
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. ICD-10 Implementation Expenses (informational only; already included in general expenses)														
0. OTHER INDICATORS:														
01. Number of certificates / policies											896		896	896
02. Number of Covered Lives										114,602		114,602		114,602
03. Number of Groups	XXX													
04. Member Months										220,223		220,223		220,223

(a) Is run off business reported in Columns 1 through 7? Yes[ ] No[X]  
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0





SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
5.	Small Group Mini-med Plans Expenses									
5.01	Salaries (including \$.....0 for affiliated services)									
5.02	Outsourced services									
5.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
5.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
5.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.06	Other Expenses (incl \$.....0 for affiliated services)									
5.07	Subtotal before reimbursements and taxes (5.1 to 5.6)									
5.08	Reimbursements by uninsured plans and fiscal intermediaries									
5.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5.10	Total (5.7 to 5.9)									
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-med Plans Expenses									
6.01	Salaries (including \$.....0 for affiliated services)									
6.02	Outsourced services									
6.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
6.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
6.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.06	Other Expenses (incl \$.....0 for affiliated services)									
6.07	Subtotal before reimbursements and taxes (6.1 to 6.6)									
6.08	Reimbursements by uninsured plans and fiscal intermediaries									
6.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
6.10	Total (6.7 to 6.9)									
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
7.	Expatriate Plans Expenses									
7.01	Salaries (including \$.....0 for affiliated services)									
7.02	Outsourced services									
7.03	EDP Equipment and Software (incl \$.....0 for affiliated services)									
7.04	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
7.05	Accreditation and Certification (incl \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.06	Other Expenses (incl \$.....0 for affiliated services)									
7.07	Subtotal before reimbursements and taxes (7.1 to 7.6)									
7.08	Reimbursements by uninsured plans and fiscal intermediaries									
7.09	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.10	Total (7.7 to 7.9)									
7.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp83 Grand Total



## SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: 2479

NAIC Company Code: 47085

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

1 Expense Type from Part 3	2 New	3 Detailed Description of Expense



## **Approval from State of Domicile for Relief related to 5-Year Rotation Requirement for Lead Audit Partner**



## **Approval from State of Domicile for Relief related to 1-Year Cooling Off Period for Independent CPA**



## **Approval from State of Domicile for Relief related to the Requirement for Audit Committees**



## Management's Discussion and Analysis

### Management's Discussion and Analysis

March 30, 2012

Mr. Ramón L. Cruz Colon  
Commissioner of Insurance  
**State of Puerto Rico Insurance Department**  
B5 Calle Tabonuco Suite 216  
PMB 356  
Guaynabo, PR 00968-3029

Dear Mr. Cruz:

Please accept the following listed filing as supplement to the Annual Statement filed by Delta Dental of PR, Inc. on March 1, 2012:

- One copy of the 2011 Management Discussion and Analysis

If you have any questions concerning these filings, please feel free to contact me.

Sincerely,

Marianne Ortiz  
Vice President / Treasurer  
Delta Dental of PR, Inc.  
939-205-3300 ext. 2464  
mortiz@deltadentalpr.com

Enclosures

## MANAGEMENT'S DISCUSSION AND ANALYSIS

### DELTA DENTAL OF PR, INC.

2011

#### A. Financial Position

The corporation continues to operate under the same reinsurance quota share agreement with DDIC. This agreement minimizes the potential for claims losses to

## Management's Discussion and Analysis

the corporation. The company entered into a Computer Support Agreement with DDC, under DDC will provide support and service in the dental claims process. In this year we had a decrease of \$185 thousand in the company investment portfolio.

### **Assets, Liabilities, Capital**

Total assets are \$14,971,979, an increase of \$107,600 this represent less than 1% from last year and the reason was an increase in the cash and cash equivalent.

Liabilities decrease \$946 thousand from last year. The reason was a decrease in the portion of general expenses due and accrued, and in the ceded reinsurance premiums payable.

Total capital at December 31, 2011 is \$12,090,761 that represents an increase 10% from last year.

### **Results of Operations**

The corporation reported a gain of \$1,141,003 for 2011. Claims as a percentage of premiums increase 4% compared with the prior year. Premium revenue (net of reinsurance) increase from \$9,890,289 in 2010 to \$10,246,864 in 2011.

### **B. Cash Flow and Liquidity**

The corporation maintains a sufficiently liquid position to meet its liabilities.

### **C. Trends, Demands, Events**

The most significant trends, which will have an effect on the corporation in 2011 include:

- Sustained growth
- Maintenance of interest rate returns with continued improvements in the overall economy.

The Company has been tried to do some new business with government and health reform. The minimum numbers of expected revenues are \$2 million in new business.

Aggressive marketing plan is in place for 2012 sales promoting our products.





# Accountant's Letter of Qualification



## Communication of Internal Control Related Matters Noted in an Audit



# Management's Report of Internal Control over Financial Reporting

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**ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION  
(HEALTH)**

Name of Insurer DELTA DENTAL OF P.R., INC.

Date \_\_\_\_\_ FEIN 680652604  
 NAIC Group # 2479 NAIC Company # 47085

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS, WITH THE EXCEPTION OF RBC FILINGS,  
 PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT

	March	April	June
1. Is this the first time you've submitted this filing? (Y/N) .....	N/A .....	N/A .....	N/A .....
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N) .....	N/A .....	N/A .....	N/A .....
3. Is this being re-filed due to changes to the data originally filed? (Y/N) .....	N/A .....	N/A .....	N/A .....
4. Other? (Y/N) .....	N/A .....	N/A .....	N/A .....
(If "yes" attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: Marianne Ortiz  
 Phone: (939)205-3300-  
 Address: Metro Office Park 14 Strret 2 Suite 200, Guaynabo, PR 00968

D. Software Vendor: SunGard iWORKS - Statutory  
 Version: 2011.A.2

E. Have material validation failures been addressed in the explanation file? Yes [ ] No[X]

F. The undersigned hereby certifies that, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that annual statement information required to be contained on diskette is identical to the information in the 2011 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name):

(version number):

(Signed) \_\_\_\_\_

Type Name and Title:

## Amended Explanation Page