

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, 2017

2017



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2017

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 PR

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, Country 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, Country 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, Country and Zip Code)

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

Internet Website Address www.deltadentalpr.com

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

OFFICERS

Name	Title
Marianne Ortiz	President
Carmen Figueroa	Secretary
Mónica Lugo	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Anthony Barth	Belinda Martinez
Alfonso Ortiz	Rafael Burgos
Lic. Edlin Buitrago	Jorge Rodríguez DMD
Lic. Jaime Rodríguez	

State of Puerto Rico
 County of _____ 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)
Marianne Ortiz
(Printed Name)
 1.
President
(Title)

(Signature)
Carmen Figueroa
(Printed Name)
 2.
Secretary
(Title)

(Signature)
Mónica Lugo
(Printed Name)
 3.
Treasurer
(Title)

Subscribed and sworn to before me this _____ day of _____, 2018

- 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)

DIRECTORS OR TRUSTEES (continued)

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)	7,135,627		7,135,627	7,541,120
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	1,062,398		1,062,398	1,183,850
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 (\$.....16,371,651, Schedule E Part 1), cash equivalents (\$.....774,575, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	17,146,226		17,146,226	13,678,641
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)	25,344,251		25,344,251	22,403,611
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	70,205		70,205	85,413
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	270,152	89,673	180,479	151,962
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	549,583		549,583	1,815,661
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	1,488,483	(4,729)	1,493,212	1,830,508
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	278,504	278,504		
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	99,899		99,899	64,045
21. Furniture and equipment, including health care delivery assets (\$.....0)	104,612	104,612		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	196,042		196,042	163,615
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	143,241	139,487	3,754	8,897
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	28,544,972	607,547	27,937,425	26,523,710
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	28,544,972	607,547	27,937,425	26,523,710
DETAILS OF WRITE-INS				
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	5,470	1,716	3,754	8,897
2502. PREPAID EXPENSES	137,771	137,771		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	143,241	139,487	3,754	8,897

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....385,000 reinsurance ceded)	385,000		385,000	335,000
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	32,923		32,923	83,368
9. General expenses due or accrued	1,689,584		1,689,584	1,094,296
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	1,413,795		1,413,795	2,383,394
12. Amounts withheld or retained for the account of others	17		17	19
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	309,741		309,741	62,827
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	2,349,552		2,349,552	2,319,566
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	6,180,612		6,180,612	6,278,469
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	8,000,000	8,000,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	9,023,160	9,019,528
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	4,745,653	3,243,873
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X	12,000	18,160
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	21,756,813	20,245,241
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	27,937,425	26,523,710
DETAILS OF WRITE-INS				
2301.				
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.	X X X	X X X		
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		
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	6,219,507	6,433,026
2. Net premium income (including \$.....10,828,277 non-health premium income)	X X X	10,828,277	10,004,720
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		
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	10,828,277	10,004,720
Hospital and Medical:			
9. Hospital/medical benefits		9,953,662	10,492,901
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)		9,953,662	10,492,901
Less:			
17. Net reinsurance recoveries		4,982,045	5,242,403
18. TOTAL Hospital and Medical (Lines 16 minus 17)		4,971,617	5,250,498
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....0 cost containment expenses		781,506	696,484
21. General administrative expenses		3,867,906	3,615,943
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)		9,621,029	9,562,925
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,207,248	441,795
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		207,189	260,831
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(177,662)	(229,506)
27. Net investment gains (losses) (Lines 25 plus 26)		29,527	31,324
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		1,368,560	1,354,583
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	2,605,335	1,827,703
31. Federal and foreign income taxes incurred	X X X	1,170,835	813,641
32. Net income (loss) (Lines 30 minus 31)	X X X	1,434,500	1,014,062
DETAILS OF WRITE-INS			
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. MISC / OTHER INCOME		156,567	194,734
2902. NET ADMINISTRATIVE FEES		1,211,993	1,159,849
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		1,368,560	1,354,583

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	20,245,241	19,123,979
34. Net income or (loss) from Line 32	1,434,500	1,014,062
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	171,218	211,118
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(115,939)	(112,726)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock	6,160	(2,160)
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	3,632	968
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	12,000	10,000
48. Net change in capital and surplus (Lines 34 to 47)	1,511,571	1,121,262
49. Capital and surplus end of reporting year (Line 33 plus 48)	21,756,813	20,245,241
DETAILS OF WRITE-INS		
4701. CHANGE IN ALLOWANCE OF BAD DEBT	12,000	10,000
4702. 0		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	12,000	10,000

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	9,720,468	9,671,285
2.	Net investment income	275,864	222,823
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	9,996,332	9,894,108
5.	Benefit and loss related payments	3,710,521	4,709,454
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,362,363	2,741,814
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	1,170,835	813,641
10.	TOTAL (Lines 5 through 9)	7,243,719	8,264,909
11.	Net cash from operations (Line 4 minus Line 10)	2,752,612	1,629,199
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	591,986	1,623,333
12.2	Stocks	235,204	7,241,424
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	162,329	273,952
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	989,519	9,138,710
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	333,073	3,681,180
13.2	Stocks	12,551	5,410,294
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	176,862	285,353
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	522,486	9,376,826
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)	467,034	(238,117)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	9,792	(1,192)
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	238,147	76,163
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	247,939	74,971
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,467,585	1,466,054
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	13,678,641	12,212,587
19.2	End of year (Line 18 plus Line 19.1)	17,146,226	13,678,641

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

20.0001	.....	
20.0002	.....	

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 Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	10,828,277			10,828,277						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										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)	10,828,277			10,828,277						
8. Hospital/medical benefits	9,953,662			9,953,662						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)	9,953,662			9,953,662						X X X
16. Net reinsurance recoveries	4,982,045			4,982,045						X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	4,971,617			4,971,617						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	781,506			781,506						
20. General administrative expenses	3,867,906			3,867,906						
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)	9,621,029			9,621,029						
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,207,248			1,207,248						
DETAILS OF WRITE-INS										
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	16,996,528		6,168,251	10,828,277
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)	16,996,528		6,168,251	10,828,277
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	16,996,528		6,168,251	10,828,277

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	9,853,662			9,853,662						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	4,932,045			4,932,045						
1.4 Net	4,921,617			4,921,617						
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	770,000			770,000						
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	385,000			385,000						
3.4 Net	385,000			385,000						
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	670,000			670,000						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	335,000			335,000						
8.4 Net	335,000			335,000						
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	9,953,662			9,953,662						
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	4,982,045			4,982,045						
12.4 Net	4,971,617			4,971,617						
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	770,000			770,000						
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	385,000			385,000						
2.4 Net	385,000			385,000						
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	770,000			770,000						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	385,000			385,000						
4.4 Net	385,000			385,000						

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	327,943	4,593,674	25,600	359,400	353,543	335,000
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)	327,943	4,593,674	25,600	359,400	353,543	335,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	327,943	4,593,674	25,600	359,400	353,543	335,000

(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 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior		4,481	4,730	4,730	4,730
2.	2013		4,137	4,396	4,396	4,396
3.	2014	X X X	4,366	4,608	4,608	4,608
4.	2015	X X X	X X X	5,035	5,035	5,035
5.	2016	X X X	X X X	X X X	4,956	4,956
6.	2017	X X X	X X X	X X X	X X X	4,593

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 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior			4,730	4,730	4,730
2.	2013			4,396	4,396	4,396
3.	2014	X X X		4,628	4,608	4,608
4.	2015	X X X	X X X	5,340	5,035	5,035
5.	2016	X X X	X X X	X X X	4,956	4,956
6.	2017	X X X	X X X	X X X	X X X	4,593

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.	2013	9,308	4,396	515	11.721	4,911	52.764			4,911	52.764
2.	2014	9,210	4,608	427	9.263	5,035	54.667			5,035	54.667
3.	2015	9,855	5,035	579	11.502	5,614	56.967			5,614	56.967
4.	2016	10,004	4,956	696	14.046	5,652	56.498	26		5,678	56.758
5.	2017	10,828	4,593	658	14.324	5,251	48.494	359		5,610	51.809

12 Total

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		4,481	4,730	4,730	4,730
2. 2013		4,137	4,396	4,396	4,396
3. 2014	X X X	4,366	4,608	4,608	4,608
4. 2015	X X X	X X X	5,035	5,035	5,035
5. 2016	X X X	X X X	X X X	4,956	4,956
6. 2017	X X X	X X X	X X X	X X X	4,593

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior			4,730	4,730	4,730
2. 2013			4,396	4,396	4,396
3. 2014	X X X		4,628	4,608	4,608
4. 2015	X X X	X X X	5,340	5,035	5,035
5. 2016	X X X	X X X	X X X	4,956	4,956
6. 2017	X X X	X X X	X X X	X X X	4,593

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. 2013	9,308	4,396	515	11.721	4,911	52.764			4,911	52.764
2. 2014	9,210	4,608	427	9.263	5,035	54.667			5,035	54.667
3. 2015	9,855	5,035	579	11.502	5,614	56.967			5,614	56.967
4. 2016	10,004	4,956	696	14.046	5,652	56.498	26		5,678	56.758
5. 2017	10,828	4,593	658	14.324	5,251	48.494	359		5,610	51.809

12 Dental Only

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE

- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE

- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

- 12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

- 13 Underwriting Invest Exh Pt 2D - A & H Reserve NONE

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)			231,654		231,654
2. Salaries, wages and other benefits			1,974,415		1,974,415
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			767,935		767,935
4. Legal fees and expenses			12,837		12,837
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services		286,540	49,006		335,546
7. Traveling expenses			18,339		18,339
8. Marketing and advertising			104,896		104,896
9. Postage, express and telephone			133,737		133,737
10. Printing and office supplies			26,760		26,760
11. Occupancy, depreciation and amortization			8,387		8,387
12. Equipment			53,983		53,983
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees			78,327		78,327
16. Insurance, except on real estate			29,777		29,777
17. Collection and bank service charges			13,998		13,998
18. Group service and administration fees		494,966			494,966
19. Reimbursements by uninsured plans					
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			78,625		78,625
23.3 Regulatory authority licenses and fees			25,751		25,751
23.4 Payroll taxes			108,169		108,169
23.5 Other (excluding federal income and real estate taxes)			16,106		16,106
24. Investment expenses not included elsewhere				23,024	23,024
25. Aggregate write-ins for expenses			135,205		135,205
26. TOTAL Expenses Incurred (Lines 1 to 25)		781,506	3,867,907	23,024	(a) 4,672,437
27. Less expenses unpaid December 31, current year			1,689,584		1,689,584
28. Add expenses unpaid December 31, prior year			1,094,296		1,094,296
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)		781,506	3,272,619	23,024	4,077,149
DETAILS OF WRITE-INS					
2501. SOFTWARE & HARDWARE , EQUIPMENT			50,484		50,484
2502. SEMINARS, CONVENTIONS, OFFICE EXPENSES & DONATIONS			78,552		78,552
2503. REPAIRS & MAINTENANCE AND OTHER EXPENSES			6,169		6,169
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			135,205		135,205

(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)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	221,471	260,016
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	22,130	25,052
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)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL Gross investment income	243,601	285,068
11. Investment expenses		(g) 23,024
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		54,855
16. TOTAL Deductions (Lines 11 through 15)		77,879
17. Net Investment income (Line 10 minus Line 16)		207,189
DETAILS OF WRITE-INS		
0901. Other Investment Income		
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)		
1501. AMORTIZATION PREMIUM/DISCOUNT		54,855
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)		54,855

- (a) Includes \$ 5,803 accrual of discount less \$ 59,271 amortization of premium and less \$ 2,512 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	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(800)	(106,262)	(107,062)		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)		(70,600)	(70,600)	171,218	
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)	(800)	(176,862)	(177,662)	171,218	
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	89,673	30,425	(59,249)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
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	(4,729)	(4,178)	551
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset	278,504	278,504	
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets	104,612	107,496	2,884
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	139,487	79,362	(60,125)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	607,547	491,608	(115,939)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	607,547	491,608	(115,939)
DETAILS OF WRITE-INS			
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 RECEIVABLE	1,716	2,136	420
2502. PREPAID EXPENSES	137,771	77,225	(60,546)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	139,487	79,362	(60,125)

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	529,523	526,682	512,641	515,766	514,185	6,219,507
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	529,523	526,682	512,641	515,766	514,185	6,219,507
DETAILS OF WRITE-INS						
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						
Group Subscribers:						
.....	193,258	(4,755)	(8,024)	89,673	89,673	180,479
0299997 Subtotal - Group Subscribers:	193,258	(4,755)	(8,024)	89,673	89,673	180,479
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group	193,258	(4,755)	(8,024)	89,673	89,673	180,479
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) ..	193,258	(4,755)	(8,024)	89,673	89,673	180,479

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

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						770,000
0699999 TOTAL Amounts Withheld
0799999 TOTAL Claims Unpaid						770,000
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
Individually listed receivables							
Delta Dental of California	196,042					196,042	
0199999 Total - Individually listed receivables	196,042					196,042	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	196,042					196,042	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Delta Dental of California	Computer Support Agreement	309,741	309,741	
0199999 Total - Individually Listed Payables	X X X	309,741	309,741	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	309,741	309,741	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	9,853,662	100.000	X X X	X X X	9,853,662	
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	9,853,662	100.000	X X X	X X X	9,853,662	
13. TOTAL (Line 4 plus Line 12)	9,853,662	100.000	X X X	X X X	9,853,662	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	412,929	50,745	(359,063)		104,612	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL	412,929	50,745	(359,063)		104,612	

Notes to Financial Statements

Summary of Operation

Note 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.

	<u>State of Domicile</u>	2017	2016
<u>NET INCOME</u>			
(1) Delta Dental of Puerto Rico state basis (Page 4, Line 32, Columns 2 & 3)	Puerto Rico	1,434,500	1,014,062
		\$	\$
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Puerto Rico	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property	Puerto Rico	0	0
(4) NAIC SAP (1-2-3=4)	Puerto Rico	\$ 1,434,500	\$ 1,014,062
<u>SURPLUS</u>			
(5) Delta Dental of Puerto Rico state basis (Page 3, Line 33, Columns 3 & 4)	Puerto Rico	\$ 21,756,812	\$ 20,245,241
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	Puerto Rico	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	Puerto Rico	0	0
(8) NAIC SAP (5-6-7=8)	Puerto Rico	\$ 21,756,812	\$ 20,245,241

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles 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 Policies

- 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, 2017 consist of \$17,146,226.
- Bonds and stocks are valued in accordance with valuations prescribed by the NAIC. Generally, bonds are carried at cost, adjusted where appropriate for amortization of premium or accrual of discount computed using the scientific (constant yield) interest method.
- Common 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.
- The Company does not currently own preferred stocks.
- The Company has no mortgage loans on real estate.
- Loan-backed securities are stated at their amortized cost. The retrospective adjustment method is used on this security.
- The Company does not have investment in subsidiaries, controlled or affiliated entities.

Notes to Financial Statements

8. The Company does not have investment in joint ventures, partnerships and limited liability companies.
9. The Company does not invest in derivatives.
10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
11. 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.
12. The Company has not modified its capitalization policy from the prior period.
13. The Company does not have a pharmaceutical rebate receivable.

Note 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.

Note 3 - Business Combinations and Goodwill

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

Note 4 - Discontinued Operations

The Company had no discontinued operations during the period ended December 31, 2017.

Note 5 - Investment

- A. The Company has not invested in mortgage loans, including Mezzanine Real Estate Loans.
- B. The Company has not invested in Debt Restructuring.
- C. The Company has not been involved in Reverse Mortgages.
- D. Loan Backed Securities
 1. For fixed-income agency mortgage-backed securities, Clearwater Analytics calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, Clearwater utilizes prepayment assumptions from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, Clearwater uses data from Reuters, which utilizes the median prepayment speed from contributors' models.
 2. The Company does not have any Loan-Backed and Structural Securities with Other-Than-Temporary Impairment.
 3. The Company did not recognized in the current reporting period any loaned back securities with Other-Than-Temporary Impairment.
 4. All impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:
 - a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 1,524
2. 12 Months or Longer	-
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months	\$ 133,192
2. 12 Months or Longer	-

Notes to Financial Statements

- E. The Company has not been involved in any Dollar Repurchase Agreements and/or Securities Lending Transactions.
- F. The Company has not been involved in any Repurchase Agreements Transactions Accounted for as Secured Borrowing.
- G. The Company has not been involved in any Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing.
- H. The Company has not been involved in any Repurchase Agreements Transactions Accounted for as a Sale.
- I. The Company has not been involved in any Reverse Repurchase Agreements Transactions Accounted for as a Sale.
- J. The Company has not invested in Real State.
- K. The Company has not invested in Low-Income Housing Tax Credits (LIHTC).
- L. Restricted Assets
1. Including Pledged Assets

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross Admitted & Nonadmitted Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$.....%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	\$473,651	\$500,000	(\$26,349)	\$0	\$473,651	1.66%	1.70%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets Reserve	\$770,000	\$670,000	\$100,000	\$385,000	\$385,000	2.70%	1.37%
o. Total Restricted Assets	\$1,243,651	\$1,170,000	(\$73,651)	\$385,000	\$858,651	4.36%	3.07%

2. Detail of Assets Pledge as Collateral Not Captured in Other Categories - None

3. Detail of Other Restricted Assets – None

- M. Working Capital Finance Investments
1. This is not applicable to the company
- N. Offsetting and Netting of Assets and Liabilities
1. This is not applicable to the company
- O. Structured Notes - None

Notes to Financial Statements

Note 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.

Note 7 – Investment Income

No due and accrued investment income was excluded from investment income.

Note 8 - Derivative Instruments

The Company has not invested in derivative instruments.

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31,2017 and December 31, 2016, are as follows

1.

Description	12/31/2017			12/31/2016			Change		
	1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a. Gross Deferred Tax Assets	278,504	-	278,504	278,504	-	278,504	-	-	-
b. Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
c. Adjusted Gross Deferred Tax Assets (1a – 1b)	278,504	-	278,504	278,504	-	278,504	-	-	-
d. Deferred Tax Assets Non-admitted	278,504	-	278,504	278,504	-	278,504	-	-	-
e. Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	-	-	-	-	-	-	-	-	-
f. Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
g. Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	-	-	-	-	-	-	-	-	-

2017 2016

Total of all deferred tax assets (admitted and non-admitted)	\$278,504	\$278,504
Total of all deferred tax liabilities	\$-	\$-
Total deferred tax assets non admitted per SAP 10	\$(278,504)	\$(278,504)
Increase (decrease) in deferred tax assets non-admitted	\$-	\$-

2.

Description	12/31/2017			12/31/2016			Change		
	1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 – 4) Ordinary	8 (Col. 2 – 5) Capital	9 (Col. 7 + 8) Total
a. Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks									
b. Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)									
b1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date									
b2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold									
c. Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities									
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b – 2c)									

3.

	Description	2017	2016
a.	Ratio Percentage Used To Determine Recovery Period		

Notes to Financial Statements

	And Threshold Limitation Amount		
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above		

4.

	Description	12/31/2017		12/31/2016		Change	
		1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 Ordinary (Col. 1-3)	6 Capital (Col. 2-4)
Impact of Tax Planning Strategies							
A.	Determination of adjusted gross deferred tax assets and net admitted assets, by tax character						
1.	Adjusted Gross DTAs amount from Note 9A1(c)	278,504		278,504			
2.	Percentage of adjusted Gross DTAs by Tax Character Attributable To the Impact Of Tax Planning Strategies						
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)						
4.	Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of the Impact Of Tax Planning Strategies						
B.	Does the Company's tax-planning strategies include the use of reinsurance?	NO					

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

C. Current income taxes incurred consist of the following major components :

	Description	1 12/31/17	2 12/31/2016	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	1,170,835	813,641	357,194
b.	Foreign			
c.	Subtotal	1,170,835	813,641	357,194
d.	Federal income tax on net capital gains			
e.	Utilization of capital loss carry-forwards			
f.	Other			
g.	Federal and foreign income taxes incurred	1,170,835	813,641	357,194
2.	Deferred Tax Assets:			
a.	Ordinary			
1.	Discounting of unpaid losses			
2.	Unearned premium reserve			
3.	Policyholder reserves			
4.	Investments			
5.	Deferred acquisition costs			
6.	Policyholder dividends accrual			
7.	Fixed assets			
8.	Compensation and benefits accrual			
9.	Pension accrual			
10.	Receivables – nonadmitted			
11.	Net operating loss carry-forward			
12.	Tax credit carry-forward			
13.	Other (including items < 5% of total ordinary tax assets)	278,504	278,504	
99.	Subtotal	278,504	278,504	
b.	Statutory valuation allowance adjustment			
c.	Nonadmitted	278,504	278,504	
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)			
e.	Capital:			
1.	Investments			

Notes to Financial Statements

2.	Net capital loss carry-forward			
3.	Real estate			
4.	Other (including items < 5% of total capital tax assets)			
99.	Subtotal			
f.	Statutory valuation allowance adjustment			
g.	Nonadmitted			
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)			
i.	Admitted deferred tax assets (2d + 2h)			
3.	Deferred Tax Liabilities:			
a.	Ordinary			
1.	Investments			
2.	Fixed assets			
3.	Deferred and uncollected premium			
4.	Policyholder reserves			
5.	Other (including items < 5% of total ordinary tax liabilities)			
99.	Subtotal			
b.	Capital:			
1.	Investments			
2.	Real estate			
3.	Other (including items < 5% of total capital tax liabilities)			
99.	Subtotal			
c.	Deferred tax liabilities (3a99 + 3b99)			
4.	Net deferred tax assets/liabilities (2i – 3c)			

The components of incurred income tax expense and the change in DTA's and DTL's at December 31, 2017 are as follows:

	2017	2016
Income Tax Expense	\$1,170,835	\$813,641
Change in DTA's	\$(-)	\$(-)
Change in DTL's	\$-	\$-
Change in Deferred taxes (Page 5, Line 38)	\$-	\$-

D. This is not applicable to this Company.

E.

1. This is not applicable to this Company.
2. This is not applicable to this Company.
3. This is not applicable to this Company.

F.

1. This is not applicable to this Company.
2. This is not applicable to this Company.

G. This is not applicable to this Company.

Notes to Financial Statements

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

- A. Delta Dental of California (DDC) own Dentegra Insurance Company, the Holding Company. The Company is a member of the holding company, Dentegra Group, Inc., where DDC owns 64% of DDPR common stock. Effective January 1, 1999 the company entered into a quota share agreement with DDC.
- B. 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.
- C. The expenses incurred as part of this agreement as of December 31, 2017 were \$591,962.
- D. At December 31, 2017 the Company Reported \$309,741 as amount due to DDC. The Company also reported \$196,042 as receivable from DDC.
- E. The Company has no guarantees or undertakings for related parties.
- F. The Company is not involved in cost sharing arrangements.
- G. The Company’s operations are not affected by the nature of relationships.
- H. The Company does not deduct any amounts for investments in an upstream company.
- I. The Company does not have any investments greater than 10% of admitted assets in affiliates.
- J. The Company did not recognized any impairment write down related to investments in Subsidiary, controlled or Affiliated Companies during the statement period.
- K. The Company does not own investment in foreign insurance subsidiary.
- L. The Company does not have investments in downstream company.

Note 11 - Debt

This is not applicable to the Company. The Company does not have Debt and Holding Company Obligations.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and other Postretirement Benefits Plan

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 10% of compensation. Company contribution expense as of December 31, 2017 amounted to \$49,673. The Company may also make 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.

Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi- Reorganizations

- (1) The Company has 800,000 issued shares where DDC has 511,532; the dentist has 20,641; the unnamed stockholders has 267,226 and 1 qualified share for the CEO of the Company as of December 30, 2017. The Company has 600 treasury stocks.
- (2) The Company has no shares of preferred stock.
- (3) The Company has no restriction on dividends.
- (4) The Company has not declared any dividends as of December 31, 2017.
- (5) The portion of the reporting entity’s profits that may be paid as ordinary dividends to stockholders is 10%
- (6) The Company has no restrictions on unassigned surplus.
- (7) The Company is not a mutual or similarly organized entity.
- (8) The Company holds no shares of stock.
- (9) The Company has no special surplus funds.
- (10) The Company has no portion of unassigned surplus that is represented or reduced by cumulative unrealized gains and losses.
- (11) The Company has no surplus debentures outstanding.
- (12) The Company has no quasi-reorganizations.
- (13) The Company has no quasi-reorganizations.

Notes to Financial Statements

Note 14 – Liabilities, Contingencies and Assessments

- a. The Company has no material guarantees or contingent commitments with related parties.
- b. The Company has not been advised of any assessments.
- c. The Company has no gain contingency.
- d. The Company has no claims related to extra contractual obligation or bad faith losses stemming from lawsuits.
- e. The Company has no joint or several liability arrangement.
- f. The Company has no other contingencies.

Note 15 - Leases

The Company leases its office facility under an operating lease agreement. Total rent expense under such lease amounted to \$149,802 at December 31, 2017. The future minimum lease payments under this operating lease are as follows:

Year ended 2017

2018	\$	181,188.00
2019		181,188.00
2020		181,188.00
2021		75,495.00
	\$	619,059.00

Note 16 - 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.

Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

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

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. This is not applicable to the Company.
- B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans for the period ended December 31, 2017 was as follows:

	<u>ASC</u> <u>Uninsured Plans</u>	<u>Uninsured Portion</u> <u>of Partially</u> <u>Insured Plans</u>	<u>Total</u> <u>ASC</u>
a. Gross reimbursement for medical cost incurred	\$ 18,213,627	\$ -	\$ 18,213,627
b. Gross Administrative fees accrued	\$ 2,965,774	\$ -	\$ 2,965,774
c. Other Income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ (19,967,408)	\$ -	\$ (19,967,408)
e. Total net gain or loss from operations	\$ 1,211,993	\$ -	\$ 1,211,993

Notes to Financial Statements

C. This is not applicable to the Company.

Note 19 - 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.

Note 20 – Fair Value Measurements

The following table reflects the major categories of assets measured at fair value on a recurring basis during the year ended December 31, 2017, using quoted prices in active markets for identical assets (Level 1). The Company currently does not own assets measured using significant other observable inputs (Level 2) or significant unobservable inputs (Level 3).

A. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Perpetual Preferred stock				
Industrial and Misc	\$	\$	\$	\$
Parent, Subsidiaries and Affiliates				
Total Perpetual Preferred Stocks	\$	\$	\$	\$
Bonds				
U.S. Governments	\$	\$	\$	\$
Industrial and Misc				
Hybrid Securities				
Parent, Subsidiaries and Affiliates				
Total Bonds	\$	\$	\$	\$
Common Stock				
Industrial and Misc	\$	\$	\$	\$
Parent, Subsidiaries and Affiliates	1,062,398			1,062,398
Total Common Stocks	\$	\$	\$	\$
Derivative assets				
Interest rate contracts	\$	\$	\$	\$
Foreign exchange contracts				
Credit contracts				
Commodity futures contracts				
Commodity forward contracts				
Total Derivatives	\$	\$	\$	\$
.....				
.....				
Separate account assets	\$	\$	\$	\$
Total assets at fair value	\$ 1,062,398	\$	\$	\$ 1,062,398
b. Liabilities at fair value				
Derivative liabilities	\$	\$	\$	\$
.....				
.....				
Total liabilities at fair value	\$	\$	\$	\$

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The Company determines the fair value of its assets and liabilities measured on a recurring basis and segregates them between those assets and liabilities that are valued based on quoted prices (unadjusted) in active markets for identical assets or liabilities, which the reporting entity can access at the measurement date (Level 1), direct or indirect observable inputs other than Level 1 quoted prices (Level 2), or unobservable inputs to the extent that observable inputs are not available (Level 3).

The following is a description of the Company's categorization of the inputs used in the recurring fair value measurements of its financial assets included in its balance sheets as of December 31, 2017 and December 31, 2016:

Level 1

Represents financial assets whose fair value is determined based upon observable unadjusted quoted market prices for identical financial assets in active markets that the Company has the ability to access. The Company considers U.S. Treasuries and equity securities as Level 1 assets.

Level 2

Represents financial assets whose fair value is determined based upon: quoted market prices for similar assets in active markets; quoted market prices for identical assets in inactive markets; inputs other than quoted market prices that are observable for the asset such as interest rates or yield curves; or other inputs derived principally from or corroborated from other observable market information. The Company considers U.S. Government agencies, municipal bonds, mortgage-backed securities, collateralized mortgage obligations, asset-backed securities, corporate bonds, and convertible bonds as Level 2 assets. The Company currently does not own any assets measured as Level 2 assets.

Level 3

Notes to Financial Statements

Represents financial assets whose fair value is determined based upon inputs that are unobservable, including the Company's own determinations of the assumptions that a market participant would use in pricing the asset. The Company currently does not own any assets measured as Level 3 assets.

The Company's investments in fixed income securities and equity securities are valued through the use of a nationally recognized pricing service. The Company believes the scope of work performed when using data from outside parties is sufficient to validate the prices such that it does not rely upon these independent pricing services as experts, nor would it seek indemnification from them in the event the prices provided were deemed inappropriate. Where independent pricing services provide fair values, the Company has obtained an understanding of the methods, models, and inputs used in pricing and have controls in place to validate that amounts provided represent current exit values. The Company's controls include, but are not limited to, initial and ongoing evaluation of methodologies used by outside parties as well as other techniques and assumptions to calculate fair value and comparing the fair value estimates to the Company's knowledge of the current market. Fixed income securities include U.S. Treasuries, agencies backed by the U.S. Government, municipal bonds, mortgage-backed securities, collateralized mortgage obligations, asset-backed securities, and corporate bonds.

- B. This is not applicable to the Company.
- C. This is not applicable to the Company.
- D. This is not applicable to the Company.

Note 21 - Other Items

- A. The Company has no Unusual or Infrequent Items to report.
- B. The Company does not have Troubled Debt Restructuring.
- C. Other Disclosures - The Company does not have a concentration of risk revenue during this period.
- D. This Company has not had any Business Interruption Insurance Recoveries.
- E. The Company has not been involved in State Transferable and Non-transferable Tax Credits.
- F. The Company has not had any Subprime-Mortgage-Related Risk Exposure.
- G. The Company has not Retained Assets.
- H. The company does not have Insurance-Linked Securities (ILS) Contracts

Note 22 - Events Subsequent

There were no events occurring subsequent to December 31, 2017 that may have material effect on the financial condition of the Company.

Note 23 - 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 \$6,179,883 in 2017. 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 \$296,834 as of December 31, 2017. Such amounts are included in premiums ceded. The experience rated refund under the reinsurance agreement amounted to \$0 for 2017. Amounts are presented as a reduction of premiums ceded. Ceded claim liabilities as of December 31, 2017 amounted to \$4,982,045.

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

Notes to Financial Statements

determined by the company on based on a predetermined percentage of the reinsurance profit and recorded as an adjustment to premiums ceded.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$_0
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$_0.

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Notes to Financial Statements

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

B. Uncollectible Reinsurance

This is not applicable to the Company.

C. Commutation of Ceded Reinsurance

This is not applicable to the Company.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

This is not applicable to the Company.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

This is not applicable to the Company.

Note 25 - Changes in Incurred Claims and Claim Adjustment Expenses

The activity in the claim liabilities during 2017 is as follows:

	2017
Claim liabilities, beginning of year	670,000
Reinsurance recoverable on claims liabilities	335,000
Net claims liabilities, beginning of the year	335,000
Incurred claims:	
Current period insured events	4,978,674
Prior period insured events	(7,057)
Total incurred	4,971,617
Payment for claims:	
Current period insured events	4,593,674
Prior period insured events	327,943
Total paid	4,921,617
Claim liabilities, end of year	385,000
Ceded liability for claims reserve	385,000
Gross claims liabilities	770,000

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.

Notes to Financial Statements

Note 26 - Intercompany Pooling Arrangements

This is not applicable to the Company.

Note 27 - Structured Settlements

This is not applicable to the Company.

Note 28 - Health Care Receivables

This is not applicable to the Company.

Note 29 - Participating Policies

This is not applicable to the Company.

Note 30 - Premium Deficiency Reserve

The Company does not have a premium deficiency reserve.

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	<u>12/31/2017</u>
3. Was anticipated investment income utilized in the calculation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Note 31 - Anticipated Salvage and Subrogation

The Company does not anticipate salvage and subrogation.

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?
If yes, complete Schedule Y, Parts 1, 1A and 2. 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.12/31/2017
- 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.12/31/2017
- 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).12/31/2016
- 3.4 By what department or departments?
Office of Commissioner of Insurance
- 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.

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 locations (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 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 FDIC	6 SEC
.....	No	No	No	No
.....	No	No	No	No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
ARMANINO MCKENNA LLC, 12667 ALCOSTA BLVD SUITE 500, SAN RAMON CA 94583-4427
- 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 18A 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[X] No[] N/A[]
- 10.6 If the response 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 where the issuing or confirming bank is not on the SVO Bank List? 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
.....

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 [] No [X]
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 [X] No []
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 196,042

INVESTMENT

- 24.01 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 24.03) Yes [] No [X]
- 24.02 If no, give full and complete information, relating thereto
 HELD WITH CUSTODIANS- AGINCOURT, POPULAR SECURITIES AND CITIBANK
- 24.03 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)
- 24.04 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]
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 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]
 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

- 24.09 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]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.103 Total payable for securities lending reported on the liability page. \$ 0

- 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 24.03). Yes[X] No[]
- 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 Placed under option agreements \$ 0
- 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 25.27 FHLB Capital Stock \$ 0
- 25.28 On deposit with states \$ 473,651
- 25.29 On deposit with other regulatory bodies \$ 0
- 25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 25.32 Other \$ 770,000
- 25.3 For category (25.26) 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
AGINCOURT	200 SOUTH 10TH STREET SUITE 800 RICHMOND, VA 23219
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 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]
- | 1
Name of Firm or Individual | 2
Affiliation |
|---------------------------------|------------------|
| | |

- 28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[] No[X]
- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[] No[X]
- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES (Continued)

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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:

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	7,135,627	7,151,596	15,969
30.2 Preferred stocks			
30.3 Totals	7,135,627	7,151,596	15,969

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[X] No[] 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 Investment Analysis Office been followed? Yes[X] No[]

32.2 If no, list exceptions:

33. By self-designation 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5*GI securities? Yes[] No[X]

OTHER

34.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 79,459

34.2 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
DELTA DENTAL PLANS ASSOCIATION	42,113

35.1 Amount of payments for legal expenses, if any? \$ 17,679

35.2 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
VIDAL, NIEVES, BAUZA, LLC	13,378

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0

36.2 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 departments of government during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

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 .....	.....	.....
2.2 Premium Denominator	10,828,277	10,004,720
2.3 Premium Ratio (2.1 / 2.2) .....	.....	.....
2.4 Reserve Numerator .....	.....	335,000
2.5 Reserve Denominator	385,000	335,000
2.6 Reserve Ratio (2.4 / 2.5) .....	.....	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 1,222
- 8.2 Number of providers at end of reporting year 1,220
- 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 6,093,552
- 9.22 Business with rate guarantees over 36 months 334,788
- 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 Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
- 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
PUERTO RICO

- 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
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

GENERAL INTERROGATORIES (Continued)

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written	\$	0
15.2 Total incurred claims	\$	0
15.2 Number of covered lives		0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	27,937,425	26,523,710	25,983,224	21,605,266	15,812,004
2. TOTAL Liabilities (Page 3, Line 24)	6,180,612	6,278,469	6,859,245	2,678,163	2,810,673
3. Statutory minimum capital and surplus requirement					
4. TOTAL Capital and Surplus (Page 3, Line 33)	21,756,813	20,245,241	19,123,979	18,927,103	13,001,331
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	10,828,277	10,004,720	9,855,257	9,209,814	9,307,528
6. TOTAL Medical and Hospital Expenses (Line 18)	4,971,617	5,250,498	5,297,282	4,650,284	4,303,200
7. Claims adjustment expenses (Line 20)	781,506	696,484	407,279	426,456	515,202
8. TOTAL Administrative Expenses (Line 21)	3,867,906	3,615,943	4,057,963	4,705,940	4,441,430
9. Net underwriting gain (loss) (Line 24)	1,207,248	441,795	92,733	(572,866)	47,696
10. Net investment gain (loss) (Line 27)	29,527	31,324	(924,997)	415,395	380,400
11. TOTAL Other Income (Lines 28 plus 29)	1,368,560	1,354,583	1,244,363	470,093	654,230
12. Net income or (loss) (Line 32)	1,434,500	1,014,062	14,840	263,864	746,275
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,752,612	1,629,199	2,304,867	446,952	209,394
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	21,756,813	20,245,241	19,123,979	18,927,103	13,001,331
15. Authorized control level risk-based capital	368,212	395,024	392,836	497,997	399,184
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	514,185	529,523	531,438	191,298	197,504
17. TOTAL Members Months (Column 6, Line 7)	6,219,507	6,433,026	5,519,921	2,335,470	2,397,798
OPERATING PERCENTAGE (Page 4)					
(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)	45.9	52.5	53.8	50.5	46.2
20. Cost containment expenses					
21. Other claims adjustment expenses	7.2	7.0	4.1	4.6	5.5
22. TOTAL Underwriting Deductions (Line 23)	88.9	95.6	99.1	106.2	99.5
23. TOTAL Underwriting Gain (Loss) (Line 24)	11.1	4.4	0.9	(6.2)	0.5
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	353,543	301,832	261,596	277,485	265,040
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	335,000	325,000	305,000	280,000	362,500
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
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					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	529,523					529,523				
2. First Quarter	526,682					526,682				
3. Second Quarter	512,641					512,641				
4. Third Quarter	515,766					515,766				
5. Current Year	514,185					514,185				
6. Current Year Member Months	6,219,507					6,219,507				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	16,996,528					16,996,528				
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	9,853,662					9,853,662				
18. Amount Incurred for Provision of Health Care Services	9,953,662					9,953,662				

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	529,523					529,523				
2. First Quarter	526,682					526,682				
3. Second Quarter	512,641					512,641				
4. Third Quarter	515,766					515,766				
5. Current Year	514,185					514,185				
6. Current Year Member Months	6,219,507					6,219,507				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	16,996,528					16,996,528				
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	9,853,662					9,853,662				
18. Amount Incurred for Provision of Health Care Services	9,953,662					9,953,662				

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

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>											
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total						
0799999 Total - Life and Annuity - Affiliates						
1199999 Total - Life and Annuity						
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total						
Accident and Health - Affiliates - Non-U.S. - Other						
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	549,583	385,000
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other					549,583	385,000
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					549,583	385,000
1899999 Total - Accident and Health - Affiliates					549,583	385,000
2299999 Total - Accident and Health					549,583	385,000
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					549,583	385,000
9999999 Total (Sum of 1199999 and 2299999)					549,583	385,000

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - Non-U.S. - Other													
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	OTH/A/G	0	6,168,251		385,000				
0599999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Other							6,168,251		385,000				
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total							6,168,251		385,000				
0799999 Total - General Account - Authorized - Affiliates							6,168,251		385,000				
1199999 Total - General Account Authorized							6,168,251		385,000				
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							6,168,251		385,000				
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)													
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							6,168,251		385,000				
9999999 Total (Sum of 3499999 and 6899999)							6,168,251		385,000				

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	6,168	6,002	6,031	5,524	5,430
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	385	335	325	305	280
8. Reinsurance recoverable on paid losses	550	1,816	2,350	824	831
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	25,344,251		25,344,251
2. Accident and health premiums due and unpaid (Line 15)	180,479		180,479
3. Amounts recoverable from reinsurers (Line 16.1)	549,583		549,583
4. Net credit for ceded reinsurance	X X X	417,923	417,923
5. All other admitted assets (Balance)	1,863,112		1,863,112
6. TOTAL Assets (Line 28)	27,937,425	417,923	28,355,348
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	385,000		385,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	32,923		32,923
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	5,762,689		5,762,689
15. TOTAL Liabilities (Line 24)	6,180,612		6,180,612
16. TOTAL Capital and Surplus (Line 33)	21,756,813	X X X	21,756,813
17. TOTAL Liabilities, Capital and Surplus (Line 34)	27,937,425		27,937,425
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	385,000		
19. Accrued medical incentive pool			
20. Premiums received in advance	32,923		
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	417,923		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	417,923		

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

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	16,996,528					16,996,528		
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X	16,996,528					16,996,528		
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a) 1	16,996,528					16,996,528		
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

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

(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation by state, premiums by state, etc.:

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 (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
2479	DENTEGRA GROUP INC.	0000	943386049	943386049			DENTEGRA GROUP INC.	DE	OTH	DELTA DENTAL OF CALIFORNIA	Board of Directors, Management		DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	941461312	941461312			DELTA DENTAL OF CALIFORNIA	CA	UIP	DELTA DENTAL OF CALIFORNIA			DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	54798	231667011	231667011			DELTA DENTAL OF PENNSYLVANIA	PA	RE	DENTEGRA GROUP INC.	Board of Directors		DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	000000000	000000000			DDC INSURANCE HOLDINGS	DE	UDP	DELTA DENTAL OF CALIFORNIA	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	371570764	371570764			DELTA DENTAL COMMUNITY CARE FOUNDATION	CA	NIA	DENTEGRA GROUP INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	73474	751233841	751233841			DENTEGRA INSURANCE COMPANY	DE	IA	DDC INSURANCE HOLDINGS INC.	Ownership	80.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	12210	300318743	300318743			DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	MA	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	81396	942761537	942761537			DELTA DENTAL INSURANCE COMPANY	DE	IA	DDC INSURANCE HOLDINGS INC.	Ownership	91.1	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	47085	680652604	680652604			DELTA DENTAL OF PUERTO RICO INC	PR	IA	DELTA DENTAL OF CALIFORNIA	Ownership, Board of Directors	64.0	DELTA DENTAL OF CALIFORNIA	N	0000001
2479	DENTEGRA GROUP INC.	11132	510228088	510228088			DELTA DENTAL OF DELAWARE	DE	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	521479587	521479587			DELTA DENTAL OF DISTRICT OF COLUMBIA	DC	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	12329	550523124	550523124			DELTA DENTAL OF WEST VIRGINIA	WV	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	205627794	205627794			DENTEGRA INSURANCE HOLDINGS LLC	DE	NIA	DENTEGRA INSURANCE COMPANY	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	95778	880244893	880244893			ALPHA DENTAL OF NEVADA INC	NV	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	11174	860672505	860672505			ALPHA DENTAL OF UTAH INC	UT	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	95163	742447512	742447512			ALPHA DENTAL PROGRAMS INC.	TX	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	10765	630796079	630796079			ALPHA DENTAL OF AL, INC.	AL	IA	DDC INSURANCE HOLDINGS INC	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	47092	330279230	330279230			ALPHA DENTAL OF NM INC.	NM	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	95366	800175937	800175937			ALPHA DENTAL OF AZ INC.	AZ	IA	DDC INSURANCE HOLDINGS INC.	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000					SERVICIOS DENTALES DENTEGRA S.A. DE C.V.	MEX	NIA	DENTEGRA INSURANCE COMPANY	Ownership	98.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000					DENTEGRA SEGUROS DENTALES	MEX	IA	DENTEGRA INSURANCE COMPANY	Ownership	99.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	593410497	593410497			CELEBRATION DENTAL SERVICES	FL	NIA	DELTA DENTAL OF CALIFORNIA	Ownership	100.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	943277375	943277375			PACA MANAGEMENT LLC	DE	NIA	DELTA DENTAL OF CALIFORNIA	Ownership	50.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	IA	DELTA DENTAL OF PENNSYLVANIA	Ownership	87.1	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	73474	751233841	751233841			DENTEGRA INSURANCE COMPANY	DE	IA	DELTA DENTAL OF PENNSYLVANIA	Ownership	20.0	DELTA DENTAL OF CALIFORNIA	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
2479	DENTEGRA GROUP INC.	81396	942761537	942761537			DELTA DENTAL INSURANCE COMPANY	DE	IA	DELTA DENTAL OF PENNSYLVANIA	Ownership	0.1	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000					SERVICIOS DENTALES DENTEGRA SA DE CV	MEX	NIA	DENTEGRA INSURANCE HOLDINGS LLC	Ownership	2.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000					DENTEGRA SEGUROS DENTALES S.A.	MEX	NIA	DENTEGRA INSURANCE HOLDINGS LLC	Ownership	1.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	943277375	943277375			PACA MANAGEMENT LLC	DE	NIA	DELTA DENTAL OF PENNSYLVANIA	Ownership	50.0	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	IA	DELTA DENTAL INSURANCE COMPANY	Ownership	6.2	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	IA	DELTA DENTAL OF WEST VIRGINIA	Ownership	6.2	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP INC.	00000	980096711	980096711			DELTA REINSURANCE CORPORATION	BRB	UIP	DELTA DENTAL OF CALIFORNIA	Ownership	0.4	DELTA DENTAL OF CALIFORNIA	N	
2479	DENTEGRA GROUP, INC.	55263	111980218	111980218			DELTA DENTAL OF NEW YORK	NY	IA	DELTA DENTAL OF CALIFORNIA	Board of Directors		DELTA DENTAL OF CALIFORNIA	N	

41.1

Asterisk	Explanation
0000001 0000002	1. DELTA DENTAL OF CALIFORNIA ELECTS 4 OF THE 7 DIRECTORS

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(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)
10765	63-0796079	ALPHA DENTAL OF ALABAMA, INC					(27,211)				(27,211)	
95366	80-0175937	ALPHA DENTAL OF ARIZONA, INC					(222,031)				(222,031)	
95778	88-0244893	ALPHA DENTAL OF NV INC					(259,632)	(5,872)			(265,504)	
47092	33-0279230	ALPHA DENTAL OF NEW MEXICO, INC					(25,150)				(25,150)	
11174	86-0672505	ALPHA DENTAL OF UTAH, INC					(105,762)				(105,762)	
95163	74-2447512	ALPHA DENTAL PROGRAMS, INC					(4,630,247)				(4,630,247)	
81396	94-2761537	DELTA DENTAL INSURANCE COMPANY	1,480,000				(11,551,895)	(15,952,414)			(26,024,309)	8,603,593
00000	94-1461312	DELTA DENTAL OF CALIFORNIA	100,000	(10,000,000)			20,949,972	35,106,049			46,156,021	(36,165,741)
11132	51-0228088	DELTA DENTAL OF DELAWARE						(902,231)			(902,231)	3,634,873
54798	23-1667011	DELTA DENTAL OF PENNSYLVANIA	20,640,000				(1,218,204)				19,421,796	
47085	68-0652604	DELTA DENTAL PLAN OF PR INC					(610,608)	(801,516)			(1,412,124)	934,572
12329	55-0523124	DELTA DENTAL OF W VA	1,480,000					(1,592,849)			(112,849)	2,373,301
00000	98-0096711	DELTA REINSURANCE CORPORATION	(24,960,000)					3,594,443			(21,365,557)	(6,008,174)
73474	75-1233841	DENTEGRA INS CO		10,000,000			(1,532,058)	(18,978,995)			(10,511,053)	26,439,607
12210	30-0318743	DENTEGRA INS CO OF NEW ENGLAND						(466,615)			(466,615)	187,969
00000	94-3277375	PACA MANAGEMENT, LLC										
55263	11-1980218	DELTA DENTAL OF NY	1,260,000				(767,174)				492,826	
00000	52-1479587	DELTA DENTAL OF THE DISTRICT OF COLUMBIA										
10765	63-0796079	ALPHA DENTAL OF ALABAMA, INC										
95366	80-0175937	ALPHA DENTAL OF ARIZONA, INC										
95778	88-0244893	ALPHA DENTAL OF NV INC										
47092	33-0279230	ALPHA DENTAL OF NEW MEXICO, INC										
11174	86-0672505	ALPHA DENTAL OF UTAH, INC										
95163	74-2447512	ALPHA DENTAL PROGRAMS, INC										
81396	94-2761537	DELTA DENTAL INSURANCE COMPANY										
00000	94-1461312	DELTA DENTAL OF CALIFORNIA										
11132	51-0228088	DELTA DENTAL OF DELAWARE										
54798	23-1667011	DELTA DENTAL OF PENNSYLVANIA										
47085	68-0652604	DELTA DENTAL PLAN OF PR INC										
12329	55-0523124	DELTA DENTAL OF W VA										
00000	98-0096711	DELTA REINSURANCE CORPORATION										
73474	75-1233841	DENTEGRA INS CO										
12210	30-0318743	DENTEGRA INS CO OF NEW ENGLAND										
00000	94-3277375	PACA MANAGEMENT, LLC										
55263	11-1980218	DELTA DENTAL OF NY										
00000	52-1479587	DELTA DENTAL OF THE DISTRICT OF COLUMBIA										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

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

APRIL FILING

- | | |
|--|----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



47085201721100000

2017

Document Code: 211

Supplemental Health Care Exhibit



47085201721600000

2017

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



47085201721700000

2017

Document Code: 217

Management's Report of Internal Control over Financial Reporting



47085201722300000

2017

Document Code: 223

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304.				
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	X X X	X X X		
3097. Summary of remaining write-ins for Line 30 (Lines 3004 through 3096)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.					
2505.					
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						
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)	188,213	0.743	188,213		188,213	0.743
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations	312,436	1.233	312,436		312,436	1.233
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	99,740	0.394	99,740		99,740	0.394
1.43 Revenue and assessment obligations	717,843	2.832	717,843		717,843	2.832
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						
1.512 Issued or Guaranteed by FNMA and FHLMC	134,716	0.532	134,716		134,716	0.532
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
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)	4,767,780	18.812	4,767,780		4,767,780	18.812
2.2 Unaffiliated Non-U.S. securities (including Canada)	914,900	3.610	914,900		914,900	3.610
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds	1,062,398	4.192	1,062,398		1,062,398	4.192
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	17,146,226	67.653	17,146,226		17,146,226	67.653
11. Other invested assets						
12. TOTAL Invested assets	25,344,251	100.000	25,344,251		25,344,251	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	NONE	
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	NONE	
9. TOTAL foreign exchange change in book value/recorded 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	NONE	
7. Deduct amounts received on disposals, Part 3, Column 18		
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		8,724,970
2. Cost of bonds and stocks acquired, Part 3, Column 7		345,624
3. Accrual of Discount		5,803
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12	13,950	
4.2 Part 2, Section 1, Column 15		
4.3 Part 2, Section 2, Column 13	171,801	
4.4 Part 4, Column 11		185,751
5. TOTAL gain (loss) on disposals, Part 4, Column 19		(800)
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		827,190
7. Deduct amortization of premium		59,271
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	106,262	
9.2 Part 2, Section 1, Column 17		
9.3 Part 2, Section 2, Column 14	270,900	
9.4 Part 4, Column 13	(200,300)	176,862
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		8,198,025
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		8,198,025

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
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States				
	2. Canada	188,213	188,283	191,823	155,000
	3. Other Countries				
	4. TOTALS	188,213	188,283	191,823	155,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS	312,436	314,898	320,252	305,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS	99,740	100,346	99,352	100,000
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	852,559	859,941	862,322	2,098,275
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	4,767,780	4,775,982	4,825,531	4,580,000
	9. Canada	26,011	25,859	26,161	20,000
	10. Other Countries	888,889	886,287	904,829	850,000
	11. TOTALS	5,682,680	5,688,128	5,756,520	5,450,000
Parent, Subsidiaries and Affiliates	12. TOTALS				
	13. TOTAL Bonds	7,135,627	7,151,596	7,230,270	8,108,275
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. TOTALS				
Parent, Subsidiaries and Affiliates	18. TOTALS				
	19. TOTAL Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States	1,048,198	1,048,198	807,862	
	21. Canada				
	22. Other Countries	14,200	14,200	14,200	
	23. TOTALS	1,062,398	1,062,398	822,062	
Parent, Subsidiaries and Affiliates	24. TOTALS				
	25. TOTAL Common Stocks	1,062,398	1,062,398	822,062	
	26. TOTAL Stocks	1,062,398	1,062,398	822,062	
	27. TOTAL Bonds and Stocks	8,198,025	8,213,993	8,052,331	

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	12
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	No Maturity Date	Total Current Year	Column 7 as a % of Line 10.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1						X X X						
1.2 NAIC 2						X X X						
1.3 NAIC 3						X X X						
1.4 NAIC 4						X X X						
1.5 NAIC 5						X X X						
1.6 NAIC 6						X X X						
1.7 TOTALS						X X X						
2. All Other Governments												
2.1 NAIC 1			188,213			X X X	188,213	2.64	154,477	2.05	188,213	
2.2 NAIC 2						X X X						
2.3 NAIC 3						X X X						
2.4 NAIC 4						X X X						
2.5 NAIC 5						X X X						
2.6 NAIC 6						X X X						
2.7 TOTALS			188,213			X X X	188,213	2.64	154,477	2.05	188,213	
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1		25,356				X X X	25,356	0.36	25,466	0.34	25,356	
3.2 NAIC 2	80,307		206,773			X X X	287,079	4.02	356,418	4.73	287,079	
3.3 NAIC 3						X X X						
3.4 NAIC 4						X X X						
3.5 NAIC 5						X X X						
3.6 NAIC 6						X X X						
3.7 TOTALS	80,307	25,356	206,773			X X X	312,436	4.38	381,884	5.06	312,436	
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1		99,740				X X X	99,740	1.40	599,647	7.95	99,740	
4.2 NAIC 2						X X X						
4.3 NAIC 3						X X X						
4.4 NAIC 4						X X X						
4.5 NAIC 5						X X X						
4.6 NAIC 6						X X X						
4.7 TOTALS		99,740				X X X	99,740	1.40	599,647	7.95	99,740	
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1	30,706	436,238	42,854	17,148	56,700	X X X	583,646	8.18	414,965	5.50	583,646	
5.2 NAIC 2						X X X						
5.3 NAIC 3						X X X						
5.4 NAIC 4						X X X						
5.5 NAIC 5						X X X						
5.6 NAIC 6					268,913	X X X	268,913	3.77	417,925	5.54	268,913	
5.7 TOTALS	30,706	436,238	42,854	17,148	325,613	X X X	852,559	11.95	832,889	11.04	852,559	

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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

	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 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1		2,847,283	1,814,198			X X X	4,661,481	65.33	4,546,574	60.29	4,661,481	
6.2 NAIC 2		610,857	410,342			X X X	1,021,199	14.31	1,025,648	13.60	1,021,199	
6.3 NAIC 3						X X X						
6.4 NAIC 4						X X X						
6.5 NAIC 5						X X X						
6.6 NAIC 6						X X X						
6.7 TOTALS		3,458,140	2,224,540			X X X	5,682,680	79.64	5,572,222	73.89	5,682,680	
7. Hybrid Securities												
7.1 NAIC 1						X X X						
7.2 NAIC 2						X X X						
7.3 NAIC 3						X X X						
7.4 NAIC 4						X X X						
7.5 NAIC 5						X X X						
7.6 NAIC 6						X X X						
7.7 TOTALS						X X X						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						X X X						
8.2 NAIC 2						X X X						
8.3 NAIC 3						X X X						
8.4 NAIC 4						X X X						
8.5 NAIC 5						X X X						
8.6 NAIC 6						X X X						
8.7 TOTALS						X X X						
9. SVO Identified Funds												
9.1 NAIC 1	X X X	X X X	X X X	X X X	X X X							
9.2 NAIC 2	X X X	X X X	X X X	X X X	X X X							
9.3 NAIC 3	X X X	X X X	X X X	X X X	X X X							
9.4 NAIC 4	X X X	X X X	X X X	X X X	X X X							
9.5 NAIC 5	X X X	X X X	X X X	X X X	X X X							
9.6 NAIC 6	X X X	X X X	X X X	X X X	X X X							
9.7 TOTALS	X X X	X X X	X X X	X X X	X X X							

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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

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 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 30,706	3,408,617	2,045,265	17,148	56,700		5,558,437	77.90	X X X	X X X	5,558,437	
10.2 NAIC 2	(d) 80,307	610,857	617,114				1,308,278	18.33	X X X	X X X	1,308,278	
10.3 NAIC 3	(d)								X X X	X X X		
10.4 NAIC 4	(d)								X X X	X X X		
10.5 NAIC 5	(d)						(c)		X X X	X X X		
10.6 NAIC 6	(d)				268,913		(c) 268,913	3.77	X X X	X X X	268,913	
10.7 TOTALS	111,012	4,019,474	2,662,380	17,148	325,613		(b) 7,135,627	100.00	X X X	X X X	7,135,627	
10.8 Line 10.7 as a % of Column 7	1.56	56.33	37.31	0.24	4.56		100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1 NAIC 1	500,000	1,410,639	3,830,490				X X X	X X X	5,741,129	76.13	5,741,129	
11.2 NAIC 2		382,785	999,281				X X X	X X X	1,382,066	18.33	1,382,066	
11.3 NAIC 3							X X X	X X X				
11.4 NAIC 4							X X X	X X X				
11.5 NAIC 5							X X X	X X X	(c)			
11.6 NAIC 6		138,925			279,000		X X X	X X X	(c) 417,925	5.54	417,925	
11.7 TOTALS	500,000	1,932,348	4,829,771		279,000		X X X	X X X	(b) 7,541,120	100.00	7,541,120	
11.8 Line 11.7 as a % of Col. 9	6.63	25.62	64.05		3.70		X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1 NAIC 1	30,706	3,408,617	2,045,265	17,148	56,700		5,558,437	77.90	5,741,129	76.13	5,558,437	X X X
12.2 NAIC 2	80,307	610,857	617,114				1,308,278	18.33	1,382,066	18.33	1,308,278	X X X
12.3 NAIC 3												X X X
12.4 NAIC 4												X X X
12.5 NAIC 5												X X X
12.6 NAIC 6					268,913		268,913	3.77	417,925	5.54	268,913	X X X
12.7 TOTALS	111,012	4,019,474	2,662,380	17,148	325,613		7,135,627	100.00	7,541,120	100.00	7,135,627	X X X
12.8 Line 12.7 as a % of Col. 7	1.56	56.33	37.31	0.24	4.56		100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	1.56	56.33	37.31	0.24	4.56		100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1 NAIC 1											X X X	
13.2 NAIC 2											X X X	
13.3 NAIC 3											X X X	
13.4 NAIC 4											X X X	
13.5 NAIC 5											X X X	
13.6 NAIC 6											X X X	
13.7 TOTALS											X X X	
13.8 Line 13.7 as a % of Col. 7								X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10								X X X	X X X	X X X	X X X	

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(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....56,700 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 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 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
Distribution by Type												
1. U.S. Governments												
1.1 Issuer Obligations						X X X						
1.2 Residential Mortgage-Backed Securities						X X X						
1.3 Commercial Mortgage-Backed Securities						X X X						
1.4 Other Loan-Backed and Structured Securities						X X X						
1.5 TOTALS						X X X						
2. All Other Governments												
2.1 Issuer Obligations			188,213			X X X	188,213	2.64	154,477	2.05	188,213	
2.2 Residential Mortgage-Backed Securities						X X X						
2.3 Commercial Mortgage-Backed Securities						X X X						
2.4 Other Loan-Backed and Structured Securities						X X X						
2.5 TOTALS			188,213			X X X	188,213	2.64	154,477	2.05	188,213	
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations	80,307	25,356	206,773			X X X	312,436	4.38	381,884	5.06	312,436	
3.2 Residential Mortgage-Backed Securities						X X X						
3.3 Commercial Mortgage-Backed Securities						X X X						
3.4 Other Loan-Backed and Structured Securities						X X X						
3.5 TOTALS	80,307	25,356	206,773			X X X	312,436	4.38	381,884	5.06	312,436	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations		99,740				X X X	99,740	1.40	599,647	7.95	99,740	
4.2 Residential Mortgage-Backed Securities						X X X						
4.3 Commercial Mortgage-Backed Securities						X X X						
4.4 Other Loan-Backed and Structured Securities						X X X						
4.5 TOTALS		99,740				X X X	99,740	1.40	599,647	7.95	99,740	
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	15,095	377,136			325,613	X X X	717,843	10.06	832,889	11.04	717,843	
5.2 Residential Mortgage-Backed Securities	15,611	59,102	42,854	17,148		X X X	134,716	1.89			134,716	
5.3 Commercial Mortgage-Backed Securities						X X X						
5.4 Other Loan-Backed and Structured Securities						X X X						
5.5 TOTALS	30,706	436,238	42,854	17,148	325,613	X X X	852,559	11.95	832,889	11.04	852,559	
6. Industrial and Miscellaneous												
6.1 Issuer Obligations		3,458,140	2,224,540			X X X	5,682,680	79.64	5,572,222	73.89	5,682,680	
6.2 Residential Mortgage-Backed Securities						X X X						
6.3 Commercial Mortgage-Backed Securities						X X X						
6.4 Other Loan-Backed and Structured Securities						X X X						
6.5 TOTALS		3,458,140	2,224,540			X X X	5,682,680	79.64	5,572,222	73.89	5,682,680	
7. Hybrid Securities												
7.1 Issuer Obligations						X X X						
7.2 Residential Mortgage-Backed Securities						X X X						
7.3 Commercial Mortgage-Backed Securities						X X X						
7.4 Other Loan-Backed and Structured Securities						X X X						
7.5 TOTALS						X X X						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						X X X						
8.2 Residential Mortgage-Backed Securities						X X X						
8.3 Commercial Mortgage-Backed Securities						X X X						
8.4 Other Loan-Backed and Structured Securities						X X X						
8.5 TOTALS						X X X						

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 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
Distribution by Type												
9. SVO Identified Funds												
9.1 Exchange Traded Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.2 Bond Mutual Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.3 TOTALS	X X X	X X X	X X X	X X X	X X X							
10. Total Bonds Current Year												
10.1 Issuer Obligations	95,401	3,960,372	2,619,525		325,613	X X X	7,000,911	98.11	X X X	X X X	7,000,911	
10.2 Residential Mortgage-Backed Securities	15,611	59,102	42,854	17,148		X X X	134,716	1.89	X X X	X X X	134,716	
10.3 Commercial Mortgage-Backed Securities						X X X			X X X	X X X		
10.4 Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
10.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
10.6 TOTALS	111,012	4,019,474	2,662,380	17,148	325,613		7,135,627	100.00	X X X	X X X	7,135,627	
10.7 Line 10.6 as a % of Col. 7	1.56	56.33	37.31	0.24	4.56		100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year												
11.1 Issuer Obligations	500,000	1,932,348	4,829,771		279,000	X X X	X X X	X X X	7,541,120	100.00	7,541,120	
11.2 Residential Mortgage-Backed Securities						X X X	X X X	X X X				
11.3 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
11.4 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
11.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
11.6 TOTALS	500,000	1,932,348	4,829,771		279,000		X X X	X X X	7,541,120	100.00	7,541,120	
11.7 Line 11.6 as a % of Col. 9	6.63	25.62	64.05		3.70		X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	95,401	3,960,372	2,619,525		325,613	X X X	7,000,911	98.11	7,541,120	100.00	7,000,911	X X X
12.2 Residential Mortgage-Backed Securities	15,611	59,102	42,854	17,148		X X X	134,716	1.89			134,716	X X X
12.3 Commercial Mortgage-Backed Securities						X X X						X X X
12.4 Other Loan-Backed and Structured Securities						X X X						X X X
12.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X							X X X
12.6 TOTALS	111,012	4,019,474	2,662,380	17,148	325,613		7,135,627	100.00	7,541,120	100.00	7,135,627	X X X
12.7 Line 12.6 as a % of Col. 7	1.56	56.33	37.31	0.24	4.56		100.00	X X X	X X X	X X X	100.00	X X X
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	1.56	56.33	37.31	0.24	4.56		100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds												
13.1 Issuer Obligations						X X X					X X X	
13.2 Residential Mortgage-Backed Securities						X X X					X X X	
13.3 Commercial Mortgage-Backed Securities						X X X					X X X	
13.4 Other Loan-Backed and Structured Securities						X X X					X X X	
13.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X						X X X	
13.6 TOTALS											X X X	
13.7 Line 13.6 as a % of Col. 7								X X X	X X X	X X X	X X X	
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10								X X X	X X X	X X X	X X X	

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SI10 Schedule DA - Verification NONE

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS (Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year				
2. Cost of cash equivalents acquired	1,115,739		1,115,739	
3. Accrual of discount				
4. Unrealized valuation increase (decrease)				
5. TOTAL gain (loss) on disposals				
6. Deduct consideration received on disposals	341,163		341,163	
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)	774,575		774,575	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Lines 10 minus 11)	774,575		774,575	

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

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Disposed NONE

E04 Schedule B Part 1 - Mortgage Loans Owned NONE

E05 Schedule B Part 2 - Mortgage Loans Acquired NONE

E06 Schedule B Part 3 - Mortgage Loans Disposed NONE

E07 Schedule BA Part 1 - Long-Term Invested Assets Owned NONE

E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired NONE

E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed NONE

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	Bond CHAR	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	Stated Contractual Maturity Date	
All Other Governments - Issuer Obligations																						
74815HBZ4	QUEBEC, PROVINCE OF				1FE	191,823		121,4730	155,000	188,213		(3,272)			6.350	3.306	JJ	4,128	8,890	05/11/2017	01/30/2026	
0699999 Subtotal - All Other Governments - Issuer Obligations						191,823	X X X	188,283	155,000	188,213		(3,272)			X X X	X X X	X X X	4,128	8,890	X X X	X X X	
1099999 Subtotal - All Other Governments						191,823	X X X	188,283	155,000	188,213		(3,272)			X X X	X X X	X X X	4,128	8,890	X X X	X X X	
U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
373384K96	GEORGIA ST			1	1FE	25,811		101,9170	25,000	25,356		(110)		3.000	2.517	FA	313	750	07/03/2013	02/01/2021		
452151LD3	ILLINOIS ST			2FE	2FE	83,267		100,7090	80,000	80,307		(722)		4.350	3.410	JD	290	4,930	07/13/2012	06/01/2018		
452151LE1	ILLINOIS ST			2FE	2FE	211,174		104,4260	200,000	206,773		(1,091)		4.950	4.243	JD	825	9,900	07/16/2012	06/01/2023		
1199999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						320,252	X X X	314,898	305,000	312,436		(1,923)			X X X	X X X	X X X	1,428	15,580	X X X	X X X	
1799999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed)						320,252	X X X	314,898	305,000	312,436		(1,923)			X X X	X X X	X X X	1,428	15,580	X X X	X X X	
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
476576GN7	JERSEY CITY N J				1FE	99,352		100,3460	100,000	99,740		93			2.723	2.825	MS	908	2,723	07/03/2013	09/01/2020	
1899999 Subtotal - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						99,352	X X X	100,346	100,000	99,740		93			X X X	X X X	X X X	908	2,723	X X X	X X X	
2499999 Subtotal - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)						99,352	X X X	100,346	100,000	99,740		93			X X X	X X X	X X X	908	2,723	X X X	X X X	
U.S. Special Revenue, Special Assessment - Issuer Obligations																						
452227GC9	ILLINOIS ST SALES TAX REV			1	1FE	144,933		98,2190	150,000	147,277		565		2.450	2.887	JD	163	3,675	07/03/2013	06/15/2022		
4546247M3	INDIANA BD BK REV				1FE	25,220		101,4130	25,000	25,120		(24)		2.971	2.857	JJ	342	743	07/03/2013	07/15/2022		
745177ET8	PUERTO RICO COMWLTH GOVT DEV BK			2	6FE	118,125		24,0000	500,000	118,125		5,625		5.400		MON			08/24/2010	08/01/2019		
745177FB6	PUERTO RICO COMWLTH GOVT DEV BK			9	6Z	56,700		24,0000	500,000	56,700		2,700		4.150		MON			12/22/2011	08/01/2017		
745177FC4	PUERTO RICO COMWLTH GOVT DEV BK			2	6FE	118,125		24,0000	500,000	118,125		5,625		4.500		MON			12/22/2011	08/01/2019		
74529JKA2	PUERTO RICO SALES TAX FING CORP SALES TA			2	6FE	32,663		9,7500	335,000	32,663		(77)	106,262	4.500		FA			08/28/2013	08/01/2021		
76443NCG7	RICHMOND CALIF JT PWRS FING AUTH TAX ALL			1FE	1FE	15,643		101,6280	15,000	15,095		(137)		5.860	4.880	MS	293	879	07/13/2012	09/01/2018		
786056BD2	SACRAMENTO CALIF PENSION OBLIG			1FE	1FE	216,150		104,2800	200,000	204,739		(2,829)		5.850	4.286	FA	4,875	11,700	07/13/2012	08/01/2019		
2599999 Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations						727,558	X X X	726,748	1,965,000	717,843		(2,502)	106,262		X X X	X X X	X X X	5,674	16,997	X X X	X X X	
U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities																						
31418CDH4	FN MA2803 - RMBS			4	1	134,764		99,9380	133,192	134,716		(48)		2.500	2.247	MON	278	1,122	08/08/2017	11/01/2031		
2699999 Subtotal - U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities						134,764	X X X	133,192	133,275	134,716		(48)			X X X	X X X	X X X	278	1,122	X X X	X X X	
3199999 Subtotal - U.S. Special Revenue, Special Assessment						862,322	X X X	859,941	2,098,275	852,559		(2,550)	106,262			X X X	X X X	X X X	5,951	18,118	X X X	X X X
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																						
00206RAZ5	AT&T INC			1	2FE	103,782		103,6790	100,000	101,943		(497)		3.875	3.301	FA	1,464	3,875	02/06/2014	08/15/2021		
00209TAB1	COMCAST CABLE COMMUNICATIONS HOLDINGS IN				1FE	174,211		130,7210	125,000	165,283		(7,708)		9.455	2.403	MN	1,510	11,819	11/09/2016	11/15/2022		
00440EAU1	CHUBB INA HOLDINGS INC			1,2	1FE	104,527		101,4140	100,000	103,657		(739)		2.875	2.050	MN	463	2,875	10/26/2016	11/03/2022		
02364WAV7	AMERICA MOVIL SAB DE CV			1	1FE	110,153		105,4960	100,000	106,729		(2,908)		5.000	1.920	MS	1,264	5,000	10/25/2016	03/30/2020		
026609AC1	WYETH LLC				1FE	30,939		120,7890	25,000	30,028		(887)		7.250	3.014	MS	604	1,813	12/19/2016	03/01/2023		
03076CAF3	AMERIPRISE FINANCIAL INC			1	1FE	161,806		106,4840	150,000	159,979		(1,573)		4.000	2.747	AO	1,267	6,000	11/21/2016	10/15/2023		
031162BV1	AMGEN INC			1,2	2FE	156,204		104,0200	150,000	155,328		(779)		3.625	2.988	MN	589	5,438	11/10/2016	05/22/2024		
03523TBB3	ANHEUSER-BUSCH INBEV WORLDWIDE INC			1	2FE	110,784		105,6590	100,000	105,053		(1,532)		4.375	2.677	FA	1,653	4,375	02/06/2014	02/15/2021		
035242AL0	ANHEUSER-BUSCH INBEV FINANCE INC			1,2	2FE	51,929		102,4300	50,000	51,593		(299)		3.300	2.606	FA	688	1,650	11/09/2016	02/01/2023		
037833BG4	APPLE INC			1	1FE	25,471		102,0940	25,000	25,470		(1)		3.200	2.914	MN	107	1,221	12/21/2017	05/13/2025		
055451AU2	BHP BILLITON FINANCE (USA) LTD			1	1FE	108,758		106,6060	100,000	107,376		(1,182)		3.850	2.464	MS	973	3,850	11/14/2016	09/30/2023		
05565QBZ0	BP CAPITAL MARKETS PLC			1	1FE	99,634		102,5470	100,000	99,798		43		3.245	3.295	MN	496	3,245	02/06/2014	05/06/2022		
06406FAD5	BANK OF NEW YORK MELLON CORP			2	1FE	146,586		96,9810	150,000	147,119		472		2.200	2.569	FA	1,238	3,300	11/09/2016	08/16/2023		
071813BF5	BAXTER INTERNATIONAL INC			1	2FE	94,408		98,3950	100,000	96,782		637		2.400	3.154	FA	907	2,400	02/06/2014	08/15/2022		
09247XAJ0	BLACKROCK INC			1	1FE	25,527		103,7180	25,000	25,287		(60)		3.375	3.095	JD	70	844	07/03/2013	06/01/2022		
12189LAQ4	BURLINGTON NORTHERN SANTA FE LLC			1,2	1FE	132,983		105,7820	125,000	131,733		(1,136)		3.850	2.772	MS	1,604	4,813	11/21/2016	09/01/2023		
14912LSF4	CATERPILLAR FINANCIAL SERVICES CORP				1FE	98,539		101,3130	100,000	99,180		171		2.850	3.050	JD	238	2,850	02/06/2014	06/01/2022		
244199BE4	DEERE & CO			2	1FE	97,024		100,1570	100,000	98,325		348		2.600	3.006	JD	166	2,600	02/06/2014	06/08/2022		
25468PCT1	WALT DISNEY CO			1	1FE	97,496		100,5720	100,000	98,642		306		2.550	2.902	FA	963	2,550	02/06/2014	02/15/2022		
26442CAQ7	DUKE ENERGY CAROLINAS LLC			1,2	1FE	54,444		99,1630	55,000	54,517		73		2.500	2.682	MS	405	1,375	02/22/2017	03/15/2023		
278062AC8	EATON CORP			1	2FE	102,786		100,3910	100,000	102,269		(439)		2.750	2.252	MN	451	2,750	10/24/2016	11/02/2022		
30231GAG7	EXXON MOBIL CORP			1,2	1FE	111,796		99,5080	110,000	111,158		(541)		1.912	1.400	MS	672	2,103	10/24/2016	03/06/2020		
38141GGQ1	GOLDMAN SACHS GROUP INC			1	1FE	112,769		108,4210	100,000	109,739		(2,582)		5.250	2.388	JJ	2,246	5,250	10/25/2016	07/27/2021		
404280AK5	HSBC HOLDINGS PLC				1FE	55,146		107,4810	50,000	53,860		(1,122)		5.100	2.613	AO	609	2,550	11/08/2016	04/05/2021		

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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	Bond CHAR	NAIC Desig- nation	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	Stated Contractual Maturity Date
404280AL3	HSBC HOLDINGS PLC		C		1FE	110,426		107,640	100,000	108,199		(1,897)			4.875	2.716	JJ	2,261	4,875	10/24/2016	01/14/2022
438516BA3	HONEYWELL INTERNATIONAL INC			1	1FE	110,396		105,669	100,000	104,899		(1,467)			4.250	2.625	MS	1,417	4,250	02/06/2014	03/01/2021
448814EJ8	HYDRO-QUEBEC				1FE	26,161		129,296	20,000	26,011		(150)			8.050	2.947	JJ	778		10/24/2017	07/07/2024
458140AJ9	INTEL CORP			1	1FE	25,626		103,747	25,000	25,312		(78)			3.300	2.946	AO	206	825	07/03/2013	10/01/2021
458140AM2	INTEL CORP			1	1FE	95,355		101,168	100,000	97,236		506			2.700	3.310	JD	120		02/06/2014	12/15/2022
459200HP9	INTERNATIONAL BUSINESS MACHINES CORP			1	1FE	211,426		103,570	200,000	209,598		(1,586)			3.375	2.449	FA	2,813	6,750	11/14/2016	08/01/2023
46625HUE1	JPMORGAN CHASE & CO				1FE	98,165		102,438	100,000	98,931		205			3.250	3.497	MS	885	3,250	02/06/2014	09/23/2022
478160BT0	JOHNSON & JOHNSON			1.2	1FE	211,555		98,149	210,000	211,258		(24)			2.050	1.920	MS	1,435	4,305	11/21/2016	03/01/2023
494368BF9	KIMBERLY-CLARK CORP			1	1FE	107,541		104,479	100,000	103,559		(1,064)			3.875	2.693	MS	1,292	3,875	02/06/2014	03/01/2021
589331AT4	MERCK & CO INC			1.2	1FE	47,586		99,693	50,000	48,668		260			2.400	3.012	MS	353	1,200	07/03/2013	09/15/2022
594918AL8	MICROSOFT CORP				1FE	80,736		105,086	75,000	79,284		(1,322)			4.000	2.089	FA	1,192	3,000	11/21/2016	02/08/2021
594918BA1	MICROSOFT CORP			1.2	1FE	164,264		99,884	160,000	163,337		(789)			2.375	1.836	FA	1,467	3,800	10/24/2016	02/12/2022
637432NG6	NATIONAL RURAL UTILITIES COOPERATIVE FIN			1.2	1FE	51,267		102,032	50,000	51,225		(42)			3.250	2.888	MN	271	813	09/13/2017	11/01/2025
670346AM7	NUCOR CORP			1.2	2FE	107,541		104,818	100,000	106,277		(1,077)			4.000	2.728	FA	1,667	4,000	10/24/2016	08/01/2023
674599BY0	OCCIDENTAL PETROLEUM CORP			1.2	1FE	108,955		104,769	100,000	103,973		(1,332)			4.100	2.637	FA	1,708	4,100	02/06/2014	02/01/2021
68389XAP0	ORACLE CORP			1	1FE	152,061		99,916	150,000	151,674		(328)			2.500	2.252	AO	792	3,750	11/14/2016	10/15/2022
718172AT6	PHILIP MORRIS INTERNATIONAL INC				1FE	93,916		99,133	100,000	96,482		690			2.500	3.324	FA	896	2,500	02/06/2014	08/22/2022
74432QBP9	PRUDENTIAL FINANCIAL INC			1	1FE	109,858		105,738	100,000	107,066		(2,371)			4.500	1.956	MN	575	4,500	10/24/2016	11/15/2020
808513AG0	CHARLES SCHWAB CORP			1	1FE	99,663		101,691	100,000	99,808		37			3.225	3.270	MS	1,075	3,225	02/06/2014	09/01/2022
871829AQ0	SYSCO CORP			1	1FE	95,587		99,395	100,000	97,504		515			2.600	3.207	JD	137	2,600	02/06/2014	06/12/2022
89233P5T9	TOYOTA MOTOR CREDIT CORPORATION			C	1FE	50,686		103,156	50,000	50,357		(82)			3.300	3.110	JJ	775	1,650	07/03/2013	01/12/2022
893939AE8	TRAVELERS/AETNA PROPERTY CASUALTY CORP				1FE	133,402		131,590	100,000	130,010		(3,068)			7.750	3.539	AO	1,636	7,750	11/18/2016	04/15/2026
907818DR6	UNION PACIFIC CORP			1.2	1FE	131,315		105,175	125,000	130,405		(833)			3.646	2.842	FA	1,722	4,558	11/21/2016	02/15/2024
911312AQ9	UNITED PARCEL SERVICE INC			1	1FE	24,153		99,812	25,000	24,534		90			2.450	2.873	AO	153	613	07/03/2013	10/01/2022
91159JAA4	U.S. BANCORP			2	1FE	96,160		101,398	100,000	97,798		441			2.950	3.479	JJ	1,360	2,950	02/06/2014	07/15/2022
913017AS8	UNITED TECHNOLOGIES CORPORATION				1FE	135,807		118,049	100,000	117,006		(5,046)			8.750	3.066	MS	2,917	8,750	02/06/2014	03/01/2021
927804FJ8	VIRGINIA ELECTRIC AND POWER CO			1.2	2FE	130,690		103,372	125,000	128,053		(640)			3.450	2.858	MS	1,438	4,313	07/03/2013	09/01/2022
927804FK5	VIRGINIA ELECTRIC AND POWER CO			1.2	2FE	25,328		101,311	25,000	25,165		(41)			2.950	2.765	JJ	340	730	07/03/2013	01/15/2022
931142DH3	WAL MART STORES INC			2	1FE	103,379		100,421	100,000	102,768		(518)			2.550	1.969	AO	567	2,550	10/24/2016	04/11/2023
94106LBD0	WASTE MANAGEMENT INC			1.2	2FE	148,493		98,166	150,000	148,737		217			2.400	2.569	MN	460	3,600	11/10/2016	05/15/2023
94974BGA2	WELLS FARGO & CO				1FE	175,212		101,619	170,000	174,513		(603)			3.300	2.861	MS	1,745	5,610	11/09/2016	09/09/2024
983024AF7	WYETH			1	1FE	126,106		120,653	100,000	122,190		(3,334)			6.450	2.496	FA	2,688	6,450	10/24/2016	02/01/2024
3299999	Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations					5,756,520	X X X	5,688,128	5,450,000	5,682,680		(46,885)			X X X	X X X	X X X	57,784	197,163	X X X	X X X
3899999	Subtotal - Industrial & Miscellaneous (Unaffiliated)					5,756,520	X X X	5,688,128	5,450,000	5,682,680		(46,885)			X X X	X X X	X X X	57,784	197,163	X X X	X X X
7799999	Subtotals - Issuer Obligations					7,095,506	X X X	7,018,404	7,975,000	7,000,911	13,950	(54,490)	106,262		X X X	X X X	X X X	69,921	241,353	X X X	X X X
7899999	Subtotals - Residential Mortgage-Backed Securities					134,764	X X X	133,192	133,275	134,716		(48)			X X X	X X X	X X X	278	1,122	X X X	X X X
8399999	Grand Total - Bonds					7,230,270	X X X	7,151,596	8,108,275	7,135,627	13,950	(54,538)	106,262		X X X	X X X	X X X	70,199	242,475	X X X	X X X

E10.1

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)			19 Total Foreign Exchange Change in B./A.C.V.
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.		
Mutual Funds																	
33611N101	FIRST PUERTO RICO TAX-EXEMPT TARGET MATU			50,000.000	59,500	1.190	59,500	59,500		8,295		10,000	226,500	(216,500)		U	12/13/2004
33611Q104	FIRST PUERTO RICO TAX-EXEMPT TARGET MATU		C	10,000.000	14,200	1.420	14,200	14,200		1,285		500	44,400	(43,900)		U	12/13/2004
921909784	VANGUARD TOT I STK;INS			942.731	115,041	122.030	115,041	103,664		2,189		21,871		21,871		U	12/20/2017
922042841	VANGUARD EM ST IDX;ADM			689.180	26,313	38.180	26,313	22,298		420		5,718		5,718		U	12/20/2017
922908694	VANGUARD EXT MK ID;ADM			1,103.094	93,498	84.760	93,498	72,939		811		13,210		13,210		U	12/20/2017
922908710	VANGUARD 500 INDEX;ADM			1,362.605	336,318	246.820	336,318	242,001		4,164		54,417		54,417		U	12/22/2017
922908801	VANGUARD TSM IDX;INST			6,256.961	417,527	66.730	417,527	307,460		4,967		66,084		66,084		L	12/20/2017
9299999 Subtotal - Mutual Funds					1,062,398	X X X	1,062,398	822,062		22,131		171,801	270,900	(99,099)		X X X	X X X
9799999 Total Common Stocks					1,062,398	X X X	1,062,398	822,062		22,131		171,801	270,900	(99,099)		X X X	X X X
9899999 Total Preferred and Common Stocks					1,062,398	X X X	1,062,398	822,062		22,131		171,801	270,900	(99,099)		X X X	X X X

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues6, the total \$ value (included in Column 8) of all such issues \$.....644,871.

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
Bonds - All Other Governments								
74815HBZ4	QUEBEC, PROVINCE OF		05/11/2017	FIRST TENNESSEE SECURITIES CORP	X X X	37,008	30,000	561
1099999 Subtotal - Bonds - All Other Governments						37,008	30,000	561
Bonds - U.S. Political Subdivisions of States (Direct and Guaranteed)								
745277NT6	PUERTO RICO MUN FIN AGY		01/01/2017	Adjustment	X X X	(1,421)		
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States (Direct and Guaranteed)						(1,421)		
Bonds - U.S. Special Revenue, Special Assessment								
31418CDH4	FN MA2803 - RMBS		08/08/2017	NOMURA SECURITIES/FIXED INCOME	X X X	140,142	138,594	144
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						140,142	138,594	144
Bonds - Industrial and Miscellaneous (Unaffiliated)								
037833BG4	APPLE INC		12/21/2017	GOLDMAN SACHS AND CO.	X X X	25,471	25,000	96
26442CAQ7	DUKE ENERGY CAROLINAS LLC		02/22/2017	Deutsche Bank Securities, Inc.	X X X	54,444	55,000	619
448814EJ8	HYDRO-QUEBEC		10/24/2017	MERRILL LYNCH PROFESSIONAL CLR	X X X	26,161	20,000	487
637432NG6	NATIONAL RURAL UTILITIES COOPERATIVE FIN		09/13/2017	BONY CAPITAL MARKETS INC.	X X X	51,267	50,000	605
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						157,343	150,000	1,807
8399997 Subtotal - Bonds - Part 3						333,073	318,594	2,512
8399998 Summary item from Part 5 for Bonds								
8399999 Subtotal - Bonds						333,073	318,594	2,512
8999998 Summary Item from Part 5 for Preferred Stocks							X X X	
8999999 Subtotal - Preferred Stocks							X X X	
Common Stocks - Mutual Funds								
921909784	VANGUARD TOT I STK;INS		12/20/2017	Not Available	19.067	2,189	X X X	
922042841	VANGUARD EM ST IDX;ADM		12/20/2017	Not Available	11.709	420	X X X	
922908694	VANGUARD EXT MK ID;ADM		12/20/2017	Not Available	10.179	811	X X X	
922908710	VANGUARD 500 INDEX;ADM		12/22/2017	Not Available	18.085	4,164	X X X	
922908801	VANGUARD TSM IDX;INST		12/20/2017	Not Available	79.817	4,967	X X X	
9299999 Subtotal - Common Stocks - Mutual Funds						12,551	X X X	
9799997 Subtotal - Common Stocks - Part 3						12,551	X X X	
9799998 Summary Item from Part 5 for Common Stocks							X X X	
9799999 Subtotal - Common Stocks						12,551	X X X	
9899999 Subtotal - Preferred and Common Stocks						12,551	X X X	
9999999 Totals						345,624	X X X	2,512

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	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 Stated Contractual 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.						
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																				
452151LD3	ILLINOIS ST		06/01/2017	Call @ 100.0	X X X	66,667	66,667	69,389	67,525		(248)		(248)		67,278		(611)	(611)		06/01/2018
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)						66,667	66,667	69,389	67,525		(248)		(248)		67,278		(611)	(611)		X X X
Bonds - U.S. Political Subdivisions of States (Direct and Guaranteed)																				
745277NT6	PUERTO RICO MUN FIN AGY		08/01/2017	Maturity @ 100.0	X X X	500,000	500,000	512,510	500,000		1,421		1,421		500,000				26,250	08/01/2017
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States (Direct and Guaranteed)						500,000	500,000	512,510	500,000		1,421		1,421		500,000				26,250	X X X
Bonds - U.S. Special Revenue, Special Assessment																				
31418CDH4	FN MA2803 - RMBS		12/01/2017	Paydown	X X X	5,319	5,319	5,379			(59)		(59)		5,319				17	11/01/2031
74529JKA2	PUERTO RICO SALES TAX FING CORP SALES		09/01/2017	Unknown	X X X				138,925		77		77						7,538	08/01/2021
76443NCG7	RICHMOND CALIF JT PWRS FING AUTH TAX		10/01/2017	VARIOUS	X X X	20,000	20,000	20,857	20,309		(120)		(120)		20,189		(189)	(189)	1,172	09/01/2018
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						25,319	25,319	26,236	159,234		(102)		(102)		25,508		(189)	(189)	8,726	X X X
8399997 Subtotal - Bonds - Part 4						591,986	591,986	608,135	726,758		1,070		1,070		592,786		(800)	(800)	34,976	X X X
8399998 Summary Item from Part 5 for Bonds																				X X X
8399999 Subtotal - Bonds						591,986	591,986	608,135	726,758		1,070		1,070		592,786		(800)	(800)	34,976	X X X
8999998 Summary Item from Part 5 for Preferred Stocks																				X X X
8999999 Subtotal - Preferred Stocks																				X X X
Common Stocks - Mutual Funds																				
000000000	CITIBANK MONEY MARKET FUND		12/01/2017	Direct		22,001	X X X	22,001	22,001					22,001						X X X
31617H508	FIDELITY:GOVT MNY MKT:CR		12/01/2017	Adjustment		199,579	X X X	199,579	199,579					199,579					(1)	X X X
33611N101	FIRST PUERTO RICO TAX-EXEMPT TARGET		05/01/2017	Adjustment			X X X				(166,500)		166,500							X X X
33611Q104	FIRST PUERTO RICO TAX-EXEMPT TARGET		05/01/2017	Adjustment			X X X				(33,800)		33,800							X X X
99TIME008	BPPR TIME DEPOSIT OPEN ACCOUNT	C	12/01/2017	Direct		13,624	X X X	13,624	13,624					13,624						X X X
9299999 Subtotal - Common Stocks - Mutual Funds						235,204	X X X	235,204	235,204			(200,300)		200,300	235,204				(1)	X X X
9799997 Subtotal - Common Stocks - Part 4						235,204	X X X	235,204	235,204			(200,300)		200,300	235,204				(1)	X X X
9799998 Summary Item from Part 5 for Common Stocks																				X X X
9799999 Subtotal - Common Stocks						235,204	X X X	235,204	235,204			(200,300)		200,300	235,204				(1)	X X X
9899999 Subtotal - Preferred and Common Stocks						235,204	X X X	235,204	235,204			(200,300)		200,300	235,204				(1)	X X X
9999999 Totals						827,190	X X X	843,339	961,962		1,070	(200,300)		201,370	827,990		(800)	(800)	34,975	X X X

E14

SCHEDULE D - PART 5

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

1 CUSIP Identifi- cation	2 Description	3 F O R E I G N	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stock)	9 Actual Cost	10 Consider- ation	11 Book/ Adjusted Carrying Value at Disposal	Change in Book/Adjusted Carrying Value					17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends										
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (Col. 12+ 13-14)	16 Total Foreign Exchange Change in B./A.C.V.															
9899999 Subtotal - Preferred and Common Stocks																														
9999999 Totals																														

- E16 Schedule D - Part 6 Sn 1 NONE

- E16 Schedule D - Part 6 Sn 2 NONE

- E17 Schedule DA - Part 1 Short-Term Investments Owned NONE

- E18 Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open NONE

- E19 Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term. . . . NONE

- E20 Schedule DB - Part B Sn 1 Futures Contracts Open NONE

- E21 Schedule DB - Part B Sn 2 Futures Contracts Terminated NONE

- E22 Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments . NONE

- E23 Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity NONE

- E23 Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity NONE

- E24 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

- E25 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

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 *
open depositories						
BANCO POPULAR					16,371,651	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			16,371,651	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			16,371,651	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			16,371,651	X X X

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

1. January	13,203,088	4. April	12,440,269	7. July	12,918,015	10. October	13,109,057
2. February	12,662,622	5. May	12,824,022	8. August	12,775,664	11. November	14,589,836
3. March	12,279,056	6. June	12,550,101	9. September	12,904,711	12. December	16,371,651

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
6099999	Subtotal - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds							
All Other Money Market Mutual Funds								
	CITIBANK MONEY MARKET FUND			0.000	X X X	545,368		
	FIDELITY:GOVT MNY MKT;CR			0.000	X X X	216,825		130
	BPPR TIME DEPOSIT OPEN ACCOUNT			0.000	X X X	12,383	6	
8699999	Subtotal - All Other Money Market Mutual Funds					774,575	6	130
8899999	Total Cash Equivalents					774,575	6	130

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 (CAN)						
58.	Aggregate Alien and Other (OT)	X X X	X X X				
59.	TOTAL	X X X	X X X				
DETAILS OF WRITE-INS							
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				

NONE



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2017
(To be filed by March 1)

PART 1 - INTERROGATORIES

- | | |
|--|--|
| 1. Is the reporting insurer is a member of a group of insurers or other holding company system?
If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group:
or 2) allocation to each insurer: | Yes[X] No[]

Yes[] No[X]
Yes[] No[X] |
| 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? | Yes[] No[X] |
| 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? | Yes[] No[X] |

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
1. MARIANNE ORTIZ, CHIEF EXECUTIVE OFFICER	2017								
RAFAEL BURGOS, CHIEF EXECUTIVE OFFICER	2016								
RAFAEL BURGOS, CHIEF EXECUTIVE OFFICER	2015								
2. CARLOS FERNANDEZ, VICE PRESIDENT	2017								
MARIANNE ORTIZ, VICE PRESIDENT	2016								
MARIANNE ORTIZ, VICE PRESIDENT	2015								
3. MONICA LUGO, TREASURER	2017								
MARIANNE ORTIZ, TREASURER	2016								
MARIANNE ORTIZ, TREASURER	2015								
4. CARMEN FIGUEROA, SECRETARY	2017								
CARMEN FIGUEROA, SECRETARY	2016								
CARMEN FIGUEROA, SECRETARY	2015								
5.	2017								
.....	2016								
.....	2015								
6.	2017								
.....	2016								
.....	2015								
7.	2017								
.....	2016								
.....	2015								
8.	2017								
.....	2016								
.....	2015								
9.	2017								
.....	2016								
.....	2015								
10.	2017								
.....	2016								
.....	2015								

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
MR. ANTHONY BARTH, CHAIRMAN	300					300
MRS. BELINDA MARTINEZ, VICE CHAIRMAN	1,300					1,300
MR. JORGE RODRIGUEZ BARROSO, TREASURER	1,300					1,300
MRS. EDLIN BUITRAGO, SECRETARY	800					800
MR. RAFAEL BURGOS, DIRECTOR	1,300					1,300
MR. JAIME RODRIGUEZ CORA, DIRECTOR	1,300					1,300
MR. ALFONSO ORTIZ, DIRECTOR	1,300					1,300

PART 4 NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.



SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended DECEMBER 31, 2017
(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. \$ 27,937,425

1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2. Ten largest exposures to a single issuer/borrower/investment.			
2.01	MICROSOFT CORP	CORP	163,337 0.585
2.02	COMCAST CABLE COMMUNICATION	CORP	165,283 0.592
2.03	WELLS FARGO & CO	CORP	174,513 0.625
2.04	QUEBEC, PROVINCE OF	FOREIGN GOVERNMENT	188,213 0.674
2.05	SACRAMENTO CALIF PENSION OBLIG	MUNICIPAL	204,739 0.733
2.06	ILLINOIS ST	MUNICIPAL	206,773 0.740
2.07	INTERNATIONAL BUSINESS MACHINES CORP	CORP	209,598 0.750
2.08	JOHNSON & JOHNSON	CORP	211,258 0.756
2.09	VANGUARD 500 INDEX;ADM	EQUITY	336,318 1.204
2.10	VANGUARD TSM IDX;INST	EQUITY	417,527 1.495

NAIC Designation	1 Amount	2 Percent
3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.		
Bonds		
3.01 NAIC 1	5,558,437	19.896
3.02 NAIC 2	1,308,278	4.683
3.03 NAIC 3 .....	.....	.....
3.04 NAIC 4 .....	.....	.....
3.05 NAIC 5 .....	.....	.....
3.06 NAIC 6	268,913	0.963
Preferred Stocks		
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 [] No[X]
 If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

	1 Amount	2 Percent
4.02 TOTAL admitted assets held in foreign investments	1,103,112	3.949
4.03 Foreign-currency-denominated investments .....	.....	.....
4.04 Insurance liabilities denominated in that same foreign currency .....	.....	.....

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

NAIC Sovereign Designation		1 Amount	2 Percent
5.	Aggregate foreign investment exposure categorized by NAIC sovereign designation:		
5.01	Countries designated NAIC 1	1,103,112	3.949
5.02	Countries designated NAIC 2		
5.03	Countries designated NAIC 3 or below		

NAIC Sovereign Designation		1 Amount	2 Percent
6.	Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:		
Countries designated NAIC 1:			
6.01	UNITED KINGDOM	261,856	0.937
6.02	CANADA	214,223	0.767
Countries designated NAIC 2:			
6.03	BELGIUM	156,646	0.561
6.04	REPUBLIC OF IRELAND	102,269	0.366
Countries designated NAIC 3 or below:			
6.05	.....	
6.06	.....	

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

NAIC Sovereign Designation		1 Amount	2 Percent
8.	Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:		
8.01	Countries designated NAIC 1		
8.02	Countries designated NAIC 2		
8.03	Countries designated NAIC 3 or below		

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

1 Issuer	2 NAIC Designation	3 Amount	4 Percent
10.	Ten largest non-sovereign (i.e. non-governmental) foreign issues:		
10.01	QUEBEC, PROVINCE OF	188,213	0.674
10.02	HSBC HOLDING PLC	108,199	0.387
10.03	BHP BILLITON FINANCE (USA) LTD	107,376	0.384
10.04	AMERICA MOVIL SAB DE CV	106,729	0.382
10.05	ANHEUSER-BUSCH INBEV WORLDWIDE	105,053	0.376
10.06	CHUBB INA HOLDINGS INC	103,657	0.371
10.07	EATON CORP	102,269	0.366
10.08	BP CAPITAL MARKETS PLC	99,798	0.357
10.09	HSBC HOLDINGS PLC	53,860	0.193
10.10	ANHEUSER-BUSH INBEV FINANCE INC	51,593	0.185

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? Yes[X] No[]
 If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

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? Yes[X] No[]
 If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

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? Yes[] No[X]
 If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

1 Name of Issuer	2 Amount	3 Percent
Assets held in equity interests:		
13.02 VANGUARD TSM IDX; INST	417,527	1.495
13.03 VANGUARD 500 INDEX FD CL ADM MF	336,318	1.204
13.04 VANGUARD TOT I STK;INS	115,041	0.412
13.05 VANGUARD EXT MK ID:ADM	93,498	0.335
13.06 FIRST PUERTO RICO TAX-EXEMPT TARGET MATURITY FUND	59,500	0.213
13.07 VANGUARD EM ST IDX;ADM	22,298	0.080
13.08 FIRST PUERTO RICO TAX-EXEMPT TARGET MATURITY FUND	14,200	0.051
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 percentages 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 five 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		
	1 Amount	2 Percent	3 1st Qtr	4 2nd Qtr	5 3rd Qtr
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		
	1 Amount	2 Percent	3 1st Qtr	4 2nd Qtr	5 3rd Qtr
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		
	1 Amount	2 Percent	3 1st Qtr	4 2nd Qtr	5 3rd Qtr
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					

Supp8 A H Policy Experience Exhibit (Individual 1-8) NONE

Supp9 A H Policy Experience Exhibit (Individual 9-19) NONE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

Supp10

	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. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
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							
Other Medical (Non-Comprehensive)							
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 Benefits Plans							
15. Tricare							
16. Dental	16,996,528	9,853,662	100,000	58.6	685	425,349	514,185
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care							
20. GRAND TOTAL Group Business	16,996,528	9,853,662	100,000	58.6	685	425,349	514,185
C. OTHER BUSINESS							
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							
D. TOTAL BUSINESS							
1. TOTAL Non U.S. Policy Forms							
2. GRAND TOTAL Individual, Group and Other Business	16,996,528	9,853,662	100,000	58.6	685	425,349	514,185

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	1,844,584	870,502	8,834	47.671
2. Other Forms Direct Business				
3. TOTAL Direct Business	1,844,584	870,502	8,834	47.671
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	1,844,584	870,502	8,834	47.671

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	15,151,944	8,983,160	91,166	59.889
2. Other Forms Direct Business				
3. TOTAL Direct Business	15,151,944	8,983,160	91,166	59.889
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	15,151,944	8,983,160	91,166	59.889

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				

NONE

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	16,996,528	9,853,662	100,000	58.563
2. Other Forms Direct Business				
3. TOTAL Direct Business	16,996,528	9,853,662	100,000	58.563
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	16,996,528	9,853,662	100,000	58.563



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

FOR THE YEAR ENDED
DECEMBER 31, 2017

(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.

COMPANY

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[X]
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[X]
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[X]
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
To be answered by Life and A & H Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	No	No
b. Summary of Operations	No	No
c. Surplus Account	No	No
To be answered by Property and Casualty Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	No	No
b. Statement of Income - Underwriting and Investment Exhibit	No	No
c. Capital and Surplus Account	No	No
To be answered by Title Insurance Companies		
a. Statement of Assets, Liabilities, Surplus and Other Funds	No	No
b. Statement of Income - Operations and Investment Exhibit	No	No
c. Capital and Surplus Account	No	No
To be answered by Health Insurance Companies:		
a. Statement of Assets, Liabilities, Capital and Surplus	Yes	Yes
b. Statement of Revenue and Expenses	Yes	Yes
c. Capital and Surplus Account	Yes	Yes

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(See Instructions Below)

1	2	3	Number of Shares					8	9
			4	5	Disposed of During Current Year		Owned at End of Current Year		
					6	7			
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	Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the 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: _____

Has the state of domicile granted an exemption or disclaimer of control? Answer: No

If answer is "yes" explain:



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		NONE		X X X	
7.12 Without Reinsurance Coverage		NONE		X X X	
7.2 Supplemental Benefits		NONE		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 of 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 Result	X X X	X X X	X X X	X X X	

Supp18 Long Term Care Form 1 NONE

Supp19 Long Term Care Form 2 NONE

Supp20 Long Term Care Form 3 - Part A NONE

Supp21 Long Term Care Form 3 - Part B NONE

Supp22 Long Term Care Form 3 - Part C NONE

Supp23 Long Term Care Form 4 NONE

Supp24 Long Term Care Form 5 NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

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



NAIC Group Code 2479

BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2017

NAIC Company Code 47085

Supp39 Puerto Rico

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)											16,996,528		16,996,528	XXX	16,996,528
1.2 Federal high risk pools														XXX	
1.3 State high risk pools														XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)											16,996,528		16,996,528	XXX	16,996,528
1.5 Federal taxes and federal assessments															
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees															
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)											16,996,528		16,996,528	XXX	16,996,528
1.9 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)											16,996,528		16,996,528	XXX	16,996,528
2. Claims:															
2.1 Incurred claims excluding prescription drugs											9,953,662		9,953,662	XXX	9,953,662
2.2 Prescription drugs														XXX	
2.3 Pharmaceutical rebates														XXX	
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														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 + 3) (From Part 2, Line 2.15)											9,953,662		9,953,662	XXX	9,953,662
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	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										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)											9,953,662		9,953,662	XXX	9,953,662
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 + 6.2 + 6.3 + 6.4 + 6.5)															
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8										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	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

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

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
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															
10.4A Community Benefit Expenditures (informational only)															
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)													7,042,866	X X X	7,042,866
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
14. Federal income taxes (excluding taxes on Line 1.5 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	X X X	X X X	X X X	X X X	X X X	X X X	X X X
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	7,042,866	X X X	7,042,866
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies													685		685
O2. Number of Covered Lives													425,349		425,349
O3. Number of Groups	X X X			X X X											
O4. Member Months													514,185		514,185

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[] No[X]
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp40 Puerto Rico

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(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 2017

NAIC Group Code 2479

NAIC Company Code 47085

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group					
1.	Health Premiums Earned													
1.1	Direct premiums written											16,996,528		16,996,528
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year													
1.7	Reserve for rate credits prior year													
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.9	Premium balances written off													
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)											16,996,528		16,996,528
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates													
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)											16,996,528		16,996,528
2.	Direct Claims Incurred:													
2.1	Paid claims during the year											9,953,662		9,953,662
2.2	Direct claim liability current year													
2.3	Direct claim liability prior year													
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year													
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A	Paid medical incentive pools and bonuses current year													
2.11B	Accrued medical incentive pools and bonuses current year													
2.11C	Accrued medical incentive pools and bonuses prior year													
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)													
2.12A	Healthcare receivables current year													
2.12B	Healthcare receivables prior year													
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)											9,953,662		9,953,662
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates													
2.19	Other Adjustments due to MLR calculation - Claims													
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)											9,953,662		9,953,662
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

Supp41 Puerto Rico

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 2017

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:									
1.1	Salaries (including \$.....0 for affiliated services)									
1.2	Outsourced services									
1.3	EDP Equipment and Software (incl \$.....0 for affiliated services)									
1.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
1.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
1.6	Other Expenses (incl \$.....0 for affiliated services)									
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)									
1.8	Reimbursements by uninsured plans and fiscal intermediaries									
1.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
1.10	TOTAL (Lines 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:									
2.1	Salaries (including \$.....0 for affiliated services)									
2.2	Outsourced services									
2.3	EDP Equipment and Software (incl \$.....0 for affiliated services)									
2.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
2.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
2.6	Other Expenses (incl \$.....0 for affiliated services)									
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)									
2.8	Reimbursements by uninsured plans and fiscal intermediaries									
2.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
2.10	TOTAL (Lines 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:									
3.1	Salaries (including \$.....0 for affiliated services)									
3.2	Outsourced services									
3.3	EDP Equipment and Software (incl \$.....0 for affiliated services)									
3.4	Other Equipment (excluding EDP) (incl \$.....0 for affiliated services)									
3.5	Accreditation and Certification (incl \$.....0 for affiliated services)		X X X	X X X	X X X	X X X				
3.6	Other Expenses (incl \$.....0 for affiliated services)									
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)									
3.8	Reimbursements by uninsured plans and fiscal intermediaries									
3.9	Taxes, licenses and fees (in total, for tying purposes)	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
3.10	TOTAL (Lines 3.7 to 3.9)									
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp42 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	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			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 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									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp43 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 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			8 Other Claims Adjustment Expenses
7.	Small Group Expatriate Plans Expenses									
7.1	Salaries (including \$.....0 for affiliated services)									
7.2	Outsourced services									
7.3	EDP equipment and software (including \$.....0 for affiliated services)									
7.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other expenses (including \$.....0 for affiliated services)									
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.8	Reimbursements by uninsured plans and fiscal intermediaries									
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.1	Salaries (including \$.....0 for affiliated services)									
8.2	Outsourced services									
8.3	EDP equipment and software (including \$.....0 for affiliated services)									
8.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other expenses (including \$.....0 for affiliated services)									
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.8	Reimbursements by uninsured plans and fiscal intermediaries									
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.1	Salaries (including \$.....0 for affiliated services)									
9.2	Outsourced services									
9.3	EDP equipment and software (including \$.....0 for affiliated services)									
9.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other expenses (including \$.....0 for affiliated services)									
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.8	Reimbursements by uninsured plans and fiscal intermediaries									
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp44 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

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 2017

NAIC Company Code 47085

Supp39 Grand Total

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)											16,996,528		16,996,528	XXX	16,996,528
1.2 Federal high risk pools														XXX	
1.3 State high risk pools														XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)											16,996,528		16,996,528	XXX	16,996,528
1.5 Federal taxes and federal assessments															
1.6 State insurance, premium and other taxes (Similar local taxes of \$.....0)															
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees															
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)											16,996,528		16,996,528	XXX	16,996,528
1.9 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)											16,996,528		16,996,528	XXX	16,996,528
2. Claims:															
2.1 Incurred claims excluding prescription drugs											9,953,662		9,953,662	XXX	9,953,662
2.2 Prescription drugs														XXX	
2.3 Pharmaceutical rebates														XXX	
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses															
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)											9,953,662		9,953,662	XXX	9,953,662
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	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										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)											9,953,662		9,953,662	XXX	9,953,662
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 + 6.2 + 6.3 + 6.4 + 6.5)															
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8										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	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

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

	Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Subtotal (Cols. 1 thru 12)	14 Uninsured Plans	15 Total (Cols. 13 + 14)
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
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															
10.4A Community Benefit Expenditures (informational only)															
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)													7,042,866	X X X	7,042,866
12. Income from fees of uninsured plans	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
13. Net investment and other gain/(loss)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
14. Federal income taxes (excluding taxes on Line 1.5 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	X X X	X X X	X X X	X X X	X X X	X X X	X X X
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	7,042,866	X X X	7,042,866
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 6.5)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies													685		685
O2. Number of Covered Lives													425,349		425,349
O3. Number of Groups	X X X			X X X											
O4. Member Months													514,185		514,185

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[] No[X]
 (b) If yes, show the amount of premiums and claims included: Premiums \$.....0 Claims \$.....0

Supp40 Grand Total

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		X X X		X X X
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		X X X		X X X
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(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 Grand Total DURING THE YEAR 2017

NAIC Group Code 2479

NAIC Company Code 47085

Supp41 Grand Total

		Business Subject to MLR									10 Government Business (Excluded by Statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans				
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group					
1.	Health Premiums Earned													
1.1	Direct premiums written													
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year													
1.7	Reserve for rate credits prior year													
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.9	Premium balances written off													
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)													
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates													
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)													
2.	Direct Claims Incurred:													
2.1	Paid claims during the year													
2.2	Direct claim liability current year													
2.3	Direct claim liability prior year													
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year													
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)													
2.11A	Paid medical incentive pools and bonuses current year													
2.11B	Accrued medical incentive pools and bonuses current year													
2.11C	Accrued medical incentive pools and bonuses prior year													
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)													
2.12A	Healthcare receivables current year													
2.12B	Healthcare receivables prior year													
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)													
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates													
2.19	Other Adjustments due to MLR calculation - Claims													
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)													
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of \$.....0 for stand-alone dental and \$.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	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			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5.10	TOTAL (Lines 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									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp43 Grand Total

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)
 (To Be Filed By April 1 - Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 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			8 Other Claims Adjustment Expenses
7.	Small Group Expatriate Plans Expenses									
7.1	Salaries (including \$.....0 for affiliated services)									
7.2	Outsourced services									
7.3	EDP equipment and software (including \$.....0 for affiliated services)									
7.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
7.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other expenses (including \$.....0 for affiliated services)									
7.7	Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)									
7.8	Reimbursements by uninsured plans and fiscal intermediaries									
7.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	TOTAL (Lines 7.7 to 7.9)									
7.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
8.1	Salaries (including \$.....0 for affiliated services)									
8.2	Outsourced services									
8.3	EDP equipment and software (including \$.....0 for affiliated services)									
8.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
8.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other expenses (including \$.....0 for affiliated services)									
8.7	Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)									
8.8	Reimbursements by uninsured plans and fiscal intermediaries									
8.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	TOTAL (Lines 8.7 to 8.9)									
8.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
9.	Student Health Plans Expenses									
9.1	Salaries (including \$.....0 for affiliated services)									
9.2	Outsourced services									
9.3	EDP equipment and software (including \$.....0 for affiliated services)									
9.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
9.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other expenses (including \$.....0 for affiliated services)									
9.7	Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)									
9.8	Reimbursements by uninsured plans and fiscal intermediaries									
9.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	TOTAL (Lines 9.7 to 9.9)									
9.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp44 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

DELTA DENTAL OF PR, INC.

2017

Introduction

This discussion provides an assessment by management of the current financial position, results of operations, cash flows and liquidity, and changes in financial position for Delta Dental of Puerto Rico, Inc. (the Company) as of and for the year ended December 31, 2017 as compared to and with 2016. Information presented in this discussion supplements the financial statement exhibits, schedules and disclosures in the 2017 Annual Statement. The basic financial statements included within the Company's 2017 Annual Statement were prepared in accordance with the statements of statutory accounting principles found in the National Association of Insurance Commissioners Accounting Practices and Procedures Manual.

This Management's Discussion and Analysis of Financial Position and Results of Operations contains statements which constitute forward-looking statements including statements relating to the trends in operations and financial results and the business and products of the Company as well as other statements including words such as "anticipate", "believe", "plan", "estimate", "expect" and other similar expressions. Forward looking statements are made based on management's current expectations and beliefs concerning future developments and their potential effects on the Company. Such forward-looking statements are not guarantees of future performance.

Management's Discussion and Analysis

OPERATIONAL AND FINANCIAL HIGHLIGHTS

FINANCIAL POSITION

For the year ended December 31, 2017, net admitted assets totaled \$27.9 million, an increase of \$1.4 million, liabilities totaled \$6.2 million, a decrease of \$98,000 thousand and surplus totaled \$21.8 million, an increase of \$1.5 million from prior year end.

	December 31	
	2017	2016
NET ADMITTED ASSETS		
Cash and short-term investments	\$ 17,146,226	\$ 13,678,641
Bonds	7,135,627	7,541,120
Common stocks	1,062,398	1,183,850
Amount recoverable from reinsurers	549,583	1,815,661
Uncollected premiums	180,479	151,962
Amounts receivable relating to uninsured plans	1,493,212	1,830,508
Investment income due and accrued	70,205	85,413
Electronic data processing equipment, net	99,899	64,044
Receivables from parent, subsidiaries and affiliates	196,042	163,614
Other invested asset	3,754	8,897
Net deferred income tax asset	-	-
TOTAL NET ADMITTED ASSETS	<u>\$ 27,937,425</u>	<u>\$ 26,523,710</u>
LIABILITIES, CAPITAL AND SURPLUS		
Liabilities		
Claims unpaid	\$ 385,000	\$ 335,000
Liability for amounts held under uninsured plan	2,349,552	2,319,565
Premiums received in advance	32,923	83,368
Ceded reinsurance premiums payable	1,413,795	2,383,394
Amounts due to parent, subsidiaries and affiliates	309,741	62,827
General expenses due or accrued	1,689,601	1,094,315
Total liabilities	<u>6,180,612</u>	<u>6,278,469</u>
Capital and surplus		
Common stock, par value \$10; 800,000 shares authorized at December 31, 2017 and 2016; 799,400 and 799,092 shares outstanding at December 31, 2017 and 2016, respectively	8,000,000	8,000,000
Paid-in surplus	9,023,160	9,019,528
Treasury stock (at cost of \$20); 600 in 2017 and 908 shares in	(12,000)	(18,160)
Surplus	4,745,653	3,243,873
Total capital and surplus	<u>21,756,813</u>	<u>20,245,241</u>
TOTAL LIABILITIES, CAPITAL AND SURPLUS	<u>\$ 27,937,425</u>	<u>\$ 26,523,710</u>

Management's Discussion and Analysis

Introduction

Assets

During 2017, total assets increased \$1.4 million.

Cash and short-term investments increased \$3.4 million. This increase is the result of positive operating results. Bonds and common stocks decreased \$400,000 thousands and decreased \$121,000 thousands respectively, compared to prior year. The predominance of this decrease in bonds was the result of maturities and redemptions.

Amounts recoverable from reinsurers decreased \$1.2 million compared to prior year.

Uncollected premiums and agents' balances in the course of collection increased \$28,517 compared to prior year. The predominance of this increase is due to an increase in accounts receivable due to impact of Hurricane Irma and Maria in the month of September 2017 which delayed the collection process. Prior year non-admitted was \$30,425 compared to \$89,673 for the current year.

Amounts receivable relating to uninsured plans decreased \$337,296 compared to prior year. The decrease in this receivable was due to the decrease in ASC unpaid claims. During the month of September 2017 Puerto Rico was impacted by two Hurricanes Irma and Maria which caused major damage to the electrical system and as a consequence our providers office were closed.

Investment income due and accrued decreased \$15,208 thousands compared to prior year, mainly due to the decrease in interest received from Puerto Rico bonds which stop paying interest.

Electronic data processing equipment and software increased \$35,855 compared to prior year. This increase was the result of purchase of depreciable assets.

Receivables from parent, subsidiaries and affiliates increased \$32,428 compared to prior year. This increase was the result of intercompany receivable from Delta Dental of California (DDC) and due to timing of intercompany settlements.

Liabilities

During 2017, total liabilities decreased \$97,857.

Claims unpaid increased \$50,000 compared to prior year. The prior year reserve was higher than the actual runout and were adjusted in the current year.

Liability for amounts held under uninsured plans increased \$29,987 compared to prior year. This increase is due to group prefund deposits.

Premiums received in advance decreased \$50,445 compared to prior year due to the distribution timing of the group premium invoices and the delayed collection process due to impact of Hurricane Irma and Maria in the month of September 2017.

Ceded reinsurance premiums payable decreased \$969,599 compared to prior year.

Amounts due to parent, subsidiaries and affiliates increased \$246,914 compared to prior year. Accounts Payable to DDC increased \$246,914 for intercompany chargebacks.

General expenses due or accrued increased \$595,286 compared to prior year. This increase is mainly due to decrease in accruals for payroll and related employee expenses.

Management's Discussion and Analysis

Capital and Surplus

During 2017, total capital and surplus increased \$1.5 million.

Gross paid in and contributed surplus increase \$3,632 compared to prior year, this increase is due to sale of treasury stocks.

Unassigned funds increased \$1.5 compared to the prior year. The increase was due to net income of \$1.4 million, the change in unrealized capital gain of \$171,219, the change in aggregate write-ins for gains in surplus of \$12,000 offset by the change in non-admitted assets of \$115,939 and change in treasury stock of \$6,160.

RESULTS OF OPERATIONS

For the year, the Company reported a net gain of \$1.4 million, a \$420,000 thousands increase from 2016's net income of \$1.0 million.

	Years Ended December 31	
	2017	2016
Underwriting gain		
Net premium income	\$ 10,828,277	\$ 10,004,720
Claims and operating expenses		
Claims		
Dental benefits	9,953,662	10,492,901
Net reinsurance recoveries	(4,982,045)	(5,242,403)
Net claims incurred	4,971,617	5,250,498
Operating expenses		
Claims adjustment expenses	781,506	696,484
General administrative expenses	3,867,906	3,615,943
Total claims and operating expenses	9,621,029	9,562,925
Net underwriting gain	1,207,248	441,795
Net investment income gain (loss)	29,527	31,325
Other income, net	1,368,560	1,354,583
	1,398,087	1,385,908
Net income before income taxes	2,605,335	1,827,703
Income tax expense	1,170,835	813,641
Net income	\$ 1,434,500	\$ 1,014,062

The Company's annual statement reflected an \$823,557 increase in total revenues due to an increase in the sale of our individual.

Net hospital and medical benefits decreased \$278,881 compared to prior year, due to a decrease in claims caused by the blackout suffered due to the impact of Hurricanes Irma and Maria which caused the closing of the majority of our providers' office.

Claims adjustment expenses increased \$85,022 compared to the prior year. This increase is mainly due to claims processing fees.

Management's Discussion and Analysis

General administrative expenses increased \$251,963 compared to the prior year mainly due to payroll and related employee expenses and commission expenses.

The net underwriting gain for 2017 was \$1.2 million compared to the net underwriting gain in 2016 of \$441,795. This increase of \$765,453 is the result of positive operating results due to the increase in total revenues.

PROSPECTIVE INFORMATION

The Company has already experienced an increase in activity for 2018 premiums earned of \$181,000 through February.

LIQUIDITY, ASSET/LIABILITY MATCHING AND CAPITAL RESOURCES

The Company's cash position increased from \$13.7 million in 2016 to \$17.1 million in 2017. The predominance of this change occurred in the flows from cash provided by operations, offset by the change in investing and financial activities.

The Company does not anticipate any other significant impacts to liquidity from circumstances such as off-balance sheet activities, economic trends, commitments or other uncertainties.

PRELIMINARY MERGER/ACQUISITION NEGOTIATIONS

The Company does not anticipate any preliminary merger/acquisition negotiations to be part of the Company's 2018 year ahead.

CONCLUSION

The Company had an aggressive marketing and wellness plan placed for 2017 including the sales promotion of our products, including our individual plan and supplementary plan. Also the Company will work in the maintenance of interest rate returns with continued improvements in the overall economy.



Audited Financial Report



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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Amended Explanation Page

Prior Period Data for Non-required Crosschecks

Prior Period Statement Location	1 Amount
1. 2016 Annual, Page 2, Assets, Line 05, Column 1	13,678,641
2. 2016 Annual, Page 2, Assets, Line 28, Column 3	26,523,710
3. 2016 Annual, Page 3, Liabilities, Line 01, Column 3	335,000
4. 2016 Annual, Page 3, Liabilities, Line 02, Column 3	
5. 2016 Annual, Page 3, Liabilities, Line 04, Column 3	
6. 2016 Annual, Page 3, Liabilities, Line 07, Column 3	
7. 2016 Annual, Page 4, Statement of Revenue and Expenses, Line 02, Column 2	10,004,720
8. 2016 Annual, Page 5, Statement of Revenue and Expenses (cont.), Line 49, Column 1	20,245,241
9. 2016 Annual, Page 8, Underwriting & Investment Exhibit - Part 1, Line 12, Column 1	16,006,653
10. 2016 Annual, Page 31, Schedule S Part 1 Section 2, Line 0799999, Column 7	
11. 2016 Annual, Page 31, Schedule S Part 1 Section 2, Line 1099999, Column 7	
12. 2016 Annual, Page SI02, Schedule A Verification, Line 09, Column 2	
13. 2016 Annual, Page SI02, Schedule B Verification, Line 11, Column 2	
14. 2016 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2	
15. 2016 Annual, Page SI03, Schedule D Verification, Line 10, Column 2	8,724,970
16. 2016 Annual, Page SI11, Schedule DB Part A Verification, Line 09, Column 2	
17. 2016 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4	
18. 2016 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 9	
19. 2016 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 10	
20. 2016 Annual, Page E17, Schedule DA Part 1, Line 9199999, Column 8	
21. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 15	
22. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 17	
23. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 18	
24. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 19	
25. 2016 Annual, Page E27, Schedule E Part 2, Line 8699999, Column 6	
26. 2016 Annual, Page Supp29, Schedule S Part 1 Section 1, Line 0799999, Column 9	
27. 2016 Annual, Page Supp29, Schedule S Part 1 Section 1, Line 1099999, Column 9	
28. 2016 Annual, Page Supp80, Supplemental Health Care Exhibit - Part 1 (Grand Total), Line 05.5, Col. 15	