

**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, 2018**

**2018**



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2018

### 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 US (electronic filing)  
 Country of Domicile United States of America

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

Belinda Martinez	Alfonso Ortiz
Rafael Burgos	Lcda. Edlin Buitrago
Jorge Rodriguez DMD	Lcdo. Jaime Rodriguez

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 \_\_\_\_\_, 2019

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

Yes[] No[  ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

ANNUAL STATEMENT FOR THE YEAR **2018** OF THE **DELTA DENTAL OF P.R., INC.**  
 The following data is electronically filed only. It is not printed on the statement.

Schedule D Integration Package: No integration package used

Electronic Filing Contact Person	Marianne	Ortiz		(939)205-3300
	(First Name)	(Middle Name)	(Last Name)	(Phone)
	Metro Office Park 14 Strret 2 Suite 200		Guaynabo	PR
	(Street and Number or P.O. Box)		(City or Town)	(State) (Country)
Gov. Relations Contact Person	Marianne	Ortiz		(939)205-3300
	(First Name)	(Middle Name)	(Last Name)	(Phone)
	Metro Office Park 14 Street 2 Suite 200		Guaynabo	PR
	(Street and Number or P.O. Box)		(City or Town)	(State) (Country)
	mortiz@deltadentalpr.com			00968
	(Email address)		(City or Town)	(State) (Country)
Policyholders' Contact Person	Carmen	Figueroa		(939)205-3300
	(First Name)	(Middle Name)	(Last Name)	(Phone)
	Metro Office Park 14 Strret 2 Suite 200		Guaynabo	00968
	(Street and Number or P.O. Box)		(City or Town)	(State) (Country)
	cfigueroa@deltadentalpr.com			(Zip)
	(Email address)		(City or Town)	(State) (Country)
Market Conduct Contact Person	Whitney	Hanelius	Sherbocker	(717)766-8500-4533
	(First Name)	(Middle Name)	(Last Name)	(Phone)
	One Delta Drive		Mechanisburg	PA US
	(Street and Number or P.O. Box)		(City or Town)	(State) (Country)
	wsherbocker@delta.org			17055
	(Email address)		(City or Town)	(State) (Country)
Cyber Security Contact Person	Greg		Howe	(916)631-1150-1150
	(First Name)	(Middle Name)	(Last Name)	(Phone)
	11155 International Drive		Rancho Cordova	CA US
	(Street and Number or P.O. Box)		(City or Town)	(State) (Country)
	ghowe@delta.org			95670
	(Email address)		(City or Town)	(State) (Country)
Life insurance policy locator contact				
	(First Name)	(Middle Name)	(Last Name)	(Phone)
	(Street and Number or P.O. Box)		(City or Town)	(State) (Country)
	(Email address)		(City or Town)	(State) (Country)

**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) .....	18,327,028		18,327,028	7,135,627
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common Stocks .....	1,093,936		1,093,936	1,062,398
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 (\$.....6,712,952, Schedule E Part 1), cash equivalents (\$.....119,671, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA) .....	6,832,623		6,832,623	17,146,226
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) .....	26,253,587		26,253,587	25,344,251
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	176,699		176,699	70,205
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	234,309	53,421	180,888	180,479
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 .....	1,290,239		1,290,239	549,583
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 .....	2,149,218	(3,586)	2,152,804	1,493,212
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 .....	109,520		109,520	99,899
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	88,461	88,461		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	116,093	232	115,861	196,042
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	177,527	126,103	51,424	3,754
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	30,874,156	543,134	30,331,022	27,937,425
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	30,874,156	543,134	30,331,022	27,937,425
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. OTHER RECEIVABLES .....	44,852	(6,572)	51,424	3,754
2502. PREPAID EXPENSES .....	132,675	132,675		
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	177,527	126,103	51,424	3,754

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....650,000 reinsurance ceded) .....	650,000		650,000	385,000
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 .....	77,056		77,056	32,923
9. General expenses due or accrued .....	1,580,669		1,580,669	1,689,584
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 .....	2,054,652		2,054,652	1,413,795
12. Amounts withheld or retained for the account of others .....	497		497	17
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 .....	58,584		58,584	309,741
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 .....	2,312,700		2,312,700	2,349,552
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	6,734,158		6,734,158	6,180,612
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	9,023,160
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	6,585,705	4,745,653
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	12,000
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	23,596,865	21,756,813
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	30,331,022	27,937,425
<b>DETAILS OF WRITE-INS</b>				
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	6,602,238	6,219,507
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	11,702,849	10,828,277
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	11,702,849	10,828,277
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		12,999,486	9,953,662
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) .....		12,999,486	9,953,662
<b>Less:</b>			
17. Net reinsurance recoveries .....		6,511,027	4,982,045
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		6,488,459	4,971,617
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses .....		703,705	781,506
21. General administrative expenses .....		3,985,143	3,867,906
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) .....		11,177,307	9,621,029
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	525,542	1,207,248
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		426,694	207,189
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		320,518	(177,662)
27. Net investment gains (losses) (Lines 25 plus 26) .....		747,212	29,527
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 .....		1,530,496	1,368,560
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	2,803,250	2,605,335
31. Federal and foreign income taxes incurred .....	X X X	1,045,412	1,170,835
32. Net income (loss) (Lines 30 minus 31) .....	X X X	1,757,838	1,434,500
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. MISC / OTHER INCOME .....		151,776	156,567
2902. NET ADMINISTRATIVE FEES .....		1,378,721	1,211,993
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....		1,530,496	1,368,560

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

		1	2
		Current Year	Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33.	Capital and surplus prior reporting year .....	21,756,813	20,245,241
34.	Net income or (loss) from Line 32 .....	1,757,838	1,434,500
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 .....	17,801	171,218
37.	Change in net unrealized foreign exchange capital gain or (loss) .....		
38.	Change in net deferred income tax .....		
39.	Change in nonadmitted assets .....	64,413	(115,939)
40.	Change in unauthorized and certified reinsurance .....		
41.	Change in treasury stock .....		6,160
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
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
48.	Net change in capital and surplus (Lines 34 to 47) .....	1,840,052	1,511,571
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	23,596,865	21,756,813
<b>DETAILS OF WRITE-INS</b>			
4701.	CHANGE IN ALLOWANCE OF BAD DEBT .....		12,000
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

**CASH FLOW**

		1	2
		Current Year	Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	12,423,682	9,720,468
2.	Net investment income .....	404,980	275,864
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	12,828,662	9,996,332
5.	Benefit and loss related payments .....	6,998,401	3,710,521
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	4,035,011	2,362,363
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	1,045,412	1,170,835
10.	TOTAL (Lines 5 through 9) .....	12,078,824	7,243,719
11.	Net cash from operations (Line 4 minus Line 10) .....	749,838	2,752,612
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	930,964	591,986
12.2	Stocks .....		235,204
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 .....	0	162,329
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	930,965	989,519
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	11,886,628	333,073
13.2	Stocks .....	13,703	12,551
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....	34	176,862
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	11,900,365	522,486
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) .....	(10,969,401)	467,034
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		9,792
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) .....	(94,041)	238,147
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(94,041)	247,939
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(10,313,603)	3,467,585
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	17,146,226	13,678,641
19.2	End of year (Line 18 plus Line 19.1) .....	6,832,623	17,146,226

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

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

This is a Work Paper Page to gather information according to the NAIC Instructions  
(Do NOT include this page in the copy of your Annual Statement that is filed.)

**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

Use the COMPANY ADJUSTMENT AMOUNT lines to adjust any line(s) on the Cash Flow page.

		CY Cash Flow
<b>CASH FROM OPERATIONS</b>		
1.	Premiums Collected Net of Reinsurance	
1.1	Page 4 & 5, Statement of Revenue & Expenses, Line 2 + 35 (in part), Current Year	
1.1A	Page 4, Statement of Revenue & Expenses, Line 2, Column 2, Current Year => Net premium income (including \$##### non-health premium income) .....	11,702,849
1.1B	Page 5, Statement of Revenue & Expenses, Line 35, Column 1, Current Year (in part for policy reserves) => Change in valuation basis of aggregate policy and claim reserves .....	
1.1C	Subtotal (Line 1.1A + 1.1B) .....	11,702,849
1.2	Page 2, Assets, Lines 15 + 16.2 (in part) + 16.3 (in part), Column 1, Current Year less Lines 15 + 16.2 (in part) + 16.3 (in part), Column 1, Prior Year	
1.2A	Page 2, Assets, Line 15.1, Column 1, Current Year => Uncollected premiums and agents' balances in the course of collection .....	234,309
1.2B	Page 2, Assets, Line 15.2, Column 1, Current Year => Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$##### earned but unbilled premiums) .....	
1.2C	Page 2, Assets, Line 15.3, Column 1, Current Year => Accrued retrospective premiums (\$#####) and contracts subject to redetermination (\$#####) .....	
1.2D	Page 2, Assets, Line 16.2, Column 1, Current Year (in part for amount related to earned premiums) => Funds held by or deposited with reinsured companies .....	
1.2E	Page 2, Assets, Line 16.3, Column 1, Current Year (in part for amount related to earned premiums) => Other amounts receivable under reinsurance contracts .....	
1.2F	Page 2, Assets, Line 15.1, Column 1, Previous Year => Uncollected premiums and agents' balances in the course of collection .....	270,152
1.2G	Page 2, Assets, Line 15.2, Column 1, Previous Year => Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$##### earned but unbilled premiums) .....	
1.2H	Page 2, Assets, Line 15.3, Column 1, Previous Year => Accrued retrospective premiums (\$#####) and contracts subject to redetermination (\$#####) .....	
1.2I	Page 2, Assets, Line 16.2, Column 1, Previous Year (in part for amount related to earned premiums) => Funds held by or deposited with reinsured companies .....	
1.2J	Page 2, Assets, Line 16.3, Column 1, Previous Year (in part for amount related to earned premiums) => Other amounts receivable under reinsurance contracts .....	
1.2K	Subtotal (Lines 1.2A + 1.2B + 1.2C + 1.2D + 1.2E) - (Lines 1.2F + 1.2G + 1.2H + 1.2I + 1.2J) .....	(35,843)
1.3	Page 3, Liabilities, Lines 4 + 5 + 6 + 8 + 11, Current Year less Lines 4 + 5 + 6 + 8 + 11, Prior Year	
1.3A	Page 3, Liabilities, Line 4, Column 3, Current Year => Aggregate health policy reserves including the liability of \$##### for medical loss ratio rebate per the Public Health Service Act .....	
1.3B	Page 3, Liabilities, Line 5, Column 3, Current Year => Aggregate life policy reserves .....	
1.3C	Page 3, Liabilities, Line 6, Column 3, Current Year => Property/Casualty unearned premium reserves .....	
1.3D	Page 3, Liabilities, Line 8, Column 3, Current Year => Premiums received in advance .....	77,056
1.3E	Page 3, Liabilities, Line 11, Column 3, Current Year => Ceded reinsurance premiums payable .....	2,054,652
1.3F	Page 3, Liabilities, Line 4, Column 3, Previous Year => Aggregate health policy reserves .....	
1.3G	Page 3, Liabilities, Line 5, Column 3, Previous Year => Aggregate life policy reserves .....	
1.3H	Page 3, Liabilities, Line 6, Column 3, Previous Year => Property/Casualty unearned premium reserves .....	
1.3I	Page 3, Liabilities, Line 8, Column 3, Previous Year => Premiums received in advance .....	32,923
1.3J	Page 3, Liabilities, Line 11, Column 3, Previous Year => Ceded reinsurance premiums payable .....	1,413,795
1.3K	Subtotal (Lines 1.3A + 1.3B + 1.3C + 1.3D + 1.3E) - (Lines 1.3F + 1.3G + 1.3H + 1.3I + 1.3J) .....	684,990
1.4	COMPANY ADJUSTMENT AMOUNT (Line 1) .....	
1.5	<b>TOTAL (Lines 1.1C - 1.2K + 1.3K + 1.4) = CASH FLOW LINE 1 =&gt; Premiums collected net of reinsurance</b> .....	<b>12,423,682</b>
2.	Net Investment Income	
2.1	Page 4, Statement of Revenue & Expenses, Line 25, Column 2, Current Year => Net investment income earned .....	426,694
2.2	Page 2, Assets, Line 14 + 22, Column 1, Current Year less Line 14 + 22, Column 1, Prior Year	
2.2A	Page 2, Assets, Line 14, Column 1, Current Year => Investment income due and accrued .....	176,699
2.2B	Page 2, Assets, Line 22, Column 1, Current Year => Net adjustments in assets and liabilities due to foreign exchange rates .....	
2.2C	Page 2, Assets, Line 14, Column 1, Previous Year => Investment income due and accrued .....	70,205
2.2D	Page 2, Assets, Line 22, Column 1, Previous Year => Net adjustments in assets and liabilities due to foreign exchange rates .....	
2.2E	Subtotal (Line 2.2A + 2.2B) - (Line 2.2C + 2.2D) .....	106,494
2.3	Page 3, Liabilities, Line 9 (in part) + 21, Current Year less Line 9 (in part) + 21, Prior Year	
2.3A	Page 3, Liabilities, Line 9, Column 3, Current Year (in part for investment related expenses) => General expenses due or accrued .....	
2.3B	Page 3, Liabilities, Line 21, Column 3, Current Year => Net adjustments in assets and liabilities due to foreign exchange rates .....	
2.3C	Page 3, Liabilities, Line 9, Column 3, Previous Year (in part for investment related expenses) => General expenses due or accrued .....	
2.3D	Page 3, Liabilities, Line 21, Column 3, Previous Year => Net adjustments in assets and liabilities due to foreign exchange rates .....	
2.3E	Subtotal (Line 2.3A + 2.3B) - (Line 2.3C + 2.3D) .....	
2.4	Amortization of Premium from Investment Worksheet => Lines B8 + S8 + M9 + O9 .....	106,592
2.5	Accrual of Discount from Investment Worksheet => Lines B9 + S9 + M5 + O5 .....	21,812
2.6	Depreciation Expense (included in Line 2.1) .....	
2.7	COMPANY ADJUSTMENT AMOUNT (Line 2) .....	
2.8	<b>TOTAL (Lines 2.1 - 2.2E + 2.3E + 2.4 - 2.5 + 2.6 + 2.7) = CASH FLOW LINE 2 =&gt; Net Investment Income</b> .....	<b>404,980</b>

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**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

Use the COMPANY ADJUSTMENT AMOUNT lines to adjust any line(s) on the Cash Flow page.

		CY Cash Flow
3.	Miscellaneous Income	
3.1	Page 4, Statement of Revenue & Expenses, Lines 4 + 5 + 6 + 7, Current Year	
3.1A	Page 4, Statement of Revenue & Expenses, Line 4, Column 2, Current Year => Fee for service (net of \$##### medical expenses)	
3.1B	Page 4, Statement of Revenue & Expenses, Line 5, Column 2, Current Year => Risk revenue	
3.1C	Page 4, Statement of Revenue & Expenses, Line 6, Column 2, Current Year => Aggregate write-ins for other health care related revenues	
3.1D	Page 4, Statement of Revenue & Expenses, Line 7, Column 2, Current Year => Aggregate write-ins for other non-health revenues	
3.1E	Subtotal (Lines 3.1A + 3.1B + 3.1C + 3.1D)	
3.2	Page 2, Assets, Lines 16.2 (in part) + 16.3 (in part) + 24 (in part), Column 1, Current Year less Lines 16.2 (in part) + 16.3 (in part) + 24 (in part), Column 1, Prior Year	
3.2A	Page 2, Assets, Line 16.2, Column 1, Current Year (in part for all amounts not included in Line 1.2 above) => Funds held by or deposited with reinsured companies	
3.2B	Page 2, Assets, Line 16.3, Column 1, Current Year (in part for all amounts not reported in Line 1.2 above or 7.2 below) => Other amounts receivable under reinsurance contracts	
3.2C	Page 2, Assets, Line 24, Column 1, Current Year (in part excluding claim related receivables included in Line 5.2 below) => Health care (\$#####) and other amounts receivable	
3.2D	Page 2, Assets, Line 16.2, Column 1, Previous Year (in part for all amounts not included in Line 1.2 above) => Funds held by or deposited with reinsured companies	
3.2E	Page 2, Assets, Line 16.3, Column 1, Previous Year (in part for all amounts not reported in Line 1.2 above or 7.2 below) => Other amounts receivable under reinsurance contracts	
3.2F	Page 2, Assets, Line 24, Column 1, Previous Year (in part excluding claim related receivables included in Line 5.2 below) => Health care (\$#####) and other amounts receivable	
3.2G	Subtotal (Lines 3.2A + 3.2B + 3.2C) - (Lines 3.2D + 3.2E + 3.2F)	
3.3	COMPANY ADJUSTMENT AMOUNT (Line 3)	
3.4	<b>TOTAL (Lines 3.1E - 3.2G + 3.3) = CASH FLOW LINE 3 =&gt; Miscellaneous income</b>	
4.	<b>TOTAL Lines 1 through 3 (Lines 1.5 + 2.8 + 3.4) =&gt; CASH FLOW LINE 4</b>	<b>12,828,662</b>
5.	Benefit and Loss Related Payments	
5.1	Page 4 & 5, Statement of Revenue & Expenses, Lines 18 + 19 + 22 - 35 (in part), Current Year	
5.1A	Page 4, Statement of Revenue & Expenses, Line 18, Column 2, Current Year => Total hospital and medical	6,488,459
5.1B	Page 4, Statement of Revenue & Expenses, Line 19, Column 2, Current Year => Non-health claims	
5.1C	Page 4, Statement of Revenue & Expenses, Line 22, Column 2, Current Year => Increase in reserves for life and accident and health contracts (including \$##### increase in reserves for life only)	
5.1D	Page 5, Statement of Revenue & Expenses, Line 35, Column 1, Current Year (in part for claim reserves) => Change in valuation basis of aggregate policy and claim reserves	
5.1E	Subtotal (Lines 5.1A + 5.1B + 5.1C - 5.1D)	6,488,459
5.2	Page 2, Assets, Line 16.1 + 24 (in part) + 25 (in part), Column 1, Current Year less Line 16.1 + 24 (in part) + 25 (in part), Column 1, Prior Year	
5.2A	Page 2, Assets, Line 16.1, Column 1, Current Year => Amounts recoverable from reinsurers	1,290,239
5.2B	Page 2, Assets, Line 24, Column 1, Current Year (in part for claim related receivables) => Health care (\$#####) and other amounts receivable	
5.2C	Page 2, Assets, Line 25, Column 1, Current Year (in part for high deductible policies) => Aggregate write-ins for other than invested assets	177,527
5.2D	Page 2, Assets, Line 16.1, Column 1, Previous Year => Amounts recoverable from reinsurers	549,583
5.2E	Page 2, Assets, Line 24, Column 1, Previous Year (in part for claim related receivables) => Health care (\$#####) and other amounts receivable	
5.2F	Page 2, Assets, Line 25, Column 1, Previous Year (in part for high deductible policies) => Aggregate write-ins for other than invested assets	143,241
5.2G	Subtotal (Lines 5.2A + 5.2B + 5.2C) - (Line 5.2D + 5.2E + 5.2F)	774,942
5.3	Page 3, Liabilities, Lines 1 + 2 + 7, Current Year less Lines 1 + 2 + 7, Prior Year	
5.3A	Page 3, Liabilities, Line 1, Column 3, Current Year => Claims unpaid (less \$##### reinsurance ceded)	650,000
5.3B	Page 3, Liabilities, Line 2, Column 3, Current Year => Accrued medical incentive pool and bonus amounts	
5.3C	Page 3, Liabilities, Line 7, Column 3, Current Year => Aggregate health claim reserves	
5.3D	Page 3, Liabilities, Line 1, Column 3, Previous Year => Claims unpaid (less \$##### reinsurance ceded)	385,000
5.3E	Page 3, Liabilities, Line 2, Column 3, Previous Year => Accrued medical incentive pool and bonus amounts	
5.3F	Page 3, Liabilities, Line 7, Column 3, Previous Year => Aggregate health claim reserves	
5.3G	Subtotal (Lines 5.3A + 5.3B + 5.3C) - (Lines 5.3D + 5.3E + 5.3F)	265,000
5.4	COMPANY ADJUSTMENT AMOUNT (Line 5)	
5.5	<b>TOTAL (Lines 5.1E + 5.2G - 5.3G + 5.4) = CASH FLOW LINE 5 =&gt; Benefit and loss related payments</b>	<b>6,998,401</b>
6.	Net Transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts (N/A for Health Entities)	
6.1	Page 4, Statement of Revenue & Expenses, Current Year	
6.2	Page 3, Liabilities, Current Year less Prior Year	
6.3	COMPANY ADJUSTMENT AMOUNT (Line 6)	
6.4	<b>TOTAL (Lines 6.1 - 6.2 + 6.3) = CASH FLOW LINE 6 =&gt; Net transfers to Separate, Segregated Accounts and Protected Cell Accounts</b>	
7.	Commissions, Expenses Paid and Aggregate Write-ins for Deductions	
7.1	Page 4, Statement of Revenue & Expenses, Lines 20 + 21 - 28 - 29, Current Year	
7.1A	Page 4, Statement of Revenue & Expenses, Line 20, Column 2, Current Year => Claims adjustment expenses, including \$##### cost containment expenses	703,705
7.1B	Page 4, Statement of Revenue & Expenses, Line 21, Column 2, Current Year => General administrative expenses	3,985,143

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**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

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		CY Cash Flow
7.1C	Page 4, Statement of Revenue & Expenses, Line 28, Column 2, Current Year => Net gain or (loss) from agents' or premium balances charged off (amount recovered \$#####) (amount charged off \$#####)	
7.1D	Page 4, Statement of Revenue & Expenses, Line 29, Column 2, Current Year => Aggregate write-ins for other income or expenses	1,530,496
7.1E	Subtotal (Lines 7.1A + 7.1B - 7.1C - 7.1D)	3,158,352
7.2	Page 2, Assets, Lines 16.3 (in part) + 17 + 19, Column 1, Current Year less Lines 16.3 (in part) + 17 + 19, Column 1, Prior Year	
7.2A	Page 2, Assets, Line 16.3, Column 1, Current Year (in part for commissions and expense allowance due) => Other amounts receivable under reinsurance contracts	
7.2B	Page 2, Assets, Line 17, Column 1, Current Year => Amounts receivable relating to uninsured plans	2,149,218
7.2C	Page 2, Assets, Line 19, Column 1, Current Year => Guaranty funds receivable or on deposit	
7.2D	Page 2, Assets, Line 16.3, Column 1, Previous Year (in part for commissions and expense allowance due) => Other amounts receivable under reinsurance contracts	
7.2E	Page 2, Assets, Line 17, Column 1, Previous Year => Amounts receivable relating to uninsured plans	1,488,483
7.2F	Page 2, Assets, Line 19, Column 1, Previous Year => Guaranty funds receivable or on deposit	
7.2G	Subtotal (Lines 7.2A + 7.2B + 7.2C) - (Lines 7.2D + 7.2E + 7.2F)	660,735
7.3	Page 3, Liabilities, Lines 3 + 9 (in part) + 22, Current Year less Lines 3 + 9 (in part) + 22, Prior Year	
7.3A	Page 3, Liabilities, Line 3, Column 3, Current Year => Unpaid claims adjustment expenses	
7.3B	Page 3, Liabilities, Line 9, Column 3, Current Year (in part for amounts not included in Line 2.3 above, i.e. non-investment related expenses) => General expenses due or accrued	1,580,669
7.3C	Page 3, Liabilities, Line 22, Column 3, Current Year => Liability for amounts held under uninsured accident and health plans	2,312,700
7.3D	Page 3, Liabilities, Line 3, Column 3, Previous Year => Unpaid claims adjustment expenses	
7.3E	Page 3, Liabilities, Line 9, Column 3, Previous Year (in part for amounts not included in Line 2.3 above, i.e. non-investment related expenses) => General expenses due or accrued	1,689,584
7.3F	Page 3, Liabilities, Line 22, Column 3, Previous Year => Liability for amounts held under uninsured accident and health plans	2,349,552
7.3G	Subtotal (Lines 7.3A + 7.3B + 7.3C) - (Lines 7.3D + 7.3E + 7.3F)	(145,767)
7.4	Depreciation Expense (included in Line 7.1)	(70,157)
7.5	COMPANY ADJUSTMENT AMOUNT (Line 7)	
7.6	<b>TOTAL (Lines 7.1E + 7.2G - 7.3G - 7.4 + 7.5) = CASH FLOW LINE 7 =&gt; Commissions, expenses paid and aggregate write-ins for deductions</b>	<b>4,035,011</b>
8.	Dividends Paid to Policyholders (N/A to Health Entities)	
8.1	Page 4, Statement of Revenue & Expenses, Current Year	
8.2	Page 2, Assets, Current Year less Prior Year	
8.3	Page 3, Liabilities, Current Year less Prior Year	
8.4	COMPANY ADJUSTMENT AMOUNT (Line 8)	
8.5	<b>TOTAL (Lines 8.1 + 8.2 - 8.3 + 8.4) = CASH FLOW LINE 8 =&gt; Dividends paid to policyholders</b>	
9.	Federal and Foreign Income Taxes Paid (Recovered)	
9.1	Page 4 & 5, Statement of Revenue & Expenses, Line 31 + tax amount included in Lines 26, 36 and 37 + 38, Current Year	
9.1A	Page 4, Statement of Revenue & Expenses, Line 31, Column 2, Current Year => Federal and foreign income taxes incurred	1,045,412
9.1B	Page 4, Statement of Revenue & Expenses, Line 26, Column 2, Current Year (tax amount only) => Net realized capital gains or (losses) less capital gains tax of \$#####	
9.1C	Page 5, Statement of Revenue & Expenses, Line 36, Column 1, Current Year (tax amount only) => Change in net unrealized capital gains and losses less capital gains tax of \$#####	
9.1D	Page 5, Statement of Revenue & Expenses, Line 37, Column 1, Current Year (tax amount only) => Change in net unrealized foreign exchange capital gain or (loss)	
9.1E	Page 5, Statement of Revenue & Expenses, Line 38, Column 1, Current Year => Change in net deferred income tax	
9.1F	Subtotal (Lines 9.1A + 9.1B + 9.1C + 9.1D + 9.1E)	1,045,412
9.2	Page 2, Assets, Line 18.1 + 18.2, Column 1, Current Year less Line 18.1 + 18.2, Column 1, Prior Year	
9.2A	Page 2, Assets, Line 18.1, Column 1, Current Year => Current federal and foreign income tax recoverable and interest thereon	
9.2B	Page 2, Assets, Line 18.2, Column 1, Current Year => Net deferred tax asset	278,504
9.2C	Page 2, Assets, Line 18.1, Column 1, Previous Year => Current federal and foreign income tax recoverable and interest thereon	
9.2D	Page 2, Assets, Line 18.2, Column 1, Previous Year => Net deferred tax asset	278,504
9.2E	Subtotal (Line 9.2A + 9.2B) - (Line 9.2C + 9.2D)	
9.3	Page 3, Liabilities, Line 10.1 + 10.2, Current Year less Line 10.1 + 10.2, Prior Year	
9.3A	Page 3, Liabilities, Line 10.1, Column 3, Current Year => Current federal and foreign income tax payable and interest thereon (including \$##### on realized capital gains (losses))	
9.3B	Page 3, Liabilities, Line 10.2, Column 3, Current Year => Net deferred tax liability	
9.3C	Page 3, Liabilities, Line 10.1, Column 3, Previous Year => Current federal and foreign income tax payable and interest thereon (including \$##### on realized capital gains (losses))	
9.3D	Page 3, Liabilities, Line 10.2, Column 3, Previous Year => Net deferred tax liability	
9.3E	Subtotal (Line 9.3A + 9.3B) - (Line 9.3C + 9.3D)	
9.4	COMPANY ADJUSTMENT AMOUNT (Line 9)	
9.5	<b>TOTAL (Lines 9.1F + 9.2E - 9.3E + 9.4) = CASH FLOW LINE 9 =&gt; Federal and foreign income taxes paid (recovered)</b>	<b>1,045,412</b>
10.	<b>Total Lines 5 through 9 (Lines 5.5 + 6.4 + 7.6 + 8.5 + 9.5) =&gt; CASH FLOW LINE 10</b>	<b>12,078,824</b>
11.	<b>Net Cash from Operations (Line 4 - 10) =&gt; CASH FLOW LINE 11</b>	<b>749,838</b>

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		CY Cash Flow
<b>CASH FROM INVESTMENTS</b>		
B.	Bonds	
B1.	Change in Net Admitted Asset Value for Bonds	
B1.1	Page 2, Assets, Line 1, Column 3, Current Year => Bonds	18,327,028
B1.2	Page 2, Assets, Line 1, Column 3, Previous Year => Bonds	7,135,627
B1.3	Subtotal (Line B1.1 - B1.2) => Change in net admitted asset value for Bonds	11,191,401
B2.	Change in Assets Nonadmitted for Bonds	
B2.1	Page 2, Assets, Line 1, Column 2, Current Year => Bonds	
B2.2	Page 2, Assets, Line 1, Column 2, Previous Year => Bonds	
B2.3	Subtotal (Line B2.1 - B2.2) => Change in assets nonadmitted for Bonds	
B3.	Sum of Line B1.3 + B2.3	11,191,401
B4.	Cost of Investments Acquired - Bonds (in part for cash acquisitions)	
B4.1	Schedule D - Verification, Line 2 (Bond portion) => Cost of acquired	11,886,628
B4.2	Non-cash items included in Line B4.1	
<b>B4.3</b>	<b>Subtotal (Lines B4.1 - B4.2) = CASH FLOW LINE 13.1 =&gt; Cost of investments acquired - Bonds</b>	<b>11,886,628</b>
B5.	Unrealized Valuation Increase (Decrease)	
B5.1	Schedule D - Verification, Line 4 (Bond portion) => Unrealized Valuation Increase (decrease)	
B5.2	Schedule D - Verification, Line 8 (Bond portion) => Total Foreign Exchange Change in Book/Adjusted Carrying Value	
B5.3	Schedule D - Verification, Line 9 (Bond portion) => Current Year's Other-Than-Temporary Impairment	
B5.4	Subtotal (Line B5.1 + B5.2 - B5.3) => Unrealized Valuation Increase (Decrease)	
B6.	Schedule D - Verification, Line 5 (Bond portion) => Total gain (loss) on Disposals	320,518
B7.	Proceeds from Investments Sold, Matured or Repaid - Bonds (in part for cash disposals)	
B7.1	Schedule D - Verification, Line 6 (Bond portion) => Consideration on Disposals	930,964
B7.2	Non-cash items included in Line B7.1	
<b>B7.3</b>	<b>Subtotal (Line B7.1 - B7.2 - B9.1) = CASH FLOW LINE 12.1 =&gt; Proceeds from investments sold, matured or repaid - Bonds</b>	<b>930,964</b>
B8.	Schedule D - Verification, Line 7 (Bond portion) => Amortization of premium	106,592
B9.	Schedule D - Verification, Line 3 (Bond portion) => Accrual of discount	21,812
B9.1	Schedule D - Verification, Line 10 (in part for cash received) => Total Investment Income Recognized as a Result of Prepayment Penalties and/or Acceleration Fees	
B9.2	Other amount increases (decreases) - include non-cash items not already reported in Line B4 through Line B9.1	
B9.3	TOTAL (Lines B4.1 + B5.4 + B6 - B7.1 - B8 + B9 + B9.1 + B9.2)	11,191,401
B9.4	NOTE: Line B3 - B9.3 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line B9.2.	Balanced
S.	Stocks	
S1.	Change in Net Admitted Asset Value for Stocks	
S1.1	Page 2, Assets, Line 2.1 + 2.2, Column 3, Current Year => Stocks	1,093,936
S1.2	Page 2, Assets, Line 2.1 + 2.2, Column 3, Previous Year => Stocks	1,062,398
S1.3	Subtotal (Line S1.1 - S1.2) => Change in net admitted asset value for Stocks	31,538
S2.	Change in Assets Nonadmitted for Stocks	
S2.1	Page 2, Assets, Line 2.1 + 2.2, Column 2, Current Year => Stocks	
S2.2	Page 2, Assets, Line 2.1 + 2.2, Column 2, Previous Year => Stocks	
S2.3	Subtotal (Line S2.1 - S2.2) => Change in assets nonadmitted for Stocks	
S3.	Sum of Line S1.3 + S2.3	31,538
S4.	Cost of Investments Acquired - Stocks (in part for cash acquisitions)	
S4.1	Schedule D - Verification, Line 2 (Stock portion) => Cost of acquired	13,703
S4.2	Non-cash items included in Line S4.1	
<b>S4.3</b>	<b>Subtotal (Lines S4.1 - S4.2) = CASH FLOW LINE 13.2 =&gt; Cost of investments acquired - Stocks</b>	<b>13,703</b>
S5.	Unrealized Valuation Increase (Decrease)	
S5.1	Schedule D - Verification, Line 4 (Stock portion) => Unrealized Valuation Increase (decrease)	17,835
S5.2	Schedule D - Verification, Line 8 (Stock portion) => Total Foreign Exchange Change in Book/Adjusted Carrying Value	
S5.3	Schedule D - Verification, Line 9 (Stock portion) => Current Year's Other-Than-Temporary Impairment	
S5.4	Subtotal (Line S5.1 + S5.2 - S5.3) => Unrealized Valuation Increase (Decrease)	17,835
S6.	Schedule D - Verification, Line 5 (Stock portion) => Total gain (loss) on Disposals	
S7.	Proceeds from Investments Sold, Matured or Repaid - Stocks (in part for cash disposals)	
S7.1	Schedule D - Verification, Line 6 (Stock portion) => Consideration on Disposals	
S7.2	Non-cash items included in Line S7.1	
<b>S7.3</b>	<b>Subtotal (Line S7.1 - S7.2) = CASH FLOW LINE 12.2 =&gt; Proceeds from investments sold, matured or repaid - Stocks</b>	
S8.	Schedule D - Verification, Line 7 (Stock portion) => Amortization of premium	
S9.	Schedule D - Verification, Line 3 (Stock portion) => Accrual of discount	
S9.1	Other amount increases (decreases) - include non-cash items not already reported in Line S4 through Line S9	
S9.2	TOTAL (Lines S4.1 + S5.4 + S6 - S7.1 - S8 + S9 + S9.1)	31,538
S9.3	NOTE: Line S3 - S9.2 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line S9.1.	Balanced
Reconciliation of Bonds and Stocks to Schedule D - Verification Between Years		
1.	Cost of Bonds and Stocks Acquired	
1.1	Schedule D - Verification Between Years, Line 2	11,900,331
1.2	Line B4.1 + S4.1	11,900,331
1.3	Line 1.1 - 1.2 should = 0. If difference does not equal 0, identify differences and add to amounts in the appropriate lines	Balanced

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		CY Cash Flow
2.	Unrealized Valuation Increase (Decrease) + Total Foreign Exchange Change in Book/Adjusted Carrying Value - Current Year's Other Than Temporary Impairment	
2.1	Schedule D - Verification Between Years, Line 4 + 8 - 9	17,835
2.2	Line B5.4 + S5.4	17,835
2.3	Line 2.1 - 2.2 should = 0. If difference does not equal 0, identify differences and add to amounts in the appropriate lines	Balanced
3.	Total Gains (Losses)	
3.1	Schedule D - Verification Between Years, Line 5	320,518
3.2	Line B6 + S6	320,518
3.3	Line 3.1 - 3.2 should = 0. If difference does not equal 0, identify differences and add to amounts in the appropriate lines	Balanced
4.	Consideration for Bonds and Stocks Disposed	
4.1	Schedule D - Verification Between Years, Line 6	930,964
4.2	Line B7.1 + S7.1	930,964
4.3	Line 4.1 - 4.2 should = 0. If difference does not equal 0, identify differences and add to amounts in the appropriate lines	Balanced
M.	Mortgage Loans	
M1.	Change in Net Admitted Asset Value for Mortgages	
M1.1	Page 2, Assets, Line 3.1 + 3.2, Column 3, Current Year => Mortgage loans on real estate	
M1.2	Page 2, Assets, Line 3.1 + 3.2, Column 3, Previous Year => Mortgage loans on real estate	
M1.3	Subtotal (Line M1.1 - M1.2) => Change in net admitted asset value for Mortgages	
M2.	Change in Assets Nonadmitted for Mortgages	
M2.1	Page 2, Assets, Line 3.1 + 3.2, Column 2, Current Year => Mortgage loans on real estate	
M2.2	Page 2, Assets, Line 3.1 + 3.2, Column 2, Previous Year => Mortgage loans on real estate	
M2.3	Subtotal (Line M2.1 - M2.2) => Change in assets nonadmitted for Mortgages	
M3.	Sum of Line M1.3 + M2.3	
M4.	Cost of Investments Acquired - Mortgage Loans (in part for cash acquisitions)	
M4.1	Schedule B - Verification Between Years, Line 2 => Cost of Acquired	
M4.2	Non-cash items included in Line M4.1	
M4.3	<b>Subtotal (Lines M4.1 - M4.2) = CASH FLOW LINE 13.3 =&gt; Cost of investments acquired - Mortgage loans</b>	
M5.	Schedule B - Verification Between Years, Line 4 => Accrual of discount	
M6.	Unrealized Valuation Increase (Decrease)	
M6.1	Schedule B - Verification Between Years, Line 5 => Unrealized Valuation Increase (decrease)	
M6.2	Schedule B - Verification Between Years, Line 9 => Total foreign exchange change in book/adjusted carrying value	
M6.3	Schedule B - Verification Between Years, Line 10 => Current Year's Other-Than-Temporary Impairment	
M6.4	Subtotal (Line M6.1 + M6.2 - M6.3) => Unrealized Valuation Increase (Decrease)	
M7.	Schedule B - Verification Between Years, Line 6 => Total gain (loss) on disposals	
M8.	Proceeds from Investments Sold, Matured or Repaid - Mortgage Loans (in part for cash disposals)	
M8.1	Schedule B - Verification Between Years, Line 7 => Amount received on disposals	
M8.2	Non-cash items included in Line M8.1	
M8.3	<b>Subtotal (Line M8.1 - M8.2) = CASH FLOW LINE 12.3 =&gt; Proceeds from investments sold, matured or repaid - Mortgage loans</b>	
M9.	Schedule B - Verification Between Years, Line 8 => Amortization of premium and mortgage interest points and commitment fees	
M9.1	Other amount increases (decreases) - include non-cash items not already reported in Line M4 through Line M9	
M9.2	TOTAL (Lines M4.1 + M5 + M6.4 + M7 - M8.1 - M9 + M9.1)	
M9.3	NOTE: Line M3 - M9.2 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line M9.1	Balanced
R.	Real Estate	
R1.	Change in Net Admitted Asset Value for Real Estate	
R1.1	Page 2, Assets, Line 4.1 + 4.2 + 4.3, Column 3, Current Year => Real estate	
R1.2	Page 2, Assets, Line 4.1 + 4.2 + 4.3, Column 3, Previous Year => Real estate	
R1.3	Subtotal (Line R1.1 - R1.2) => Change in net admitted asset value for Real Estate	
R2.	Change in Assets Nonadmitted for Real Estate	
R2.1	Page 2, Assets, Line 4.1 + 4.2 + 4.3, Column 2, Current Year => Real estate	
R2.2	Page 2, Assets, Line 4.1 + 4.2 + 4.3, Column 2, Previous Year => Real estate	
R2.3	Subtotal (Line R2.1 - R2.2) => Change in assets nonadmitted for Real Estate	
R3.	Sum of Line R1.3 + R2.3	
R4.	Total foreign exchange change in book/adjusted carrying value - Other than temporary impairment - Depreciation	
R4.1	Schedule A - Verification Between Years, Line 6 => Total foreign exchange change in book/adjusted carrying value	
R4.2	Schedule A - Verification Between Years, Line 7 => Current Year's Other-Than-Temporary Impairment	
R4.3	Schedule A - Verification Between Years, Line 8 => Current Year's Depreciation	
R4.4	Subtotal (Lines R4.1 - R4.2 - R4.3) => Total foreign exchange change in book/adjusted carrying value - Other than temporary impairment - Depreciation	
R5.	Cost of Investments Acquired - Real Estate (in part for cash acquisitions)	
R5.1	Schedule A - Verification Between Years, Line 2.1 => Cost of acquired	
R5.2	Schedule A - Verification Between Years, Line 2.2 => Cost of additional investments made	
R5.3	Schedule A - Verification Between Years, Line 3 => Current Year Change in Encumbrances	
R5.4	Non-cash items included in Lines R5.1, R5.2 and R5.3	
R5.5	<b>Subtotal (Lines R5.1 + R5.2 + R5.3 - R5.4) = CASH FLOW LINE 13.4 =&gt; Cost of investments acquired - Real estate</b>	
R6.	Schedule A - Verification Between Years, Line 4 => Total gain (loss) on disposals	

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**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

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		CY Cash Flow
R7.	Proceeds from Investments Sold, Matured or Repaid - Real Estate (in part for cash disposals)	
R7.1	Schedule A - Verification Between Years, Line 5 => Amounts received on disposals .....	
R7.2	Non-cash items included in Line R7.1 .....	
<b>R7.3</b>	<b>Subtotal (Line R7.1 - R7.2) = CASH FLOW LINE 12.4 =&gt; Proceeds from investments sold, matured or repaid - Real Estate</b> .....	
R8.	Other amount increases (decreases) - include non-cash items not already reported in Line R4 through Line R7 .....	
R9.	TOTAL (Lines R4.4 + R5.1 + R5.2 + R5.3 + R6 - R7.1 + R8) .....	
R9.1	NOTE: Line R3 - R9 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line R8. ....	Balanced
<b>O.</b>	<b>Other Invested Assets</b>	
O1.	Change in Net Admitted Asset Value for Other Invested Assets	
O1.1	Page 2, Assets, Line 8, Column 3, Current Year => Other invested assets .....	
O1.2	Page 2, Assets, Line 8, Column 3, Previous Year => Other invested assets .....	
O1.3	Subtotal (Line O1.1 - O1.2) => Change in net admitted asset value for Other Invested Assets .....	
O2.	Change in Assets Nonadmitted for Other Invested Assets	
O2.1	Page 2, Assets, Line 8, Column 2, Current Year => Other invested assets .....	
O2.2	Page 2, Assets, Line 8, Column 2, Previous Year => Other invested assets .....	
O2.3	Subtotal (Line O2.1 - O2.2) => Change in assets nonadmitted for Other Invested Assets .....	
O3.	Sum of Line O1.3 + O2.3 .....	
O4.	Cost of Investments Acquired - Other Invested Assets (in part for cash acquisitions)	
O4.1	Schedule BA - Verification Between Years, Line 2 => Cost of acquired .....	
O4.2	Non-cash items included in Line O4.1 .....	
<b>O4.3</b>	<b>Subtotal (Lines O4.1 - O4.2) = CASH FLOW LINE 13.5 =&gt; Cost of investments acquired - Other invested assets</b> .....	
O5.	Schedule BA - Verification Between Years, Line 4 => Accrual of discount .....	
O6.	Unrealized Valuation Increase (Decrease)	
O6.1	Schedule BA - Verification Between Years, Line 5 => Unrealized Valuation Increase (decrease) .....	
O6.2	Schedule BA - Verification Between Years, Line 9 => Total foreign exchange change in book value .....	
O6.3	Schedule BA - Verification Between Years, Line 10 => Current Year's Other-Than-Temporary Impairment .....	
O6.4	Subtotal (Line O6.1 + O6.2 - O6.3) => Unrealized Valuation Increase (Decrease) .....	
O7.	Schedule BA - Verification Between Years, Line 6 => Total gain (loss) on disposals .....	
O8.	Proceeds from Investments Sold, Matured or Repaid - Other Invested Assets (in part for cash disposals)	
O8.1	Schedule BA - Verification Between Years, Line 7 => Amount received on disposals .....	
O8.2	Non-cash items included in Line O8.1 .....	
<b>O8.3</b>	<b>Subtotal (Line O8.1 - O8.2) = CASH FLOW LINE 12.5 =&gt; Proceeds from investments sold, matured or repaid - Other invested assets</b> .....	
O9.	Schedule BA - Verification Between Years, Line 8 => Amortization of premium and depreciation .....	
O9.1	Other amount increases (decreases) - include non-cash items not already reported in Line O4 through Line O9 .....	
O9.2	TOTAL (Lines O4.1 + O5 + O6.4 + O7 - O8.1 - O9 + O9.1) .....	
O9.3	NOTE: Line O3 - O9.2 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line O9.1. ....	Balanced
<b>P.</b>	<b>Contract Loans and Premium Notes</b>	
P1.	Change in Net Admitted Asset Value for Contract Loans and Premium Notes	
P1.1	Page 2, Assets, Line 6, Column 3, Current Year => Contract loans (including \$##### premium notes) .....	
P1.2	Page 2, Assets, Line 6, Column 3, Previous Year => Contract loans (including \$##### premium notes) .....	
P1.3	Subtotal (Line P1.1 - P1.2) => Change in net admitted asset value for Contract Loans and Premium Notes .....	
P2.	Change in Assets Nonadmitted for Contract Loans and Premium Notes	
P2.1	Page 2, Assets, Line 6, Column 2, Current Year => Contract loans (including \$##### premium notes) .....	
P2.2	Page 2, Assets, Line 6, Column 2, Previous Year => Contract loans (including \$##### premium notes) .....	
P2.3	Subtotal (Line P2.1 - P2.2) => Change in assets nonadmitted for Contract Loans and Premium Notes .....	
P3.	Sum of Line P1.3 + P2.3 .....	
P4.	Increase (Decrease) by Adjustment .....	
P5.	Net Increase (Decrease) in Contract Loans and Premium Notes	
P5.1	Net increase (decrease) in amount paid and received .....	
P5.2	Non-cash items included in Line P5.1 .....	
<b>P5.3</b>	<b>Subtotal (Line P5.1 - P5.2) = CASH FLOW LINE 14 =&gt; Net increase (decrease) in contract loans and premium notes</b> .....	
P6.	Realized Gain (Loss) .....	
P7.	Other amounts increases and decreases - include non-cash items not already reported in Line P4 through Line P6 .....	
P8.	TOTAL (Lines P4 + P5.1 + P6 + P7) .....	
P9.	NOTE: Line P3 - P8 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line P7. ....	Balanced
<b>W.</b>	<b>Derivatives, Securities Lending Reinvested Collateral Assets and Aggregate Write-ins for Invested Assets</b>	
W1.	Change in Net Admitted Asset Value for Derivatives, Securities Lending Reinvested Collateral Assets and Aggregate Write-ins for Invested Assets	
W1.1	Page 2, Assets, Line 7, Column 3, Current Year => Derivatives (Schedule DB) .....	
W1.2	Page 2, Assets, Line 10, Column 3, Current Year => Securities lending reinvested collateral assets (Schedule DL) .....	
W1.3	Page 2, Assets, Line 11, Column 3, Current Year => Aggregate write-ins for invested assets .....	
W1.4	Page 2, Assets, Line 7, Column 3, Previous Year => Derivatives (Schedule DB) .....	
W1.5	Page 2, Assets, Line 10, Column 3, Previous Year => Securities lending reinvested collateral assets (Schedule DL) .....	
W1.6	Page 2, Assets, Line 11, Column 3, Previous Year => Aggregate write-ins for invested assets .....	
W1.7	Subtotal (Lines W1.1 + W1.2 + W1.3) - (Lines (W1.4 + W1.5 + W1.6) => Change in net admitted asset value for Derivatives, Securities Lending Reinvested Collateral Assets and Aggregate Write-ins for Invested Assets .....	

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**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

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		CY Cash Flow
W2.	Change in Assets Nonadmitted for Derivatives, Securities Lending Reinvested Collateral Assets and Aggregate Write-ins for Invested Assets	
W2.1	Page 2, Assets, Line 7, Column 2, Current Year => Derivatives (Schedule DB)	
W2.2	Page 2, Assets, Line 10, Column 2, Current Year => Securities lending reinvested collateral assets (Schedule DL)	
W2.3	Page 2, Assets, Line 11, Column 2, Current Year => Aggregate write-ins for invested assets	
W2.4	Page 2, Assets, Line 7, Column 2, Previous Year => Derivatives (Schedule DB)	
W2.5	Page 2, Assets, Line 10, Column 2, Previous Year => Securities lending reinvested collateral assets (Schedule DL)	
W2.6	Page 2, Assets, Line 11, Column 2, Previous Year => Aggregate write-ins for invested assets	
W2.7	Subtotal (Lines W2.1 + W2.2 + W2.3) - (Lines W2.4 + W2.5 + W2.6) => Change in assets nonadmitted for Derivatives, Securities Lending Reinvested Collateral Assets and Aggregate Write-ins for Invested Assets	
W3.	Sum of Line W1.7 + W2.7	
W4.	Increase (Decrease) by Adjustment	
W5.	Net Increase (Decrease) in Amount Paid and Received => Report as cash from investments miscellaneous on CASH FLOW LINE 12.7 if amount is a decrease and CASH FLOW LINE 13.6 if amount is an increase	
W5.1	Net increase (decrease) in amount paid and received	
W5.2	Non-cash items included in Line W5.1	
W5.3	Subtotal (Line W5.1 - W5.2) => Report as cash from investments miscellaneous on CASH FLOW LINE 12.7 if amount is a decrease and CASH FLOW LINE 13.6 if amount is an increase	
W6.	Realized Gain (Loss)	
W7.	Other amount increases (decreases) - include non-cash items not already reported in Line W4 through Line W6	
W8.	TOTAL (Lines W4 + W5.1 + W6 + W7)	
W9.	NOTE: Line W3 - W8 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line W7.	Balanced
X.	Receivable (Payable) for Securities	
X1.	Change in Net Admitted Asset Value for Receivable for Securities	
X1.1	Page 2, Assets, Line 9, Column 3, Current Year => Receivable for securities	
X1.2	Page 2, Assets, Line 9, Column 3, Previous Year => Receivable for securities	
X1.3	Subtotal (Line X1.1 - X1.2) => Change in net admitted asset value for Receivable for Securities	
X2.	Change in Assets Nonadmitted for Receivable for Securities	
X2.1	Page 2, Assets, Line 9, Column 2, Current Year => Receivable for securities	
X2.2	Page 2, Assets, Line 9, Column 2, Previous Year => Receivable for securities	
X2.3	Subtotal (Line X2.1 - X2.2) => Change in assets nonadmitted for Receivable for Securities	
X3.	Net Change in Payable for Securities	
X3.1	Page 3, Liabilities, Line 17, Column 3, Current Year => Payable for securities	
X3.2	Page 3, Liabilities, Line 17, Column 3, Previous Year => Payable for securities	
X3.3	Subtotal (Line X3.1 - X3.2) => Net change in Payable for Securities	
X4.	TOTAL (Lines X1.3 + X2.3 - X3.3) => Report the absolute value as cash from investments miscellaneous on CASH FLOW LINE 12.7 if amount is a decrease and CASH FLOW LINE 13.6 if amount is an increase	
Reconcile Change in IMR Liability (Life and Fraternal Companies Only)		
1.	Change in IMR Liability	
1.1	Page 3, Liabilities, Line 9.4, Column 1, Current Year => Interest Maintenance Reserve	
1.2	Page 3, Liabilities, Line 9.4, Column 1, Previous Year => Interest Maintenance Reserve	
1.3	Subtotal (Line 1.1 - 1.2) => Change in IMR liability	
2.	Current period amounts transferred to IMR (primarily from Form for Calculating IMR, Line 2)	
3.	Page 4, Summary of Operations, Line 4, Column 1, Current Year => Amortization of Interest Maintenance Reserve	
4.	Other amount increases (decreases)	
5.	TOTAL (Lines 2 - 3 + 4)	
6.	NOTE: Line 1.3 - 5 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line 4.	Balanced
Reconcile Change in AVR Liability (Life and Fraternal Companies Only)		
1.	Change in AVR Liability	
1.1	Page 3, Liabilities, Line 24.01, Column 1, Current Year => Asset Valuation Reserve	
1.2	Page 3, Liabilities, Line 24.01, Column 1, Previous Year => Asset Valuation Reserve	
1.3	Subtotal (Line 1.1 - 1.2) => Change in AVR liability	
2.	Page 4, Summary of Operations, Line 44, Column 1, Current Year => Change in asset valuation reserve	
3.	Other amount increases (decreases)	
4.	TOTAL (Line 2 + 3)	
5.	NOTE: Line 1.3 - 4 should equal 0. If difference is not equal to 0, identify differences and add to amount(s) in the appropriate line(s) or in Line 3.	Balanced
Reconcile Unrealized Capital Gains (Losses)		
1.	Capital and Surplus Account	
1.1	Page 5, Statement of Revenue & Expenses, Line 36, Column 1, Current Year (in part excluding taxes) => Change in net unrealized capital gains and losses less capital gains tax of \$#####	17,801
1.2	Page 5, Statement of Revenue & Expenses, Line 37, Column 1, Current Year (in part excluding taxes) => Change in net unrealized foreign exchange capital gain or (loss)	
1.3	Subtotal (Line 1.1 + 1.2) => Capital and Surplus Account	17,801

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**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

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		CY Cash Flow
2.	Increase (Decrease) by Adjustment from Investment Worksheet (B5.4 + S5.4 + M6.4 + R4.4 + O6.4 + P4 + W4)	17,835
3.	Increase (Decrease) on Cash, Cash Equivalents and Short-term Investments = CASH FLOW LINE 12.6 => Net gains or (losses) on cash, cash equivalents and short-term investments	
4.	Depreciation (included in Line 2 above and reported on Line 2.6 of the Cash From Operations section of the Work Paper)	
5.	TOTAL (Line 1.3 - 2 - 3 - 4)	(34)
6.	NOTE: Line 5 should equal 0. If not equal to 0, balance should be reported as cash from investments miscellaneous on CASH FLOW LINE 12.7 if amount is an increase and CASH FLOW LINE 13.6 if amount is a decrease.	Transferred
<b>Reconcile Realized Capital Gains (Losses)</b>		
1.	Page 4, Statement of Revenue & Expenses, Line 26, Column 2, Current Year (before taxes) => Net realized capital gains or (losses) less capital gains tax of \$#####	320,518
2.	Realized Gain (Loss) from Investment Worksheet (B6 + S6 + M7 + R6 + O7 + P6 + W6)	320,518
3.	Gain (Loss) on Cash, Cash Equivalents and Short-term Investments = CASH FLOW LINE 12.6 => Net gains or (losses) on cash, cash equivalents and short-term investments	
4.	TOTAL (Line 1 - 2 - 3)	0
5.	NOTE: Line 4 should equal 0. If not equal to 0, balance should be reported as cash from investments miscellaneous on CASH FLOW LINE 12.7 if amount is an increase and CASH FLOW LINE 13.6 if amount is a decrease.	Balanced
12.6	Net Gains or (Losses) on Cash, Cash Equivalents and Short-Term Investments	
12.6A	Amount from Line 3 of Reconcile Unrealized Capital Gains (Losses)	
12.6B	Amount from Line 3 of Reconcile Realized Capital Gains (Losses)	
12.6C	<b>Subtotal (Line 12.6A + 12.6B) = CASH FLOW LINE 12.6 =&gt; Proceeds from investments sold, matured or repaid - Net gains or (losses) on cash, cash equivalents and short-term investments</b>	
12.7	Miscellaneous Proceeds	
12.7A	Amount from Line W5.3 if decrease	
12.7B	Amount from Line X4 if decrease	
12.7C	Amount from Line 5 of Reconcile Unrealized Capital Gains (Losses) if increase	
12.7D	Amount from Line 4 of Reconcile Realized Capital Gains (Losses) if increase	0
12.7E	COMPANY ADJUSTMENT AMOUNT (Line 12.7)	
12.7F	<b>Subtotal (Lines 12.7A + 12.7B + 12.7C + 12.7D + 12.7E) = CASH FLOW LINE 12.7 =&gt; Proceeds from investments sold, matured or repaid - Miscellaneous proceeds</b>	0
12.8	<b>TOTAL Investment Proceeds (Lines B7.3 + S7.3 + M8.3 + R7.3 + O8.3 + 12.6C + 12.7F) =&gt; CASH FLOW LINE 12.8</b>	930,965
13.6	Miscellaneous Applications	
13.6A	Amount from Line W5.3 if increase	
13.6B	Amount from Line X4 if increase	
13.6C	Amount from Line 5 of Reconcile Unrealized Capital Gains (Losses) if decrease	34
13.6D	Amount from Line 4 of Reconcile Realized Capital Gains (Losses) if decrease	
13.6E	COMPANY ADJUSTMENT AMOUNT (Line 13.6)	
13.6F	<b>Subtotal (Lines 13.6A + 13.6B + 13.6C + 13.6D + 13.6E) = CASH FLOW LINE 13.6 =&gt; Cost of investments acquired - Miscellaneous applications</b>	34
13.7	<b>TOTAL Investments Acquired (Lines B4.3 + S4.3 + M4.3 + R5.5 + O4.3 + 13.6F) =&gt; CASH FLOW LINE 13.7</b>	11,900,365
15.	<b>Net cash from investments (Lines 12.8 - 13.7 - P5.3) =&gt; CASH FLOW LINE 15</b>	(10,969,401)
<b>CASH FROM FINANCING</b>		
1.	Surplus Notes and Capital Notes	
1.1	Change in Surplus Notes	
1.1A	Page 3, Liabilities, Line 29, Column 3, Current Year => Surplus notes	
1.1B	Page 3, Liabilities, Line 29, Column 3, Previous Year => Surplus notes	
1.1C	Subtotal (Line 1.1A - 1.1B) => Change in Surplus Notes	
1.2	Change in Capital Notes	
1.2A	Page 3, Liabilities, Column 3, Current Year => Capital notes	
1.2B	Page 3, Liabilities, Column 3, Previous Year => Capital notes	
1.2C	Subtotal (Line 1.2A - 1.2B) => Change in Capital Notes	
1.3	COMPANY ADJUSTMENT AMOUNT (Line 16.1)	
1.4	<b>TOTAL (Lines 1.1C + 1.2C + 1.3) = CASH FLOW LINE 16.1 =&gt; Cash provided (applied) - Surplus notes, capital notes</b>	
2.	Capital and Paid in Surplus, Less Treasury Stock	
2.1	Change in Capital	
2.1A	Page 3, Liabilities, Line 26, Column 3, Current Year => Common Capital Stock	8,000,000
2.1B	Page 3, Liabilities, Line 27, Column 3, Current Year => Preferred Capital Stock	
2.1C	Page 3, Liabilities, Line 26, Column 3, Previous Year => Common Capital Stock	8,000,000
2.1D	Page 3, Liabilities, Line 27, Column 3, Previous Year => Preferred Capital Stock	
2.1E	Subtotal (Line 2.1A + 2.1B) - (Line 2.1C + 2.1D) => Change in Capital	
2.2	Change in Paid in Surplus	
2.2A	Page 3, Liabilities, Line 28, Column 3, Current Year => Gross paid in and contributed surplus	9,023,160
2.2B	Page 3, Liabilities, Line 28, Column 3, Previous Year => Gross paid in and contributed surplus	9,023,160
2.2C	Subtotal (Line 2.2A - 2.2B) => Change in Paid in Surplus	
2.3	Change in Treasury Stock	
2.3A	Page 3, Liabilities, Line 32.1 + 32.2, Column 3, Current Year => Treasury stock, at cost	12,000
2.3B	Page 3, Liabilities, Line 32.1 + 32.2, Column 3, Previous Year => Treasury stock, at cost	12,000
2.3C	Subtotal (Line 2.3A - 2.3B) => Change in Treasury Stock	
2.4	Transfer from Unassigned Surplus to lines included in Line 2.1 or 2.2	
2.5	COMPANY ADJUSTMENT AMOUNT (Line 16.2)	
2.6	<b>TOTAL (Lines 2.1E + 2.2C - 2.3C - 2.4 + 2.5) = CASH FLOW LINE 16.2 =&gt; Cash provided (applied) - Capital and paid in surplus, less treasury stock</b>	

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		CY Cash Flow
3.	Borrowed Funds	
3.1	Change in Borrowed Money	
3.1A	Page 3, Liabilities, Line 14, Column 3, Current Year => Borrowed money (including \$##### current) and interest thereon \$##### (including \$##### current)	
3.1B	Page 3, Liabilities, Line 14, Column 3, Previous Year => Borrowed money (including \$##### current) and interest thereon \$##### (including \$##### current)	
3.1C	Subtotal (Line 3.1A - 3.1B) => Change in Borrowed Money	
3.2	COMPANY ADJUSTMENT AMOUNT (Line 16.3)	
3.3	<b>TOTAL (Lines 3.1C + 3.2) = CASH FLOW LINE 16.3 =&gt; Cash provided (applied) - Borrowed funds</b>	
4.	Net Deposits on Deposit-Type Contracts and Other Liabilities (N/A for Health)	
4.1	Change in Deposit-type Contracts	
4.1A	Page 3, Liabilities, Column 3, Current Year	
4.1B	Page 3, Liabilities, Column 3, Previous Year	
4.1C	Subtotal (Line 4.1A - 4.1B) => Change in Deposit-type Contracts	
4.2	COMPANY ADJUSTMENT AMOUNT (Line 16.4)	
4.3	<b>TOTAL (Lines 4.1C + 4.2) = CASH FLOW LINE 16.4 =&gt; Cash provided (applied) - Net deposits on deposit-type contracts and other insurance liabilities</b>	
5.	Dividends to Stockholders	
5.1	Page 5, Statement of Revenue & Expenses, Line 46, Column 1, Current Year => Dividends to stockholders	
5.2	Change in Dividends to Stockholders	
5.2A	Page 3, Liabilities, Line 23, Column 3, Current Year (in part) => Aggregate write-ins for other liabilities (including \$##### current)	
5.2B	Page 3, Liabilities, Line 23, Column 3, Previous Year (in part) => Aggregate write-ins for other liabilities (including \$##### current)	
5.2C	Subtotal (Line 5.2A - 5.2B) => Change in Dividends to Stockholders	
5.3	COMPANY ADJUSTMENT AMOUNT (Line 16.5)	
5.4	<b>TOTAL (Lines 5.1 - 5.2C + 5.3) = CASH FLOW LINE 16.5 =&gt; Cash provided (applied) - Dividends to stockholders</b>	
6.	Other Cash Provided (Applied)	
6.1	Page 5, Statement of Revenue & Expenses, Line 47, Column 1, Current Year => Aggregate write-ins for gains or (losses) in surplus	
6.2	Change in Miscellaneous Liabilities	
6.2A	Page 3, Liabilities, Line 12, Column 3, Current Year => Amounts withheld or retained for the account of others	497
6.2B	Page 3, Liabilities, Line 13, Column 3, Current Year => Remittance and items not allocated	
6.2C	Page 3, Liabilities, Line 15, Column 3, Current Year => Amounts due to parent, subsidiaries and affiliates	58,584
6.2D	Page 3, Liabilities, Line 16, Column 3, Current Year => Derivatives	
6.2E	Page 3, Liabilities, Line 18, Column 3, Current Year => Payable for securities lending	
6.2F	Page 3, Liabilities, Line 19, Column 3, Current Year => Funds held under reinsurance treaties (with \$##### authorized reinsurers, \$##### unauthorized reinsurers and \$##### certified reinsurers)	
6.2G	Page 3, Liabilities, Line 23, Column 3, Current Year (in part excluding dividends included in Line 5.2 above) => Aggregate write-ins for other liabilities (including \$##### current)	
6.2H	Page 3, Liabilities, Line 25, Column 3, Current Year => Aggregate write-ins for special surplus funds	
6.2I	Page 3, Liabilities, Line 30, Column 3, Current Year => Aggregate write-ins for other than special surplus funds	
6.2J	Page 3, Liabilities, Line 12, Column 3, Previous Year => Amounts withheld or retained for the account of others	17
6.2K	Page 3, Liabilities, Line 13, Column 3, Previous Year => Remittance and items not allocated	
6.2L	Page 3, Liabilities, Line 15, Column 3, Previous Year => Amounts due to parent, subsidiaries and affiliates	309,741
6.2M	Page 3, Liabilities, Line 16, Column 3, Previous Year => Derivatives	
6.2N	Page 3, Liabilities, Line 18, Column 3, Previous Year => Payable for securities lending	
6.2O	Page 3, Liabilities, Line 19, Column 3, Previous Year => Funds held under reinsurance treaties (with \$##### authorized reinsurers, \$##### unauthorized reinsurers and \$##### certified reinsurers)	
6.2P	Page 3, Liabilities, Line 23, Column 3, Previous Year (in part excluding dividends included in Line 5.2 above) => Aggregate write-ins for other liabilities (including \$##### current)	
6.2Q	Page 3, Liabilities, Line 25, Column 3, Previous Year => Aggregate write-ins for special surplus funds	
6.2R	Page 3, Liabilities, Line 30, Column 3, Previous Year => Aggregate write-ins for other than special surplus funds	
6.2S	Subtotal (Lines 6.2A + 6.2B + 6.2C + 6.2D + 6.2E + 6.2F + 6.2G + 6.2H + 6.2I) - (Lines 6.2J + 6.2K + 6.2L + 6.2M + 6.2N + 6.2O + 6.2P + 6.2Q + 6.2R) => Change in Miscellaneous Liabilities	(250,677)
6.3	Change in Miscellaneous Assets	
6.3A	Page 2, Assets, Line 20, Column 1, Current Year => Electronic data processing equipment and software	109,520
6.3B	Page 2, Assets, Line 21, Column 1, Current Year => Furniture and equipment, including health care delivery assets (\$#####)	88,461
6.3C	Page 2, Assets, Line 23, Column 1, Current Year => Receivables from parent, subsidiaries and affiliates	116,093
6.3D	Page 2, Assets, Line 24, Column 1, Current Year (in part for amounts not included elsewhere) => Health care (\$#####) and other amounts receivable	
6.3E	Page 2, Assets, Line 25, Column 1, Current Year (in part for amounts not included elsewhere) => Aggregate write-ins for other than invested assets	
6.3F	Page 2, Assets, Line 20, Column 1, Previous Year => Electronic data processing equipment and software	99,899
6.3G	Page 2, Assets, Line 21, Column 1, Previous Year => Furniture and equipment, including health care delivery assets (\$#####)	104,612
6.3H	Page 2, Assets, Line 23, Column 1, Previous Year => Receivables from parent, subsidiaries and affiliates	196,042
6.3I	Page 2, Assets, Line 24, Column 1, Previous Year (in part for amounts not included elsewhere) => Health care (\$#####) and other amounts receivable	
6.3J	Page 2, Assets, Line 25, Column 1, Previous Year (in part for amounts not included elsewhere) => Aggregate write-ins for other than invested assets	
6.3K	Subtotal (Lines 6.3A + 6.3B + 6.3C + 6.3D + 6.3E) - (Lines 6.3F + 6.3G + 6.3H + 6.3I + 6.3J)	(86,479)

**This is a Work Paper Page to gather information according to the NAIC Instructions**

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**DEVELOPMENT DATA WORKPAGES FOR "CASH FLOW"**

Use the COMPANY ADJUSTMENT AMOUNT lines to adjust any line(s) on the Cash Flow page.

		CY Cash Flow
6.4	Transfer from Unassigned Surplus to lines included in Line 6.2 .....	
6.5	Depreciation (included on Line 7.4 of the Cash from Operations section of the Work Paper) .....	70,157
6.6	COMPANY ADJUSTMENT AMOUNT (Line 16.6) .....	
6.7	<b>TOTAL (Lines 6.1 + 6.2S - 6.3K - 6.4 + 6.5 + 6.6) = CASH FLOW LINE 16.6 =&gt; Cash provided (applied) - Other cash provided (applied)</b> .....	<b>(94,041)</b>
17.	<b>Net cash from financing and miscellaneous sources (Lines 1.4 + 2.6 + 3.3 + 4.3 - 5.4 + 6.7) =&gt; CASH FLOW LINE 17</b> .....	<b>(94,041)</b>
18.	<b>Net change in cash, cash equivalents and short-term investments (Lines 11 + 15 + 17) =&gt; CASH FLOW LINE 18</b> .....	<b>(10,313,603)</b>
19.	Cash, cash equivalents and short-term investments	
19.1	Page 2, Assets, Line 5, Column 1, Previous Year = CASH FLOW LINE 19.1 => Beginning of year .....	17,146,226
19.2	<b>End of year (Line 18 + 19.1) =&gt; CASH FLOW LINE 19.2</b> .....	<b>6,832,623</b>
<b>Reconcile Change in Liability for Reinsurance in Unauthorized and Certified Companies</b>		
1.	Page 5, Statement of Revenue & Expenses, Line 40, Column 1, Current Year => Change in unauthorized and certified reinsurance .....	
2.	Change in Liability for Reinsurance in Unauthorized and Certified Companies	
2.1	Page 3, Liabilities, Line 20, Column 3, Current Year => Reinsurance in unauthorized and certified (\$#####) companies .....	
2.2	Page 3, Liabilities, Line 20, Column 3, Previous Year => Reinsurance in unauthorized and certified (\$#####) companies .....	
2.3	Subtotal (Line 2.1 - 2.2) => Change in Liability for Reinsurance in Unauthorized and Certified Companies .....	
3.	TOTAL (Line 1 + 2.3) .....	
4.	NOTE: Line 3 should equal 0. If not equal to 0, balance should be reported as an adjustment to the appropriate line on the Cash Flow Statement .....	Balanced
<b>Reconcile of Nonadmitted Assets</b>		
1.	Page 5, Statement of Revenue & Expenses, Line 39, Column 1, Current Year => Change in nonadmitted assets .....	64,413
2.	Change in Nonadmitted	
2.1	Page 2, Assets, Line 28, Column 2, Current Year => Total .....	543,134
2.2	Page 2, Assets, Line 28, Column 2, Previous Year => Total .....	607,547
2.3	Subtotal (Line 2.1 - 2.2) => Change in Nonadmitted .....	(64,413)
3.	Other adjustments .....	
4.	TOTAL (Line 1 + 2.3 + 3) .....	
5.	NOTE: Line 4 should equal 0. If not equal to 0, balance should be reported as cash from financing on CASH FLOW LINE 16.6) .....	Balanced
<b>Reconcile of Change in Accounting</b>		
1.	Page 5, Statement of Revenue & Expenses, Line 43, Column 1, Current Year => Cumulative effect of changes in accounting principles .....	
Allocate all amounts due to change in accounting to the appropriate section of the work paper		

## 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 .....	11,702,849			11,701,449	1,400					
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) .....	11,702,849			11,701,449	1,400					
8. Hospital/medical benefits .....	12,999,486			12,998,475	1,011					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) .....	12,999,486			12,998,475	1,011					X X X
16. Net reinsurance recoveries .....	6,511,027			6,511,027						X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	6,488,459			6,487,448	1,011					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 .....	703,705			703,621	84					
20. General administrative expenses .....	3,985,143			3,984,666	477					
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) .....	11,177,307			11,175,735	1,572					
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	525,542			525,714	(172)					
<b>DETAILS OF WRITE-INS</b>										
0501. ....										X X X
0502. ....										X X X
0503. ....										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page .....										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X
0601. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301. ....										X X X
1302. ....										X X X
1303. ....										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page .....										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										X X X

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				
2. Medicare Supplement .....				
3. Dental only .....	18,905,262		7,203,813	11,701,449
4. Vision only .....	1,400			1,400
5. Federal Employees Health Benefits Plan .....				
6. Title XVIII - Medicare .....				
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Lines 1 through 8) .....	18,906,662		7,203,813	11,702,849
10. Life .....				
11. Property/casualty .....				
12. TOTALS (Lines 9 to 11) .....	18,906,662		7,203,813	11,702,849

## 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 .....	12,469,486			12,468,475	1,011					
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....	6,246,027			6,246,027						
1.4 Net .....	6,223,459			6,222,448	1,011					
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	1,300,000			1,300,000						
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....	650,000			650,000						
3.4 Net .....	650,000			650,000						
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 .....	770,000			770,000						
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....	385,000			385,000						
8.4 Net .....	385,000			385,000						
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 .....	12,999,486			12,998,475	1,011					
12.2 Reinsurance assumed .....										
12.3 Reinsurance ceded .....	6,511,027			6,511,027						
12.4 Net .....	6,488,459			6,487,448	1,011					
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 .....	1,300,000			1,300,000						
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....	650,000			650,000						
2.4 Net .....	650,000			650,000						
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 .....	1,300,000			1,300,000						
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....	650,000			650,000						
4.4 Net .....	650,000			650,000						

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....						
2. Medicare Supplement .....						
3. Dental only .....	351,537	5,871,922	36,583	613,417	388,120	385,000
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) .....	351,537	5,871,922	36,583	613,417	388,120	385,000
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pool and bonus amounts .....						
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	351,537	5,871,922	36,583	613,417	388,120	385,000

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

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**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					6 DEVELOPMENT CY Payments
	1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior	8,618	9,126	9,126	9,126	9,126	
2. 2014	4,366	4,608	4,608	4,608	4,608	
3. 2015	X X X	5,035	5,035	5,035	5,035	
4. 2016	X X X	X X X	4,956	4,956	4,956	
5. 2017	X X X	X X X	X X X	4,593	4,593	
6. 2018	X X X	X X X	X X X	X X X	5,872	X X X

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**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					6 DEVELOPMENT CY Reserves
	1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior	8,618	9,126	9,126	9,126	9,126	
2. 2014	4,366	4,628	4,608	4,608	4,608	
3. 2015	X X X	5,340	5,035	5,035	5,035	
4. 2016	X X X	X X X	4,956	4,956	4,956	
5. 2017	X X X	X X X	X X X	4,593	4,593	
6. 2018	X X X	X X X	X X X	X X X	5,872	

**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. 2014	9,210	4,608	427	9.266	5,035	54.669			5,035	54.669
2. 2015	9,855	5,035	579	11.500	5,614	56.966			5,614	56.966
3. 2016	10,004	4,956	696	14.044	5,652	56.497			5,652	56.497
4. 2017	10,828	4,593	781	17.006	5,374	49.632	37		5,411	49.973
5. 2018	11,703	5,872	703	11.970	6,575	56.181	613		7,188	61.419

12 Grand Total

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	1 Amount
D01. TOTAL Current Calendar Year Payments .....	5,872
D02. Current Calendar Year CAE Expense .....	1,046
D03. Prior Year Reserve .....	385
D04. Current Year Reserve .....	650
D05. 2018 CAE Payments .....	781

	1 Prior Year CAE	2 1st Allocation	3 2nd Allocation	4 2018 Cumulative Total
D06. 2014 .....	427	X X X		427
D07. 2015 .....	579	X X X		579
D08. 2016 .....	696	X X X		696
D09. 2017 .....	703		78	781
D10. 2018 .....	X X X	391	312	703

**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**

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**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					6 DEVELOPMENT CY Payments
	1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior	8,618	9,126	9,126	9,126	9,126	
2. 2014	4,366	4,608	4,608	4,608	4,608	
3. 2015	X X X	5,035	5,035	5,035	5,035	
4. 2016	X X X	X X X	4,956	4,956	4,956	
5. 2017	X X X	X X X	X X X	4,593	4,593	
6. 2018	X X X	X X X	X X X	X X X	5,871	X X X

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**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					6 DEVELOPMENT CY Reserves
	1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior	8,618	9,126	9,126	9,126	9,126	
2. 2014	4,366	4,628	4,608	4,608	4,608	
3. 2015	X X X	5,340	5,035	5,035	5,035	
4. 2016	X X X	X X X	4,956	4,956	4,956	
5. 2017	X X X	X X X	X X X	4,593	4,593	
6. 2018	X X X	X X X	X X X	X X X	5,871	

**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. 2014	9,210	4,608	427	9.266	5,035	54.669			5,035	54.669
2. 2015	9,855	5,035	579	11.500	5,614	56.966			5,614	56.966
3. 2016	10,004	4,956	696	14.044	5,652	56.497			5,652	56.497
4. 2017	10,828	4,593	781	17.006	5,374	49.632	37		5,411	49.973
5. 2018	11,702	5,871	703	11.972	6,574	56.178	613		7,187	61.416

12 Dental Only

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	1 Amount
D01. TOTAL Current Calendar Year Payments .....	5,871
D02. Current Calendar Year CAE Expense .....	1,046
D03. Prior Year Reserve .....	385
D04. Current Year Reserve .....	650
D05. 2018 CAE Payments .....	781

	1 Prior Year CAE	2 1st Allocation	3 2nd Allocation	4 2018 Cumulative Total
D06. 2014 .....	427	X X X		427
D07. 2015 .....	579	X X X		579
D08. 2016 .....	696	X X X		696
D09. 2017 .....	703		78	781
D10. 2018 .....	X X X	391	312	703

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**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)**

**Vision Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid					6 DEVELOPMENT CY Payments
	1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior .....						
2. 2014 .....						
3. 2015 .....	X X X					
4. 2016 .....	X X X	X X X				
5. 2017 .....	X X X	X X X	X X X			
6. 2018 .....	X X X	X X X	X X X	X X X	1	X X X

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**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					6 DEVELOPMENT CY Reserves
	1 2014	2 2015	3 2016	4 2017	5 2018	
1. Prior .....						
2. 2014 .....						
3. 2015 .....	X X X					
4. 2016 .....	X X X	X X X				
5. 2017 .....	X X X	X X X	X X X			
6. 2018 .....	X X X	X X X	X X X	X X X	1	

**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. 2014 .....										
2. 2015 .....										
3. 2016 .....										
4. 2017 .....										
5. 2018 .....	1	1			1	100.000			1	100.000

12 Vision Only

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(\$000 Omitted)**

	1 Amount
D01. TOTAL Current Calendar Year Payments .....	1
D02. Current Calendar Year CAE Expense .....	
D03. Prior Year Reserve .....	
D04. Current Year Reserve .....	
D05. 2018 CAE Payments .....	

	1 Prior Year CAE	2 1st Allocation	3 2nd Allocation	4 2018 Cumulative Total
D06. 2014 .....		X X X		
D07. 2015 .....		X X X		
D08. 2016 .....		X X X		
D09. 2017 .....				
D10. 2018 .....	X X X			

- 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) .....			240,840		240,840
2. Salaries, wages and other benefits .....			1,942,895		1,942,895
3. Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			795,615		795,615
4. Legal fees and expenses .....			13,185		13,185
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....		191,497	77,553		269,051
7. Traveling expenses .....			11,237		11,237
8. Marketing and advertising .....			127,132		127,132
9. Postage, express and telephone .....			132,104		132,104
10. Printing and office supplies .....			20,678		20,678
11. Occupancy, depreciation and amortization .....			2,092		2,092
12. Equipment .....			81,348		81,348
13. Cost or depreciation of EDP equipment and software .....					
14. Outsourced services including EDP, claims, and other services .....					
15. Boards, bureaus and association fees .....			106,700		106,700
16. Insurance, except on real estate .....			60,695		60,695
17. Collection and bank service charges .....			36,418		36,418
18. Group service and administration fees .....		512,208	74		512,281
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 .....			87,198		87,198
23.3 Regulatory authority licenses and fees .....			26,334		26,334
23.4 Payroll taxes .....			122,921		122,921
23.5 Other (excluding federal income and real estate taxes) .....			14,172		14,172
24. Investment expenses not included elsewhere .....				40,767	40,767
25. Aggregate write-ins for expenses .....			85,951		85,951
26. TOTAL Expenses Incurred (Lines 1 to 25) .....		703,705	3,985,143	40,767	(a) 4,729,615
27. Less expenses unpaid December 31, current year .....			1,580,669		1,580,669
28. Add expenses unpaid December 31, prior year .....			1,689,584		1,689,584
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) .....		703,705	4,094,058	40,767	4,838,530
<b>DETAILS OF WRITE-INS</b>					
2501. SOFTWARE & HARDWARE , EQUIPMENT .....			4,646		4,646
2502. SEMINARS, CONVENTIONS, OFFICE EXPENSES & DONATIONS .....			72,011		72,011
2503. REPAIRS & MAINTENANCE AND OTHER EXPENSES .....			9,294		9,294
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....			85,951		85,951

(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)	334,844	530,757
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	15,578	21,452
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	350,422	552,209
11. Investment expenses		(g) 40,767
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		84,747
16. TOTAL Deductions (Lines 11 through 15)		125,514
17. Net Investment income (Line 10 minus Line 16)		426,694
<b>DETAILS OF WRITE-INS</b>		
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		84,747
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)		84,747

- (a) Includes \$.....21,812 accrual of discount less \$.....106,592 amortization of premium and less \$.....106,876 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)	320,518		320,518		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)				17,835	
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)	320,518		320,518	17,835	
<b>DETAILS OF WRITE-INS</b>					
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 .....	53,421	89,673	36,252
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 .....	(3,586)	(4,729)	(1,143)
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 .....	88,461	104,612	16,151
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....	232		(232)
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....	126,103	139,487	13,384
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	543,134	607,547	64,413
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. TOTAL (Lines 26 and 27) .....	543,134	607,547	64,413
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501. OTHER RECEIVABLE .....	(6,572)	1,716	8,288
2502. PREPAID EXPENSES .....	132,675	137,771	5,097
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	126,103	139,487	13,384

## 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 .....	514,185	519,642	521,117	513,891	619,907	6,602,238
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. TOTAL .....	514,185	519,642	521,117	513,891	619,907	6,602,238
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....						

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....						
<b>Group Subscribers:</b>						
.....	176,228	6,251	(1,591)	53,421	53,421	180,888
0299997 Subtotal - Group Subscribers: .....	176,228	6,251	(1,591)	53,421	53,421	180,888
0299998 Premiums due and unpaid not individually listed .....						
0299999 TOTAL Group .....	176,228	6,251	(1,591)	53,421	53,421	180,888
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) ..	176,228	6,251	(1,591)	53,421	53,421	180,888

**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 .....	.....	.....	.....	.....	.....	1,300,000
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	1,300,000
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
<b>Individually listed receivables</b>							
Delta Dental of California .....	116,093				232	115,861	
0199999 Total - Individually listed receivables .....	116,093				232	115,861	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	116,093				232	115,861	

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Delta Dental of California .....	Computer Support Agreement .....	58,584	58,584	
0199999 Total - Individually Listed Payables .....	X X X .....	58,584	58,584	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	58,584	58,584	

### 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
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. TOTAL Capitation Payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....	12,469,486	100.000	X X X	X X X	12,469,486	
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 .....	12,469,486	100.000	X X X	X X X	12,469,486	
13. TOTAL (Line 4 plus Line 12) .....	12,469,486	100.000	X X X	X X X	12,469,486	

### 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
<b>NONE</b>					
9999999	TOTALS		X X X	X X X	X X X

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	426,941	63,231	401,711		88,461	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....	426,941	63,231	401,711		88,461	

# 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>	2018	2017
<u>NET INCOME</u>			
(1) Delta Dental of Puerto Rico state basis (Page 4, Line 32, Columns 2 & 3)	Puerto Rico	1,757,838	1,434,500
		\$	\$
(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	\$ 1,757,838	\$ 1,434,500
<u>SURPLUS</u>			
(5) Delta Dental of Puerto Rico state basis (Page 3, Line 33, Columns 3 & 4)	Puerto Rico	\$ 23,596,865	\$ 21,756,813
(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	\$ 23,596,865	\$ 21,756,813

#### 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, 2018 consist of \$6,832,623.
- 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, 2018.

### **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	\$	-
2. 12 Months or Longer	\$	3,828
    - b. The aggregate related fair value of securities with unrealized losses:
 

1. Less than 12 months	\$	-
2. 12 Months or Longer	\$	113,444

## 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

Restricted Asset Category	1	2	3	4	5	6	7
	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	\$613,608	\$500,000	\$113,608	\$0	\$613,608	1.99%	2.02%
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	\$1,300,000	\$770,000	\$530,000	\$650,000	\$650,000	4.21%	2.14%
o. Total Restricted Assets	\$1,913,608	\$1,270,000	\$643,608	\$650,000	\$1,263,608	6.20%	4.17%

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 31,2018 and December 31, 2017, are as follows

1.

	Description	12/31/2018			12/31/2017			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)	-	-	-	-	-	-	-	-	-

2018

2017

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	12/31/2018			12/31/2017			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	2018	2017
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	12/31/2018		12/31/2017		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 12/31/18	2 12/31/2017	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	1,045,412	1,170,835	(125,423)
b.	Foreign			
c.	Subtotal	1,045,412	1,170,835	(125,423)
d.	Federal income tax on net capital gains			
e.	Utilization of capital loss carry-forwards			
f.	Other			
g.	Federal and foreign income taxes incurred	1,045,412	1,170,835	(125,423)
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, 2018 are as follows:

	2018	2017
Income Tax Expense	\$1,045,412	\$1,170,835
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, 2018 were \$589,489.
- D. At December 31, 2018 the Company Reported \$58,584 as amount due to DDC. The Company also reported \$115,861 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, 2018 amounted to \$54,922. 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 31, 2018. 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, 2018.
- (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 \$153,763 at December 31, 2018. The future minimum lease payments under this operating lease are as follows:

<u>Year ending December 31</u>	
2019	\$ 196,881
2020	\$ 203,670
2021	<u>\$ 87,691</u>
	\$ 488,242

### **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, 2018 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	\$ 18,610,761	\$ -	\$ 18,610,761
b. Gross Administrative fees accrued	\$ 2,981,955	\$ -	\$ 2,981,955
c. Other Income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ (20,213,996)	\$ -	\$(20,213,996)
e. Total net gain or loss from operations	<u>\$ 1,378,721</u>	<u>\$ -</u>	<u>\$ 1,378,721</u>

## 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, 2018, 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
<b>a. Assets at fair value</b>				
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	1,093,936			1,093,936
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	\$ 1,093,936	\$	\$	\$ 1,093,936
<b>b. Liabilities at fair value</b>				
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, 2018 and December 31, 2017:

#### 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, 2018 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 \$6,511,027 in 2018. 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 \$330,167 as of December 31, 2018. Such amounts are included in premiums ceded. The experience rated refund under the reinsurance agreement amounted to \$0 for 2018. Amounts are presented as a reduction of premiums ceded. Ceded claim liabilities as of December 31, 2018 amounted to \$6,948,196.

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 2018 is as follows:

	<b>2018</b>
Claim liabilities, beginning of year	770,000
Reinsurance recoverable on claims liabilities	385,000
Net claims liabilities, beginning of the year	385,000
Incurred claims:	
Current period insured events	6,521,922
Prior period insured events	(33,463)
Total incurred	6,488,459
Payment for claims:	
Current period insured events	5,871,922
Prior period insured events	351,537
Total paid	6,223,459
Claim liabilities, end of year	650,000
Ceded liability for claims reserve	650,000
Gross claims liabilities	1,300,000

## Notes to Financial Statements

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.

### **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>12/31/2018</u>  |
| 3. Was anticipated investment income utilized in the calculation? | Yes <input type="radio"/> No <input checked="" type="checkbox"/> |

### **Note 31 - Anticipated Salvage and Subrogation**

The Company does not anticipate salvage and subrogation.

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## Notes to Financial Statements

### ELECTRONIC DATA

Note 1					
(1) Description	(2) SSAP #	(3) F/S Page	(4) F/S Line #	(5) 2018	(6) 2017
01A01 Net Income - State Basis (Page 4, Line 32, Columns 2 & 3)				1,757,838	1,434,500
01A04 Net Income - NAIC SAP (1 - 2 - 3 = 4)				1,757,838	1,434,500
01A05 Surplus - State Basis (Page 3, Line 33, Columns 3 & 4)				23,596,865	21,756,813
01A08 Surplus - NAIC SAP (5 - 6 - 7 = 8)				23,596,865	21,756,813

Note 3A						
1 Purchased entity	2 Acquisition date	3 Cost of acquired entity	4 Original amount of admitted goodwill	5 Admitted goodwill as of the reported date	6 Amount of goodwill amortized during the reporting period	7 Admitted goodwill as a % of SCA BACV, gross of admitted goodwill

Note 4A1 - List of Discontinued Operations Disposed of or Classified as Held for Sale	
1 Discontinued Operation Identifier	2 Description of Discontinued Operation

Note 4A3 - Loss Recognized on Discontinued Operations		
1 Discontinued Operation Identifier	2 Amount for Reporting Period	3 Cumulative amount since classified as held for sale

Note 4A4A - Carrying Amount of Discontinued Operations		
1 Discontinued Operation Identifier	2 Carrying amount immediately prior to classification as held for sale	3 Current fair value less costs to sell

Note 4A4B - Effect of Discontinued Operations on Assets, Liabilities, Surplus & Income			
1 Discontinued Operation Identifier	2 Line Number	3 Line Description	4 Amount attributable to discontinued operations
1) Assets			
2) Liabilities			
3) Surplus			
4) Income			

Note 5A3		
Description	1 Current Year	2 Prior Year
5A. Mortgage loans, including mezzanine real estate loans		
3. Taxes, assessments and any amounts advanced and not included in the mortgage loan total		

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 5A4 - 6

Description	1 Farm	Residential		Commercial		6 Mezzanine	7 Total
		2 Insured	3 All Other	4 Insured	5 All Other		
5A. Mortgage loans, including mezzanine real estate loans							
4. Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Group Mortgage Loan Agreement							
A. Current Year							
1. Recorded Investment (All)							
A. Current							
B. 30-59 Days Past Due							
C. 60-89 Days Past Due							
D. 90-179 Days Past Due							
E. 180+ Days Past Due							
2. Accruing Interest 90-179 Days Past Due							
A. Recorded Investment							
B. Interest Accrued							
3. Accruing Interest 180+ Days Past Due							
A. Recorded Investment							
B. Interest Accrued							
4. Interest Reduced							
A. Recorded Investment							
B. Number of Loans							
C. Percent Reduced	%	%	%	%	%	%	%
5. Participant or Co-lender in a Mortgage Loan Agreement							
A. Recorded Investment							
B. Prior Year							
1. Recorded Investment							
A. Current							
B. 30-59 Days Past Due							
C. 60-89 Days Past Due							
D. 90-179 Days Past Due							
E. 180+ Days Past Due							
2. Accruing Interest 90-179 Days Past Due							
A. Recorded Investment							
B. Interest Accrued							
3. Accruing Interest 180+ Days Past Due							
A. Recorded Investment							
B. Interest Accrued							
4. Interest Reduced							
A. Recorded Investment							
B. Number of Loans							
C. Percent Reduced	%	%	%	%	%	%	%
5. Participant or Co-lender in a Mortgage Loan Agreement							
A. Recorded Investment							
5. Investment in Impaired loans with or without allowance for credit losses and impaired loans subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan:							
A. Current year							
1. With allowance for credit losses							
2. No allowance for credit losses							
3. Total (1+2)							
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							
B. Prior year							
1. With allowance for credit losses							
2. No allowance for credit losses							
3. Total (1+2)							
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							
6. Investment in Impaired Loans Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:							
A. Current year							
1. Average recorded investment							
2. Interest income recognized							
3. Recorded investments on nonaccrual status							
4. Amount of interest income recognized using a cash-basis method of accounting							
B. Prior year							
1. Average recorded investment							
2. Interest income recognized							
3. Recorded investments on nonaccrual status							
4. Amount of interest income recognized using a cash-basis method of accounting							

Note 5A7

Description	1 Current Year	2 Prior Year
5A. Mortgage Loans, including Mezzanine Real Estate Loans		
7. Allowance for credit losses:		
A. Balance at beginning of period		
B. Additions charged to operations		
C. Direct write-downs charged against the allowances		
D. Recoveries of amounts previously charged off		
E. Balance at end of period		

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 5A8	
Description	1 Current Year
5A. Mortgage Loans, including Mezzanine Real Estate Loans	
8. Mortgage Loans Derecognized as a Result of Foreclosure:	
A. Aggregate amount of mortgage loans derecognized .....	
B. Real estate collateral recognized .....	
C. Other collateral recognized .....	
D. Receivables recognized from a government guarantee of the foreclosed mortgage loan .....	

Note 5B		
Description	1 Current Year	2 Prior Year
5B. Debt Restructuring		
1. The total recorded investment in restructured loans, as of year end .....		
2. The realized capital losses related to these loans .....		
3. Total contractual commitments to extend credit to debtors owing receivables whose terms have been modified in troubled debt restructurings .....		

Note 5C	
Description	1 Amount
5C. Reverse Mortgages: For reverse mortgages, disclose the following:	
3. The reserve amount that is netted against the asset .....	
4. Investment income or loss recognized in the period as a result of the re-estimated cash flows .....	

Note 5D2			
	1 Amortized Cost Basis Before Other-than- Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
D. Loan-Backed Securities			
2. All securities within the scope of SSAP No. 43R-Loan-Backed and Structured Securities with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment:			
OTTI recognized 1st Quarter			
A. Intent to sell .....			
B. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			
C. Total 1st Quarter .....			
OTTI recognized 2nd Quarter			
D. Intent to sell .....			
E. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			
F. Total 2nd Quarter .....			
OTTI recognized 3rd Quarter			
G. Intent to sell .....			
H. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			
I. Total 3rd Quarter .....			
OTTI recognized 4th Quarter			
J. Intent to sell .....			
K. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			
L. Total 4th Quarter .....			
M. Annual Aggregate Total .....			

Note 5D3						
1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than-Temporary Impairment	5 Amortized Cost After Other-Than-Temporary Impairment	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
05D3999 Total	X X X	X X X		X X X	X X X	X X X

Note 5D4		1 Amount
D. Loan-Backed Securities		
4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):		
A. The aggregate amount of unrealized losses		
1. Less than 12 Months .....		
2. 12 Months or Longer .....		3,828
B. The aggregate related fair value of securities with unrealized losses		
1. Less than 12 Months .....		
2. 12 Months or Longer .....		113,444

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**Notes to Financial Statements**

**ELECTRONIC DATA (continued)**

Note 5E3		(1) Fair Value
5E. Dollar Repurchase Agreements and/or Securities Lending Transactions		
3. Collateral Received		
A. Aggregate Amount Collateral Received		
1. Securities Lending		
A. Open .....		
B. 30 Days or Less .....		
C. 31 to 60 Days .....		
D. 61 to 90 Days .....		
E. Greater Than 90 Days .....		
F. Sub-Total .....		
G. Securities Received .....		
H. Total Collateral Received .....		
2. Dollar Repurchase Agreement		
A. Open .....		
B. 30 Days or Less .....		
C. 31 to 60 Days .....		
D. 61 to 90 Days .....		
E. Greater Than 90 Days .....		
F. Sub-Total .....		
G. Securities Received .....		
H. Total Collateral Received .....		
B. The fair value of that collateral and of the portion of that collateral that it has sold or repledged .....		

Note 5E5		
	(1) Amortized Cost	(2) Fair Value
5E. Dollar Repurchase Agreements and/or Securities Lending Transactions		
5. Collateral Reinvestment		
A. Aggregate Amount Collateral Reinvested		
1. Securities Lending		
A. Open .....		
B. 30 Days or Less .....		
C. 31 to 60 Days .....		
D. 61 to 90 Days .....		
E. 91 to 120 Days .....		
F. 121 to 180 Days .....		
G. 181 to 365 Days .....		
H. 1 to 2 years .....		
I. 2 to 3 years .....		
J. Greater Than 3 years .....		
K. Sub-Total .....		
L. Securities Received .....		
M. Total Collateral Reinvested .....		
2. Dollar Repurchase Agreement		
A. Open .....		
B. 30 Days or Less .....		
C. 31 to 60 Days .....		
D. 61 to 90 Days .....		
E. 91 to 120 Days .....		
F. 121 to 180 Days .....		
G. 181 to 365 Days .....		
H. 1 to 2 years .....		
I. 2 to 3 years .....		
J. Greater Than 3 years .....		
K. Sub-Total .....		
L. Securities Received .....		
M. Total Collateral Reinvested .....		

Note 5E7 - Collateral for Securities Lending Transactions that Extend Beyond One Year from the Reporting Date	
1 Description of Collateral	2 Amount
05E7999 Total Collateral Extending beyond one year of the reporting date .....	

Note 5F2				
	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
(2) Type of Repo Trades Used				
a. Bilateral (YES/NO) .....	No	No	No	No
b. Tri-Party (YES/NO) .....	No	No	No	No

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# Notes to Financial Statements

## ELECTRONIC DATA (continued)

Note 5F3								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity								
b. Overnight								
c. 2 Days to 1 Week								
d. > 1 Week to 1 Month								
e. > 1 Month to 3 Months								
f. > 3 Months to 1 Year								
g. > 1 Year								

Note 5F3 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity								
b. Overnight								
c. 2 Days to 1 Week								
d. > 1 Week to 1 Month								
e. > 1 Month to 3 Months								
f. > 3 Months to 1 Year								
g. > 1 Year								

Note 5F4									
1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty*									

Note 5F4 (continued)									
1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty*									

\* Counterparty and Jurisdiction Column entries used for the amounts for Columns 11 through 18 are the same as used above in Columns 3 through 10.

Note 5F5								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(5) Securities Sold Under Repo Secured Borrowing								
a. BACV	XXX	XXX	XXX		XXX	XXX	XXX	
b. Nonadmitted Subset of BACV	XXX	XXX	XXX		XXX	XXX	XXX	
c. Fair Value								

Note 5F5 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(5) Securities Sold Under Repo Secured Borrowing								
a. BACV	XXX	XXX	XXX		XXX	XXX	XXX	
b. Nonadmitted Subset of BACV	XXX	XXX	XXX		XXX	XXX	XXX	
c. Fair Value								

Note 5F6								
	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
	(6) Securities Sold Under Repo - Secured Borrowing by NAIC Designation							
a. Bonds - BACV								
b. Bonds - FV								
c. LB & SS - BACV								
d. LB & SS - FV								
e. Preferred Stock - BACV								
f. Preferred Stock - FV								
g. Common Stock								
h. Mortgage Loans - BACV								
i. Mortgage Loans - FV								
j. Real Estate - BACV								
k. Real Estate - FV								
l. Derivatives - BACV								
m. Derivatives - FV								
n. Other Invested Assets - BACV								
o. Other Invested Assets - FV								
p. Total Assets - BACV								
q. Total Assets - FV								

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 5F7								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(7) Collateral Received Secured Borrowing								
a. Cash								
b. Securities (FV)								

Note 5F7 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(7) Collateral Received Secured Borrowing								
a. Cash								
b. Securities (FV)								

Note 5F8								
ENDING BALANCE	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
(8) Cash & Non-Cash Collateral Received - Secured Borrowing by NAIC Designation								
a. Cash								
b. Bonds - FV								
c. LB & SS - FV								
d. Preferred Stock - FV								
e. Common Stock								
f. Mortgage Loans - FV								
g. Real Estate - FV								
h. Derivatives - FV								
i. Other Invested Assets - FV								
j. Total Collateral Assets - FV (Sum of a through i)								

Note 5F9	
	1 Fair Value
(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity	
a. Overnight and Continuous	
b. 30 Days or Less	
c. 31 to 90 Days	
d. >90 Days	

Note 5F10		
	1 Amortized Cost	2 Fair Value
(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity		
a. 30 Days or Less		
b. 31 to 60 Days		
c. 61 to 90 Days		
d. 91 to 120 Days		
e. 121 to 180 Days		
f. 181 to 365 Days		
g. 1 to 2 Years		
h. 2 to 3 Years		
i. > 3 Years		

Note 5F11								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(11) Liability to Return Collateral Secured Borrowing (Total)								
a. Cash (Collateral All)								
b. Securities Collateral (FV)								

Note 5F11 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(11) Liability to Return Collateral Secured Borrowing (Total)								
a. Cash (Collateral All)								
b. Securities Collateral (FV)								

Note 5G2				
	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
(2) Type of Repo Trades Used				
a. Bilateral (YES/NO)	No	No	No	No
b. Tri-Party (YES/NO)	No	No	No	No

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# Notes to Financial Statements

## ELECTRONIC DATA (continued)

Note 5G3								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity								
b. Overnight								
c. 2 Days to 1 Week								
d. > 1 Week to 1 Month								
e. > 1 Month to 3 Months								
f. > 3 Months to 1 Year								
g. > 1 Year								

Note 5G3 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity								
b. Overnight								
c. 2 Days to 1 Week								
d. > 1 Week to 1 Month								
e. > 1 Month to 3 Months								
f. > 3 Months to 1 Year								
g. > 1 Year								

Note 5G4									
1	2	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty*									

Note 5G4 (continued)									
1	2	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty*									

\* Counterparty and Jurisdiction Column entries used for the amounts for Columns 11 through 18 are the same as used above in Columns 3 through 10.

Note 5G5								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(5) Fair Value of Securities Acquired Under Repo Secured Borrowing								

Note 5G5 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(5) Fair Value of Securities Acquired Under Repo Secured Borrowing								

Note 5G6								
	1	2	3	4	5	6	7	8 DOES NOT QUALIFY AS ADMITTED
ENDING BALANCE	NONE	NAIC 1	NAIC 2	NAIC 3	NAIC 4	NAIC 5	NAIC 6	
(6) Securities Acquired Under Repo - Secured Borrowing by NAIC Designation								
a. Bonds - FV								
b. LB & SS - FV								
c. Preferred Stock - FV								
d. Common Stock								
e. Mortgage Loans - FV								
f. Real Estate - FV								
g. Derivatives - FV								
h. Other Invested Assets - FV								
i. Total Assets - FV (Sum of a through h)								

Note 5G7								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(7) Collateral Received Secured Borrowing								
a. Cash								
b. Securities (FV)								
c. Securities (BACV)	XXX	XXX	XXX		XXX	XXX	XXX	
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX		XXX	XXX	XXX	

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# Notes to Financial Statements

## ELECTRONIC DATA (continued)

Note 5G7 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(7) Collateral Received Secured Borrowing								
a. Cash								
b. Securities (FV)								
c. Securities (BACV)	X X X	X X X	X X X		X X X	X X X	X X X	
d. Nonadmitted Subset (BACV)	X X X	X X X	X X X		X X X	X X X	X X X	

Note 5G8		
	1 Amortized Cost	2 Fair Value
(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity		
a. Overnight and Continuous		
b. 30 Days or Less		
c. 31 to 90 Days		
d. >90 Days		

Note 5G9								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(9) Recognized Receivable for Return of Collateral Secured Borrowing								
a. Cash								
b. Securities (FV)								

Note 5G9 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(9) Recognized Receivable for Return of Collateral Secured Borrowing								
a. Cash								
b. Securities (FV)								

Note 5G10								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(10) Recognized Liability to Return Collateral Secured Borrowing (Total)								
a. Repo Securities Sold/Acquired with Cash Collateral								
b. Repo Securities Sold/Acquired with Securities Collateral (FV)								

Note 5G10 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(10) Recognized Liability to Return Collateral Secured Borrowing (Total)								
a. Repo Securities Sold/Acquired with Cash Collateral								
b. Repo Securities Sold/Acquired with Securities Collateral (FV)								

Note 5H2				
	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
(2) Type of Repo Trades Used				
a. Bilateral (YES/NO)	No	No	No	No
b. Tri-Party (YES/NO)	No	No	No	No

Note 5H3								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity								
b. Overnight								
c. 2 Days to 1 Week								
d. > 1 Week to 1 Month								
e. > 1 Month to 3 Months								
f. > 3 Months to 1 Year								
g. > 1 Year								

Note 5H3 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity								
b. Overnight								
c. 2 Days to 1 Week								
d. > 1 Week to 1 Month								
e. > 1 Month to 3 Months								
f. > 3 Months to 1 Year								
g. > 1 Year								

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 5H4									
1	2	First Quarter				Second Quarter			
		3	4	5	6	7	8	9	10
	Jurisdiction	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty*									

Note 5H4 (continued)									
1	2	Third Quarter				Fourth Quarter			
		11	12	13	14	15	16	17	18
	Jurisdiction	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty*									

\* Counterparty and Jurisdiction Column entries used for the amounts for Columns 11 through 18 are the same as used above in Columns 3 through 10.

Note 5H5								
	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
(5) Securities Sold Under Repo Sale								
a. BACV	XXX	XXX	XXX		XXX	XXX	XXX	
b. Nonadmitted Subset of BACV	XXX	XXX	XXX		XXX	XXX	XXX	
c. Fair Value								

Note 5H5 (continued)								
	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
(5) Securities Sold Under Repo Sale								
a. BACV	XXX	XXX	XXX		XXX	XXX	XXX	
b. Nonadmitted Subset of BACV	XXX	XXX	XXX		XXX	XXX	XXX	
c. Fair Value								

Note 5H6								
ENDING BALANCE	1	2	3	4	5	6	7	8
	NONE	NAIC 1	NAIC 2	NAIC 3	NAIC 4	NAIC 5	NAIC 6	NONADMITTED
(6) Securities Sold Under Repo - Sale by NAIC Designation								
a. Bonds - BACV								
b. Bonds - FV								
c. LB & SS - BACV								
d. LB & SS - FV								
e. Preferred Stock - BACV								
f. Preferred Stock - FV								
g. Common Stock								
h. Mortgage Loans - BACV								
i. Mortgage Loans - FV								
j. Real Estate - BACV								
k. Real Estate - FV								
l. Derivatives - BACV								
m. Derivatives - FV								
n. Other Invested Assets - BACV								
o. Other Invested Assets - FV								
p. Total Assets - BACV								
q. Total Assets - FV								

Note 5H7								
	First Quarter				Second Quarter			
	1	2	3	4	5	6	7	8
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
(7) Proceeds Received - Sale								
a. Cash								
b. Securities (FV)								
c. Nonadmitted								

Note 5H7 (continued)								
	Third Quarter				Fourth Quarter			
	9	10	11	12	13	14	15	16
	Minimum	Maximum	Average Daily Balance	Ending Balance	Minimum	Maximum	Average Daily Balance	Ending Balance
(7) Proceeds Received - Sale								
a. Cash								
b. Securities (FV)								
c. Nonadmitted								

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# Notes to Financial Statements

## ELECTRONIC DATA (continued)

### Note 5H8

ENDING BALANCE	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
(8) Cash & Non-Cash Collateral Received - Sale by NAIC Designation								
a. Bonds - FV .....								
b. LB & SS - FV .....								
c. Preferred Stock - FV .....								
d. Common Stock .....								
e. Mortgage Loans - FV .....								
f. Real Estate - FV .....								
g. Derivatives - FV .....								
h. Other Invested Assets - FV .....								
i. Total Assets - FV (Sum of a through h) .....								

### Note 5H9

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(9) Recognized Forward Resale Commitment .....								

### Note 5H9 (continued)

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(9) Recognized Forward Resale Commitment .....								

### Note 5I2

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
	(2) Type of Repo Trades Used			
a. Bilateral (YES/NO) .....	No	No	No	No
b. Tri-Party (YES/NO) .....	No	No	No	No

### Note 5I3

	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity .....								
b. Overnight .....								
c. 2 Days to 1 Week .....								
d. > 1 Week to 1 Month .....								
e. > 1 Month to 3 Months .....								
f. > 3 Months to 1 Year .....								
g. > 1 Year .....								

### Note 5I3 (continued)

	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(3) Original (Flow) & Residual Maturity								
a. Open - No Maturity .....								
b. Overnight .....								
c. 2 Days to 1 Week .....								
d. > 1 Week to 1 Month .....								
e. > 1 Month to 3 Months .....								
f. > 3 Months to 1 Year .....								
g. > 1 Year .....								

### Note 5I4

1	2 Jurisdiction	First Quarter				Second Quarter			
		3 Minimum	4 Maximum	5 Average Daily Balance	6 Ending Balance	7 Minimum	8 Maximum	9 Average Daily Balance	10 Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty *									

### Note 5I4 (continued)

1	2 Jurisdiction	Third Quarter				Fourth Quarter			
		11 Minimum	12 Maximum	13 Average Daily Balance	14 Ending Balance	15 Minimum	16 Maximum	17 Average Daily Balance	18 Ending Balance
a. Default (Fair Value of Securities Sold/Outstanding for Which the Repo Agreement Defaulted)	XXX								
b. Counterparty *									

\* Counterparty and Jurisdiction Column entries used for the amounts for Columns 11 through 18 are the same as used above in Columns 3 through 10.

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 515								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(5) Securities Acquired Under Repo - Sale								
a. BACV	XXX	XXX	XXX		XXX	XXX	XXX	
b. Nonadmitted Subset of BACV	XXX	XXX	XXX		XXX	XXX	XXX	
c. Fair Value								

Note 515 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(5) Securities Acquired Under Repo - Sale								
a. BACV	XXX	XXX	XXX		XXX	XXX	XXX	
b. Nonadmitted Subset of BACV	XXX	XXX	XXX		XXX	XXX	XXX	
c. Fair Value								

Note 516								
ENDING BALANCE	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
(6) Securities Acquired Under Repo - Sale by NAIC Designation								
a. Bonds - BACV								
b. Bonds - FV								
c. LB & SS - BACV								
d. LB & SS - FV								
e. Preferred Stock - BACV								
f. Preferred Stock - FV								
g. Common Stock								
h. Mortgage Loans - BACV								
i. Mortgage Loans - FV								
j. Real Estate - BACV								
k. Real Estate - FV								
l. Derivatives - BACV								
m. Derivatives - FV								
n. Other Invested Assets - BACV								
o. Other Invested Assets - FV								
p. Total Assets - BACV								
q. Total Assets - FV								

Note 517								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(7) Proceeds Provided - Sale								
a. Cash								
b. Securities (FV)								
c. Securities (BACV)	XXX	XXX	XXX		XXX	XXX	XXX	
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX		XXX	XXX	XXX	

Note 517 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(7) Proceeds Provided - Sale								
a. Cash								
b. Securities (FV)								
c. Securities (BACV)	XXX	XXX	XXX		XXX	XXX	XXX	
d. Nonadmitted Subset (BACV)	XXX	XXX	XXX		XXX	XXX	XXX	

Note 518								
	First Quarter				Second Quarter			
	1 Minimum	2 Maximum	3 Average Daily Balance	4 Ending Balance	5 Minimum	6 Maximum	7 Average Daily Balance	8 Ending Balance
(8) Recognized Forward Resale Commitment								

Note 518 (continued)								
	Third Quarter				Fourth Quarter			
	9 Minimum	10 Maximum	11 Average Daily Balance	12 Ending Balance	13 Minimum	14 Maximum	15 Average Daily Balance	16 Ending Balance
(8) Recognized Forward Resale Commitment								

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 5L1 - Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
5L Restricted Assets							
1. Restricted Assets (Including Pledged)							
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	613,608	473,651	139,957		613,608	1,987	2,023
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	1,300,000	770,000	530,000	650,000	650,000	4,211	2,143
O. TOTAL Restricted Assets	1,913,608	1,243,651	669,957	650,000	1,263,608	6,198	4,166

(a) Column 1 divided by Asset Page Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

Note 5L2-3 Detail of Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Description of Assets	1	2	3	4	5	6
	Total Gross (Admitted & Nonadmitted) Restricted From Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
05L2999 Total - Collateral Agreements (a)						
<b>Other Restricted Assets</b>						
OTHER RESTRICTED ASSETS RESERVE	1,300,000	770,000	530,000	650,000	4,211	2,143
05L3999 Total - Other Restricted Assets (b)	1,300,000	770,000	530,000	650,000	4,211	2,143

(a) Total line for columns 1 through 3 should equal 5L(1)M Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)M Column 5.

(b) Total line for columns 1 through 3 should equal 5L(1)N Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)N Column 5.

Note 5L4A-J

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted *	% of BACV to Total Admitted Assets **
a. Cash, Cash Equivalents and Short-Term Investments			%	%
b. Schedule D, Part 1			%	%
c. Schedule D, Part 2, Section 1			%	%
d. Schedule D, Part 2, Section 2			%	%
e. Schedule B			%	%
f. Schedule A			%	%
g. Schedule BA, Part 1			%	%
h. Schedule DL, Part 1			%	%
i. Other			%	%
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)			%	%

\* Column 1 divided by Asset Page, Line 26 (Column 1)

\*\* Column 1 divided by Asset Page, Line 26 (Column 3)

Note 5L4K

	1	2
	Amount	% of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset		%

\* Column 1 divided by Liability Page, Line 24 (Column 3)

Note 5M1

Description	1	2	3
	Gross Asset CY	Non-admitted asset CY	Net admitted asset CY
5M1 Aggregate working capital finance investments (WCFI) book/adjusted carrying value by NAIC designation:			
A. WCFI Designation 1			
B. WCFI Designation 2			
C. WCFI Designation 3			
D. WCFI Designation 4			
E. WCFI Designation 5			
F. WCFI Designation 6			
G. Total			

Note 5M2

Description	1
	Book/adjusted carrying value
5M2 Aggregate maturity distribution on the underlying working capital finance programs	
A. Up to 180 days	
B. 181 to 365 days	
C. Total	

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 5N			
1	2	3	4
Description	Gross amount recognized	Amount Offset *	Net Amount Presented On Financial Statements

\* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

Note 5O				
1	2	3	4	5
CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage-Referenced Security (Yes/No)
050999 Total				X X X

Note 5P						
Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	1	2	3	4	5	6
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
1. Bonds - Amortized Cost						
2. Bonds - Fair Value						
3. LB & SS - Amortized Cost						
4. LB & SS - Fair Value						
5. Preferred Stock - Amortized Cost						
6. Preferred Stock - Fair Value						
7. Total (1+2+3+4+5+6)						

Note 5Q1						
Description	1	2	3	4	5	6
	Proceeds Received	Current Fair Value of Securities Sold Short	Unrealized Gain or Loss	Expected Settlement (# of Days)	Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days	Fair Value of Short Sales Expected to be Settled by Secure Borrowing
a. Bonds						
b. Preferred Stock						
c. Common Stock						
d. Total (a+b+c)				X X X		

Note 5Q2					
Description	1	2	3	4	5
	Proceeds Received	Current Fair Value of Securities Sold Short	Realized Gain or Loss on Transaction	Fair Value of Short Sales that Exceeded 3 Settlement Days	Fair Value of Short Sales Settled by Secured Borrowing
a. Bonds					
b. Preferred Stock					
c. Common Stock					
d. Total (a+b+c)					

Note 5R	
Description	1
(1) Number of CUSIPs	General Account
(2) Aggregate Amount of Investment Income	

Note 8H1	
Fiscal Year	1
	Derivative Premium Payments Due
a. 2019	
b. 2020	
c. 2021	
d. 2022	
e. Thereafter	
f. Total Future Settled Premiums	

Note 8H2			
Description	1	2	3
	Undiscounted Future Premium Commitments	Derivative Fair Value With Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
a. Prior year			
b. Current year			

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 9A1 - 2									
Description	12/31/2018			12/31/2017			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. Disclose the components of the net deferred income tax asset (DTA) or deferred tax liability (DTL) recognized in the reporting entity's financial statements as follows:									
1. Disclose for the current year, the prior year and the change between years by tax character (ordinary and capital) the following:									
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 nonadmitted	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)									
2. Admission Calculation Components SSAP No. 101									
A. Federal income taxes paid in prior years recoverable through loss carrybacks									
B. Adjusted gross deferred tax assets expected to be realized (excluding amount of deferred tax assets from 2A above) after application of the threshold limitation (lesser of 2B1 and 2B2 below)									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	X X X	X X X		X X X	X X X		X X X	X X X	
C. Adjusted gross deferred tax assets (excluding 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)									

Note 9A3

Description	1 2018	2 2017
9A. Disclose the components of the net deferred income tax asset (DTA) or deferred tax liability (DTL) recognized in the reporting entity's financial statements as follows:		
3. Disclose the ratio used to determine applicable period used in 9A(2)b1 for determining the amount of adjusted gross DTAs, expected to be realized and the amount of adjusted capital and surplus used to determine the percentage threshold limitation in 9A(2)b2		
A. Ratio percentage used to determine recovery period and threshold limitation amount		
B. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		

Note 9A4

Description	12/31/2018		12/31/2017		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 Ordinary (Col. 1 - 3)	6 Capital (Col. 2 - 4)
4. Impact of tax-planning Strategies						
A. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage						
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					

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## Notes to Financial Statements

### ELECTRONIC DATA (continued)

Note 9C			
Description	(1) 12/31/2018	(2) 12/31/2017	(3) (Col. 1 - 2) Change
9C. Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
A. Federal	1,045,412	1,170,835	(125,423)
B. Foreign			
C. Subtotal	1,045,412	1,170,835	(125,423)
D. Federal income tax on net capital gains			
E. Utilization of capital loss carry-forwards			
F. Other			
G. Federal and foreign income taxes incurred	1,045,412	1,170,835	(125,423)
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			
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)			

Note 10M1				
1 SCA Entity	2 Percentage of SCA Ownership	3 Gross Amount	4 Admitted Amount	5 Nonadmitted Amount
10M1F01 Aggregate Total (a+e)	X X X			

Note 10M2						
1 SCA Entity (Should be same entities as shown in M(1) above)	2 Type of NAIC Filing*	3 Date of Filing to the NAIC	4 NAIC Valuation Amount	5 NAIC Response Received Y/N	6 NAIC Disallowed Entities Valuation Method Resubmission Required (Y/N)	7 Code**
10M2F01 Aggregate Total (a+e)	X X X	X X X		X X X	X X X	X X X

\* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

\*\* I - Immaterial or M - Material

Note 10N				
1 SCA Entity (Investments in Insurance SCA Entities)	2 Monetary Effect on NAIC SAP		4 Amount of Investment	
	3 Net Income Increase (Decrease)	3 Surplus Increase (Decrease)	4 Per Audited Statutory Equity	5 If the Insurance SCA Had Completed Statutory Financial Statements*

\* Per AP&P Manual (without permitted or prescribed practices)

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**Notes to Financial Statements**

**ELECTRONIC DATA (continued)**

Note 100					
1	2	3	4	5	6
SCA Entity	Reporting Entity's Share of SCA Net Income (Loss)	Accumulated Share of SCA Net Income (Losses)	Reporting Entity's Share of SCA's Equity, Including Negative Equity	Guaranteed Obligation/Commitment for Financial Support (Yes / No)	SCA Reported Value

Note 11B2A	
Description	1 Total
2. FHLB Capital Stock	
A. Aggregate Totals	
1. Current Year	
a. Membership stock Class A .....	.....
b. Membership stock Class B .....	.....
c. Activity stock .....	.....
d. Excess stock .....	.....
e. Aggregate total (a+b+c+d) .....	.....
f. Actual or estimated borrowing capacity as determined by the insurer .....	.....
2. Prior Year-end	
a. Membership stock Class A .....	.....
b. Membership stock Class B .....	.....
c. Activity stock .....	.....
d. Excess stock .....	.....
e. Aggregate total (a+b+c+d) .....	.....
f. Actual or estimated borrowing capacity as determined by the insurer .....	.....

Note 11B2B						
Membership Stock	1 Current year total (2+3+4+5+6)	2 Not eligible for redemption	Eligible for Redemption			
			3 Less than 6 months	4 6 months to less than 1 year	5 1 to less than 3 Years	6 3 to 5 years
2. FHLB Capital Stock						
B. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption						
1. Class A .....	.....	.....	.....	.....	.....	.....
2. Class B .....	.....	.....	.....	.....	.....	.....

Note 11B3A			
Description	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
3. Collateral Pledged to FHLB			
A. Amount pledged as of reporting date			
1. Current year total collateral pledged .....	.....	.....	.....
2. Prior year-end total collateral pledged .....	.....	.....	.....

Note 11B3B			
Description	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
3. Collateral Pledged to FHLB			
B. Maximum amount pledged during reporting period			
1. Current year total maximum collateral pledged .....	.....	.....	.....
2. Prior year-end total maximum collateral pledged .....	.....	.....	.....

Note 11B4A		
Description	1 Total	2 Funding Agreements Reserves Established
4. Borrowing from FHLB		
A. Amount as of the reporting date		
1. Current year		
(a) Debt .....	.....	XXX .....
(b) Funding agreements .....	.....	.....
(c) Other .....	.....	XXX .....
(d) Aggregate total (a+b+c) .....	.....	.....
2. Prior year-end		
(a) Debt .....	.....	XXX .....
(b) Funding agreements .....	.....	.....
(c) Other .....	.....	XXX .....
(d) Aggregate total (a+b+c) .....	.....	.....

Note 11B4B	
Description	1 Total
4. Borrowing from FHLB	
B. Maximum amount during reporting period (current year)	
1. Debt .....	.....
2. Funding agreements .....	.....
3. Other .....	.....
4. Aggregate total (Lines 1+2+3) .....	.....

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 11B4C	
Description	1 Does the company have prepayment obligations under the following arrangements (YES/NO)?
4. Borrowing from FHLB	
C. FHLB prepayment obligations	
1. Debt .....	No .....
2. Funding agreements .....	No .....
3. Other .....	No .....

Note 12A1				
Description	Overfunded		Underfunded	
	1 2018	2 2017	3 2018	4 2017
12A. Defined Benefit Plan				
The Company sponsors non-contributory defined benefit pension plans covering U.S. employees. As of December 31 2018, the Company accrued in accordance with actuarially determined amounts with an offset to the pension cost accrual for the incremental asset amortization.				
A summary of assets, obligations and assumptions of the Pension and Other Postretirement Benefit Plans are as follows at December 31, 2017 and 2018.				
1. Change in benefit obligation				
A. Pension Benefits				
1. Benefit obligation at beginning of year .....	12,958	15,293		
2. Service cost .....				
3. Interest cost .....				
4. Contribution by plan participants .....				
5. Actuarial gain (loss) .....				
6. Foreign currency exchange rate changes .....				
7. Benefits paid .....				
8. Plan amendments .....				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits ..				
10. Benefit obligation at end of year .....		12,958		
B. Postretirement benefits				
1. Benefit obligation at beginning of year .....				
2. Service cost .....				
3. Interest cost .....				
4. Contribution by plan participants .....				
5. Actuarial gain (loss) .....				
6. Foreign currency exchange rate changes .....				
7. Benefits paid .....				
8. Plan amendments .....				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits ..				
10. Benefit obligation at end of year .....				
C. Special or Contractual Benefits Per SSAP No. 11				
1. Benefit obligation at beginning of year .....				
2. Service cost .....				
3. Interest cost .....				
4. Contribution by plan participants .....				
5. Actuarial gain (loss) .....				
6. Foreign currency exchange rate changes .....				
7. Benefits paid .....				
8. Plan amendments .....				
9. Business combinations, divestitures, curtailments, settlements and special termination benefits ..				
10. Benefit obligation at end of year .....				

Note 12A2						
Description	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No 11	
	1 2018	2 2017	3 2018	4 2017	5 2018	6 2017
12A2. Change in plan assets						
A. Fair value of plan assets at beginning of year .....	997,882	1,291,969				
B. Actual return on plan assets .....						
C. Foreign currency exchange rate changes .....						
D. Reporting entity contribution .....						
E. Plan participants' contributions .....						
F. Benefits paid .....						
G. Business combinations, divestitures and settlements .....						
H. Fair value of plan assets at end of year .....	1,016,645	997,882				

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 12A3				
Description	Pension Benefits		Postretirement Benefits	
	1 2018	2 2017	3 2018	4 2017
12A3. Funded status				
a. Components				
1. Prepaid benefit costs				
2. Overfunded plan assets				
3. Accrued benefit costs				
4. Liability for pension benefits				
b. Assets and liabilities recognized				
1. Assets (nonadmitted)				
2. Liabilities recognized				
c. Unrecognized liabilities				

Note 12A4						
Description	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No 11	
	1 2018	2 2017	3 2018	4 2017	5 2018	6 2017
12A4. Components of net periodic benefit cost						
A. Service cost						
B. Interest cost						
C. Expected return on plan assets						
D. Transition asset or obligation						
E. Gains and losses						
F. Prior service cost or credit						
G. Gain or loss recognized due to a settlement or curtailment						
H. TOTAL net periodic benefit cost						

Note 12A5 - 7				
Description	Pension Benefits		Postretirement Benefits	
	1 2018	2 2017	3 2018	4 2017
12A5. Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost				
A. Items not yet recognized as a component of net periodic cost - prior year				
B. Net transition asset or obligation recognized				
C. Net prior service cost or credit arising during the period				
D. Net prior service cost or credit recognized				
E. Net gain and loss arising during the period				
F. Net gain and loss recognized				
G. Items not yet recognized as a component of net periodic cost - current year				
12A6. Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost				
A. Net transition asset or obligation				
B. Net prior service cost or credit				
C. Net recognized gains and losses				
12A7. Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost				
A. Net transition asset or obligation				
B. Net prior service cost or credit				
C. Net recognized gains and losses				

Note 12A8		
Description	1 2018	2 2017
12A8. Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31:		
A. Weighted-average discount rate		
B. Expected long-term rate of return on plan assets		
C. Rate of compensation increase		
Weighted-average assumptions used to determine projected benefit obligations as of Dec. 31:		
D. Weighted-average discount rate		
E. Rate of compensation increase		

Note 12A11		
Description	1 1 percentage Point Increase	2 1 Percentage Point Decrease
12A11. Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage-point change in assumed health care cost trend rates would have the following effects:		
A. Effect on total of service and interest cost components		
B. Effect on postretirement benefit obligation		

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 12A12	
Year(s)	1 Amount
12A12. The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:	
A. 2019 .....	.....
B. 2020 .....	.....
C. 2021 .....	.....
D. 2022 .....	.....
E. 2023 .....	.....
F. 2024 through 2028 .....	.....

Note 12C1 - Fair Value Measurements of Plan Assets at Reporting Date				
1 Description for Each Class of Plan Assets	2 (Level 1)	3 (Level 2)	4 (Level 3)	5 Total
12C1999 Total - Plan Assets .....	.....	.....	.....	.....

Note 1310	
Description	1 Amount
1310. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses .....	.....

Note 1311								
1 Description	2 Date Issued	3 Interest Rate	4 Par Value (Face Amount of Notes)	5 Carrying Value of Note	6 Interest and/or Principal Paid Current Year	7 Total Interest and/or Principal Paid	8 Unapproved Interest and/or Principal	9 Date of Maturity
1311999 Total .....	..... X X X .....	..... X X X .....	.....	..... *	.....	.....	.....	..... X X X .....

\* Total should agree with Page 3, Line 29.

Note 1312		
1 Year	2 Change in Year Surplus	3 Change in Gross Paid-in and Contributed Surplus
.....	.....	.....

Note 14A1	
Description	1 Amount
14A. Disclose any commitment or contingent commitment to a Subsidiary, Controlled and Affiliated (SCA) entity, joint venture, partnership, or limited liability company (e.g., guarantees or commitments to provide additional capital contributions).	
1. TOTAL SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: .....	.....

Note 14A2				
1 Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	2 Liability Recognition of Guarantee (Include amount recognized at inception. If no initial recognition, document exception allowed under SSAP No.5R.)	3 Ultimate Financial Statement Impact if action under the guarantee is required	4 Maximum potential Amount of Future Payments (Undiscounted) the guarantor could be required to make under the guarantee. If unable to develop an estimate, this should be specifically noted.	5 Current Status of Payment or Performance Risk of Guarantee. Also provide additional discussion as warranted.
14A0299 Total .....	.....	.....	.....	..... X X X .....

Note 14A3	
Description	1 Amount
3. Aggregate Compilation of Guarantee Obligations:	
A. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.) .....	.....
B. Current Liability Recognized in F/S:	
1. Noncontingent Liabilities .....	.....
2. Contingent Liabilities .....	.....
C. Ultimate Financial Statement Impact if action under the guarantee is required:	
1. Investments in SCA .....	.....
2. Joint Venture .....	.....
3. Dividends to Stockholders (capital contribution) .....	.....
4. Expense .....	.....
5. Other .....	.....
6. TOTAL (Should equal (3)a.) .....	.....

Note 14B2	
1 Description	2 Amount
14B2A Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end .....	.....
14B2D Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end .....	.....

Note 14B3A

14B03A. Discount Rate Applied ..... 0.000%

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## Notes to Financial Statements

### ELECTRONIC DATA (continued)

Note 14B3B - The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency				
1 Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	2 Undiscounted	3 Discounted	4 Undiscounted	5 Discounted
.....	.....	.....	.....	.....

Note 14B3C - Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency;						
1 Name of the Insolvency	Payables			Recoverables		
	2 Number of Jurisdictions	3 Range of Years	4 Weighted Average Number of Years	5 Number of Jurisdictions	6 Range of Years	7 Weighted Average Number of Years
.....	.....	.....	.....	.....	.....	.....

Note 14D1	
Description	1 Direct
14D01. Claims related ECO and bad faith losses paid during the reporting period. ....	.....

Note 14D2	
Description	1 Answer
14D02. Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period. ....	0 - 25 Claims ...

Note 14D3	
Description	1 Answer
14D03. Indicate whether claim count information is disclosed per claim or per claimant. ....	Per Claim .....

Note 15A2 - B1	
Year Ending December 31	1 Operating Leases
15A02. For leases having initial or remaining noncancelable lease terms in excess of one year: Future minimum rental payments required as of the date of the latest balance sheet presented, in the aggregate and for each of the five succeeding years:	
A. At December 31, 2018, the minimum aggregate rental commitments are as follows:	
1. 2019 (year ending December 31) .....	196,881
2. 2020 (year ending December 31) .....	203,670
3. 2021 (year ending December 31) .....	87,691
4. 2022 (year ending December 31) .....	.....
5. 2023 (year ending December 31) .....	.....
6. TOTAL of all future years (not just those listed above) .....	488,242
15B01. Lessor Leases:	
C. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, 2018 are as follows:	
1. 2019 (year ending December 31) .....	.....
2. 2020 (year ending December 31) .....	.....
3. 2021 (year ending December 31) .....	.....
4. 2022 (year ending December 31) .....	.....
5. 2023 (year ending December 31) .....	.....
6. TOTAL of all future years (not just those listed above) .....	.....

Note 15B2		
	1 2018	2 2017
<b>Leveraged Leases:</b>		
B. The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, 2017 and 2018 were as shown below		
1. Income from leveraged leases before income tax including investment tax credit .....	.....	.....
2. Less current income tax .....	.....	.....
3. Net income from leveraged leases .....	.....	.....
C. The components of the investment in leveraged leases at December 31, 2017 and 2018 were as shown below		
1. Lease contracts receivable (net of principal and interest on non-recourse financing) .....	.....	.....
2. Estimated residual value of leased assets .....	.....	.....
3. Unearned and deferred income .....	.....	.....
4. Investment in leveraged leases .....	.....	.....
5. Deferred income taxes related to leveraged leases .....	.....	.....
6. Net investment in leveraged leases .....	.....	.....

Note 1601				
Description	ASSETS		LIABILITIES	
	1 2018	2 2017	3 2018	4 2017
1601. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk				
A. Swaps .....	.....	.....	.....	.....
B. Futures .....	.....	.....	.....	.....
C. Options .....	.....	.....	.....	.....
D. TOTAL .....	.....	.....	.....	.....

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**Notes to Financial Statements**

**ELECTRONIC DATA (continued)**

Note 17 - The details by NAIC designation 3 or below, or unrated of Securities sold during the year ended December 31, 2018 and reacquired within 30 days of the sale date are:					
1	2	3	4	5	6
Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain (Loss)
.....	.....	.....	.....	.....	.....

Note 18A			
Description	1 ASO Uninsured Plans	2 Uninsured Portion of Partially Insured Plans	3 Total ASO
18A. The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2018:			
A. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses .....	.....	.....	.....
B. Total net other income or expenses (including interest paid to or received from plans) .....	.....	.....	.....
C. Net gain or (loss) from operations .....	.....	.....	.....
D. Total claim payment volume .....	.....	.....	.....

Note 18B			
Description	1 ASC Uninsured Plans	2 Uninsured Portion of Partially Insured Plans	3 Total ASC
18B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2018:			
A. Gross reimbursement for medical cost incurred .....	18,610,761	.....	18,610,761
B. Gross administrative fees accrued .....	2,981,955	.....	2,981,955
C. Other income or expenses (including interest paid to or received from plans) .....	.....	.....	.....
D. Gross expenses incurred (claims and administrative) .....	20,213,996	.....	20,213,996
E. TOTAL net gain or (loss) from operations .....	1,378,720	.....	1,378,720

Note 19					
1 Name and Address of Managing General Agent or Third Party Administration	2 FEIN Number	3 Exclusive Contract	4 Types of Business Written	5 Types of Authority Granted	6 Total Direct Premium Written/Produced by
1999999 Total .....	X X X	X X X	X X X	X X X	.....

Note 20A1					
1 Description for each class of asset or liability	2 (Level 1)	3 (Level 2)	4 (Level 3)	5 Net Asset Value (NAV)	6 Total
<b>Assets at fair value</b>					
TOTAL COMMON STOCK .....	1,093,936	.....	.....	.....	1,093,936
0 .....	.....	.....	.....	.....	.....
20A1A99 Subtotal - Assets at fair value .....	1,093,936	.....	.....	.....	1,093,936

Note 20A2										
1 Description	2 Balance at Beginning of Year	3 Transfers into Level 3	4 Transfers out of Level 3	5 Total Gains and (Losses) Included in Net Income	6 Total Gains and (Losses) Included in Surplus	7 Purchases	8 Issuances	9 Sales	10 Settlements	11 Ending Balance at 12/31/2018
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Note 20C							
1 Type of Financial Instrument	2 Aggregate Fair Value	3 Admitted Assets	4 (Level 1)	5 (Level 2)	6 (Level 3)	7 Net Asset Value (NAV)	8 Not Practicable (Carrying value)
.....	.....	.....	.....	.....	.....	.....	.....

Note 20D				
1 Type or Class of Financial Instrument	2 Carrying Value	3 Effective Interest Rate	4 Maturity Date	5 Explanation
.....	.....	.....	.....	.....

Note 21E1			
(1) Description of State Transferable and Non-transferable Tax Credits	(2) State	(3) Carrying Value	(4) Unused Amount
21E1999 Total .....	X X X	.....	.....

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 21E4		
Description	1 Total Admitted	2 Total Nonadmitted
E. State Transferable and Non-transferable Tax Credits		
4. State Tax Credits Admitted and Nonadmitted		
A. Transferable .....		
B. Non-transferable .....		

Note 21F2					
Description	1 Book/Adjusted Carrying Value (excluding interest)	2 Fair Value	3 Value of Land and Buildings	4 Other Than Temporary Impairment Losses Recognized	5 Default Rate
21F. Subprime Mortgage Related Risk Exposure					
2. Direct exposure through investments in subprime mortgage loans					
A. Mortgages in the process of foreclosure .....					
B. Mortgages in good standing .....					
C. Mortgages with restructure terms .....					
D. TOTAL .....					XXX

Note 21F3				
Description	1 Actual Cost	2 Book/Adjusted Carrying Value (excluding interest)	3 Fair Value	4 Other Than Temporary Impairment Losses Recognized
21F. Subprime Mortgage Related Risk Exposure				
3. Direct exposure through other investments				
A. Residential mortgage backed securities .....				
B. Commercial mortgage backed securities .....				
C. Collateralized debt obligations .....				
D. Structured securities .....				
E. Equity investment in SCAs * .....				
F. Other assets .....				
G. TOTAL .....				

\* The Company's subsidiary has investments in subprime mortgages. These investments comprise .....0.000 % of the companies invested assets.

Note 21F4					
Description	1	2 Losses Paid in the Current Year	3 Losses Incurred in the Current Year	4 Case Reserves at End of Current Period	5 IBNR Reserves at End of Current Period
21F4A Mortgage Guaranty Coverage .....					
21F4B Financial Guaranty Coverage .....					
21F4D Total .....					

Note 21G2				
Description	In Force			
	As of End of Current Year		As of End of Prior Year	
	(1) Number	(2) Balance	(3) Number	(4) Balance
21G. Retained Assets				
2. Number and Balance of Retained Asset Accounts in Force at the end of Current and Prior Years, segregated into the following "aging categories":				
A. Up to and including 12 Months .....				
B. 13 to 24 Months .....				
C. 25 to 36 Months .....				
D. 37 to 48 Months .....				
E. 49 to 60 Months .....				
F. Over 60 Months .....				
G. TOTAL .....				

Note 21G3				
Description	Individual		Group	
	(1) Number	(2) Balance/Amount	(3) Number	(4) Balance/Amount
21G. Retained assets				
3. Disclose the following segregated between individual and group contracts:				
A. Number/balance of retained asset accounts at the beginning of the year .....				
B. Number/Amount of Retained asset accounts issued/added during the year .....				
C. Investment earnings credited to retained asset accounts during the year .....	XXX		XXX	
D. Fees and other charges assessed to retained asset accounts during the year .....	XXX		XXX	
E. Number/amount of retained asset accounts transferred to state unclaimed property funds during the year .....				
F. Number/amount of retained asset accounts closed/withdrawn during the Year .....				
G. Number/balance of retained asset accounts at the end of the year .....				
g=a+b+c-d-e-f .....				

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## Notes to Financial Statements

### ELECTRONIC DATA (continued)

Note 21H		
Description	1 Number of Outstanding ILS Contracts	2 Aggregate Maximum Proceeds
21H.Management of Risk Related To:		
1. Directly-Written Insurance Risks		
a. ILS Contracts as Issuer .....	.....	.....
b. ILS Contracts as Ceding Insurer .....	.....	.....
c. ILS Contracts as Counterparty .....	.....	.....
2. Assumed Insurance Risks		
a. ILS Contracts as Issuer .....	.....	.....
b. ILS Contracts as Ceding Insurer .....	.....	.....
c. ILS Contracts as Counterparty .....	.....	.....

Note 22		
Description	1 Current Year	2 Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? .....	No .....	.....
B. ACA fee assessment payable for the upcoming year. ....	.....	.....
C. ACA fee assessment paid. ....	.....	.....
D. Premium written subject to ACA 9010 assessment. ....	.....	.....
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14) .....	.....	.....
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above) .....	.....	.....
G. Authorized Control Level (Five-Year Historical Line 15) .....	.....	.....
H. Would reporting the ACA assessment as of year-end have triggered an RBC action level (YES/NO)? .....	No .....	.....

Note 23B1A - D	
Description	1 Amount
23B01.The Company has written off in the current year reinsurance balances due (from the companies listed below) in the amount of: .....	.....
Which is reflected as:	
A. Losses incurred .....	.....
B. Loss adjustment expenses incurred .....	.....
C. Premiums earned .....	.....
D. Other .....	.....

Note 23B1E	
1 Company	2 Amount
.....	.....

Note 23C1 - 4	
Description	1 Amount
23C. The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts which are reflected as:	
1. Losses incurred .....	.....
2. Loss adjustment expenses incurred .....	.....
3. Premiums earned .....	.....
4. Other .....	.....

Note 23C5	
1 Company	2 Amount
.....	.....

Note 23D1A - Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation							
1 Name of Certified Reinsurer	2 Relationship to Reporting Entity	3 Date of Action	4 Jurisdiction of Action	Collateral Percentage Requirement		7 Net obligation subject to collateral	8 Collateral required (but not received)
				5 Before	6 After		
.....	.....	.....	.....	.....	.....	.....	.....

Note 23D2A - Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation					
1 Date of Action	2 Jurisdiction of Action	Collateral Percentage Requirement		5 Net Obligation Subject to Collateral	6 Collateral Required (but not yet Funded)
		3 Before	4 After		
.....	.....	.....	.....	.....	.....

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 24D					
	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year					
(1) Medical Loss Ratio Rebates Incurred					
(2) Medical Loss Ratio Rebates Paid					
(3) Medical Loss Ratio Rebates Unpaid					
(4) Plus reinsurance assumed amounts	X X X	X X X	X X X	X X X	
(5) Less reinsurance ceded amounts	X X X	X X X	X X X	X X X	
(6) Rebates Unpaid net of reinsurance	X X X	X X X	X X X	X X X	
Current Reporting Year-to-Date					
(7) Medical Loss Ratio Rebates Incurred					
(8) Medical Loss Ratio Rebates Paid					
(9) Medical Loss Ratio Rebates Unpaid					
(10) Plus reinsurance assumed amounts	X X X	X X X	X X X	X X X	
(11) Less reinsurance ceded amounts	X X X	X X X	X X X	X X X	
(12) Rebates Unpaid net of reinsurance	X X X	X X X	X X X	X X X	

Note 24E1-2	
Description	1 Amount
24E. Risk sharing provisions of the Affordable Care Act (ACA)	
(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?	No
(2) Impact of risk sharing provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year	
A. Permanent ACA Risk Adjustment Program	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	
2. Risk adjustment user fees payable for ACA Risk Adjustment	
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	
B. Transitional ACA Reinsurance Program	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
4. Liabilities for contributions payable due to ACA Reinsurance not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions not reported as ceded premium	
C. Temporary ACA Risk Corridors Program	
1. Accrued retrospective premium due to ACA Risk Corridor	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

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Notes to Financial Statements

ELECTRONIC DATA (continued)

Note 24E3											
Description	Accrued during the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 3 + 7)	Cumulative Balance from Prior Years (Col 2 4 + 8)
					5 Receivable	6 (Payable)	7 Receivable	8 (Payable)		9 Receivable	10 (Payable)
24E. Risk Sharing Provisions of the Affordable Care Act											
(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.											
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments) .....										A	
2. Premium adjustments (payable) (including high risk pool premium) .....										B	
3. Subtotal ACA Permanent Risk Adjustment Program .....											
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid .....										C	
2. Amounts recoverable for claims unpaid (contra liability) .....										D	
3. Amounts receivable relating to uninsured plans .....										E	
4. Liabilities for contributions payable due to ACA Reinsurance not reported as ceded premium .....										F	
5. Ceded reinsurance premiums payable .....										G	
6. Liability for amounts held under uninsured plans .....										H	
7. Subtotal ACA Transitional Reinsurance Program .....											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium .....										I	
2. Reserve for rate credits or policy experience rating refunds .....										J	
3. Subtotal ACA Risk Corridors Program .....											
d. Total for ACA Risk Sharing Provisions .....											

Explanations of adjustments:  
A:  
B:  
C:  
D:  
E:  
F:  
G:  
H:  
I:  
J:

Note 24E4											
Risk Corridors Program Year	Accrued during the Prior Year on Business Written Before Dec. 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 3 + 7)	Cumulative Balance from Prior Years (Col 2 4 + 8)
					5 Receivable	6 (Payable)	7 Receivable	8 (Payable)		9 Receivable	10 (Payable)
24E. Risk Sharing Provisions of the Affordable Care Act											
(4) Roll forward of risk corridors asset and liability balances by program benefit year											
a. 2014											
1. Accrued retrospective premium .....										A	
2. Reserve for rate credits or policy experience rating refunds .....										B	
b. 2015											
1. Accrued retrospective premium .....										C	
2. Reserve for rate credits or policy experience rating refunds .....										D	
c. 2016											
1. Accrued retrospective premium .....										E	
2. Reserve for rate credits or policy experience rating refunds .....										F	
d. Total for risk corridors .....											

Explanations of adjustments:  
A:  
B:  
C:  
D:  
E:  
F:

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**Notes to Financial Statements**

**ELECTRONIC DATA (continued)**

Note 24E5						
Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014 .....	.....	.....	.....	.....	.....	.....
b. 2015 .....	.....	.....	.....	.....	.....	.....
c. 2016 .....	.....	.....	.....	.....	.....	.....
d. Total (a+b+c) .....	.....	.....	.....	.....	.....	.....

Note 28A					
1 Quarter	2 Estimated pharmacy rebates as reported on financial statements	3 Pharmacy rebates as billed or otherwise confirmed	4 Actual rebates received within 90 days of billing	5 Actual rebates received within 91 to 180 days of billing	6 Actual rebates received more than 180 days after billing
.....	.....	.....	.....	.....	.....

Note 28B									
1 Calendar Year	2 Evaluation Period Year Ending	3 Risk Sharing Receivable as Estimated in Prior Year	4 Risk Sharing Receivable as Estimated in Current Year	5 Risk Sharing Receivable Billed	6 Risk Sharing Receivable Not Yet Billed	7 Actual Risk Sharing Amts Received in Year Billed	8 Actual Risk Sharing Amts Received in 1st Year Subsequent	9 Actual Risk Sharing Amts Received in 2nd Year Subsequent	10 Actual Risk Sharing Amts Received All Other
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Note 30**

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

3. Was the anticipated investment income utilized in the calculation?

\$ ..... 0  
 ..... 12/31/2018 .....  
 No

# 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
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....
- 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. .....12/31/2018.....
- 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. .....12/31/2018.....
- 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). .....12/31/2018.....
- 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?  
If yes, complete and file the merger history data file with the NAIC. 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?

# GENERAL INTERROGATORIES (Continued)

CBIZ BENEFITS & INSURANCE SERVICES INC 5450 FRANTZ ROAD SUITE 300 DUBLIN OH 43016

- 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: \$ ..... 116,093

## 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 \$ ..... 613,608
- 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 \$ ..... 1,300,000

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	18,327,028	18,261,116	(65,912)
30.2 Preferred stocks			
30.3 Totals	18,327,028	18,261,116	(65,912)

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 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - Issuer or obligor is current on all contracted interest and principal payments.
  - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

### OTHER

35.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ ..... 107,887

35.2 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	66,411

36.1 Amount of payments for legal expenses, if any? \$ ..... 14,456

36.2 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.

## GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
VIDAL, NIEVES & BAUZA, LLC .....	7,043
VELEZ-QUINONES LAW OFFICES .....	5,122

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

37.2 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.

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 .....	11,702,849	10,828,277
2.3 Premium Ratio (2.1 / 2.2) .....	.....	.....
2.4 Reserve Numerator .....	.....	385,000
2.5 Reserve Denominator .....	650,000	385,000
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 ..... 1,220
  - 8.2 Number of providers at end of reporting year ..... 1,175
- 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 ..... 5,147,475
  - 9.22 Business with rate guarantees over 36 months ..... 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes  No
- 10.2 If yes:
  - 10.21 Maximum amount payable bonuses \$ ..... 0
  - 10.22 Amount actually paid for year bonuses \$ ..... 0
  - 10.23 Maximum amount payable withholds \$ ..... 0
  - 10.24 Amount actually paid for year withholds \$ ..... 0
- 11.1 Is the reporting entity organized as:
  - 11.12 A Medical Group/Staff Model, Yes  No
  - 11.13 An Individual Practice Association (IPA), or, Yes  No
  - 11.14 A Mixed Model (combination of above)? Yes  No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes  No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. \$ ..... 0
- 11.4 If yes, show the amount required.
- 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)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[ ] No[X]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[ ] No[X]

## FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	30,331,022	27,937,425	26,523,710	25,983,224	21,605,266
2. TOTAL Liabilities (Page 3, Line 24) .....	6,734,158	6,180,612	6,278,469	6,859,245	2,678,163
3. Statutory minimum capital and surplus requirement .....					
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	23,596,865	21,756,813	20,245,241	19,123,979	18,927,103
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	11,702,849	10,828,277	10,004,720	9,855,257	9,209,814
6. TOTAL Medical and Hospital Expenses (Line 18) .....	6,488,459	4,971,617	5,250,498	5,297,282	4,650,284
7. Claims adjustment expenses (Line 20) .....	703,705	781,506	696,484	407,279	426,456
8. TOTAL Administrative Expenses (Line 21) .....	3,985,143	3,867,906	3,615,943	4,057,963	4,705,940
9. Net underwriting gain (loss) (Line 24) .....	525,542	1,207,248	441,795	92,733	(572,866)
10. Net investment gain (loss) (Line 27) .....	747,212	29,527	31,324	(924,997)	415,395
11. TOTAL Other Income (Lines 28 plus 29) .....	1,530,496	1,368,560	1,354,583	1,244,363	470,093
12. Net income or (loss) (Line 32) .....	1,757,838	1,434,500	1,014,062	14,840	263,864
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	749,838	2,752,612	1,629,199	2,304,867	446,952
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	23,596,865	21,756,813	20,245,241	19,123,979	18,927,103
15. Authorized control level risk-based capital .....	469,856	368,212	395,024	392,836	497,997
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	619,907	514,185	529,523	531,438	191,298
17. TOTAL Members Months (Column 6, Line 7) .....	6,602,238	6,219,507	6,433,026	5,519,921	2,335,470
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	55.4	45.9	52.5	53.8	50.5
20. Cost containment expenses .....					
21. Other claims adjustment expenses .....	6.0	7.2	7.0	4.1	4.6
22. TOTAL Underwriting Deductions (Line 23) .....	95.5	88.9	95.6	99.1	106.2
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	4.5	11.1	4.4	0.9	(6.2)
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	388,120	353,543	301,832	261,596	277,485
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	385,000	335,000	325,000	305,000	280,000
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
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							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	514,185					514,185				
2. First Quarter .....	519,642					519,642				
3. Second Quarter .....	521,117					521,117				
4. Third Quarter .....	513,891					513,891				
5. Current Year .....	619,907					619,907				
6. Current Year Member Months .....	6,602,238					6,602,238				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	18,906,662				1,400	18,905,262				
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 .....	12,469,486				1,011	12,468,475				
18. Amount Incurred for Provision of Health Care Services .....	12,999,486				1,011	12,998,475				

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



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

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 2479

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

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	514,185					514,185				
2. First Quarter .....	519,642					519,642				
3. Second Quarter .....	521,117					521,117				
4. Third Quarter .....	513,891					513,891				
5. Current Year .....	619,907					619,907				
6. Current Year Member Months .....	6,602,238					6,602,238				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	18,906,662				1,400	18,905,262				
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 .....	12,469,486				1,011	12,468,475				
18. Amount Incurred for Provision of Health Care Services .....	12,999,486				1,011	12,998,475				

30 Grand Total

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

## SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </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
1199999 Total - Life and Annuity .....						
<b>Accident and Health - Affiliates - Non-U.S. - Other</b>						
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	1,290,239	650,000
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other .....					1,290,239	650,000
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					1,290,239	650,000
1899999 Total - Accident and Health - Affiliates .....					1,290,239	650,000
2299999 Total - Accident and Health .....					1,290,239	650,000
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					1,290,239	650,000
9999999 Total (Sum of 1199999 and 2299999) .....					1,290,239	650,000

## 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		
<b>General Account - Authorized - Affiliates - Non-U.S. - Other</b>													
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	OTH/G		7,203,813		650,000				
0599999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Other							7,203,813		650,000				
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total							7,203,813		650,000				
0799999 Total - General Account - Authorized - Affiliates							7,203,813		650,000				
1199999 Total - General Account Authorized							7,203,813		650,000				
3499999 Total - General Account - Authorized, Unauthorized and Certified							7,203,813		650,000				
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)							7,203,813		650,000				
9999999 Total (Sum of 3499999 and 6899999)							7,203,813		650,000				

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 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	7,204	6,168	6,002	6,031	5,524
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	650	385	335	325	305
8. Reinsurance recoverable on paid losses .....	1,290	550	1,816	2,350	824
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	26,253,587		26,253,587
2. Accident and health premiums due and unpaid (Line 15) .....	180,888		180,888
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,290,239		1,290,239
4. Net credit for ceded reinsurance .....	X X X	727,056	727,056
5. All other admitted assets (Balance) .....	2,606,308		2,606,308
6. TOTAL Assets (Line 28) .....	30,331,022	727,056	31,058,078
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	650,000		650,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	77,056		77,056
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) .....	6,007,102		6,007,102
15. TOTAL Liabilities (Line 24) .....	6,734,158		6,734,158
16. TOTAL Capital and Surplus (Line 33) .....	23,596,865	X X X	23,596,865
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	30,331,022		30,331,022
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	650,000		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....	77,056		
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	727,056		
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 .....	727,056		

This copy contains "electronic-filing only" or non-statement data; do NOT include this page in the submitted copy.

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

State, Etc.	1 Active Status (a)	Direct Business Only								Electronic Filing Only 10 Branch Operations Indicator
		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	18,906,662					18,906,662			
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	18,906,662					18,906,662			
60. Reporting entity contributions for Employee Benefit Plans .....	X X X									
61. TOTAL (Direct Business) .....	X X X	18,906,662					18,906,662			

**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									

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 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

1

- R - Registered - Non-domiciled RRGs
- Q - Qualified - Qualified or accredited reinsurer

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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						

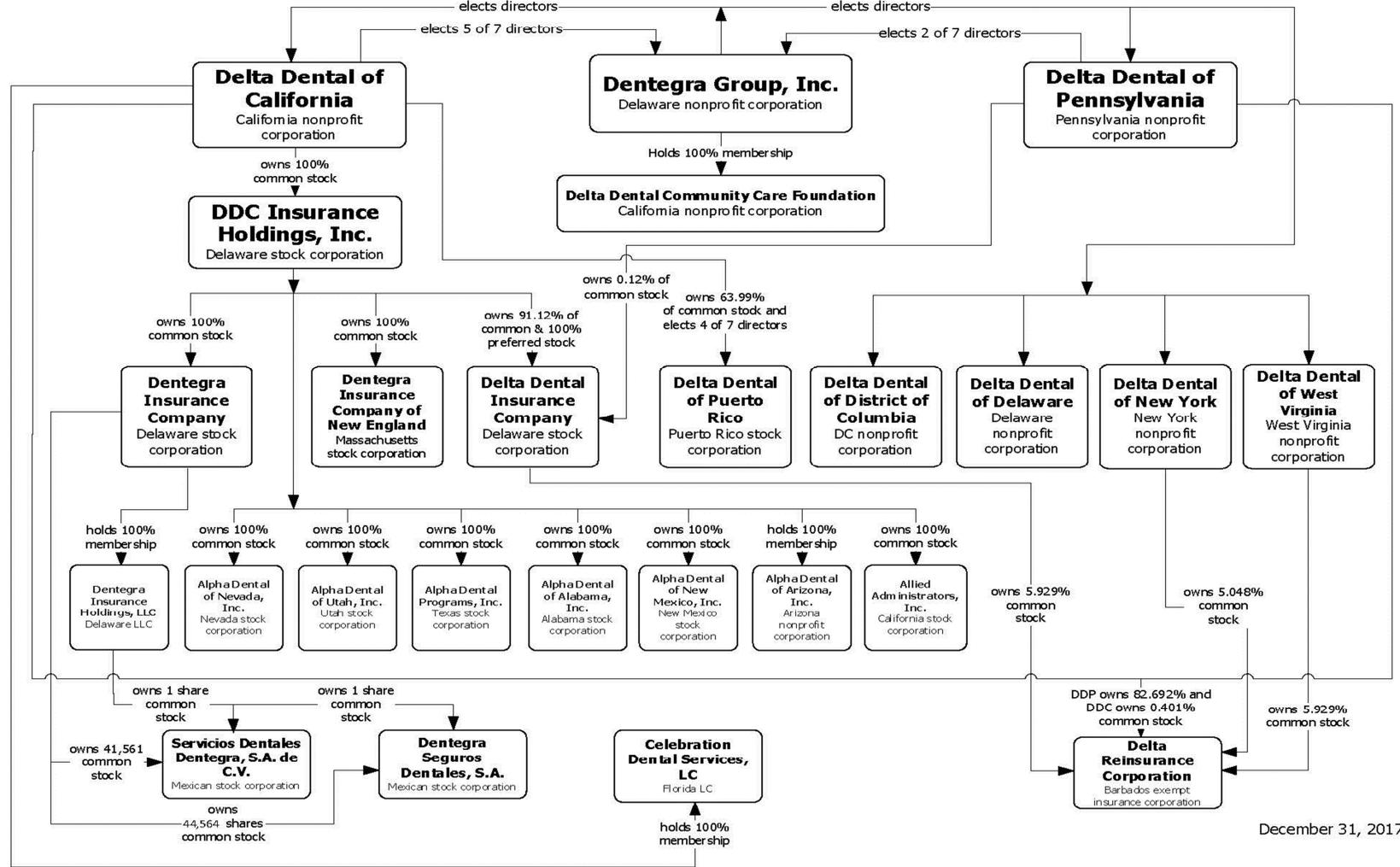
**NONE**

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

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



December 31, 2017

THIS COPY CONTAINS "ELECTRONIC-FILING ONLY" OR NON-STATEMENT DATA; DO NOT INCLUDE THIS PAGE IN THE SUBMITTED COPY.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *	17 (Electronic Filing Only)
																Legal Entity Identifier (LEI)
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		
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		

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## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *	(Electronic Filing Only)
																17 Legal Entity Identifier (LEI)
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		

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					(24,715)				(24,715)	
95366	80-0175937	ALPHA DENTAL OF ARIZONA, INC					(356,068)				(356,068)	
95778	88-0244893	ALPHA DENTAL OF NV INC					(26,785)	(1,255)			(28,040)	
47092	33-0279230	ALPHA DENTAL OF NEW MEXICO, INC					(262,140)				(262,140)	
11174	86-0672505	ALPHA DENTAL OF UTAH, INC					(90,015)				(90,015)	
95163	74-2447512	ALPHA DENTAL PROGRAMS, INC					(4,861,193)				(4,861,193)	
81396	94-2761537	DELTA DENTAL INSURANCE COMPANY	888,000				(9,852,665)	(18,031,911)			(26,996,576)	4,446,655
00000	94-1461312	DELTA DENTAL OF CALIFORNIA	60,000				19,822,933	41,105,302			60,988,235	(28,391,090)
11132	51-0228088	DELTA DENTAL OF DELAWARE						(495,188)			(495,188)	3,327,968
54798	23-1667011	DELTA DENTAL OF PENNSYLVANIA	12,384,000				(1,140,213)				11,243,787	
47085	68-0652604	DELTA DENTAL PLAN OF PR INC					(608,135)	(1,137,561)			(1,745,696)	(650,000)
12329	55-0523124	DELTA DENTAL OF W VA	888,000					(1,315,891)			(427,891)	2,110,327
00000	98-0096711	DELTA REINSURANCE CORPORATION	(14,976,000)					2,040,068			(12,935,932)	(5,438,295)
73474	75-1233841	DENTEGRA INS CO					(1,833,392)	(21,673,263)			(23,506,655)	24,482,232
12210	30-0318743	DENTEGRA INS CO OF NEW ENGLAND						(490,301)			(490,301)	112,203
55263	11-1980218	DELTA DENTAL OF NY	756,000				(767,612)				(11,612)	
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 if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |    |
|--|----|
| 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 |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                  | No |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No |

**AUGUST FILING**

- |  |    |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



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



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



LHA Guaranty Association Reconciliation



LHA Guaranty Association Adjustment Exhibit



Management's Report of Internal Control over Financial Reporting



OVERFLOW PAGE FOR WRITE-INS

**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 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
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) .....	310,249	1.182	310,249		310,249	1.182
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations .....	230,878	0.879	230,878		230,878	0.879
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....	99,835	0.380	99,835		99,835	0.380
1.43 Revenue and assessment obligations .....	877,806	3.344	877,806		877,806	3.344
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 .....	1,315,335	5.010	1,315,335		1,315,335	5.010
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) .....	12,484,872	47.555	12,484,872		12,484,872	47.555
2.2 Unaffiliated Non-U.S. securities (including Canada) .....	3,008,051	11.458	3,008,051		3,008,051	11.458
2.3 Affiliated securities .....						
3. Equity interests:						
3.1 Investments in mutual funds .....	1,093,936	4.167	1,093,936		1,093,936	4.167
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 .....	6,832,623	26.025	6,832,623		6,832,623	26.025
11. Other invested assets .....						
12. TOTAL Invested assets .....	26,253,587	100.000	26,253,587		26,253,587	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	<b>NONE</b>	
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 .....	<b>NONE</b>	
8. Deduct amortization of premium and mortgage interest .....		
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 .....		
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) .....		

N O N E

## SCHEDULE D - VERIFICATION BETWEEN YEARS

### Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year .....		8,198,025
2. Cost of bonds and stocks acquired, Part 3, Column 7 .....		11,900,331
3. Accrual of Discount .....		21,812
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12 .....		
4.2 Part 2, Section 1, Column 15 .....		
4.3 Part 2, Section 2, Column 13 .....	17,835	
4.4 Part 4, Column 11 .....		17,835
5. TOTAL gain (loss) on disposals, Part 4, Column 19 .....		320,518
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....		930,964
7. Deduct amortization of premium .....		106,592
8. TOTAL foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15 .....		
8.2 Part 2, Section 1, Column 19 .....		
8.3 Part 2, Section 2, Column 16 .....		
8.4 Part 4, Column 15 .....		
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14 .....		
9.2 Part 2, Section 1, Column 17 .....		
9.3 Part 2, Section 2, Column 14 .....		
9.4 Part 4, Column 13 .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2) .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....		19,420,964
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		19,420,964

## SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....				
	2. Canada .....	310,249	311,808	318,866	263,000
	3. Other Countries .....				
	4. TOTALS .....	310,249	311,808	318,866	263,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS .....	230,878	228,315	236,985	225,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS .....	99,835	99,333	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 .....	2,193,142	2,260,129	2,204,714	2,657,016
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States .....	12,484,872	12,382,991	12,606,993	12,124,000
	9. Canada .....	25,161	24,858	26,161	20,000
	10. Other Countries .....	2,982,890	2,953,682	3,010,081	2,960,000
	11. TOTALS .....	15,492,923	15,361,531	15,643,235	15,104,000
Parent, Subsidiaries and Affiliates	12. TOTALS .....				
	13. TOTAL Bonds .....	18,327,028	18,261,116	18,503,153	18,349,016
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. TOTALS .....				
Parent, Subsidiaries and Affiliates	18. TOTALS .....				
	19. TOTAL Preferred Stocks .....				
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States .....	1,053,636	1,053,636	821,565	
	21. Canada .....				
	22. Other Countries .....	40,300	40,300	14,200	
	23. TOTALS .....	1,093,936	1,093,936	835,765	
Parent, Subsidiaries and Affiliates	24. TOTALS .....				
	25. TOTAL Common Stocks .....	1,093,936	1,093,936	835,765	
	26. TOTAL Stocks .....	1,093,936	1,093,936	835,765	
	27. TOTAL Bonds and Stocks .....	19,420,964	19,355,052	19,338,917	

## 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 11.7	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			310,249			X X X	310,249	1.69	188,213	2.64	310,249	
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			310,249			X X X	310,249	1.69	188,213	2.64	310,249	
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1		25,244				X X X	25,244	0.14	25,356	0.36	25,244	
3.2 NAIC 2		205,635				X X X	205,635	1.12	287,079	4.02	205,635	
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		230,878				X X X	230,878	1.26	312,436	4.38	230,878	
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1		99,835				X X X	99,835	0.54	99,740	1.40	99,835	
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		99,835				X X X	99,835	0.54	99,740	1.40	99,835	
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1	344,905	590,066	425,980	181,264	470,407	X X X	2,012,621	10.98	583,646	8.18	2,012,621	
5.2 NAIC 2		147,859				X X X	147,859	0.81			147,859	
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					32,663	X X X	32,663	0.18	268,913	3.77	32,663	
5.7 TOTALS	344,905	737,924	425,980	181,264	503,069	X X X	2,193,142	11.97	852,559	11.95	2,193,142	

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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	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 11.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1		10,329,767	2,453,214			X X X	12,782,981	69.75	4,661,481	65.33	12,782,981	
6.2 NAIC 2		2,555,417	154,525			X X X	2,709,943	14.79	1,021,199	14.31	2,709,943	
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		12,885,184	2,607,739			X X X	15,492,923	84.54	5,682,680	79.64	15,492,923	
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							
10. Bank Loans												
10.1 NAIC 1						X X X			X X X	X X X		
10.2 NAIC 2						X X X			X X X	X X X		
10.3 NAIC 3						X X X			X X X	X X X		
10.4 NAIC 4						X X X			X X X	X X X		
10.5 NAIC 5						X X X			X X X	X X X		
10.6 NAIC 6						X X X			X X X	X X X		
10.7 TOTALS						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 11.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
11. Total Bonds Current Year												
11.1 NAIC 1	(d) 344,905	11,044,911	3,189,443	181,264	470,407		15,230,930	83.11	X X X	X X X	15,230,930	
11.2 NAIC 2	(d)	2,908,910	154,525				3,063,436	16.72	X X X	X X X	3,063,436	
11.3 NAIC 3	(d)								X X X	X X X		
11.4 NAIC 4	(d)								X X X	X X X		
11.5 NAIC 5	(d)						(c)		X X X	X X X		
11.6 NAIC 6	(d)				32,663		(c) 32,663	0.18	X X X	X X X	32,663	
11.7 TOTALS	344,905	13,953,822	3,343,968	181,264	503,069		(b) 18,327,028	100.00	X X X	X X X	18,327,028	
11.8 Line 11.7 as a % of Column 7	1.88	76.14	18.25	0.99	2.74		100.00	X X X	X X X	X X X	100.00	
12. Total Bonds Prior Year												
12.1 NAIC 1	30,706	3,408,617	2,045,265	17,148	56,700		X X X	X X X	5,558,437	77.90	5,558,437	
12.2 NAIC 2	80,307	610,857	617,114				X X X	X X X	1,308,278	18.33	1,308,278	
12.3 NAIC 3							X X X	X X X				
12.4 NAIC 4							X X X	X X X				
12.5 NAIC 5							X X X	X X X	(c)			
12.6 NAIC 6					268,913		X X X	X X X	(c) 268,913	3.77	268,913	
12.7 TOTALS	111,012	4,019,474	2,662,380	17,148	325,613		X X X	X X X	(b) 7,135,627	100.00	7,135,627	
12.8 Line 12.7 as a % of Col. 9	1.56	56.33	37.31	0.24	4.56		X X X	X X X	100.00	X X X	100.00	
13. Total Publicly Traded Bonds												
13.1 NAIC 1	344,905	11,044,911	3,189,443	181,264	470,407		15,230,930	83.11	5,558,437	77.90	15,230,930	X X X
13.2 NAIC 2		2,908,910	154,525				3,063,436	16.72	1,308,278	18.33	3,063,436	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					32,663		32,663	0.18	268,913	3.77	32,663	X X X
13.7 TOTALS	344,905	13,953,822	3,343,968	181,264	503,069		18,327,028	100.00	7,135,627	100.00	18,327,028	X X X
13.8 Line 13.7 as a % of Col. 7	1.88	76.14	18.25	0.99	2.74		100.00	X X X	X X X	X X X	100.00	X X X
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	1.88	76.14	18.25	0.99	2.74		100.00	X X X	X X X	X X X	100.00	X X X
14. Total Privately Placed Bonds												
14.1 NAIC 1											X X X	
14.2 NAIC 2											X X X	
14.3 NAIC 3											X X X	
14.4 NAIC 4											X X X	
14.5 NAIC 5											X X X	
14.6 NAIC 6											X X X	
14.7 TOTALS											X X X	
14.8 Line 14.7 as a % of Col. 7								X X X	X X X	X X X	X X X	
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11								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 \$.....470,407 current year of bonds with Z designations, \$.....56,700 prior year of bonds with Z designations, \$.....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 of bonds with 5GI designations, \$.....0 prior year of bonds with 5\* or 5GI designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designations. "5GI" 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 11.7	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			310,249			X X X	310,249	1.69	188,213	2.64	310,249	
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			310,249			X X X	310,249	1.69	188,213	2.64	310,249	
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations		230,878				X X X	230,878	1.26	312,436	4.38	230,878	
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		230,878				X X X	230,878	1.26	312,436	4.38	230,878	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations		99,835				X X X	99,835	0.54	99,740	1.40	99,835	
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		99,835				X X X	99,835	0.54	99,740	1.40	99,835	
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations	201,784	172,953			503,069	X X X	877,806	4.79	717,843	10.06	877,806	
5.2 Residential Mortgage-Backed Securities	143,121	564,971	425,980	181,264		X X X	1,315,335	7.18	134,716	1.89	1,315,335	
5.3 Commercial Mortgage-Backed Securities						X X X						
5.4 Other Loan-Backed and Structured Securities						X X X						
5.5 TOTALS	344,905	737,924	425,980	181,264	503,069	X X X	2,193,142	11.97	852,559	11.95	2,193,142	
6. Industrial and Miscellaneous												
6.1 Issuer Obligations		12,885,184	2,607,739			X X X	15,492,923	84.54	5,682,680	79.64	15,492,923	
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		12,885,184	2,607,739			X X X	15,492,923	84.54	5,682,680	79.64	15,492,923	
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 11.7	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. Bank Loans												
10.1 Bank Loans - Issued						X X X			X X X	X X X		
10.2 Bank Loans - Acquired						X X X			X X X	X X X		
10.3 TOTALS						X X X			X X X	X X X		
11. Total Bonds Current Year												
11.1 Issuer Obligations	201,784	13,388,851	2,917,988		503,069	X X X	17,011,693	92.82	X X X	X X X	17,011,693	
11.2 Residential Mortgage-Backed Securities	143,121	564,971	425,980	181,264		X X X	1,315,335	7.18	X X X	X X X	1,315,335	
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 Identified Funds	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
11.6 Bank Loans						X X X			X X X	X X X		
11.7 TOTALS	344,905	13,953,822	3,343,968	181,264	503,069		18,327,028	100.00	X X X	X X X	18,327,028	
11.8 Line 11.7 as a % of Col. 7	1.88	76.14	18.25	0.99	2.74		100.00	X X X	X X X	X X X	100.00	
12. Total Bonds Prior Year												
12.1 Issuer Obligations	95,401	3,960,372	2,619,525		325,613	X X X	X X X	X X X	7,000,911	98.11	7,000,911	
12.2 Residential Mortgage-Backed Securities	15,611	59,102	42,854	17,148		X X X	X X X	X X X	134,716	1.89	134,716	
12.3 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
12.4 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
12.5 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
12.6 Bank Loans	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
12.7 TOTALS	111,012	4,019,474	2,662,380	17,148	325,613		X X X	X X X	7,135,627	100.00	7,135,627	
12.8 Line 12.7 as a % of Col. 9	1.56	56.33	37.31	0.24	4.56		X X X	X X X	100.00	X X X	100.00	
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations	201,784	13,388,851	2,917,988		503,069	X X X	17,011,693	92.82	7,000,911	98.11	17,011,693	X X X
13.2 Residential Mortgage-Backed Securities	143,121	564,971	425,980	181,264		X X X	1,315,335	7.18	134,716	1.89	1,315,335	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 Identified Funds	X X X	X X X	X X X	X X X	X X X							X X X
13.6 Bank Loans						X X X			X X X	X X X		X X X
13.7 TOTALS	344,905	13,953,822	3,343,968	181,264	503,069		18,327,028	100.00	7,135,627	100.00	18,327,028	X X X
13.8 Line 13.7 as a % of Col. 7	1.88	76.14	18.25	0.99	2.74		100.00	X X X	X X X	X X X	100.00	X X X
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	1.88	76.14	18.25	0.99	2.74		100.00	X X X	X X X	X X X	100.00	X X X
14. Total Privately Placed Bonds												
14.1 Issuer Obligations						X X X					X X X	
14.2 Residential Mortgage-Backed Securities						X X X					X X X	
14.3 Commercial Mortgage-Backed Securities						X X X					X X X	
14.4 Other Loan-Backed and Structured Securities						X X X					X X X	
14.5 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X						X X X	
14.6 Bank Loans						X X X			X X X	X X X	X X X	
14.7 TOTALS											X X X	
14.8 Line 14.7 as a % of Col. 7									X X X	X X X	X X X	
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11									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 .....	774,575		774,575	
2. Cost of cash equivalents acquired .....	11,941,499		11,941,499	
3. Accrual of discount .....				
4. Unrealized valuation increase (decrease) .....				
5. TOTAL gain (loss) on disposals .....				
6. Deduct consideration received on disposals .....	12,596,403		12,596,403	
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) .....	119,671		119,671	
11. Deduct total nonadmitted amounts .....				
12. Statement value at end of current period (Lines 10 minus 11) .....	119,671		119,671	

(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**

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# SCHEDULE D - PART 1

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

1	2	3 Codes			6	7	8 Fair Value			10	11 Change in Book Adjusted Carrying Value			12 Interest			13 Dates										14 (Electronic Filing Only)								
		3	4	5			8	9	10		11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
CUSIP Identification	Description	Code	F O R E I G N	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	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	Stated Contractual Maturity Date	GA IL IN PR PA RI SC TX VA WA WI	Fair Value Hierarchy Level and Method Used to Obtain Fair Value	Source Used to Obtain Fair Value	Collateral Type	Call Date	Call Price	Effective Date of Maturity	Legal Entity Identifier (LEI)	Issuer	Issue	ISIN Identification	Capital Structure Code			
<b>All Other Governments - Issuer Obligations</b>																																			
74815HBZ4	QUEBEC, PROVINCE OF			C	1FE	318,866	118.5580	311,808	263,000	310,249		(5,006)			6.350	3.465	JJ	7,005	13,272	05/11/2018	01/30/2026		1e						549300WN5YFEQ74Y43	Gouvernement de la Province de Quebec	QUEBEC, PROVINCE OF		2		
<b>U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations</b>																																			
373384R96	GEORGIA ST			1	1FE	25,143	100.5730	25,143	25,000	25,244		(113)			3.000	2.517	FA	313	750	07/03/2013	02/01/2021	GA	1e						54930048F8RWRP0R2D	Georgia, State of	GEORGIA ST		2		
452151LE1	ILLINOIS ST			1	2FE	211,326	101.5680	211,326	200,000	205,635		(1,138)			4.550	4.243	JD	925	9,900	07/16/2012	06/01/2023	IL	1e						54930048F8RWRP0R2D	Illinois, State of	ILLINOIS ST		2		
<b>U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations</b>																																			
1199999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed)						236,985	XXX	228,315	225,000	230,878		(1,250)			XXX	XXX	XX	1,138	10,650	07/16/2012	06/01/2023	GA IL IN PR PA RI SC TX VA WA WI	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>U.S. Special Revenue, Special Assessment - Issuer Obligations</b>																																			
476576GN7	JERSEY CITY N J			1FE		99,352	99.3330	99,333	100,000	99,835		95			2.723	2.825	MS	908	2,723	07/03/2013	09/01/2020	NJ	1e												2
<b>U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities</b>																																			
3128MMW82	FH G18670 - RMBS			4	1	1,048,286		99,620	1,063,341	1,048,403		115			3.000	3.171	MON	2,643	21,374	04/26/2018	12/01/2032	US	2a	SE				09/01/2032	S6X00T0EG5ABCCBL	Federal Home Loan Mortgage Corporation	FH G18670 - RMBS		1		
314192QH4	FH MA2903 - RMBS			4	1	149,669		99,620	150,844	149,660		10			3.000	3.226	MON	3,000	2,936	12/07/2018	08/01/2033	US	2a	SE				04/01/2033	S6X00CT0EG5ABCCBL	Federal Home Loan Mortgage Corporation	FH G18670 - RMBS		1		
<b>Industrial &amp; Miscellaneous (Unaffiliated) - Issuer Obligations</b>																																			
00209RAZ5	AT&T INC			1	2FE	103,782		101,053	100,000	101,429		(514)			3.875	3.301	FA	1,464	3,875	02/06/2014	08/15/2021		1e						549300240J86G5T1398	AT&T Inc.	AT&T INC		2		
00209TAB1	COMCAST CABLE COMMUNICATIONS HOLDINGS INC			1	1FE	174,211		121,549	151,936	157,388		(7,895)			9.455	2.403	MIN	1,853	11,819	11/09/2018	11/15/2022		1e						54930004Y180889008	Comcast Corporation	COMCAST CABLE COMMUNICATIONS HOLDINGS INC		2		
00404CAU1	ALLSTATE CORP			1	1FE	493,365		499,845	500,000	500,000		817			1.750	1.570	JD	700	15,750	04/26/2018	06/15/2023		1e						5493001W01T8JWV00L07	Allstate Corporation	ALLSTATE CORP		2		
02364VAV7	AMERICA MOVIL SAB DE CV			1	1FE	110,153		101,783	100,000	103,764		(2,965)			5.000	1.920	MS	5,000	5,000	10/26/2016	03/30/2020		1e						5493000NRUCJEAONM9	America Movil, S.A.B. De C.V.	AMERICA MOVIL SAB DE CV		2		
02364WDB6	AMERICA MOVIL SAB DE CV			1	1FE	342,230		343,532	350,000	343,411		181			3.125	3.897	JD	1,254	5,469	07/03/2018	07/16/2022		1e						5493000NRUCJEAONM9	America Movil, S.A.B. De C.V.	AMERICA MOVIL SAB DE CV		2		
0258169M0	AMERICAN EXPRESS CO			2	1FE	182,326		96,590	190,000	183,459		44			2.500	3.531	FA	2,500	2,500	04/23/2018	03/16/2023		1e						5493000NRUCJEAONM9	American Express Company	AMERICAN EXPRESS CO		2		
0258169B9	AMERICAN EXPRESS CO			2	1FE	333,165		95,930	335,976	350,000		1,583			3.000	3.842	AO	1,779	10,500	04/23/2018	10/30/2024		1e						5493000NRUCJEAONM9	American Express Company	AMERICAN EXPRESS CO		2		
026609AC1	WYETH LLC			1	1FE	116,269		145,336	125,000	134,748		(2,908)			7.250	3.393	MS	5,000	5,438	05/15/2018	03/01/2023		1e						5493000NRUCJEAONM9	Wyeth LLC	WYETH LLC		2		
03076CAF3	AMERIPRISE FINANCIAL INC			1	1FE	520,691		102,920	514,810	516,251		(2,613)			4.000	3.258	AO	4,222	15,000	05/08/2018	10/15/2023		1e						5493000NRUCJEAONM9	Ameriprise Financial, Inc.	AMERIPRISE FINANCIAL INC		2		
0311629B0	AMGEN INC			1,2	2FE	276,587		100,755	275,000	276,325		(262)			3.625	3.462	MIN	1,274	9,989	04/26/2018	05/15/2022		1e						5493000NRUCJEAONM9	Amgen Inc.	AMGEN INC		2		
0311629V1	AMGEN INC			1,2	2FE	156,204		98,810	149,715	150,000		154,525			3.625	3.988	MIN	589	589	11/10/2016	05/22/2024		1e						5493000NRUCJEAONM9	Amgen Inc.	AMGEN INC		2		
033231BB3	ANHEUSER-BUSCH INBEV WORLDWIDE INC			1	2FE	110,784		102,016	100,000	103,480		(1,573)			4.375	2.677	FA	1,653	4,375	02/06/2014	02/15/2021		1e						5493000NRUCJEAONM9	Anheuser-Busch Inbev Worldwide Inc.	ANHEUSER-BUSCH INBEV WORLDWIDE INC		2		
035242AL0	ANHEUSER-BUSCH INBEV FINANCE INC			1,2	2FE	350,164		97,458	341,103	350,000		(63)			3.300	3.313	FA	4,813	6,600	04/23/2018	02/01/2023		1e						5493000NRUCJEAONM9	Anheuser-Busch Inbev Finance Inc.	ANHEUSER-BUSCH INBEV FINANCE INC		2		
037833BF6	APPLE INC			1	1FE	492,145		98,928	494,640	500,000		493,389			2.700	3.117	MIN	1,800	13,500	04/26/2018	05/13/2022		1e						5493000NRUCJEAONM9	Apple Inc.	APPLE INC		2		
037833BG4	APPLE INC			1	1FE	98,570		25,413	25,000	25,413		417			3.200	2.914	MIN	107	800	12/21/2017	05/13/2025		1e						5493000NRUCJEAONM9	Apple Inc.	APPLE INC		2		
056451AU2	BHP BILLITON FINANCE (USA) LTD			1	1FE	108,758		102,202	100,000	106,164		(1,212)			3.850	2.464	MS	973	3,850	11/14/2016	09/30/2023		1e						5493000NRUCJEAONM9	BHP Billiton Finance (USA) Limited	BHP BILLITON FINANCE (USA) LTD		2		
06051GEI8	BANK OF AMERICA CORP			1	1FE	262,618		103,830	259,583	250,000		259,890			1.667	1.250	AO	1,667	12,500	04/23/2018	05/13/2021		1e						5493000NRUCJEAONM9	Bank of America Corporation	BANK OF AMERICA CORP		2		
06051GEU9	BANK OF AMERICA CORP			1	1FE	173,493		98,530	172,436	173,704		277			3.300	3.499	JD	2,727	2,888	04/25/2018	01/11/2023		1e						5493000NRUCJEAONM9	Bank of America Corporation	BANK OF AMERICA CORP		2		
06051GFF1	BANK OF AMERICA CORP			1	1FE	75,897		100,618	75,464	75,793		(105)			4.000	3.776	AO	750	3,000	03/12/2018	04/01/2024		1e						5493000NRUCJEAONM9	Bank of America Corporation	BANK OF AMERICA CORP		2		
06409FAD0	BAXTER INTERNATIONAL INC			1	1FE	427,865		95,038	427,541	431,071		1,334			2.900	3.182	FA	3,713	6,600	04/26/2018	03/16/2023		1e						5493000NRUCJEAONM9	Baxter International Inc.	BAXTER INTERNATIONAL INC		2		
071381BF5	BLACKROCK INC			1	1FE	96,140		96,141	100,000	97,439		(657)			2.400	3.154	FA	907	2,400	02/06/2014	08/15/2022		1e						5493000NRUCJEAONM9	BlackRock Inc.	BLACKROCK INC		2		
09247XAJ0	BLACKROCK INC			1	1FE	25,527		100,789	25,197	25,000		25,225			3.375	3.095	JD	70	844	07/03/2013	06/01/2022		1e						5493000NRUCJEAONM9	BlackRock Inc.	BLACKROCK INC		2		
091023AH8	BOEING CO			1	1FE	313,108		123,530	308,825	295,000		306,963			7.950	3.456	FA	7,950	9,938	05/07/2018	08/15/2024		1e						5493000NRUCJEAONM9	The Boeing Company	BOEING CO		2		
121891AA2	BURLINGTON NORTHERN SANTA FE LLC			1,2	1FE	123,953		102,750	128,439	130,564		(1,169)			3.850	2.772	MS	1,808	4,813	11/12/2016	09/01/2023		1e						5493000NRUCJEAONM9	Burlington Northern Santa Fe, LLC	BURLINGTON NORTHERN SANTA FE LLC		2		
14912L5F4	CATERPILLAR FINANCIAL SERVICES CORP			1	1FE	72,602		120,900	72,540	60,000		72,009			7.000	3.708	JD	187	2,100	08/08/2018	12/15/2025		1e						5493000NRUCJEAONM9	Burlington Northern Santa Fe, LLC	CATERPILLAR FINANCIAL SERVICES CORP		2		
244199BE4	DEERE & CO			2	1FE	340,479		97,914	342,699	350,000		343,118			2.600	3.209	JD	581	9,100	05/08/2018	06/08/2022		1e						5493000NRUCJEAONM9	Deere & Company	DEERE & CO		2		
25468PCT1	WALT DISNEY CO			1	1FE	97,496		98,438	100,000	100,902		339			2.550	2.902	FA	963	2,550	02/06/2014	02/15/2022		1e						5493000NRUCJEAONM9	The Walt Disney Company	WALT DISNEY CO		2		
26424CAQ7	DUKE ENERGY CAROLINAS LLC			1,2	1FE	54,444		96,670	53,161	55,000		54,605			2.500	2.682	MS	405	1,375	02/22/2017	03/15/2023		1e						5493000NRUCJEAONM9	Duke Energy Carolinas, LLC	DUKE ENERGY CAROLINAS LLC		2		
30221GAG7	EXXON MOBIL CORP																																		



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## SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value				20	21	(Electronic filing only)							
		3	4					9	10		12	13	14	15	16	17	18			19	22	23	24	25	26	27	
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value Per Share	Rate Per Share	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation and Administrative Symbol/Market Indicator	Date Acquired	Code	Source	Legal Entity Identifier (LEI)	Issuer	Issue	ISIN Identification	
8999999	Total Preferred Stocks							X X X										X X X	X X X	X X X		X X X		X X X		X X X	

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## 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	(Electronic filing only)						
		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.			19 Code	20 Fair Value Hierarchy Level and Method Used to Obtain Fair Value Source	21 Legal Entity Identifier (LEI)	22 Issuer	23 Issue	24 ISIN Identification	
<b>Mutual Funds</b>																								
33611N101	FIRST PUERTO RICO TAX-EXEMPT TARGET MATU			50,000.000	136,000	2.720	136,000	59,500		1,875		76,500		76,500		U	12/13/2004	1a	SE	549300E7YKJL85DU5F70	First Puerto Rico Tax-Exempt Target Maturity Fund IV, Inc.	FIRST PUERTO RICO TAX-EXEMPT TARGET MATURITY FUND	PR33611N1011	
33611Q104	FIRST PUERTO RICO TAX-EXEMPT TARGET MATU		C	10,000.000	40,300	4.030	40,300	14,200				26,100		26,100		U	12/13/2004	1a	SE	549300LN4973RE70KY19	First Puerto Rico Tax-Exempt Target Maturity Fund III, Inc.	FIRST PUERTO RICO TAX-EXEMPT TARGET MATURITY FUND	US33611Q1040	
921909784	VANGUARD TOT I STK INS			962,246	97,629	101.460	97,629	105,815		2,152		(19,564)		(19,564)		U	12/21/2018	1a	SE	BF5U5YXM02HVXS3F8G71	Vanguard Total International Stock Index Fund	VANGUARD TOT I STK INS	US9219097840	
922042841	VANGUARD EM ST IDX ADM			702,127	22,300	31.760	22,300	22,737		439		(4,453)		(4,453)		U	12/21/2018	1a	SE	YNHDFX2L9SSID3XIE57	Vanguard International Equity Index Funds	VANGUARD EM ST IDX ADM	US9220428414	
922908694	VANGUARD EXT MK ID ADM			1,114,543	84,371	75.700	84,371	73,913		974		(10,101)		(10,101)		U	12/18/2018	1a	SE	NKRB5RF4FYMQPLOS31	Vanguard Index Funds	VANGUARD EXT MK ID ADM	US9229086940	
922908710	VANGUARD 500 INDEX ADM			1,380,913	319,599	231.440	319,599	246,557		4,556		(21,276)		(21,276)		U	12/14/2018	1a	SE	12WZ1W76P8QD4VJ60B47	Vanguard Index Funds	VANGUARD 500 INDEX ADM	US9229087104	
922908801	VANGUARD TSM IDX INST			6,340,378	393,737	62.100	393,737	313,043		5,583		(29,372)		(29,372)		L	12/21/2018	1a	SE	HJ2RZRUCQEVF2A5SPRB21	Vanguard Index Funds	VANGUARD TSM IDX INST	US9229088011	
9299999	Subtotal - Mutual Funds				1,093,936	X X X	1,093,936	835,765		15,578		17,835		17,835		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
9799999	Total Common Stocks				1,093,936	X X X	1,093,936	835,765		15,578		17,835		17,835		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
9899999	Total Preferred and Common Stocks				1,093,936	X X X	1,093,936	835,765		15,578		17,835		17,835		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

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues .....6, the total \$ value (included in Column 8) of all such issues \$.....700,198.

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### 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	Electronic Filing Only				
									10 State	11 Legal Entity Identifier (LEI)	12 Issuer	13 Issue	14 ISIN Identification
<b>Bonds - All Other Governments</b>													
74815HBZ4	QUEBEC, PROVINCE OF		05/11/2018	MARKETAXESS CORPORATION	XXX	127,043	108,000	2,000		549300WN65YFEQH74Y36	Gouvernement de la Province de Quebec	QUEBEC, PROVINCE OF	US74815HBZ47
1099999 Subtotal - Bonds - All Other Governments						127,043	108,000	2,000	XXX	XXX	XXX	XXX	XXX
<b>Bonds - U.S. Special Revenue, Special Assessment</b>													
3128MMW82	FH G18670 - RMBS		04/26/2018	FIRST UNION CAPITAL MARKETS	XXX	1,143,511	1,153,151	2,787	US	S6XOOCT0IEG5ABCC6L87	Federal Home Loan Mortgage Corporation	FH G18670 - RMBS	US3128MMW823
3128MMX73	FH G18701 - RMBS		12/07/2018	BANK OF OKLAHOMA	XXX	149,659	151,386	214	US	S6XOOCT0IEG5ABCC6L87	Federal Home Loan Mortgage Corporation	FH G18701 - RMBS	US3128MMX730
36829QAA3	GDB DEBT RECOVERY AUTH OF COMWLTH PUERTO		12/01/2018	Unknown	XXX	579,700	765,469		PR	549300X44HXPLJU48U63	Puerto Rico Commonwealth	RECOVERY AUTH OF COMWLTH PUERTO RICO	US36829QAA31
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						1,872,870	2,070,006	3,001	XXX	XXX	XXX	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>													
00440EAU1	CHUBB INA HOLDINGS INC	C	04/26/2018	SUMRIDGE PARTNERS LLC	XXX	294,453	300,000	4,241		CZCBJZWDMLTHWJDXU843	Chubb INA Holdings Inc.	CHUBB INA HOLDINGS INC	US00440EAU10
020002AZ4	ALLSTATE CORP		04/26/2018	FIRST UNION CAPITAL MARKETS	XXX	493,365	500,000	5,906		OBT0W1ED8G0NVWLOJ77	The Allstate Corporation	ALLSTATE CORP	US020002AZ47
02364WBD6	AMERICA MOVIL SAB DE CV	C	04/25/2018	MARKET AXESS	XXX	342,230	350,000	3,069		5493000FNR3UCEAONM59	America Movil, S.A.B. De C.V.	AMERICA MOVIL SAB DE CV	US02364WBD65
025816BM0	AMERICAN EXPRESS CO		05/01/2018	MARKET TAXES CORP	XXX	182,326	190,000	1,188		R4PP93JZOLY261QX3811	American Express Company	AMERICAN EXPRESS CO	US025816BM04
025816BR9	AMERICAN EXPRESS CO		04/23/2018	MARKETAXESS CORPORATION	XXX	333,165	350,000	5,133		R4PP93JZOLY261QX3811	American Express Company	AMERICAN EXPRESS CO	US025816BR90
026609AC1	WYETH LLC		05/15/2018	MARKETAXESS CORPORATION	XXX	116,443	100,000	1,531		549300Q9GR3WRH4N4836	Wyeth LLC	WYETH LLC	US026609AC14
03076CAF3	AMERIPRISE FINANCIAL INC		05/08/2018	VARIOUS	XXX	358,885	350,000	667		6ZLKQF7QB6JAEKQSS388	Ameriprise Financial, Inc.	AMERIPRISE FINANCIAL INC	US03076CAF32
031162BN9	AMGEN INC		04/26/2018	MARKET AXESS	XXX	276,587	275,000	4,569		62QBXPJ34PQ72Z12S66	Amgen Inc.	AMGEN INC	US031162BN92
035242AL0	ANHEUSER-BUSCH INBEV FINANCE INC	C	04/23/2018	VARIOUS	XXX	298,236	300,000	2,283		5493000EYKDT0FBSQ91	Anheuser-Busch InBev Finance Inc.	ANHEUSER-BUSCH INBEV FINANCE INC	US035242AL09
037833BF6	APPLE INC		04/26/2018	US BANCORP INVESTMENTS INC.	XXX	492,145	500,000	6,263		HWUPKR0MPOU8FGXBT394	Apple Inc.	APPLE INC	US037833BF64
06051GEH8	BANK OF AMERICA CORP		04/23/2018	CANTOR FITZGERALD	XXX	262,618	250,000	5,625		9DJT3UXIJZJ4WXX0774	Bank of America Corporation	BANK OF AMERICA CORP	US06051GEH83
06051GEU9	BANK OF AMERICA CORP		04/25/2018	VARIOUS	XXX	173,493	175,000	1,609		9DJT3UXIJZJ4WXX0774	Bank of America Corporation	BANK OF AMERICA CORP	US06051GEU94
06051GFF1	BANK OF AMERICA CORP		03/21/2018	Unknown	XXX	75,897	75,000	1,417		9DJT3UXIJZJ4WXX0774	Bank of America Corporation	BANK OF AMERICA CORP	US06051GFF19
06406FAD5	BANK OF NEW YORK MELLON CORP		04/26/2018	MARKET AXESS	XXX	281,280	300,000	1,357		WFLPEPC7FZXENRZV188	The Bank of New York Mellon Corporation	BANK OF NEW YORK MELLON CORP	US06406FAD50
097023AH8	BOEING CO		05/07/2018	VARIOUS	XXX	313,108	250,000	3,975		RVHJWBXLJ1RFUBSY1F30	The Boeing Company	BOEING CO	US097023AH83
12189TAA2	BURLINGTON NORTHERN SANTA FE CORPORATION		08/08/2018	MERRILL LYNCH & CO	XXX	72,602	60,000	630			Burlington Northern Santa Fe, LLC	BURLINGTON NORTHERN SANTA FE CORPORATION	US12189TAA25
244199BE4	DEERE & CO		05/08/2018	MARKETAXESS CORPORATION	XXX	243,455	250,000	2,744		PWFTNG3EIOY73OXWDH08	Deere & Company	DEERE & CO	US244199BE40
278062AC8	EATON CORP	C	04/26/2018	SUMRIDGE PARTNERS LLC	XXX	242,553	250,000	3,399		0NZWDMRCE18088QQE14	Eaton Corporation	EATON CORP	US278062AC86
377372AL1	GLAXOSMITHKLINE CAPITAL INC	C	06/20/2018	RBC DAIN RAUSCHER	XXX	149,748	150,000	520		5493007Q8VDT7Q3ZY2S59	GlaxoSmithKline Capital Inc.	GLAXOSMITHKLINE CAPITAL INC	US377372AL15
38141GGS7	GOLDMAN SACHS GROUP INC		04/26/2018	VARIOUS	XXX	323,492	300,000	4,408		784F5XWPLTWKTBV3E584	The Goldman Sachs Group, Inc.	GOLDMAN SACHS GROUP INC	US38141GGS75
404280AK5	HSBC HOLDINGS PLC	C	05/01/2018	Unknown	XXX	315,108	300,000	1,105		MLU0Z03ML4LN2L2L39	HSBC Holdings PLC	HSBC HOLDINGS PLC	US404280AK50
406216AH4	HALLIBURTON COMPANY		09/19/2018	FIRST TENNESSEE SECURITIES CORP	XXX	86,205	77,000	674		ENYF8GB5SMQZ25S06U51	Halliburton Company	HALLIBURTON COMPANY	US406216AH42
458140BD1	INTEL CORP		04/26/2018	MARKETAXESS CORPORATION	XXX	252,267	261,000	3,523		KNX4USFCNGPY45LOCE31	Intel Corporation	INTEL CORP	US458140BD13
459284AB1	COCA COLA EUROPEAN PARTNERS US LLC	C	05/01/2018	VARIOUS	XXX	462,926	460,000	2,147		549300LTH67W4GWMRF57	Perryton Coca Cola Bottling Company, Inc.	COCA COLA EUROPEAN PARTNERS US LLC	US459284AB10
46625HJC5	JPMORGAN CHASE & CO		04/23/2018	VARIOUS	XXX	377,375	365,000	2,990		815DZWKVZSI1NUHU748	JPMorgan Chase & Co	JPMORGAN CHASE & CO	US46625HJC51
534187BB4	LINCOLN NATIONAL CORP		05/01/2018	MILLENIUM ADVISORS LLC	XXX	113,086	108,000	1,848		EFQMQR0EDSNBRIP7LE47	Lincoln National Corporation	LINCOLN NATIONAL CORP	US534187BB41
534187BC2	LINCOLN NATIONAL CORP		04/26/2018	SUMRIDGE PARTNERS LLC	XXX	307,605	300,000	1,575		EFQMQR0EDSNBRIP7LE47	Lincoln National Corporation	LINCOLN NATIONAL CORP	US534187BC24
66839XBL8	ORACLE CORP		04/26/2018	MARKETAXESS CORPORATION	XXX	310,799	326,000	978		124GXUZH7WVFC8TV52	Oracle Corporation	ORACLE CORP	US66839XBL82

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### 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	Electronic Filing Only					
									10 State	11 Legal Entity Identifier (LEI)	12 Issuer	13 Issue	14 ISIN Identification	
693475AL9	PNC FINANCIAL SERVICES GROUP INC		10/04/2018	RAYMOND JAMES/FI	X X X	72,568	75,000	708		CFGNEKW0P8842LEUIA51	The PNC Financial Services Group, Inc.	PNC FINANCIAL SERVICES GROUP INC	US693475AL94	
695114CM8	PACIFICORP		05/02/2018	MARKETAXESS CORPORATION	X X X	211,003	207,000	3,077		SGY07Y7FNYBNLM6Z1M11	PacificCorp	PACIFICORP	US695114CM85	
718172BE8	PHILIP MORRIS INTERNATIONAL INC		04/26/2018	MILLENIUM ADVISORS LLC	X X X	200,816	200,000	3,300		HL3H1H2BGXVVG3BSWR90	Philip Morris International Inc.	PHILIP MORRIS INTERNATIONAL INC	US718172BE85	
718172BM0	PHILIP MORRIS INTERNATIONAL INC		05/03/2018	MARKETAXESS CORPORATION	X X X	194,192	200,000	3,196		HL3H1H2BGXVVG3BSWR90	Philip Morris International Inc.	PHILIP MORRIS INTERNATIONAL INC	US718172BM02	
74432QBT1	PRUDENTIAL FINANCIAL INC		05/02/2018	FIRST UNION CAPITAL	X X X	364,585	350,000	7,350		5PRBRSSF7H7NREC8OR45	Prudential Financial, Inc.	PRUDENTIAL FINANCIAL INC	US74432QBT13	
872287AF4	TCI COMMUNICATIONS, INC.		05/07/2018	Unknown	X X X	342,394	275,000	5,053			TCI Communications, Inc.	TCI COMMUNICATIONS, INC.	US872287AF41	
893939AE8	TRAVELERS/AETNA PROPERTY CASUALTY CORP		04/23/2018	MARKETAXESS CORPORATION	X X X	313,025	250,000	484			Travelers Insurance Group Holdings Inc.	TRAVELERS/AETNA PROPERTY CASUALTY CORP	US893939AE81	
907818DR6	UNION PACIFIC CORP		05/01/2018	MARKET AXESS	X X X	302,880	300,000	2,309		549300LMMRZZCZ8CL11	Union Pacific Corporation	UNION PACIFIC CORP	US907818DR61	
94974BEV8	WELLS FARGO & CO		04/23/2018	FIRST UNION CAPITAL	X X X	285,183	275,000	843		PBLD0EJDB5FWOLXP3B76	Wells Fargo & Company	WELLS FARGO & CO	US94974BEV80	
94974BGA2	WELLS FARGO & CO		04/17/2018	MARKETAXESS CORPORATION	X X X	48,620	50,000	183		PBLD0EJDB5FWOLXP3B76	Wells Fargo & Company	WELLS FARGO & CO	US94974BGA26	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						9,886,715	9,654,000	101,875	X X X	X X X	X X X	X X X	X X X
8399997	Subtotal - Bonds - Part 3						11,886,628	11,832,006	106,876	X X X	X X X	X X X	X X X	X X X
8399998	Summary item from Part 5 for Bonds									X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds						11,886,628	11,832,006	106,876	X X X	X X X	X X X	X X X	X X X
<b>Common Stocks - Mutual Funds</b>														
921909784	VANGUARD TOT I STK INS		12/21/2018	Not Available		19,515	2,152			BF5U5YXM0ZHVXS3F8G71	Vanguard Total International Stock Index Fund	VANGUARD TOT I STK INS	US9219097840	
922042841	VANGUARD EM ST IDX ADM		12/21/2018	Not Available		12,947	439			YNHDFX2L9SSID3XIE57	Vanguard International Equity Index Funds	VANGUARD EM ST IDX ADM	US9220428414	
922908694	VANGUARD EXT MK ID ADM		12/18/2018	Not Available		11,449	974			NKR5RF4FYMQPL0SY31	Vanguard Index Funds	VANGUARD EXT MK ID ADM	US9229086940	
922908710	VANGUARD 500 INDEX ADM		12/14/2018	Not Available		18,308	4,556			12WZ1W76P8QD4VJ6OB47	Vanguard Index Funds	VANGUARD 500 INDEX ADM	US9229087104	
922908801	VANGUARD TSM IDX INST		12/21/2018	Not Available		83,417	5,583			HJ2RZRUEVF2A5SPRB21	Vanguard Index Funds	VANGUARD TSM IDX INST	US9229088011	
9299999	Subtotal - Common Stocks - Mutual Funds						13,703			X X X	X X X	X X X	X X X	X X X
9799997	Subtotal - Common Stocks - Part 3						13,703			X X X	X X X	X X X	X X X	X X X
9799998	Summary Item from Part 5 for Common Stocks									X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks						13,703			X X X	X X X	X X X	X X X	X X X
9899999	Subtotal - Preferred and Common Stocks						13,703			X X X	X X X	X X X	X X X	X X X
9999999	Totals						11,900,331		106,876	X X X	X X X	X X X	X X X	X X X

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### SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	Electronic Filing Only						
										11	12	13	14	15							22	23	24	25	26		
CUSIP Identification	Description	For e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization/ Accretion)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (Cols. 11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	State	Legal Entity Identifier (LEI)	Issuer	Issue	ISIN Identification		
<b>Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)</b>																											
452151LD3	ILLINOIS ST		06/05/2018	Maturity @ 100.00	X X X	80,000	80,000	83,267	80,307		(307)		(307)		80,000		0	0	1,740	06/01/2018	IL	54930048FV8RWPR02D67	Illinois, State of	ILLINOIS ST		US452151LD36	
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																										
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																											
3128MMW82	FH G18670 - RMBS		12/01/2018	Paydown	X X X	96,026	96,026	95,223			803		803		96,026				856	12/01/2032	US	S6X0OCT0IEG5ABCC6L87	Federal Home Loan Mortgage Corporation		FH G18670 - RMBS	US3128MMW823	
31418CDH4	FN MA2803 - RMBS		12/01/2018	Paydown	X X X	17,163	17,163	17,354			(186)		(186)		17,163		0	0	197	11/01/2031	US	B1V7KEBTPIMZEU4LTD58	Federal National Mortgage Association, Inc. Puerto Rico Commonwealth		FN MA2803 - RMBS	US31418CDH43	
36829QAA3	GDB DEBT RECOVERY AUTH OF COMWLTH PUERTO		12/03/2018	Call @ 100.00	X X X	143,076	143,076	109,308			0		0		109,308		33,768	33,768		08/20/2040	PR	549300X44HXPJLJU48U63	Government Development Bank for Puerto Rico		GDB DEBT RECOVERY AUTH OF COMWLTH PUERTO RICO	US36829QAA31	
745177ET8	PUERTO RICO COMWLTH GOVT DEV BK		12/01/2018	Adjustment	X X X	233,750	500,000	118,125	118,125						118,125		115,625	115,625		08/01/2019	PR	549300GHTB1AZOST1L14	Government Development Bank for Puerto Rico		PUERTO RICO COMWLTH GOVT DEV BK	US745177ET83	
745177FB6	PUERTO RICO COMWLTH GOVT DEV BK		12/01/2018	Adjustment	X X X	112,200	240,000	56,700	56,700						56,700		55,500	55,500		08/01/2017	PR	549300GHTB1AZOST1L14	Government Development Bank for Puerto Rico		PUERTO RICO COMWLTH GOVT DEV BK	US745177FB66	
745177FC4	PUERTO RICO COMWLTH GOVT DEV BK		12/01/2018	Adjustment	X X X	233,750	500,000	118,125	118,125						118,125		115,625	115,625		08/01/2019	PR	549300GHTB1AZOST1L14	Government Development Bank for Puerto Rico		PUERTO RICO COMWLTH GOVT DEV BK	US745177FC40	
76443NCG7	RICHMOND CALIF JT PWRS FING AUTH TAX ALL		09/04/2018	Maturity @ 100.00	X X X	15,000	15,000	15,643	15,095		(95)		(95)		15,000				879	09/01/2018	CA	549300054N3JTYB74Q35	Richmond Joint Powers Financing Authority, California		RICHMOND CALIF JT PWRS FING AUTH TAX ALLOCATION RE	US76443NCG79	
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment																										
8399997	Subtotal - Bonds - Part 4																										
8399998	Summary Item from Part 5 for Bonds																										
8399999	Subtotal - Bonds																										
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

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## 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 *	Electronic Filing Only 8 Legal Entity Identifier (LEI)
<b>open depositories</b>							
Citibank .....					116,330	XXX	
BANCO POPULAR .....					6,596,622	XXX	
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories .....							
		XXX			0	XXX	XXX
0199999 Totals - Open Depositories .....							
		XXX			6,712,952	XXX	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories .....							
		XXX				XXX	XXX
0299999 Totals - Suspended Depositories .....							
		XXX				XXX	XXX
0399999 Total Cash On Deposit .....							
		XXX			6,712,952	XXX	XXX
0499999 Cash in Company's Office .....							
		XXX	XXX	XXX		XXX	XXX
0599999 Total Cash .....							
		XXX			6,712,952	XXX	XXX

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

1. January .....	15,463,658	4. April .....	4,928,245	7. July .....	5,211,485	10. October .....	4,984,950
2. February .....	15,712,436	5. May .....	4,603,380	8. August .....	4,646,116	11. November .....	6,645,523
3. March .....	15,591,269	6. June .....	5,172,796	9. September .....	5,316,501	12. December .....	6,596,622

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## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	Electronic Filing Only
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year	10 Legal Entity Identifier (LEI)
<b>All Other Money Market Mutual Funds</b>									
000000000	CITIBANK MONEY MARKET FUND .....		08/01/2018 .....	0.000 .....	X X X .....	48,171 .....			
31617H508	FIDELITY:GOVT MNY MKT CR .....		12/31/2018 .....	1.480 .....	X X X .....	28,766 .....		(14) .....	549300VZUKS6UD4H4866 .....
99TIME008	BPPR TIME DEPOSIT OPEN ACCOUNT .....		12/26/2018 .....	0.250 .....	X X X .....	42,735 .....	20 .....		
8699999	Subtotal - All Other Money Market Mutual Funds .....					119,671 .....	20 .....	(14) .....	X X X .....
8899999	Total Cash Equivalents .....					119,671 .....	20 .....	(14) .....	X X X .....

## 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				
<b>DETAILS OF WRITE-INS</b>							
5801.							
5802.							
5803.							
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X				
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	X X X				



# SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2018  
(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?<br>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:<br>or 2) allocation to each insurer:  | Yes [ ] No [X]<br><br>Yes [ ] No [X]<br>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	2018								
MARIANNE ORTIZ, CHIEF EXECUTIVE OFFICER	2017								
RAFAEL BURGOS, CHIEF EXECUTIVE OFFICER	2016								
2. CARLOS FERNANDEZ, VICE PRESIDENT	2018								
CARLOS FERNANDEZ, VICE PRESIDENT	2017								
MARIANNE ORTIZ, VICE PRESIDENT	2016								
3. MONICA LUGO, TREASURER	2018								
MONICA LUGO, TREASURER	2017								
MARIANNE ORTIZ, TREASURER	2016								
4.	2018								
	2017								
	2016								
5.	2018								
	2017								
	2016								
6.	2018								
	2017								
	2016								
7.	2018								
	2017								
	2016								
8.	2018								
	2017								
	2016								
9.	2018								
	2017								
	2016								
10.	2018								
	2017								
	2016								

## 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	500					500
MRS. BELINDA MARTINEZ, VICE CHAIRMAN	1,500					1,500
MR. JORGE RODRIGUEZ BARROSO, TREASURER	1,000					1,000
MRS. EDLIN BUITRAGO, SECRETARY	1,500					1,500
MR. RAFAEL BURGOS, DIRECTOR	1,500					1,500
MR. JAIME RODRIGUEZ CORA, DIRECTOR	1,000					1,000
MR. ALFONSO ORTIZ, DIRECTOR	1,500					1,500

## 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, 2018  
(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. \$ ..... 30,331,022

1	2	3	4	
Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets	
2. Ten largest exposures to a single issuer/borrower/investment.				
2.01	FEDERAL HOME LOAN MORTGAGE CORPORATION	MBS	1,198,063	3.950
2.02	VANGUARD INDEX FUNDS	EQUITY	797,707	2.630
2.03	APPLE, INC.	BONDS	518,802	1.710
2.04	AMERICAN EXPRESS COMPANY	BONDS	518,207	1.709
2.05	AMERIPRISE FINANCIAL, INC.	BONDS	516,251	1.702
2.06	BANK OF AMERICA CORPORATION	BONDS	509,386	1.679
2.07	WELLS FARGO & COMPANY	BONDS	505,537	1.667
2.08	THE ALLSTATE CORPORATION	BONDS	494,182	1.629
2.09	PHILIP MORRIS INTERNATIONAL, INC.	BONDS	492,636	1.624
2.10	JPMORGAN CHASE & CO.	BONDS	474,059	1.563

NAIC Designation	1	2
	Amount	Percent
3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.		
<b>Bonds</b>		
3.01 NAIC 1	15,230,930	50.216
3.02 NAIC 2	3,063,436	10.100
3.03 NAIC 3		
3.04 NAIC 4		
3.05 NAIC 5		
3.06 NAIC 6	32,663	0.108
<b>Preferred Stocks</b>		
3.07 P/RP-1		
3.08 P/RP-2		
3.09 P/RP-3		
3.10 P/RP-4		
3.11 P/RP-5		
3.12 P/RP-6		

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

	1	2
	Amount	Percent
4.02 TOTAL admitted assets held in foreign investments	3,023,190	9.967
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 .....	2,535,715	8.360
5.02	Countries designated NAIC 2 .....	487,475	1.607
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 .....	1,182,490	3.899
6.02	BELGIUM .....	453,245	1.494
Countries designated NAIC 2:			
6.03	MEXICO .....	447,175	1.474
6.04	SPAIN .....	40,300	0.133
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	HSBC HOLDING PLC .....	470,738	1.552
10.02	PERRYTON COCA COLA BOTTLING COMPANY, INC. ....	462,134	1.524
10.03	AMERICA MOVIL, S.S.B. DE C.V. ....	447,175	1.474
10.04	CHUBB INA HOLDINGS INC. ....	398,133	1.313
10.05	ANHEUSER-BUSCH INBEV FINANCE INC. ....	349,765	1.153
10.06	EATON CORPORATION .....	345,411	1.139
10.07	GLAXOSMITHKLINE CAPITAL INC. ....	149,776	0.494
10.08	BHP BILLITON FINANCE (USA) LIMITED .....	106,164	0.350
10.09	ANHEUSER-BUSCH INBEV WORLDWIDE INC. ....	103,480	0.341
10.10	BP CAPITAL MARKETS P.L.C. ....	99,842	0.329

## 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 INDEX FUNDS .....	797,707	2.630
13.03 FIRST PUERTO RICO TAX-EXEMPT TARGET MATURITY FUND IV, INC. ....	136,000	0.448
13.04 VANGUARD TOTAL INTERNATINAL STOCK INDEX FUND .....	97,629	0.322
13.05 FIRST PUERTO RICO TAX-EXEMPT TARGET MATURITY FUND III, INC. ....	40,300	0.133
13.06 VANGUARD INTERNATINAL EQUITY INDEX FUNDS .....	22,300	0.074
13.07 .....	.....	.....
13.08 .....	.....	.....
13.09 .....	.....	.....
13.10 .....	.....	.....
13.11 .....	.....	.....

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:  
 14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[ ]  
 If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

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

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:  
 15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[ ]  
 If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

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

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:  
 16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[ ]  
 If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

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

## SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

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

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

18. Amounts and 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 .....					



# ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only

For The Year Ended DECEMBER 31, 2018

NAIC Group Code: 2479

(To Be Filed By April 1)

NAIC Company Code: 47085

Supps

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

NONE

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

6dcds

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS (Continued)</b>							
<b>9. Disability Income - Long-Term</b>							
9.1. With Contract Reserves .....							
9.2. Without Contract Reserves .....							
9.3. Subtotal .....							
<b>10. Long-Term Care</b>							
10.1. With Contract Reserves .....							
10.2. Without Contract Reserves .....							
10.3. Subtotal .....							
<b>11. Medicare Supplement (Medigap)</b>							
11.1. With Contract Reserves .....							
11.2. Without Contract Reserves .....							
11.3. Subtotal .....							
<b>12. Dental</b>							
12.1. With Contract Reserves .....	2,363,904	1,345,448	58,905	59.4			
12.2. Without Contract Reserves .....							
12.3. Subtotal .....	2,363,904	1,345,448	58,905	59.4			
<b>13. State Children's Health Insurance Program</b>							
13.1. With Contract Reserves .....							
13.2. Without Contract Reserves .....							
13.3. Subtotal .....							
<b>14. Medicare</b>							
14.1. With Contract Reserves .....							
14.2. Without Contract Reserves .....							
14.3. Subtotal .....							
<b>15. Medicaid</b>							
15.1. With Contract Reserves .....							
15.2. Without Contract Reserves .....							
15.3. Subtotal .....							
<b>16. Medicare Part D - Stand-Alone</b>							
16.1. With Contract Reserves .....							
16.2. Without Contract Reserves .....							
16.3. Subtotal .....							
<b>17. Other Individual Business</b>							
17.1. With Contract Reserves .....							
17.2. Without Contract Reserves .....							
17.3. Subtotal .....							
<b>18. Total Individual Business</b>							
18.1. With Contract Reserves .....	2,363,904	1,345,448	58,905	59.4			
18.2. Without Contract Reserves .....							
<b>19. Grand Total Individual</b>	<b>2,363,904</b>	<b>1,345,448</b>	<b>58,905</b>	<b>59.4</b>			

## 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>B. GROUP BUSINESS</b>							
<b>Comprehensive Major Medical</b>							
<b>1. Single Employer</b>							
1.1. Small Employer .....							
1.2. Other Employer .....							
1.3. Single Employer Subtotal .....							
2. Multiple Employer Assns and Trusts .....							
3. Other Associations and Discretionary Trusts .....							
4. Other Comprehensive Major Medical .....							
5. Comprehensive/Major Medical Subtotal .....							
<b>Other Medical (Non-Comprehensive)</b>							
6. Specified/Named Disease .....							
7. Limited Benefit .....							
8. Student .....							
9. Accident Only or AD&D .....							
10. Disability Income - Short-Term .....							
11. Disability Income - Long-Term .....							
12. Long-Term Care .....							
13. Medicare Supplement (Medigap) .....							
14. Federal Employees Health Benefits Plans .....							
15. Tricare .....							
16. Dental .....	16,541,358	11,123,026	471,095	70.1	660	535,086	619,809
17. Medicare .....							
18. Medicare Part D - Stand-Alone .....							
19. Other Group Care .....	1,400	1,011		72.2	2	63	98
20. GRAND TOTAL Group Business .....	16,542,758	11,124,037	471,095	70.1	662	535,149	619,907
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group) .....							
2. Stop Loss/Excess Loss .....							
3. Administrative Services Only .....	X X X	X X X	X X X	X X X			
4. Administrative Services Contracts .....	X X X	X X X	X X X	X X X			
5. GRAND TOTAL Other Business .....							
<b>D. TOTAL BUSINESS</b>							
1. TOTAL Non U.S. Policy Forms .....							
2. GRAND TOTAL Individual, Group and Other Business .....	18,906,662	12,469,485	530,000	68.8	662	535,149	619,907

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

**PART 1 - INDIVIDUAL POLICIES SUMMARY**

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business .....	2,363,904	1,345,448	58,905	59.408
2. Other Forms Direct Business .....				
3. TOTAL Direct Business .....	2,363,904	1,345,448	58,905	59.408
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....	2,363,904	1,345,448	58,905	59.408

**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 .....	16,542,758	11,124,037	471,095	70.092
2. Other Forms Direct Business .....				
3. TOTAL Direct Business .....	16,542,758	11,124,037	471,095	70.092
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....	16,542,758	11,124,037	471,095	70.092

**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 .....	18,906,662	12,469,485	530,000	68.756
2. Other Forms Direct Business .....				
3. TOTAL Direct Business .....	18,906,662	12,469,485	530,000	68.756
4. Reinsurance Assumed .....				
5. Less Reinsurance Ceded .....				
6. TOTAL .....	18,906,662	12,469,485	530,000	68.756





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

**STOCKHOLDER INFORMATION SUPPLEMENT**

**FOR THE YEAR ENDED**  
**DECEMBER 31, 2018**

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

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

TO ANNUAL STATEMENT OF THE

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

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COMPANY

**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
<b>To be answered by Life and A &amp; H Companies:</b>		
a. Statement of Assets, Liabilities, Surplus and Other Funds .....	No .....	No .....
b. Summary of Operations .....	No .....	No .....
c. Surplus Account .....	No .....	No .....
<b>To be answered by Property and Casualty Companies:</b>		
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 .....
<b>To be answered by Title Insurance Companies</b>		
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 .....
<b>To be answered by Health Insurance Companies:</b>		
a. Statement of Assets, Liabilities, Capital and Surplus .....	No .....	No .....
b. Statement of Revenue and Expenses .....	No .....	No .....
c. Capital and Surplus Account .....	No .....	No .....



## 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			Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the 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		<b>NONE</b>		X X X	
7.12 Without Reinsurance Coverage		<b>NONE</b>		X X X	
7.2 Supplemental Benefits		<b>NONE</b>		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](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 2018

NAIC Company Code 47085

Supp35 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)											18,906,662		18,906,662	XXX	18,906,662
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)											18,906,662		18,906,662	XXX	18,906,662
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)											18,906,662		18,906,662	XXX	18,906,662
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)											18,906,662		18,906,662	XXX	18,906,662
2. Claims:															
2.1 Incurred claims excluding prescription drugs											12,999,486		12,999,486	XXX	12,999,486
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)											12,999,486		12,999,486	XXX	12,999,486
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)											12,999,486		12,999,486	XXX	12,999,486
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)															
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	5,907,176	X X X	5,907,176
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies													662		662
O2. Number of Covered Lives													535,149		535,149
O3. Number of Groups	X X X			X X X											
O4. Member Months													619,907		619,907

(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

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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
<b>ACA Receivables and Payables</b>				
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				
<b>ACA Receipts and Payments</b>				
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 2018**

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													
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.

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**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 2018

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)									

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**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		
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)									

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**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		
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)									

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**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](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 2018

NAIC Company Code 47085

Supp35 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)											18,906,662		18,906,662	XXX	18,906,662
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)											18,906,662		18,906,662	XXX	18,906,662
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)											18,906,662		18,906,662	XXX	18,906,662
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)											18,906,662		18,906,662	XXX	18,906,662
2. Claims:															
2.1 Incurred claims excluding prescription drugs											12,999,486		12,999,486	XXX	12,999,486
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)											12,999,486		12,999,486	XXX	12,999,486
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)											12,999,486		12,999,486	XXX	12,999,486
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)															
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	5,907,176	X X X	5,907,176
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only; already included in Line 10.4)															
O. OTHER INDICATORS:															
O1. Number of Certificates / Policies													662		662
O2. Number of Covered Lives													535,149		535,149
O3. Number of Groups	X X X			X X X											
O4. Member Months													619,907		619,907

(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

Supp36 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
<b>ACA Receivables and Payables</b>				
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				
<b>ACA Receipts and Payments</b>				
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 2018**

NAIC Group Code 2479

NAIC Company Code 47085

Supp37 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 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											18,906,662		18,906,662
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)											18,906,662		18,906,662
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)											18,906,662		18,906,662
2. Direct Claims Incurred:													
2.1 Paid claims during the year											12,999,486		12,999,486
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)											12,999,486		12,999,486
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)											12,999,486		12,999,486
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		
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)									

Supp39 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		
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)									

Supp40 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.

2018

#### **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, 2018 as compared to and with 2017. 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 2018 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, 2018, net admitted assets totaled \$30.3 million, an increase of \$2.4 million, liabilities totaled \$6.7 million, an increase of \$554,000 thousand and surplus totaled \$23.6 million, an increase of \$1.8 million from prior year end.

	<b>December 31</b>	
	<b>2018</b>	<b>2017</b>
<b>NET ADMITTED ASSETS</b>		
Cash and short-term investments	\$ 6,832,623	\$ 17,146,226
Bonds	18,327,028	7,135,627
Common stocks	1,093,936	1,062,398
Amount recoverable from reinsurers	1,290,239	549,583
Uncollected premiums	180,888	180,479
Amounts receivable relating to uninsured plans	2,152,804	1,493,212
Investment income due and accrued	176,699	70,205
Electronic data processing equipment, net	109,520	99,899
Receivables from parent, subsidiaries and affiliates	115,861	196,042
Other invested asset	<u>51,424</u>	<u>3,754</u>
<b>TOTAL NET ADMITTED ASSETS</b>	<b><u>\$ 30,331,022</u></b>	<b><u>\$ 27,937,425</u></b>
<b>LIABILITIES, CAPITAL AND SURPLUS</b>		
<b>Liabilities</b>		
Claims unpaid	\$ 650,000	\$ 385,000
Liability for amounts held under uninsured plan	2,312,700	2,349,552
Premiums received in advance	77,056	32,923
Ceded reinsurance premiums payable	2,054,652	1,413,795
Amounts due to parent, subsidiaries and affiliates	58,584	309,741
General expenses due or accrued	<u>1,581,165</u>	<u>1,689,601</u>
Total liabilities	<u>6,734,157</u>	<u>6,180,612</u>
<b>Capital and surplus</b>		
Common stock, par value \$10; 800,000 shares authorized at December 31, 2018 and 2017; 799,400 shares outstanding at December 31, 2018 and 2017, respectively	8,000,000	8,000,000
Paid-in surplus	9,023,160	9,023,160
Treasury stock (at cost of \$20); 600 in 2018 and 2017, respectively	(12,000)	(12,000)
Surplus	<u>6,585,705</u>	<u>4,745,653</u>
Total capital and surplus	<u>23,596,865</u>	<u>21,756,813</u>
<b>TOTAL LIABILITIES, CAPITAL AND SURPLUS</b>	<b><u>\$ 30,331,022</u></b>	<b><u>\$ 27,937,425</u></b>

## Management's Discussion and Analysis

### Introduction

#### Assets

During 2018, total assets increased \$2.4 million.

Cash and short-term investments decreased \$10.3 million. This decrease is the result of the strategy to transfer cash to long term investments in order to increase the long term fixed income yield. Bonds and common stocks increased \$11.2 million and increased \$31,500 thousands respectively, compared to prior year. The predominance of this increase in bonds was the result of the purchase of long term investments during the year 2018.

Amounts recoverable from reinsurers increased \$740,700 thousand due to the increase in claims incurred. During the year we had an increase in our enrollment and as a result our premiums and claims increase.

Amounts receivable relating to uninsured plans increased \$659,600 thousand. This increase is due to the timing in collections of year end invoices.

Investment income due and accrued increased \$106,500 thousands compared to prior year, mainly due to the increase in interest received from long term investments during the year.

Electronic data processing equipment and software increased \$9,600 thousand compared to prior year. This increase was the result of purchase of depreciable assets.

Receivables from parent, subsidiaries and affiliates decreased \$80,200 compared to prior year. This decrease was the result of intercompany receivable from Delta Dental of California (DDC) and due to timing of intercompany settlements.

#### Liabilities

During 2018, total liabilities increased \$554,000 thousand.

Claims unpaid increased \$265,000 thousand compared to prior year due to the increase in the actual and expected runout.

Liability for amounts held under uninsured plans decreased \$36,900 thousand compared to prior year. This decrease is due to group prefund deposits returned to clients.

Premiums received in advance increased \$44,100 thousand compared to prior year due to the distribution timing of the group premium invoices and the improvement in the performance of our collection operation & process.

Ceded reinsurance premiums payable increased \$640,900 thousand compared to prior year due to the increase in our enrollment and premium income.

Amounts due to parent, subsidiaries and affiliates decreased \$251,200 thousand compared to prior year. Accounts Payable to DDC decreased \$251,200 thousand for intercompany chargebacks and due to the timing of payments.

General expenses due or accrued decreased \$108,400 compared to prior year. This decrease is mainly due to decrease in accruals for related business expenses, corporate income tax and commissions payables.

## Management's Discussion and Analysis

### Capital and Surplus

During 2018, total capital and surplus increased \$1.8 million.

Unassigned funds increased \$1.8 compared to the prior year. The increase was due to net income of \$1.7 million, the change in unrealized capital gain of \$17,800 thousand and the change in non-admitted assets of \$64,400 thousand.

### RESULTS OF OPERATIONS

For the year, the Company reported a net gain of \$1.8 million, a \$323,300 thousands increase from 2017's net income of \$1.4 million.

	<b>Years Ended December 31</b>	
	<b>2018</b>	<b>2017</b>
<b>Underwriting gain</b>		
Net premium income	\$ 11,702,849	\$ 10,828,277
<b>Claims and operating expenses</b>		
Claims		
Dental benefits	12,999,486	9,953,662
Net reinsurance recoveries	<u>(6,511,027)</u>	<u>(4,982,045)</u>
Net claims incurred	6,488,459	4,971,617
Operating expenses		
Claims adjustment expenses	703,705	781,506
General administrative expenses	<u>3,985,143</u>	<u>3,867,906</u>
Total claims and operating expenses	<u>11,177,307</u>	<u>9,621,029</u>
Net underwriting gain	<u>525,542</u>	<u>1,207,248</u>
Net investment income gain	747,212	29,527
Other income, net	<u>1,530,496</u>	<u>1,368,560</u>
	<u>2,277,708</u>	<u>1,398,087</u>
Net income before income taxes	2,803,250	2,605,335
Income tax expense	<u>1,045,412</u>	<u>1,170,835</u>
<b>Net income</b>	<u>\$ 1,757,838</u>	<u>\$ 1,434,500</u>

The Company's annual statement reflected an \$875,000 increase in total revenues due to an increase in the sale of our individual and the launch of a new vision care plan and the increase in our enrollment.

Net hospital and medical benefits increased \$1.5 million compared to prior year, due to an increase in claims due to the increase in our enrollment.

Claims adjustment expenses decreased \$77,800 thousand compared to the prior year due to business restructure.

General administrative expenses increased \$117,200 thousand compared to the prior year mainly due to insurance, audit, depreciation and commission expenses.

## Management's Discussion and Analysis

The net underwriting gain for 2018 was \$525,500 thousand compared to the net underwriting gain in 2017 of \$1.2 million. This decrease of \$681,700 thousand is due to the increase in net claims incurred.

### **PROSPECTIVE INFORMATION**

The Company has already experienced an increase in activity for 2019 premiums earned of \$662,000 thousand through February.

### **LIQUIDITY, ASSET/LIABILITY MATCHING AND CAPITAL RESOURCES**

The Company's cash position decreased from \$17.1 million in 2017 to \$6.8 million in 2018. The predominance of this change occurred in the flows from cash used in investments offset by the net cash provided by operations.

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 2019 year ahead.

### **CONCLUSION**

The Company had an aggressive marketing and wellness plan placed for 2018 including the sales promotion of our commercial group products, our individual plan product, the launch of a new vision care 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

## MERGER HISTORY

Description	1 Amount
1. Cash, cash equivalents and short-term investments (2017: Page 2, Column 1, Line 5) .....	.....
2. Uncollected premiums and agents' balances in the course of collection (2017: Page 2, Column 1, Line 15.1) .....	.....
3. Deferred premiums, agents' balances and installments booked but deferred and not yet due (2017: Page 2, Column 1, Line 15.2) .....	.....
4. Accrued retrospective premiums and contracts subject to redetermination (2017: Page 2, Column 1, Line 15.3) .....	.....
5. Total Assets (2017: Page 2, Column 3, Line 28) .....	.....
6. Claims unpaid (2017: Page 3, Column 3, Line 1) .....	.....
7. Accrued medical incentive pool and bonus amounts (	.....
8. Aggregate health policy reserves, including the liability for medicare cross ratio rebate per the Public Health Service Act (2017: Page 3, Column 3, Line 4) .....	.....
9. Aggregate health claim reserves (2017: Page 3, Column 3, Line 7) .....	.....
10. Net premium income (2017: Page 4, Column 2, Line 2) .....	.....
11. Capital and surplus end of reporting year (2017: Page 5, Column 1, Line 49) .....	.....

N O N E

## Prior Period Data for Non-required Crosschecks

Prior Period Statement Location	1 Amount
1. 2017 Annual, Page 2, Assets, Line 05, Column 1 .....	17,146,226
2. 2017 Annual, Page 2, Assets, Line 28, Column 3 .....	27,937,425
3. 2017 Annual, Page 3, Liabilities, Line 01, Column 3 .....	385,000
4. 2017 Annual, Page 3, Liabilities, Line 02, Column 3 .....	
5. 2017 Annual, Page 3, Liabilities, Line 04, Column 3 .....	
6. 2017 Annual, Page 3, Liabilities, Line 07, Column 3 .....	
7. 2017 Annual, Page 4, Statement of Revenue and Expenses, Line 02, Column 2 .....	10,828,277
8. 2017 Annual, Page 5, Statement of Revenue and Expenses (cont.), Line 49, Column 1 .....	21,756,813
9. 2017 Annual, Page 8, Underwriting & Investment Exhibit - Part 1, Line 12, Column 1 .....	16,996,528
10. 2017 Annual, Page 31, Schedule S Part 1 Section 2, Line 0799999, Column 7 .....	
11. 2017 Annual, Page 31, Schedule S Part 1 Section 2, Line 1099999, Column 7 .....	
12. 2017 Annual, Page SI02, Schedule A Verification, Line 09, Column 2 .....	
13. 2017 Annual, Page SI02, Schedule B Verification, Line 11, Column 2 .....	
14. 2017 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2 .....	
15. 2017 Annual, Page SI03, Schedule D Verification, Line 10, Column 2 .....	8,198,025
16. 2017 Annual, Page SI11, Schedule DB Part A Verification, Line 09, Column 2 .....	
17. 2017 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4 .....	
18. 2017 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 9 .....	
19. 2017 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 10 .....	
20. 2017 Annual, Page E17, Schedule DA Part 1, Line 9199999, Column 7 .....	
21. 2017 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 15 .....	
22. 2017 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 17 .....	
23. 2017 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 18 .....	
24. 2017 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 19 .....	
25. 2017 Annual, Page E27, Schedule E Part 2, Line 8899999, Column 7 .....	774,575
26. 2017 Annual, Page Supp29, Schedule S Part 1 Section 1, Line 0799999, Column 9 .....	
27. 2017 Annual, Page Supp29, Schedule S Part 1 Section 1, Line 1099999, Column 9 .....	
28. 2017 Annual, Page Supp39, Supplemental Health Care Exhibit - Part 1 (Grand Total), Line 05.5, Col. 15 .....	
29. 2017 RBC, Page XR012, Underwriting Risk - Experience Fluctuation, Line 05, Column 7 .....	10,828,277
30. 2017 RBC, Page XR012, Underwriting Risk - Experience Fluctuation, Line 18, Column 7 .....	437,376