

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, 2019

2019



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

DELTA DENTAL OF P.R., INC.

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

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

Country of Domicile United States of America

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

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

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

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

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

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

Internet Website Address www.deltadentalpr.com

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

OFFICERS

Name	Title
Marianne Ortiz	President
Carmen Figueroa	Secretary
Mónica Lugo	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Michael J. Castro	Alfonso Ortiz
Rafael Burgos	Lcda. Edlin Buitrago
Jorge Rodriguez DMD	Lcdo. Jaime Rodriguez
Alicia Weber	

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 _____, 2020

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

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	18,794,314		18,794,314	18,327,028
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	1,181,413		1,181,413	1,093,936
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 (\$.....5,620,539, Schedule E Part 1), cash equivalents (\$.....762,965, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	6,383,504		6,383,504	6,832,623
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)	26,359,231		26,359,231	26,253,587
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	185,147		185,147	176,699
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	313,199	49,787	263,412	180,888
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	1,583,273		1,583,273	1,290,239
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	1,800,563		1,800,563	2,152,804
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	66,330		66,330	109,520
21. Furniture and equipment, including health care delivery assets (\$.....0)	52,686	52,686		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	263,993	651	263,342	115,861
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	430,988	409,155	21,833	51,424
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	31,333,914	790,783	30,543,131	30,331,022
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	31,333,914	790,783	30,543,131	30,331,022
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. OTHER RECEIVABLES	25,102	3,269	21,833	51,424
2502. PREPAID EXPENSES	405,886	405,886		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	430,988	409,155	21,833	51,424

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....590,000 reinsurance ceded)	590,000		590,000	650,000
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	185,162		185,162	77,056
9. General expenses due or accrued	1,107,163		1,107,163	1,580,669
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	2,159,542		2,159,542	2,054,652
12. Amounts withheld or retained for the account of others	615		615	497
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	67,312		67,312	58,584
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	1,927,485		1,927,485	2,312,700
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	6,037,279		6,037,279	6,734,158
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	7,494,692	6,585,705
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	24,505,852	23,596,865
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	30,543,131	30,331,022
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	5,860,884	6,602,238
2. Net premium income (including \$.....0 non-health premium income)	X X X	14,522,832	11,702,849
3. Change in unearned premium reserves and reserve for rate credits	X X X	(108,107)	
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	14,414,725	11,702,849
Hospital and Medical:			
9. Hospital/medical benefits	17,681,099	17,681,099	12,999,486
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)	17,681,099	17,681,099	12,999,486
Less:			
17. Net reinsurance recoveries	8,850,176	8,850,176	6,511,027
18. TOTAL Hospital and Medical (Lines 16 minus 17)	8,830,923	8,830,923	6,488,459
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....0 cost containment expenses	769,887	769,887	703,705
21. General administrative expenses	5,259,604	5,259,604	3,985,143
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)	14,860,414	14,860,414	11,177,307
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(445,689)	525,542
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	631,286	631,286	426,694
26. Net realized capital gains (losses) less capital gains tax of \$.....0	284,499	284,499	320,518
27. Net investment gains (losses) (Lines 25 plus 26)	915,785	915,785	747,212
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	1,092,859	1,092,859	1,530,496
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,562,955	2,803,250
31. Federal and foreign income taxes incurred	X X X	551,035	1,045,412
32. Net income (loss) (Lines 30 minus 31)	X X X	1,011,920	1,757,838
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. MISC / OTHER INCOME	168,688	168,688	151,776
2902. NET ADMINISTRATIVE FEES	924,172	924,172	1,378,721
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)	1,092,859	1,092,859	1,530,496

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	23,596,865	21,756,813
34.	Net income or (loss) from Line 32	1,011,920	1,757,838
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	145,365	17,801
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(247,648)	64,413
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
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		
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	(650)	
48.	Net change in capital and surplus (Lines 34 to 47)	908,987	1,840,052
49.	Capital and surplus end of reporting year (Line 33 plus 48)	24,505,852	23,596,865
DETAILS OF WRITE-INS			
4701.	CHANGE IN ACCOUNT RECEIVABLE	(650)	
4702.	.....	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(650)	

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	14,548,832	12,423,682
2. Net investment income	724,863	404,980
3. Miscellaneous income		
4. TOTAL (Lines 1 through 3)	15,273,695	12,828,662
5. Benefit and loss related payments	9,437,418	6,998,401
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	5,523,287	4,035,011
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	551,035	1,045,412
10. TOTAL (Lines 5 through 9)	15,511,741	12,078,824
11. Net cash from operations (Line 4 minus Line 10)	(238,046)	749,838
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	795,696	930,964
12.2 Stocks	222,102	
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	(34)	
12.7 Miscellaneous proceeds	811	0
12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)	1,018,575	930,965
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,229,721	11,886,628
13.2 Stocks	15,779	13,703
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		34
13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)	1,245,500	11,900,365
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)	(226,925)	(10,969,401)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
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)	15,852	(94,041)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	15,852	(94,041)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(449,119)	(10,313,603)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	6,832,623	17,146,226
19.2 End of year (Line 18 plus Line 19.1)	6,383,504	6,832,623

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

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	14,522,832			14,486,861	35,971					
2. Change in unearned premium reserves and reserve for rate credit	(108,107)			(108,107)						
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)	14,414,725			14,378,754	35,971					
8. Hospital/medical benefits	17,681,099			17,671,046	10,054					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)	17,681,099			17,671,046	10,054					X X X
16. Net reinsurance recoveries	8,850,176			8,850,176						X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	8,830,923			8,820,869	10,054					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	769,887			767,966	1,921					
20. General administrative expenses	5,259,604			5,246,479	13,125					
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)	14,860,414			14,835,314	25,100					
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(445,689)			(456,560)	10,871					
DETAILS OF WRITE-INS										
0501.										X X X
0502.										X X X
0503.										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.										X X X
1302.										X X X
1303.										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only	23,914,823	.....	9,427,962	14,486,861
4.	Vision only	35,971	.....	.....	35,971
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	.....	.....	.....	.....
7.	Title XIX - Medicaid .....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 through 8)	23,950,794	.....	9,427,962	14,522,832
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11)	23,950,794	.....	9,427,962	14,522,832

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	17,801,099			17,791,046	10,054					
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	8,910,176			8,910,176						
1.4 Net	8,890,923			8,880,869	10,054					
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,180,000			1,180,000						
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	590,000			590,000						
3.4 Net	590,000			590,000						
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	1,300,000			1,300,000						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	650,000			650,000						
8.4 Net	650,000			650,000						
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	17,681,099			17,671,046	10,054					
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	8,850,176			8,850,176						
12.4 Net	8,830,923			8,820,869	10,054					
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	1,180,000			1,180,000						
2.2 Reinsurance assumed										
2.3 Reinsurance ceded	590,000			590,000						
2.4 Net	590,000			590,000						
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	1,180,000			1,180,000						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded	590,000			590,000						
4.4 Net	590,000			590,000						

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	511,307	8,379,616	33,857	556,143	545,164	650,000
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)	511,307	8,379,616	33,857	556,143	545,164	650,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	511,307	8,379,616	33,857	556,143	545,164	650,000

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

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	4,608	4,608	4,608	4,608	4,608
2.	2015	5,035	5,035	5,035	5,035	5,035
3.	2016	X X X	4,956	4,956	4,956	4,956
4.	2017	X X X	X X X	4,593	4,593	4,593
5.	2018	X X X	X X X	X X X	5,873	5,873
6.	2019	X X X	X X X	X X X	X X X	8,390

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior	4,628	4,608	4,608	4,608	4,608
2.	2015	5,340	5,035	5,035	5,035	5,035
3.	2016	X X X	4,956	4,956	4,956	4,956
4.	2017	X X X	X X X	4,593	4,593	4,593
5.	2018	X X X	X X X	X X X	5,873	5,873
6.	2019	X X X	X X X	X X X	X X X	8,390

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. 2015	9,855	5,035	579	11.500	5,614	56.966			5,614	56.966
2. 2016	10,004	4,956	696	14.044	5,652	56.497			5,652	56.497
3. 2017	10,828	4,593	781	17.004	5,374	49.631			5,374	49.631
4. 2018	11,703	5,873	845	14.386	6,718	57.403	34		6,752	57.694
5. 2019	14,343	8,390	1,277	15.222	9,667	67.399	556		10,223	71.276

12 Grand Total

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

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

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

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

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

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

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

Dental Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	4,608	4,608	4,608	4,608	4,608
2. 2015	5,035	5,035	5,035	5,035	5,035
3. 2016	X X X	4,956	4,956	4,956	4,956
4. 2017	X X X	X X X	4,593	4,593	4,593
5. 2018	X X X	X X X	X X X	5,872	5,872
6. 2019	X X X	X X X	X X X	X X X	8,380

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	4,628	4,608	4,608	4,608	4,608
2. 2015	5,340	5,035	5,035	5,035	5,035
3. 2016	X X X	4,956	4,956	4,956	4,956
4. 2017	X X X	X X X	4,593	4,593	4,593
5. 2018	X X X	X X X	X X X	5,872	5,872
6. 2019	X X X	X X X	X X X	X X X	8,380

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. 2015	9,855	5,035	579	11.500	5,614	56.966			5,614	56.966
2. 2016	10,004	4,956	696	14.044	5,652	56.497			5,652	56.497
3. 2017	10,828	4,593	781	17.004	5,374	49.631			5,374	49.631
4. 2018	11,702	5,872	845	14.389	6,717	57.400	34		6,751	57.690
5. 2019	14,307	8,380	1,277	15.240	9,657	67.499	556		10,213	71.385

12 Dental Only

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

Vision Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior					
2. 2015					
3. 2016	X X X				
4. 2017	X X X	X X X			
5. 2018	X X X	X X X	X X X	1	1
6. 2019	X X X	X X X	X X X	X X X	10

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior					
2. 2015					
3. 2016	X X X				
4. 2017	X X X	X X X			
5. 2018	X X X	X X X	X X X	1	1
6. 2019	X X X	X X X	X X X	X X X	10

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. 2015										
2. 2016										
3. 2017										
4. 2018	1	1			1	100.000			1	100.000
5. 2019	36	10			10	27.778			10	27.778

12 Vision Only

- 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)			289,163		289,163
2. Salaries, wages and other benefits			2,664,105		2,664,105
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			982,982		982,982
4. Legal fees and expenses			26,690		26,690
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services		124,588	78,154		202,742
7. Traveling expenses			10,255		10,255
8. Marketing and advertising			211,279		211,279
9. Postage, express and telephone			178,462		178,462
10. Printing and office supplies			33,340		33,340
11. Occupancy, depreciation and amortization			6,260		6,260
12. Equipment			89,824		89,824
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees			132,192		132,192
16. Insurance, except on real estate			68,092		68,092
17. Collection and bank service charges			52,914		52,914
18. Group service and administration fees		645,299	1,769		647,068
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			126,487		126,487
23.3 Regulatory authority licenses and fees			30,285		30,285
23.4 Payroll taxes			150,494		150,494
23.5 Other (excluding federal income and real estate taxes)			19,024		19,024
24. Investment expenses not included elsewhere				41,452	41,452
25. Aggregate write-ins for expenses			107,834		107,834
26. TOTAL Expenses Incurred (Lines 1 to 25)		769,887	5,259,604	41,452	(a) 6,070,943
27. Less expenses unpaid December 31, current year			1,107,163		1,107,163
28. Add expenses unpaid December 31, prior year			1,580,669		1,580,669
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)		769,887	5,733,110	41,452	6,544,449
DETAILS OF WRITE-INS					
2501. SOFTWARE, HARDWARE & EQUIPMENT EXPENSE			3,127		3,127
2502. SEMINARS, CONVENTIONS, OFFICE & DONATIONS EXPENSE			91,928		91,928
2503. REPAIR, MAINTENANCE & OTHER EXPENSE			12,779		12,779
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			107,834		107,834

(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)	617,610	738,104
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)	29,863	36,625
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	1,787	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL gross investment income	649,259	774,729
11. Investment expenses		(g) 41,452
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		101,992
16. TOTAL Deductions (Lines 11 through 15)		143,444
17. Net Investment income (Line 10 minus Line 16)		631,286
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501. AMORTIZATION PREMIUM/DISCOUNT		101,992
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)		101,992

- (a) Includes \$ 34,148 accrual of discount less \$ 136,173 amortization of premium and less \$ 5,523 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)	136,097		136,097		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	148,402		148,402	145,399	
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)	284,499		284,499	145,399	
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	49,787	53,421	3,635
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)	(3,586)
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	52,686	88,461	35,775
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates	651	232	(419)
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets	409,155	126,103	(283,052)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	790,783	543,134	(247,648)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	790,783	543,134	(247,648)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Other Receivables	3,269	(6,572)	(9,841)
2502. Pre-Paid	405,886	132,675	(273,212)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	409,155	126,103	(283,052)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	619,907	507,676	487,317	469,985	450,570	5,860,884
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	619,907	507,676	487,317	469,985	450,570	5,860,884
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
Group Subscribers:						
.....	246,549	17,459	(595)	49,787	49,787	263,412
0299997 Subtotal - Group Subscribers:	246,549	17,459	(595)	49,787	49,787	263,412
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group	246,549	17,459	(595)	49,787	49,787	263,412
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) ..	246,549	17,459	(595)	49,787	49,787	263,412

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						1,180,000
0699999 TOTAL Amounts Withheld
0799999 TOTAL Claims Unpaid						1,180,000
0899999 Accrued Medical Incentive Pool and Bonus Amounts

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
DELTA DENTAL OF CALIFORNIA	263,993				651	263,342	
0199999 Total - Individually listed receivables	263,993				651	263,342	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	263,993				651	263,342	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
DELTA DENTAL OF CALIFORNIA	COMPUTER SUPPORT AGREEMENT	67,312	67,312	
0199999 Total - Individually Listed Payables	X X X	67,312	67,312	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	67,312	67,312	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	17,801,099	100.000	X X X	X X X	17,801,099	
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	17,801,099	100.000	X X X	X X X	17,801,099	
13. TOTAL (Line 4 plus Line 12)	17,801,099	100.000	X X X	X X X	17,801,099	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	398,095	66,764	412,173		52,686	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL	398,095	66,764	412,173		52,686	

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>	2019	2018
<u>NET INCOME</u>			
(1) Delta Dental of Puerto Rico state basis (Page 4, Line 32, Columns 2 & 3)	Puerto Rico	\$ 1,011,920	\$ 1,757,838
(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	\$ 1,011,920	\$ 1,757,838
<u>SURPLUS</u>			
(5) Delta Dental of Puerto Rico state basis (Page 3, Line 33, Columns 3 & 4)	Puerto Rico	\$ 24,505,852	\$ 23,596,865
(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	\$ 24,505,852	\$ 23,596,865

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 were \$6,383,504 at December 31, 2019.
- 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, 2019.

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	\$	-
 - b. The aggregate related fair value of securities with unrealized losses:

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

Notes to Financial Statements

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

Restricted Asset Category	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross Admitted & Nonadmitted Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$.....%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	\$811,493	\$613,608	\$197,885	\$0	\$811,493	2.59%	2.66%
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	\$1,180,000	\$1,300,000	\$(120,000)	\$590,000	\$590,000	3.77%	1.93%
o. Total Restricted Assets	\$1,991,493	\$1,913,608	\$77,885	\$590,000	\$1,401,493	6.35%	4.59%

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, 2019 and December 31, 2018, are as follows

1.

Description	12/31/2019			12/31/2018			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)	-	-	-	-	-	-	-	-	-

2019 2018

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	12/31/2019			12/31/2018			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)									

Notes to Financial Statements

3.

	Description	2019	2018
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		

4.

	Description	12/31/2019		12/31/2018		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 12/31/2019	2 12/31/2018	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	551,035	1,045,412	(494,377)
b.	Foreign			
c.	Subtotal	551,035	1,045,412	(494,377)
d.	Federal income tax on net capital gains			
e.	Utilization of capital loss carry-forwards			
f.	Other			
g.	Federal and foreign income taxes incurred	551,035	1,045,412	(494,377)
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	

Notes to Financial Statements

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)			

The components of incurred income tax expense and the change in DTA's and DTL's at December 31, 2019 are as follows:

	2019	2018
Income Tax Expense	\$551,035	\$1,045,412
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 were \$645,651 for the year ended December 31, 2019.
- D. Amount due to DDC were \$67,312 at December 31, 2019. The Company also reported as receivable from DDC the amount of \$263,342 at December 31, 2019.
- 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. The Company’s contribution expense was \$53,677 for the year ended December 31, 2019. The Company may also make profit-sharing contributions at its discretion, which will be allocated among all eligible participants, whether or not they make contributions during the year.

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 at December 31, 2019. 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 at December 31, 2019.
- (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 has operating leases for its office facility. Total rent expense under such lease was \$154,119 for the year ended December 31, 2019. The future minimum lease payments under this operating lease are as follows:

Year ended December 31:

2020	\$ 214,948
2021	222,360
2022	229,772
2023	237,184
2024	<u>177,888</u>
	<u>\$1,082,152</u>

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 year ended December 31, 2019 was as follows:

	<u>ASC Uninsured Plans</u>	<u>Uninsured Portion of Partially Insured Plans</u>	<u>Total ASC</u>
a. Gross reimbursement for medical cost incurred	\$ 14,848,749	\$ -	\$ 14,848,749
b. Gross Administrative fees accrued	\$ 1,766,005	\$ -	\$ 1,766,005
c. Other Income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ (15,690,582)	\$ -	\$(15,690,582)
e. Total net gain or loss from operations	<u>\$ 924,172</u>	<u>\$ -</u>	<u>\$ 924,172</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 at December 31, 2019, using quoted prices in active markets for identical assets (Level 1). The Company currently does not own assets measured by significant other observable inputs (Level 2) or significant other unobservable inputs (Level 3).

A. Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Perpetual Preferred stock				
Industrial and Misc	\$	\$	\$	\$
Parent, Subsidiaries and Affiliates				
Total Perpetual Preferred	\$	\$	\$	\$
Stocks				
Bonds				
U.S. Governments	\$	\$	\$	\$
Industrial and Misc				
Hybrid Securities				
Parent, Subsidiaries and Affiliates				
Total Bonds	\$	\$	\$	\$
Common Stock				
Industrial and Misc	\$	\$	\$	\$
Parent, Subsidiaries and Affiliates	1,181,413			1,181,413
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	\$ 1,181,413	\$	\$	\$ 1,181,413
b. Liabilities at fair value				
Derivative liabilities	\$	\$	\$	\$
.....				
.....				
Total liabilities at fair value	\$	\$	\$	\$

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

The Company applies the provisions of *Accounting Standards Codification No. 820, Fair Value Measurements and Disclosures*, which establishes a hierarchy for inputs used in measuring fair value, as follows:

Level 1 - Valuations are based on quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access. Since valuations are readily and regularly available, valuation of Level 1 assets and liabilities does not require a significant degree of judgment. The Company considers equity securities and common stocks that are publicly traded as Level 1 assets.

Level 2 - Valuations are based on quoted prices for similar assets in active markets, or quoted prices in markets that are not active for which significant inputs are observable, either directly or indirectly. The Company currently does not own any assets measured as Level 2 assets.

Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Investment securities that are not traded in public markets or exchanges are included in this category. The Company currently does not own any assets measured as Level 3 assets.

The Company's investments in fixed income and equity securities are valued through the use of nationally recognized pricing services by the custodian and investment managers. If the Company does not agree with the estimated price, the identified price will be verified by an independent

Notes to Financial Statements

pricing source or through performing independent valuations of inputs and assumptions similar to those used by the pricing service in order to determine prices that represent a reasonable estimate of fair value. The Company made no significant adjustments to pricing for the years ended December 31, 2019 and 2018.

- 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

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings of businesses and shelter in place orders. The extent of the impact of COVID-19 on the Company's operational and financial performance will depend on certain developments, including the duration of the outbreak and the impact on our customers and providers. The related effect on the Company's financial condition, results of operations and these financial statements cannot be reasonably estimated at this time.

There were no events occurring subsequent to December 31, 2019 that may have material effect on the financial condition of the Company.

Note 23 - Reinsurance

The Company cedes insurance risk with an affiliate. 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 by reinsurance contracts amounted to \$8,979,830 for the year ended December 31, 2019. The agreement also provides for a reinsurance premiums allowance of 1.75% of the gross premiums received from groups whose contracts provide for a return of premiums based on retrospective group experience. The Company paid an allowance to the reinsurer of \$448,132 for the year ended December 31, 2019. Such amounts are included in premiums ceded. The experience rated refund under the reinsurance agreement amounted to \$0 for 2019. Amounts are presented as a reduction of premiums ceded. The amount of claims recovered from the reinsurer amounted to \$8,850,176 for the year ended December 31, 2019.

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.

Notes to Financial Statements

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

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 at December 2019 is as follows:

	2019
Balance, beginning of year	1,300,000
Reinsurance recoverable on unpaid claims	650,000
Net unpaid claims, beginning of period	650,000
Incurred related to:	
Current period insured events	8,969,616
Prior period insured events	(138,693)
	8,830,923
Paid related to:	
Current period insured events	8,379,616
Prior period insured events	511,307
	8,890,923
Unpaid claims, end of period	590,000
Ceded unpaid claims	590,000
Balance, end of year	1,180,000

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
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?

\$ 0
<hr/>
12/31/2019
<hr/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Note 31 - Anticipated Salvage and Subrogation

The Company does not anticipate salvage and subrogation.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
- 1.3 State Regulating? California
- 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.12/31/2019.....
- 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.12/31/2019.....
- 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).12/31/2019.....
- 3.4 By what department or departments?
- 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?
- 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[] No[] N/A[X]
- 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?
- 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

GENERAL INTERROGATORIES (Continued)

- 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: \$ 263,342

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
 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]
 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

GENERAL INTERROGATORIES (Continued)

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 | \$ | 0 |
| 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 | \$ | 1,180,000 |
- 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.
- LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[] No[X]
- 26.4 If the response to 26.3 is yes, does the reporting entity utilize:
- | | | |
|--|--------|-------|
| 26.41 Special Accounting Provision of SSAP No. 108 | Yes[] | No[X] |
| 26.42 Permitted Accounting Practice | Yes[] | No[X] |
| 26.43 Other Accounting Guidance | Yes[] | No[X] |
- 26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following? Yes[] No[X]
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

- 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 invested 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 invested assets? Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

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.

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

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	18,794,314	19,406,051	611,737
30.2 Preferred stocks			
30.3 Totals	18,794,314	19,406,051	611,737

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 No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes No 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 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:

- a. 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.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. 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.
- d. 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

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes No

OTHER

36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 113,641

36.2 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.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
DELTA DENTAL PLAN ASSOCIATION	91,895

- 37.1 Amount of payments for legal expenses, if any? \$..... 12,472
- 37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
VIDAL, NIEVES & BAUZA	7,920

- 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$..... 0
- 38.2 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[X]
- 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	14,522,832	11,702,849
2.3 Premium Ratio (2.1 / 2.2) .....	.....	.....
2.4 Reserve Numerator .....	.....	.....
2.5 Reserve Denominator	590,000	650,000
2.6 Reserve Ratio (2.4 / 2.5) .....	.....	.....

- 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[X]
- 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[X] 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[X] N/A []
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No[X]
- 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[X] 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 1,175
 - 8.2 Number of providers at end of reporting year 1,179
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[X] No []
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months 4,477,401
 - 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[X]
- 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[X]
 - 11.13 An Individual Practice Association (IPA), or, Yes [] No[X]
 - 11.14 A Mixed Model (combination of above)? Yes [] No[X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No[X]
- 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[X]
- 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[X]
- 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[X]
- 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[X]
- 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 2019	2 2018	3 2017	4 2016	5 2015
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	30,543,131	30,331,022	27,937,425	26,523,710	25,983,224
2. TOTAL Liabilities (Page 3, Line 24)	6,037,279	6,734,158	6,180,612	6,278,469	6,859,245
3. Statutory minimum capital and surplus requirement					
4. TOTAL Capital and Surplus (Page 3, Line 33)	24,505,852	23,596,865	21,756,813	20,245,241	19,123,979
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	14,414,725	11,702,849	10,828,277	10,004,720	9,855,257
6. TOTAL Medical and Hospital Expenses (Line 18)	8,830,923	6,488,459	4,971,617	5,250,498	5,297,282
7. Claims adjustment expenses (Line 20)	769,887	703,705	781,506	696,484	407,279
8. TOTAL Administrative Expenses (Line 21)	5,259,604	3,985,143	3,867,906	3,615,943	4,057,963
9. Net underwriting gain (loss) (Line 24)	(445,689)	525,542	1,207,248	441,795	92,733
10. Net investment gain (loss) (Line 27)	915,785	747,212	29,527	31,324	(924,997)
11. TOTAL Other Income (Lines 28 plus 29)	1,092,859	1,530,496	1,368,560	1,354,583	1,244,363
12. Net income or (loss) (Line 32)	1,011,920	1,757,838	1,434,500	1,014,062	14,840
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(238,046)	749,838	2,752,612	1,629,199	2,304,867
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	24,505,852	23,596,865	21,756,813	20,245,241	19,123,979
15. Authorized control level risk-based capital	539,890	469,856	368,212	395,024	392,836
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	450,570	619,907	514,185	529,523	531,438
17. TOTAL Members Months (Column 6, Line 7)	5,860,884	6,602,238	6,219,507	6,433,026	5,519,921
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	61.3	55.4	45.9	52.5	53.8
20. Cost containment expenses					
21. Other claims adjustment expenses	5.3	6.0	7.2	7.0	4.1
22. TOTAL Underwriting Deductions (Line 23)	103.1	95.5	88.9	95.6	99.1
23. TOTAL Underwriting Gain (Loss) (Line 24)	(3.1)	4.5	11.1	4.4	0.9
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	545,164	388,120	353,543	301,832	261,596
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	650,000	385,000	335,000	325,000	305,000
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 2479

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	619,907					619,907				
2. First Quarter	507,676				178	507,498				
3. Second Quarter	487,317				204	487,113				
4. Third Quarter	469,985				324	469,661				
5. Current Year	450,570				517	450,053				
6. Current Year Member Months	5,860,884				3,379	5,857,505				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	23,950,794				35,971	23,914,823				
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	17,801,099				10,054	17,791,046				
18. Amount Incurred for Provision of Health Care Services	17,681,099				10,054	17,671,046				

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 2479

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

NAIC Company Code 47085

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	619,907					619,907				
2. First Quarter	507,676				178	507,498				
3. Second Quarter	487,317				204	487,113				
4. Third Quarter	469,985				324	469,661				
5. Current Year	450,570				517	450,053				
6. Current Year Member Months	5,860,884				3,379	5,857,505				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	23,950,794				35,971	23,914,823				
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	17,801,099				10,054	17,791,046				
18. Amount Incurred for Provision of Health Care Services	17,681,099				10,054	17,671,046				

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

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - Non-U.S. - Other						
81396 ...	94-2761537 ...	01/01/1999	DELTA DENTAL INS CO	DE	1,583,273	590,000
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other					1,583,273	590,000
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					1,583,273	590,000
1899999 Total - Accident and Health - Affiliates					1,583,273	590,000
2299999 Total - Accident and Health					1,583,273	590,000
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					1,583,273	590,000
9999999 Total (Sum of 1199999 and 2299999)					1,583,273	590,000

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - Non-U.S. - Other													
81396	94-2761537	01/01/1999	DELTA DENTAL INS CO	DE	OTH/G	D	9,427,962		590,000				
0599999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Other							9,427,962		590,000				
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total							9,427,962		590,000				
0799999 Total - General Account - Authorized - Affiliates							9,427,962		590,000				
1199999 Total - General Account Authorized							9,427,962		590,000				
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							9,427,962		590,000				
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							9,427,962		590,000				
9999999 Total (Sum of 3499999 and 6899999)							9,427,962		590,000				

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 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	9,428	7,204	6,168	6,002	6,031
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	590	650	385	335	325
8. Reinsurance recoverable on paid losses	1,583	1,290	550	1,816	2,350
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	26,359,231		26,359,231
2. Accident and health premiums due and unpaid (Line 15)	263,412		263,412
3. Amounts recoverable from reinsurers (Line 16.1)	1,583,273		1,583,273
4. Net credit for ceded reinsurance	X X X	775,162	775,162
5. All other admitted assets (Balance)	2,337,215		2,337,215
6. TOTAL Assets (Line 28)	30,543,131	775,162	31,318,294
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	590,000		590,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	185,162		185,162
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	5,262,117		5,262,117
15. TOTAL Liabilities (Line 24)	6,037,279		6,037,279
16. TOTAL Capital and Surplus (Line 33)	24,505,852	X X X	24,505,852
17. TOTAL Liabilities, Capital and Surplus (Line 34)	30,543,131		30,543,131
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	590,000		
19. Accrued medical incentive pool			
20. Premiums received in advance	185,162		
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	775,162		
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	775,162		

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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	L	23,842,687					23,842,687		
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	23,842,687					23,842,687		
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	X X X	23,842,687					23,842,687		
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

56

(b) Explanation of basis of allocation by state, premiums by state, etc.:

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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					(15,972)				(15,972)	
95366	80-0175937	ALPHA DENTAL OF ARIZONA, INC					(419,297)				(419,297)	
95778	88-0244893	ALPHA DENTAL OF NV INC					(9,592)				(9,592)	
47092	33-0279230	ALPHA DENTAL OF NEW MEXICO, INC					(234,584)				(234,584)	
11174	86-0672505	ALPHA DENTAL OF UTAH, INC					(63,341)				(63,341)	
95163	74-2447512	ALPHA DENTAL PROGRAMS, INC					(5,434,284)				(5,434,284)	
81396	94-2761537	DELTA DENTAL INSURANCE COMPANY	592,000				(8,074,414)	(19,507,518)			(26,989,932)	5,184,977
00000	94-1461312	DELTA DENTAL OF CALIFORNIA	40,000				18,765,865	25,846,933			44,652,798	(34,095,322)
11132	51-0228088	DELTA DENTAL OF DELAWARE						(933,762)			(933,762)	3,131,675
54798	23-1667011	DELTA DENTAL OF PENNSYLVANIA	8,256,000				(1,143,919)				7,112,081	
47085	68-0652604	DELTA DENTAL PLAN OF PR INC					(664,297)	(735,146)			(1,399,443)	(590,000)
12329	55-0523124	DELTA DENTAL OF W VA	592,000					(1,183,798)			(591,798)	2,156,320
00000	98-0096711	DELTA REINSURANCE CORPORATION	(9,984,000)					2,518,460			(7,465,540)	(5,287,995)
73474	75-1233841	DENTEGRA INS CO					(1,933,670)	(5,422,496)			(7,356,166)	29,397,440
12210	30-0318743	DENTEGRA INS CO OF NEW ENGLAND						(582,674)			(582,674)	102,905
55263	11-1980218	DELTA DENTAL OF NY	504,000								(268,495)	
00000	52-1479587	DELTA DENTAL OF THE DISTRICT OF COLUMBIA					(772,495)					
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



47085201922600000

2019

Document Code: 226

LTC Supplemental Interrogatories



47085201930600000

2019

Document Code: 306

Health Life Supplement - April



47085201921100000

2019

Document Code: 211

Supplemental Health Care Exhibit



47085201921600000

2019

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



47085201921700000

2019

Document Code: 217

LHA Guaranty Association Reconciliation



47085201929000000

2019

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



47085201930000000

2019

Document Code: 300

Management's Report of Internal Control over Financial Reporting



47085201922300000

2019

Document Code: 223

LIABILITIES, CAPITAL AND SURPLUS

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

STATEMENT OF REVENUE AND EXPENSES

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

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D Part 1):						
1.01 U.S. governments						
1.02 All other governments	304,248	1.154	304,248		304,248	1.154
1.03 U.S. states, territories and possessions, etc. guaranteed	203,556	0.772	203,556		203,556	0.772
1.04 U.S. political subdivisions of states, territories and possessions, guaranteed	99,933	0.379	99,933		99,933	0.379
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed	2,616,441	9.926	2,616,441		2,616,441	9.926
1.06 Industrial and miscellaneous	15,570,136	59.069	15,570,136		15,570,136	59.069
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Bank loans						
1.11 Total long-term bonds	18,794,314	71.301	18,794,314		18,794,314	71.301
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual Funds	1,181,413	4.482	1,181,413		1,181,413	4.482
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Total common stocks	1,181,413	4.482	1,181,413		1,181,413	4.482
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total mortgages loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	5,620,539	21.323	5,620,539		5,620,539	21.323
6.02 Cash equivalents (Schedule E, Part 2)	762,965	2.894	762,965		762,965	2.894
6.03 Short-term investments (Schedule DA)						
6.04 Total Cash, cash equivalents and short-term investments	6,383,504	24.217	6,383,504		6,383,504	24.217
7. Contract loans						
8. Derivatives (Schedule DB)						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities Lending (Schedule DL, Part 1)				X X X	X X X	X X X
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	26,359,231	100.000	26,359,232		26,359,232	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Current year change in encumbrances:		
3.1 TOTALS, Part 1, Column 13		
3.2 TOTALS, Part 3, Column 11		
4. TOTAL gain (loss) on disposals, Part 3, Column 18		
5. Deduct amounts received on disposals, Part 3, Column 15		
6. TOTAL foreign exchange change in book/adjusted	NONE	
6.1 TOTALS, Part 1, Column 15		
6.2 TOTALS, Part 3, Column 13		
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 TOTALS, Part 1, Column 12		
7.2 TOTALS, Part 3, Column 10		
8. Deduct current year's depreciation:		
8.1 TOTALS, Part 1, Column 11		
8.2 TOTALS, Part 3, Column 9		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 7)		
2.2 Additional investment made after acquisition (Part 2, Column 8)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 12		
3.2 TOTALS, Part 3, Column 11		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 9		
5.2 TOTALS, Part 3, Column 8		
6. TOTAL gain (loss) on disposals, Part 3, Column 18		
7. Deduct amounts received on disposals, Part 3, Column 15		
8. Deduct amortization of premium and mortgage interest	NONE	
9. TOTAL foreign exchange change in book value/recorded interest		
9.1 TOTALS, Part 1, Column 13		
9.2 TOTALS, Part 3, Column 13		
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 TOTALS, Part 1, Column 11		
10.2 TOTALS, Part 3, Column 10		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. TOTAL valuation allowance		
13. Subtotal (Lines 11 plus 12)		
14. Deduct total nonadmitted amounts		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 16		
3.2 TOTALS, Part 3, Column 12		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 13		
5.2 TOTALS, Part 3, Column 9		
6. TOTAL gain (loss) on disposals, Part 3, Column 19		
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		19,420,964
2. Cost of bonds and stocks acquired, Part 3, Column 7		1,245,500
3. Accrual of Discount		34,148
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	247,999	
4.4 Part 4, Column 11	(102,600)	145,399
5. TOTAL gain (loss) on disposals, Part 4, Column 19		283,688
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		1,018,609
7. Deduct amortization of premium		136,173
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 5Q, Line 5Q(2)		811
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)		19,975,727
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		19,975,727

SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States				
	2. Canada	304,248	315,282	318,866	263,000
	3. Other Countries				
	4. TOTALS	304,248	315,282	318,866	263,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS	203,556	207,539	210,109	199,545
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS	99,933	100,569	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	2,616,441	2,701,121	2,610,172	2,909,212
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans and Hybrid Securities (unaffiliated)	8. United States	14,042,281	14,525,965	14,258,740	13,724,000
	9. Canada	24,286	25,167	26,161	20,000
	10. Other Countries	1,503,568	1,530,408	1,527,274	1,490,000
	11. TOTALS	15,570,136	16,081,540	15,812,174	15,234,000
Parent, Subsidiaries and Affiliates	12. TOTALS				
	13. TOTAL Bonds	18,794,314	19,406,051	19,050,672	18,705,758
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. TOTALS				
Parent, Subsidiaries and Affiliates	18. TOTALS				
	19. TOTAL Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States	1,181,413	1,181,413	777,843	
	21. Canada				
	22. Other Countries				
	23. TOTALS	1,181,413	1,181,413	777,843	
Parent, Subsidiaries and Affiliates	24. TOTALS				
	25. TOTAL Common Stocks	1,181,413	1,181,413	777,843	
	26. TOTAL Stocks	1,181,413	1,181,413	777,843	
	27. TOTAL Bonds and Stocks	19,975,727	20,587,464	19,828,516	

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 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)
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			304,248			X X X	304,248	1.62	310,249	1.69	304,248	
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			304,248			X X X	304,248	1.62	310,249	1.69	304,248	
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1		25,128				X X X	25,128	0.13	25,244	0.14	25,128	
3.2 NAIC 2		178,428				X X X	178,428	0.95	205,635	1.12	178,428	
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		203,556				X X X	203,556	1.08	230,878	1.26	203,556	
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1	99,933					X X X	99,933	0.53	99,835	0.54	99,933	
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	99,933					X X X	99,933	0.53	99,835	0.54	99,933	
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1	270,638	928,574	584,970	149,697	528,112	X X X	2,461,991	13.10	2,012,621	10.98	2,461,991	
5.2 NAIC 2		148,457				X X X	148,457	0.79	147,859	0.81	148,457	
5.3 NAIC 3						X X X						
5.4 NAIC 4						X X X						
5.5 NAIC 5			5,993			X X X	5,993	0.03			5,993	
5.6 NAIC 6						X X X			32,663	0.18		
5.7 TOTALS	270,638	1,077,031	590,962	149,697	528,112	X X X	2,616,441	13.92	2,193,142	11.97	2,616,441	

S105

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	242,464	11,244,373	1,139,209			X X X	12,626,046	67.18	12,782,981	69.75	12,626,046	
6.2 NAIC 2	562,097	2,381,993				X X X	2,944,091	15.66	2,709,943	14.79	2,944,091	
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	804,561	13,626,366	1,139,209			X X X	15,570,136	82.84	15,492,923	84.54	15,570,136	
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. Unaffiliated Bank Loans												
10.1 NAIC 1						X X X						
10.2 NAIC 2						X X X						
10.3 NAIC 3						X X X						
10.4 NAIC 4						X X X						
10.5 NAIC 5						X X X						
10.6 NAIC 6						X X X						
10.7 TOTALS						X X X						

901S

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) 613,035	12,198,076	2,028,426	149,697	528,112		15,517,346	82.56	X X X	X X X	15,517,346	
11.2 NAIC 2	(d) 562,097	2,708,878					3,270,975	17.40	X X X	X X X	3,270,975	
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)		5,993				(c) 5,993	0.03	X X X	X X X	5,993	
11.6 NAIC 6	(d)						(c)		X X X	X X X		
11.7 TOTALS	1,175,132	14,906,954	2,034,419	149,697	528,112		(b) 18,794,314	100.00	X X X	X X X	18,794,314	
11.8 Line 11.7 as a % of Column 7	6.25	79.32	10.82	0.80	2.81		100.00	X X X	X X X	X X X	100.00	
12. Total Bonds Prior Year												
12.1 NAIC 1	344,905	11,044,911	3,189,443	181,264	470,407		X X X	X X X	15,230,930	83.11	15,230,930	
12.2 NAIC 2		2,908,910	154,525				X X X	X X X	3,063,436	16.72	3,063,436	
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					32,663		X X X	X X X	(c) 32,663	0.18	32,663	
12.7 TOTALS	344,905	13,953,822	3,343,968	181,264	503,069		X X X	X X X	(b) 18,327,028	100.00	18,327,028	
12.8 Line 12.7 as a % of Col. 9	1.88	76.14	18.25	0.99	2.74		X X X	X X X	100.00	X X X	100.00	
13. Total Publicly Traded Bonds												
13.1 NAIC 1	613,035	12,198,076	2,028,426	149,697	528,112		15,517,346	82.56	15,230,930	83.11	15,517,346	X X X
13.2 NAIC 2	562,097	2,708,878					3,270,975	17.40	3,063,436	16.72	3,270,975	X X X
13.3 NAIC 3												X X X
13.4 NAIC 4												X X X
13.5 NAIC 5			5,993				5,993	0.03			5,993	X X X
13.6 NAIC 6									32,663	0.18		X X X
13.7 TOTALS	1,175,132	14,906,954	2,034,419	149,697	528,112		18,794,314	100.00	18,327,028	100.00	18,794,314	X X X
13.8 Line 13.7 as a % of Col. 7	6.25	79.32	10.82	0.80	2.81		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	6.25	79.32	10.82	0.80	2.81		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	

S107

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....628,999 current year of bonds with Z designations, \$.....470,407 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 11.08	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												
1.01 Issuer Obligations						X X X						
1.02 Residential Mortgage-Backed Securities						X X X						
1.03 Commercial Mortgage-Backed Securities						X X X						
1.04 Other Loan-Backed and Structured Securities						X X X						
1.05 TOTALS						X X X						
2. All Other Governments												
2.01 Issuer Obligations			304,248			X X X	304,248	1.62	310,249	1.69	304,248	
2.02 Residential Mortgage-Backed Securities						X X X						
2.03 Commercial Mortgage-Backed Securities						X X X						
2.04 Other Loan-Backed and Structured Securities						X X X						
2.05 TOTALS			304,248			X X X	304,248	1.62	310,249	1.69	304,248	
3. U.S. States, Territories and Possessions, Guaranteed												
3.01 Issuer Obligations		203,556				X X X	203,556	1.08	230,878	1.26	203,556	
3.02 Residential Mortgage-Backed Securities						X X X						
3.03 Commercial Mortgage-Backed Securities						X X X						
3.04 Other Loan-Backed and Structured Securities						X X X						
3.05 TOTALS		203,556				X X X	203,556	1.08	230,878	1.26	203,556	
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01 Issuer Obligations	99,933					X X X	99,933	0.53	99,835	0.54	99,933	
4.02 Residential Mortgage-Backed Securities						X X X						
4.03 Commercial Mortgage-Backed Securities						X X X						
4.04 Other Loan-Backed and Structured Securities						X X X						
4.05 TOTALS	99,933					X X X	99,933	0.53	99,835	0.54	99,933	
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01 Issuer Obligations		176,112	94,575	9,719	528,112	X X X	808,518	4.30	877,806	4.79	808,518	
5.02 Residential Mortgage-Backed Securities	270,638	900,919	496,388	139,978		X X X	1,807,922	9.62	1,315,335	7.18	1,807,922	
5.03 Commercial Mortgage-Backed Securities						X X X						
5.04 Other Loan-Backed and Structured Securities						X X X						
5.05 TOTALS	270,638	1,077,031	590,962	149,697	528,112	X X X	2,616,441	13.92	2,193,142	11.97	2,616,441	
6. Industrial and Miscellaneous												
6.01 Issuer Obligations	804,561	13,626,366	1,139,209			X X X	15,570,136	82.84	15,492,923	84.54	15,570,136	
6.02 Residential Mortgage-Backed Securities						X X X						
6.03 Commercial Mortgage-Backed Securities						X X X						
6.04 Other Loan-Backed and Structured Securities						X X X						
6.05 TOTALS	804,561	13,626,366	1,139,209			X X X	15,570,136	82.84	15,492,923	84.54	15,570,136	
7. Hybrid Securities												
7.01 Issuer Obligations						X X X						
7.02 Residential Mortgage-Backed Securities						X X X						
7.03 Commercial Mortgage-Backed Securities						X X X						
7.04 Other Loan-Backed and Structured Securities						X X X						
7.05 TOTALS						X X X						
8. Parent, Subsidiaries and Affiliates												
8.01 Issuer Obligations						X X X						
8.02 Residential Mortgage-Backed Securities						X X X						
8.03 Commercial Mortgage-Backed Securities						X X X						
8.04 Other Loan-Backed and Structured Securities						X X X						
8.05 Affiliated Bank Loans - Issued						X X X						
8.06 Affiliated Bank Loans - Acquired						X X X						
8.07 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 11.08	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												
9.01 Exchange Traded Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.02 Bond Mutual Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.03 TOTALS	X X X	X X X	X X X	X X X	X X X							
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						X X X						
10.02 Unaffiliated Bank Loans - Acquired						X X X						
10.03 TOTALS						X X X						
11. Total Bonds Current Year												
11.01 Issuer Obligations	904,494	14,006,035	1,538,032	9,719	528,112	X X X	16,986,392	90.38	X X X	X X X	16,986,392	
11.02 Residential Mortgage-Backed Securities	270,638	900,919	496,388	139,978		X X X	1,807,922	9.62	X X X	X X X	1,807,922	
11.03 Commercial Mortgage-Backed Securities						X X X			X X X	X X X		
11.04 Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
11.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
11.06 Affiliated Bank Loans						X X X			X X X	X X X		
11.07 Unaffiliated Bank Loans						X X X			X X X	X X X		
11.08 TOTALS	1,175,132	14,906,954	2,034,419	149,697	528,112		18,794,314	100.00	X X X	X X X	18,794,314	
11.09 Line 11.08 as a % of Col. 7	6.25	79.32	10.82	0.80	2.81		100.00	X X X	X X X	X X X	100.00	
12. Total Bonds Prior Year												
12.01 Issuer Obligations	201,784	13,388,851	2,917,988		503,069	X X X	X X X	X X X	17,011,693	92.82	17,011,693	
12.02 Residential Mortgage-Backed Securities	143,121	564,971	425,980	181,264		X X X	X X X	X X X	1,315,335	7.18	1,315,335	
12.03 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
12.04 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
12.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
12.06 Affiliated Bank Loans						X X X	X X X	X X X				
12.07 Unaffiliated Bank Loans						X X X	X X X	X X X				
12.08 TOTALS	344,905	13,953,822	3,343,968	181,264	503,069		X X X	X X X	18,327,028	100.00	18,327,028	
12.09 Line 12.08 as a % of Col. 9	1.88	76.14	18.25	0.99	2.74		X X X	X X X	100.00	X X X	100.00	
13. Total Publicly Traded Bonds												
13.01 Issuer Obligations	904,494	14,006,035	1,538,032	9,719	528,112	X X X	16,986,392	90.38	17,011,693	92.82	16,986,392	X X X
13.02 Residential Mortgage-Backed Securities	270,638	900,919	496,388	139,978		X X X	1,807,922	9.62	1,315,335	7.18	1,807,922	X X X
13.03 Commercial Mortgage-Backed Securities						X X X						X X X
13.04 Other Loan-Backed and Structured Securities						X X X						X X X
13.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X							X X X
13.06 Affiliated Bank Loans						X X X						X X X
13.07 Unaffiliated Bank Loans						X X X						X X X
13.08 TOTALS	1,175,132	14,906,954	2,034,419	149,697	528,112		18,794,314	100.00	18,327,028	100.00	18,794,314	X X X
13.09 Line 13.08 as a % of Col. 7	6.25	79.32	10.82	0.80	2.81		100.00	X X X	X X X	X X X	100.00	X X X
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11	6.25	79.32	10.82	0.80	2.81		100.00	X X X	X X X	X X X	100.00	X X X
14. Total Privately Placed Bonds												
14.01 Issuer Obligations						X X X						X X X
14.02 Residential Mortgage-Backed Securities						X X X						X X X
14.03 Commercial Mortgage-Backed Securities						X X X						X X X
14.04 Other Loan-Backed and Structured Securities						X X X						X X X
14.05 SVO Identified Funds	X X X	X X X	X X X	X X X	X X X							X X X
14.06 Affiliated Bank Loans						X X X						X X X
14.07 Unaffiliated Bank Loans						X X X						X X X
14.08 TOTALS												X X X
14.09 Line 14.08 as a % of Col. 7								X X X	X X X	X X X		X X X
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11								X X X	X X X	X X X		X X X

6015

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	119,671		119,671	
2. Cost of cash equivalents acquired	1,661,051		1,661,051	
3. Accrual of discount				
4. Unrealized valuation increase (decrease)				
5. TOTAL gain (loss) on disposals				
6. Deduct consideration received on disposals	1,017,757		1,017,757	
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)	762,965		762,965	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Lines 10 minus 11)	762,965		762,965	

(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

SCHEDULE B - PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

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

General Interrogatory:

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

SCHEDULE B - PART 2

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

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

SCHEDULE B - PART 3

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

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Disposal Date	7 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Change in Book Value/Recorded Investment					14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15 Consider- ation	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal
	2 City	3 State					8 Unrealized Valuation Increase (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other-Than- Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8+9-10+11)						13 Total Foreign Exchange Change in Book Value
0599999 Totals																

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

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

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

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value					Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	F O R E I G N	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other- Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date	
All Other Governments - Issuer Obligations																						
74815HBZ4	QUEBEC, PROVINCE OF		C		1FE	318,866		119,8790	315,282	263,000		304,248		(6,001)		6.350	3.465	JJ	7,005	16,701	05/11/2018	01/30/2026
0699999 Subtotal - All Other Governments - Issuer Obligations						318,866	XXX	315,282	263,000	304,248		(6,001)			XXX	XXX	XXX	7,005	16,701	XXX	XXX	
1099999 Subtotal - All Other Governments						318,866	XXX	315,282	263,000	304,248		(6,001)			XXX	XXX	XXX	7,005	16,701	XXX	XXX	
U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
373384K96	GEORGIA ST			1	1FE	25,811		101,3950	25,349	25,000		25,128		(115)		3.000	2.517	FA	313	750	07/03/2013	02/01/2021
452151LE1	ILLINOIS ST				2FE	184,297		104,3800	182,191	174,545		178,428		(1,035)		4.950	4.243	JD	720	8,640	07/16/2012	06/01/2023
1199999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						210,109	XXX	207,539	199,545	203,556		(1,150)			XXX	XXX	XXX	1,033	9,390	XXX	XXX	
1799999 Subtotal - U.S. States, Territories and Possessions (Direct and Guaranteed)						210,109	XXX	207,539	199,545	203,556		(1,150)			XXX	XXX	XXX	1,033	9,390	XXX	XXX	
U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations																						
476576GN7	JERSEY CITY N J				1FE	99,352		100,5690	100,569	100,000		99,933		98		2.723	2.825	MS	908	2,723	07/03/2013	09/01/2020
1899999 Subtotal - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations						99,352	XXX	100,569	100,000	99,933		98			XXX	XXX	XXX	908	2,723	XXX	XXX	
2499999 Subtotal - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)						99,352	XXX	100,569	100,000	99,933		98			XXX	XXX	XXX	908	2,723	XXX	XXX	
U.S. Special Revenue, Special Assessment - Issuer Obligations																						
36829QA3	GDB DEBT RECOVERY AUTH OF COMWLTH PUERTO				6Z	461,766		78,2500	478,187	611,101		462,137		356		7.500	10.486	FA	17,060	32,982	11/29/2018	08/20/2040
452227GC9	ILLINOIS ST SALES TAX REV			1	2FE	144,933		99,2850	148,527	150,000		148,457		598		2.450	2.887	JD	163	3,675	07/03/2013	06/15/2022
4546247M3	INDIANA BD BK REV				1FE	25,220		102,6210	25,655	25,000		25,069		(26)		2.971	2.857	JJ	342	743	07/03/2013	07/15/2022
74529JP03	PUERTO RICO SALES TAX FING CORP SALES TA			2	5	5,933		106,9570	6,417	6,000		5,993		0		4.500	4.511	JJ	135	248	02/15/2019	07/01/2034
74529JPV1	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	2,900		103,7820	3,113	3,000		2,903		2		4.550	4.800	JJ	68	125	02/15/2019	07/01/2040
74529JPW9	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	21,120		104,6520	24,070	23,000		21,137		17		4.750	5.267	JJ	546	1,001	02/15/2019	07/01/2053
74529JPX7	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	55,935		106,3530	62,748	59,000		55,955		20		5.000	5.316	JJ	2,704	1,475	02/15/2019	07/01/2058
74529JPY5	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	27,680		92,7590	29,683	32,000		27,774		94		4.550	5.645	JJ	728	1,335	02/15/2019	07/01/2040
74529JQA6	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	11,233		93,0040	12,091	13,000		11,243		10		5.000	5.891	JJ	325	569	11/29/2019	07/01/2058
74529JQB4	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	2,532		87,8950	2,637	3,000		2,586		54			3.324	N/A			11/29/2019	07/01/2024
74529JQC2	PUERTO RICO SALES TAX FING CORP SALES TA			2	6Z	4,353		79,9740	4,798	6,000		4,502		149			3.866	N/A			02/15/2019	07/01/2027
74529JQD0	PUERTO RICO SALES TAX FING CORP SALES TA			3	6Z	3,961		74,3290	4,460	6,000		4,085		124			4.080	N/A			11/29/2019	07/01/2029
74529JQE8	PUERTO RICO SALES TAX FING CORP SALES TA			3	6Z	4,703		68,7820	5,503	8,000		4,866		163			4.360	N/A			11/29/2019	07/01/2031
74529JQF5	PUERTO RICO SALES TAX FING CORP SALES TA			3	6Z	4,679		63,7430	5,737	9,000		4,853		174			4.614	N/A			11/29/2019	07/01/2033
74529JQG3	PUERTO RICO SALES TAX FING CORP SALES TA			3	6Z	15,927		26,9160	22,071	82,000		16,775		848			6.077	N/A			11/29/2019	07/01/2046
74529JQH1	PUERTO RICO SALES TAX FING CORP SALES TA			3	6Z	9,669		19,6420	13,160	67,000		10,182		513			6.070	N/A			11/29/2019	07/01/2051
2599999 Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations						802,605	XXX	849,258	1,103,101	808,518		3,098			XXX	XXX	XXX	20,843	43,382	XXX	XXX	
U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities																						
3128MMW82	FH G18670 - RMBS			4	1	868,971		103,3622	905,759	876,296		869,535		468		3.000	3.196	MON	2,191	26,063	04/26/2018	12/01/2032
3128MMX73	FH G18701 - RMBS			4	1	114,191		102,7086	118,638	115,509		114,178		(14)		3.000	3.316	MON	289	3,465	12/07/2018	08/01/2033
31418CDH4	FN MA2803 - RMBS			4	1	98,673		101,4351	98,983	97,583		98,504		(53)		2.500	2.234	MON	203	2,396	08/08/2017	11/01/2031
31418DCT7	FN MA3681 - RMBS			4	1	319,873		102,5587	322,429	314,385		319,883		11		3.000	2.449	MON	786	4,716	06/20/2019	06/01/2034
31418DJJ2	FN MA3864 - RMBS			4	1	405,859		100,9237	406,055	402,339		405,822		(37)		2.500	2.309	MON	838	838	11/18/2019	12/01/2034
2699999 Subtotal - U.S. Special Revenue, Special Assessment - Residential Mortgage-Backed Securities						1,807,567	XXX	1,851,864	1,806,111	1,807,922		375			XXX	XXX	XXX	4,307	37,478	XXX	XXX	
3199999 Subtotal - U.S. Special Revenue, Special Assessment						2,610,172	XXX	2,701,121	2,909,212	2,616,441		3,473			XXX	XXX	XXX	25,150	80,860	XXX	XXX	
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																						
00206RAZ5	AT&T INC			1	2FE	103,782		103,0350	103,035	100,000		100,898		(531)		3.875	3.301	FA	1,464	3,875	02/06/2014	08/15/2021
00209TAB1	COMCAST CABLE COMMUNICATIONS HOLDINGS IN				1FE	174,211		120,8480	151,060	125,000		149,309		(8,080)		9.455	2.403	MN	1,510	11,819	11/09/2016	11/15/2022
00440EAU1	CHUBB INA HOLDINGS INC			1,2	1FE	398,980		102,5850	410,340	400,000		398,549		416		2.875	2.995	MN	1,853	11,500	04/26/2018	11/03/2022
020002AZA	ALLSTATE CORP			1	1FE	493,365		103,8510	519,255	500,000		495,412		1,231		3.150	3.434	JD	700	15,750	04/26/2018	06/15/2023
02364WAV7	AMERICA MOVIL SAB DE CV			C	1FE	33,046		100,6240	30,187	30,000		30,224		(905)		5.000	1.920	MS	379	1,500	10/25/2016	03/30/2020
02364WBD6	AMERICA MOVIL SAB DE CV			C	1FE	342,230		102,3730	358,306	350,000		345,186		1,775		3.125	3.697	JJ	5,013	10,938	04/25/2018	07/16/2022
025846BM0	AMERICAN EXPRESS CO			2	2FE	182,326		101,1770	192,236	190,000		185,203		1,743		2.500	3.531	FA	1,979	4,750	04/27/2018	08/01/2022
025846BR9	AMERICAN EXPRESS CO			2	1FE	333,165		103,3630	361,771	350,000		337,129		2,381		3.000	3.842	AO	1,779	10,500	04/23/2018	10/30/2024
026609AC1	WYETH LLC			1	1FE	147,382		115,7050	144,631	125,000		139,344		(4,218)		7.250	3.394	MS	3,021	9,063	05/15/2018	03/01/2023
03076CAF3	AMERIPRISE FINANCIAL INC			1	1FE	520,691		107,1730	535,865	500,000		513,052		(3,199)		4.000	3.260	AO	4,222	20,000	05/08/2018	10/15/2023
031162BN9	AMGEN INC			1,2	2FE	276,587		103,3580	284,235	275,000		275,919		(406)		3.625	3.462	MN	1,274	9,969	04/26/2018	05/15/2022
031162BV1	AMGEN INC			1,2	2FE	156,204		105,6890	158,534	150,000		153,699		(826)		3.625	2.988	MN	589	5,438	11/10/2016	05/22/2024
03523TBB3	ANHEUSER-BUSCH INBEV WORLDWIDE INC			1	2FE	110,784		102,3550	102,355	100,000		101,864		(1,616)		4.375	2.877	FA	1,653	4,375	02/06/2014	02/15/2021
035242AL0	ANHEUSER-BUSCH INBEV FINANCE INC			1	2FE	313,814		103,5870	326,299	315,000		314,123		258		3.300	3.394	FA	4,331	11,367	04/23/2018	02/01/2023

E10

SCHEDULE D - PART 1

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F O R E I G N	Bond CHAR	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
037833BF6	APPLE INC			1	1FE	492,145	102.2840	511,420	500,000	495,282		1,892			2.700	3.117	MN	1,800	13,500	04/26/2018	05/13/2022
037833BG4	APPLE INC			1	1FE	25,471	105.6410	26,410	25,000	25,353		(60)			3.200	2.914	MN	107	800	12/21/2017	05/13/2025
055451AU2	BHP BILLITON FINANCE (USA) LTD		C	1	1FE	108,758	106.7700	106,770	100,000	104,924		(1,240)			3.850	2.464	MS	973	3,850	11/14/2016	09/30/2023
05565QBZ0	BP CAPITAL MARKETS PLC		C	1	1FE	99,634	102.7090	102,709	100,000	99,887		45			3.245	3.295	MN	496	3,245	02/06/2014	05/06/2022
06051GEH8	BANK OF AMERICA CORP			1	1FE	262,618	104.2630	260,658	250,000	255,801		(4,089)			5.000	3.248	MN	1,667	12,500	04/23/2018	05/13/2021
06051GEU9	BANK OF AMERICA CORP			1	1FE	173,493	103.4220	180,989	175,000	174,009		305			3.300	3.499	JJ	2,727	5,775	04/25/2018	01/11/2023
06051GFF1	BANK OF AMERICA CORP			1	1FE	75,897	107.1420	80,357	75,000	75,653		(139)			4.000	3.776	AO	750	3,000	03/21/2018	04/01/2024
06406FAD5	BANK OF NEW YORK MELLON CORP			2	1FE	427,866	101.0230	454,604	450,000	434,920		3,848			2.200	3.184	FA	3,713	9,900	04/26/2018	08/16/2023
071813BF5	BAXTER INTERNATIONAL INC			1	1FE	94,408	100.7230	100,723	100,000	98,118		678			2.400	3.154	FA	907	2,400	02/06/2014	08/15/2022
09247XAJ0	BLACKROCK INC			1	1FE	25,527	103.6320	25,908	25,000	25,162		(64)			3.375	3.095	JD	70	844	07/03/2013	06/01/2022
097023AH8	BOEING CO			1	1FE	313,108	123.6590	309,148	250,000	297,615		(9,348)			7.950	3.456	FA	7,508	19,875	05/07/2018	08/15/2024
110122AB4	BRISTOL-MYERS SQUIBB COMPANY			1	1FE	57,228	127.1260	57,207	45,000	57,157		(71)			6.800	2.496	MN	391		12/16/2019	11/15/2026
12189LAQ4	BURLINGTON NORTHERN SANTA FE LLC			1,2	1FE	132,983	106.2550	132,819	125,000	129,364		(1,199)			3.850	2.772	MS	1,604	4,813	11/21/2016	09/01/2023
12189TAA2	BURLINGTON NORTHERN SANTA FE CORPORATION			1	1FE	72,602	126.5100	75,906	60,000	70,465		(1,544)			7.000	3.708	JD	187	4,200	08/08/2018	12/15/2025
14912L5F4	CATERPILLAR FINANCIAL SERVICES CORP			1	1FE	98,539	102.0260	102,026	100,000	99,538		182			2.850	3.050	JD	238	2,850	02/06/2014	06/01/2022
20030NBJ9	COMCAST CORP			1	1FE	40,906	106.0220	42,409	40,000	40,769		(137)			3.600	3.104	MS	480	720	03/11/2019	03/01/2024
244199BE4	DEERE & CO			2	1FE	340,479	101.8660	356,531	350,000	345,044		1,926			2.600	3.209	JD	581	9,100	05/08/2018	06/08/2022
25468PCT1	WALT DISNEY CO			1	1FE	97,496	101.5890	101,589	100,000	99,281		324			2.550	2.902	FA	963	2,550	02/06/2014	02/15/2022
26442CAQ7	DUKE ENERGY CAROLINAS LLC			1,2	1FE	54,444	101.5330	55,843	55,000	54,695		90			2.500	2.682	MS	405	1,375	02/22/2017	03/15/2023
278062AC8	EATON CORP			1	2FE	345,339	102.0170	357,060	350,000	346,542		1,130			2.750	3.114	MN	1,577	9,625	04/26/2018	11/02/2022
30231GAG7	EXXON MOBIL CORP			1,2	1FE	111,796	100.0090	110,010	110,000	110,055		(554)			1.912	1.400	MS	672	2,103	10/24/2016	03/06/2020
377372AL1	GLAXOSMITHKLINE CAPITAL INC			1	1FE	149,748	104.2920	156,438	150,000	149,825		48			3.375	3.412	MN	647	5,063	06/20/2018	05/15/2023
38141GGQ1	GOLDMAN SACHS GROUP INC			1	1FE	112,769	104.9490	104,949	100,000	104,385		(2,709)			5.250	2.388	JJ	2,246	5,250	10/25/2016	07/27/2021
38141GG57	GOLDMAN SACHS GROUP INC			1	1FE	323,492	107.3400	322,020	300,000	313,323		(6,126)			5.750	3.499	JJ	7,523	17,250	04/26/2018	01/24/2022
404280AK5	HSBC HOLDINGS PLC		C	1	1FE	370,254	103.7130	362,996	350,000	358,205		(6,284)			5.100	3.185	AO	4,264	17,850	04/27/2018	04/05/2021
404280AL3	HSBC HOLDINGS PLC			1	1FE	110,426	105.5770	105,577	100,000	104,246		(2,003)			4.875	2.716	JJ	2,261	4,875	10/24/2016	01/14/2022
406216AH4	HALLIBURTON COMPANY			1	2FE	86,205	107.0930	82,462	77,000	81,399		(3,780)			8.750	3.510	FA	2,545	6,738	09/19/2018	02/15/2021
438516BA3	HONEYWELL INTERNATIONAL INC			1	1FE	110,396	103.0880	103,088	100,000	101,851		(1,543)			4.250	2.625	MS	1,417	4,250	02/06/2014	03/01/2021
448814EJ8	HYDRO-QUEBEC		C	1	1FE	26,161	125.8340	25,167	20,000	24,286		(875)			8.050	2.947	JJ	778	1,610	10/24/2017	07/07/2024
458140AJ9	INTEL CORP			1	1FE	25,626	102.7670	25,692	25,000	25,150		(82)			3.300	2.946	AO	206	825	07/03/2013	10/01/2021
458140AM2	INTEL CORP			1	1FE	95,355	102.4840	102,484	100,000	98,298		540			2.700	3.310	JD	120	2,700	02/06/2014	12/15/2022
458140BD1	INTEL CORP			1,2	1FE	252,267	103.8520	271,054	261,000	254,509		1,355			2.875	3.495	MN	1,042	7,504	04/26/2018	05/11/2024
459200AM3	INTERNATIONAL BUSINESS MACHINES CORPORAT			1	1FE	184,262	124.5890	186,884	150,000	180,587		(3,675)			7.000	3.143	AO	1,779	10,500	03/20/2019	10/30/2025
459200HP9	INTERNATIONAL BUSINESS MACHINES CORP			1	1FE	211,426	104.6860	209,372	200,000	206,306		(1,666)			3.375	2.450	FA	2,813	6,750	11/14/2016	08/01/2023
459284AB1	COCA COLA EUROPEAN PARTNERS US LLC		C	1	2FE	462,926	100.8400	463,864	460,000	460,895		(1,238)			3.500	3.218	MS	4,741	16,100	05/01/2018	09/15/2020
46625HJC5	JPMORGAN CHASE & CO			1	1FE	377,375	103.8510	379,056	365,000	371,232		(3,684)			4.350	3.260	FA	5,998	15,878	04/23/2018	08/15/2021
46625HJE1	JPMORGAN CHASE & CO			1	1FE	98,165	103.4430	103,443	100,000	99,362		219			3.250	3.497	MS	885	3,250	02/06/2014	09/23/2022
478160BT0	JOHNSON & JOHNSON			1,2	1FE	211,555	100.6090	211,279	210,000	210,756		(252)			2.050	1.921	MS	1,435	4,305	11/21/2016	03/01/2023
494368BF9	KIMBERLY-CLARK CORP			1	1FE	107,541	102.3060	102,306	100,000	101,345		(1,121)			3.875	2.693	MS	1,292	3,875	02/06/2014	03/01/2021
534187BB4	LINCOLN NATIONAL CORP			1	2FE	113,086	103.9850	112,304	108,000	110,455		(1,596)			4.850	3.262	JD	102	5,238	04/27/2018	06/24/2021
534187BC2	LINCOLN NATIONAL CORP			1	2FE	307,605	104.2370	312,711	300,000	304,453		(1,909)			4.200	3.494	MS	3,710	12,600	04/26/2018	03/15/2022
589331AT4	MERCK & CO INC			1,2	1FE	47,586	101.6010	50,000	50,000	49,211		276			2.400	3.012	MS	353	1,200	07/03/2013	09/15/2022
594918AL8	MICROSOFT CORP			1	1FE	80,736	102.7520	77,064	75,000	76,554		(1,379)			4.000	2.089	FA	1,192	3,000	11/21/2016	02/08/2021
594918BA1	MICROSOFT CORP			1,2	1FE	164,264	101.3770	162,203	160,000	161,712		(820)			2.375	1.836	FA	1,467	3,800	10/24/2016	02/12/2022
637432NG6	NATIONAL RURAL UTILITIES COOPERATIVE FIN			1,2	1FE	51,267	105.4870	52,744	50,000	50,928		(151)			3.250	2.888	MN	271	1,625	09/13/2017	11/01/2025
670346AM7	NUCOR CORP			1,2	1FE	107,541	105.7470	105,747	100,000	104,030		(1,139)			4.000	2.728	FA	1,667	4,000	10/24/2016	08/01/2023
674599BY0	OCCIDENTAL PETROLEUM CORP			1,2	2FE	108,955	101.7450	101,745	100,000	101,202		(1,403)			4.100	2.637	FA	1,708	4,100	02/06/2014	02/01/2021
68389XAP0	ORACLE CORP			1	1FE	152,061	101.8400	152,760	150,000	150,996		(343)			2.500	2.253	AO	792	3,750	11/14/2016	10/15/2022
68389XBL8	ORACLE CORP			1,2	1FE	310,799	101.6670	331,434	326,000	315,246		(3,680)			2.400	3.355	MS	2,304	7,824	04/26/2018	09/15/2023
693475AL9	PNC FINANCIAL SERVICES GROUP INC			9	1FE	72,568	102.3910	76,793	75,000	73,300		595			2.854	3.698	JD	125	2,141	10/04/2018	11/09/2022
695114CM8	PACIFICORP			1,2	1FE	211,003	102.4640	212,100	207,000	208,732		(1,385)			3.850	3.139	JD	354	7,970	05/02/2018	06/15/2021
718172AT6	PHILIP MORRIS INTERNATIONAL INC			1	1FE	93,916	101.2690	101,269	100,000	97,933		737			2.500	3.324	FA	896	2,500	02/06/2014	08/22/2022
718172BE8	PHILIP MORRIS INTERNATIONAL INC			1	1FE	200,816	105.4830	210,966	200,000	200,588		(139)			3.600	3.518	MN	920	7,200	04/26/2018	11/15/2023
718172BM0	PHILIP MORRIS INTERNATIONAL INC			1	1FE	194,192	104.9880	209,976	200,000	195,536		823			3.250	3.757	MN	921	6,500	05/03/2018	11/10/2024
744320BP9	PRUDENTIAL FINANCIAL INC			1	1FE	109,858	102.2550	102,255	100,000	102,185		(2,463)			4.500	1.956	MN	575	4,500	10/24/2016	11/15/2020
744320BT1	PRUDENTIAL FINANCIAL INC			1	1FE	364,585	104.9780	367,423	350,000	357,939		(4,044)			4.500	3.242	MN	1,969	15,750	05/02/2018	11/16/2021
808513AG0	CHARLES SCHWAB CORP			1	1FE	99,663	103.2360	103,236	100,000	99,887											

SCHEDULE D - PART 1

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

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation and Admin- istrative Symbol	7 Actual Cost	Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates	
		3 Code	4 F O R E I G N	5 Bond CHAR			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of Interest	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Stated Contractual Maturity Date
91159JAA4	U.S. BANCORP			2	1FE	96,160	102,316	102,316	100,000	98,726		472			2,950	3,479	JJ	1,360	2,950	02/06/2014	07/15/2022
913017AS8	UNITED TECHNOLOGIES CORPORATION				2FE	135,807	107,709	107,709	100,000	106,451		(5,353)			8,750	3,066	MS	2,917	8,750	02/06/2014	03/01/2021
927804FJ8	VIRGINIA ELECTRIC AND POWER CO			1,2	2FE	130,690	103,311	129,139	125,000	126,719		(676)			3,450	2,858	MS	1,438	4,313	07/03/2013	09/01/2022
927804FK5	VIRGINIA ELECTRIC AND POWER CO			1,2	2FE	25,328	101,741	25,435	25,000	25,081		(43)			2,950	2,765	JJ	340	738	07/03/2013	01/15/2022
931142DH3	WAL MART STORES INC			2	1FE	103,379	102,165	102,165	100,000	101,700		(539)			2,550	1,969	AO	567	2,550	10/24/2016	04/11/2023
94106LBD0	WASTE MANAGEMENT INC			1,2	2FE	148,493	101,054	151,581	150,000	149,187		228			2,400	2,569	MN	460	3,600	11/10/2016	05/15/2023
94974BEV8	WELLS FARGO & CO				1FE	285,183	103,266	283,982	275,000	279,452		(3,436)			4,600	3,265	AO	3,163	12,650	04/23/2018	04/01/2021
94974BGA2	WELLS FARGO & CO				1FE	223,832	104,902	230,784	220,000	222,209		(439)			3,300	3,066	MS	2,259	7,260	04/17/2018	09/09/2024
983024AF7	WYETH			1	1FE	126,106	117,181	117,181	100,000	115,262		(3,507)			6,450	2,496	FA	2,688	6,450	10/24/2016	02/01/2024
3299999	Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations					15,812,174	X X X	16,081,540	15,234,000	15,570,136		(96,649)			X X X	X X X	X X X	155,990	593,759	X X X	X X X
3899999	Subtotal - Industrial & Miscellaneous (Unaffiliated)					15,812,174	X X X	16,081,540	15,234,000	15,570,136		(96,649)			X X X	X X X	X X X	155,990	593,759	X X X	X X X
7699999	Subtotals - Issuer Obligations					17,243,106	X X X	17,554,187	16,899,646	16,986,392		(100,604)			X X X	X X X	X X X	185,779	665,955	X X X	X X X
7799999	Subtotals - Residential Mortgage-Backed Securities					1,807,567	X X X	1,851,864	1,806,111	1,807,922		375			X X X	X X X	X X X	4,307	37,478	X X X	X X X
8399999	Grand Total - Bonds					19,050,672	X X X	19,406,051	18,705,758	18,794,314		(100,229)			X X X	X X X	X X X	190,086	703,432	X X X	X X X

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	
		3	4					9	10		12	13	14	15	16	17	18	19			
CUSIP Identification	Description	Code	For- eign	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	Date Acquired	
8999999 Total Preferred Stocks																				X X X	X X X

SCHEDULE D - PART 2 - SECTION 2

Showing All COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	Fair Value		9 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				17 Date Acquired	18 NAIC Desig- nation
		3 Code	4 For- eign			7 Rate per Share Used to Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other-Than- Temporary Impairment Recognized	15 Total Change in B./A.C.V. (Col. 13-14)	16 Total Foreign Exchange Change in B./A.C.V.		
Mutual Funds																	
921909784	VANGUARD TOT I S INS			983,940	117,551	119,470	117,551	108,302		2,487		17,435		17,435		12/20/2019	1
922042841	VANGUARD EM ST I ADM			718,817	26,560	36,950	26,560	23,322		585		3,676		3,676		12/20/2019	1
922908694	VANGUARD EXT MI ADM			1,125,237	107,584	95,610	107,584	74,887		974		22,239		22,239		12/23/2019	1
922908710	VANGUARD 500 IDX ADM			1,400,651	417,590	298,140	417,590	251,982		5,424		92,567		92,567		12/20/2019	1
922908801	VANGUARD TSM IDX INST			6,425,695	512,128	79,700	512,128	319,351		6,308		112,082		112,082		12/23/2019	1
9499999	Subtotal - Mutual Funds				1,181,413	X X X	1,181,413	777,843		15,779		247,999		247,999		X X X	X X X
9799999	Total Common Stocks				1,181,413	X X X	1,181,413	777,843		15,779		247,999		247,999		X X X	X X X
9899999	Total Preferred and Common Stocks				1,181,413	X X X	1,181,413	777,843		15,779		247,999		247,999		X X X	X X X

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Special Revenue, Special Assessment								
31418DCT7	FN MA3681 - RMBS		06/20/2019	Unknown	X X X	367,267	360,966	572
31418DJJ2	FN MA3864 - RMBS		12/01/2019	FIRST UNION CAPITAL MARKETS	X X X	408,544	405,000	478
74529JPU3	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	CORPORATE ACTION	X X X	5,993	6,000	
74529JPV1	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	CORPORATE ACTION	X X X	2,900	3,000	
74529JPW9	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	CORPORATE ACTION	X X X	21,120	23,000	
74529JPX7	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	CORPORATE ACTION	X X X	55,935	59,000	
74529JPY5	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	CORPORATE ACTION	X X X	27,680	32,000	
74529JQA6	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	11,233	13,000	21
74529JQB4	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	3,361	4,000	
74529JQC2	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	CORPORATE ACTION	X X X	4,353	6,000	
74529JQD0	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	3,961	6,000	
74529JQE8	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	4,703	8,000	
74529JQF5	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	4,679	9,000	
74529JQG3	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	15,927	82,000	
74529JQH1	PUERTO RICO SALES TAX FING CORP SALES TA		11/29/2019	VARIOUS	X X X	9,669	67,000	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						947,325	1,083,966	1,070
Bonds - Industrial and Miscellaneous (Unaffiliated)								
110122AB4	BRISTOL-MYERS SQUIBB COMPANY		12/16/2019	FIRST TENNESSEE SECURITIES CORP	X X X	57,228	45,000	264
20030NB9	COMCAST CORP		03/11/2019	MARKETAXESS CORPORATION	X X X	40,906	40,000	48
459200AM3	INTERNATIONAL BUSINESS MACHINES CORPORAT		03/20/2019	Morgan Stanley & Co. LLC	X X X	184,262	150,000	4,142
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						282,396	235,000	4,453
8399997 Subtotal - Bonds - Part 3						1,229,721	1,318,966	5,523
8399998 Summary item from Part 5 for Bonds								
8399999 Subtotal - Bonds						1,229,721	1,318,966	5,523
Common Stocks - Mutual Funds								
921909784	VANGUARD TOT I STK INS		03/22/2019	Not Available	2.180	241	X X X	
921909784	VANGUARD TOT I S INS		12/20/2019	Not Available	19.514	2,245	X X X	
922042841	VANGUARD EM ST IDX ADM		03/22/2019	Not Available	0.933	33	X X X	
922042841	VANGUARD EM ST I ADM		12/20/2019	Not Available	15.757	552	X X X	
922908694	VANGUARD EXT MK ID ADM		03/27/2019	Not Available	2.141	185	X X X	
922908694	VANGUARD EXT MI ADM		12/23/2019	Not Available	8.553	789	X X X	
922908710	VANGUARD 500 INDEX ADM		03/20/2019	Not Available	5.403	1,408	X X X	
922908710	VANGUARD 500 IDX ADM		12/20/2019	Not Available	14.335	4,017	X X X	
922908801	VANGUARD TSM IDX INST		03/22/2019	Not Available	23.986	1,667	X X X	
922908801	VANGUARD TSM IDX INST		12/23/2019	Not Available	61.331	4,641	X X X	
9499999 Subtotal - Common Stocks - Mutual Funds						15,779	X X X	
9799997 Subtotal - Common Stocks - Part 3						15,779	X X X	
9799998 Summary Item from Part 5 for Common Stocks							X X X	
9799999 Subtotal - Common Stocks						15,779	X X X	
9899999 Subtotal - Preferred and Common Stocks						15,779	X X X	
9999999 Totals						1,245,500	X X X	5,523

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amortization/ Accretion)	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B./A.C.V. (Cols. 11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)																					
452151LE1	ILLINOIS ST		06/05/2019	Redemption @ 100.00	X X X	25,455	25,455	26,877	26,172				(64)		(64)	26,108		(654)	(654)	630	06/01/2023
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)						25,455	25,455	26,877	26,172				(64)		(64)	26,108		(654)	(654)	630	X X X
Bonds - U.S. Special Revenue, Special Assessment																					
3128MMW82	FH G18670 - RMBS		12/01/2019	Paydown	X X X	180,829	180,829	179,318	179,337				1,492		1,492	180,829		0	0	3,444	12/01/2032
3128MMX73	FH G18701 - RMBS		12/01/2019	Paydown	X X X	35,877	35,877	35,468	35,468				409		409	35,877		0	0	674	08/01/2033
31418CDH4	FN MA2803 - RMBS		12/01/2019	Paydown	X X X	18,530	18,530	18,737	18,715				(185)		(185)	18,530		0	0	308	11/01/2031
31418DCT7	FN MA3681 - RMBS		12/01/2019	Paydown	X X X	46,582	46,582	47,395				(813)		(813)	46,582				504	06/01/2034	
31418DJJ2	FN MA3864 - RMBS		12/01/2019	Paydown	X X X	2,661	2,661	2,685				(23)		(23)	2,661				6	12/01/2034	
36829QAA3	GDB DEBT RECOVERY AUTH OF COMWLTH PUERTO		09/01/2019	VARIOUS	X X X	11,292	11,292	8,626	8,626				3		3	8,629		2,663	2,663	598	08/20/2040
74529JKA2	PUERTO RICO SALES TAX FING CORP SALES TA		04/01/2019	Adjustment	X X X	167,199	335,000	32,663	32,663							32,663		134,536	134,536	4,499	08/01/2021
74529JQB4	PUERTO RICO SALES TAX FING CORP SALES TA		09/01/2019	VARIOUS	X X X	810	1,000	828				11		11	839		(29)	(29)			07/01/2024
786056BD2	SACRAMENTO CALIF PENSION OBLIG		08/01/2019	Maturity @ 100.00	X X X	200,000	200,000	216,150	201,784				(1,784)		(1,784)	200,000				8,190	08/01/2019
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment						663,780	831,770	541,868	476,592				(890)		(890)	526,610		137,170	137,170	18,223	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
02364WAV7	AMERICA MOVIL SAB DE CV	C	05/15/2019	Unknown	X X X	71,462	70,000	77,107	72,635				(774)		(774)	71,861		(399)	(399)	2,188	03/30/2020
035242AL0	ANHEUSER-BUSCH INBEV FINANCE INC	C	04/25/2019	VARIOUS	X X X	35,811	35,000	36,350	35,900				(69)		(69)	35,831		(831)	(831)	686	02/01/2023
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						107,272	105,000	113,457	108,534				(842)		(842)	107,692		(1,230)	(1,230)	2,873	X X X
8399997 Subtotal - Bonds - Part 4						796,506	962,225	682,202	611,298				(1,796)		(1,796)	660,410		135,286	135,286	21,726	X X X
8399998 Summary Item from Part 5 for Bonds																					X X X
8399999 Subtotal - Bonds						796,506	962,225	682,202	611,298				(1,796)		(1,796)	660,410		135,286	135,286	21,726	X X X
Common Stocks - Mutual Funds																					
33611N101	FIRST PUERTO RICO TAX-EXEMPT TARGET MATU		07/09/2019	Redemption @ 3.64	50,000.000	181,846	X X X	59,500	136,000				(76,500)		(76,500)	59,500		122,346	122,346	12,385	X X X
33611Q104	FIRST PUERTO RICO TAX-EXEMPT TARGET MATU	C	01/14/2019	Redemption @ 4.03	10,000.000	40,256	X X X	14,200	40,300				(26,100)		(26,100)	14,200		26,056	26,056	1,699	X X X
9499999 Subtotal - Common Stocks - Mutual Funds						222,102	X X X	73,700	176,300				(102,600)		(102,600)	73,700		148,402	148,402	14,084	X X X
9799997 Subtotal - Common Stocks - Part 4						222,102	X X X	73,700	176,300				(102,600)		(102,600)	73,700		148,402	148,402	14,084	X X X
9799998 Summary Item from Part 5 for Common Stocks							X X X														X X X
9799999 Subtotal - Common Stocks						222,102	X X X	73,700	176,300				(102,600)		(102,600)	73,700		148,402	148,402	14,084	X X X
9899999 Subtotal - Preferred and Common Stocks						222,102	X X X	73,700	176,300				(102,600)		(102,600)	73,700		148,402	148,402	14,084	X X X
9999999 Totals						1,018,609	X X X	755,902	787,598				(102,600)		(1,796)	734,110		283,688	283,688	35,810	X X X

E14

SCHEDULE D - PART 5

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

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

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 DB - Part E - Derivatives Hedging Variable Annuity Guarantees	NONE
E25	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE

SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year

(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the assets page.)

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Designation and Administrative Symbol	Fair Value	Book/Adjusted Carrying Value	Maturity Dates
9999999 Grand Totals						X X X

General Interrogatories:

1. Total activity for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0
2. Average balance for the year Fair Value \$.....0 Book/Adjusted Carrying Value \$.....0

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *	
open depositories							
Citibank						X X X	
Banco Popular de PR					5,620,539	X X X	
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories .. X X X ..							
0199999 Totals - Open Depositories						5,620,539	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories .. X X X ..							
0299999 Totals - Suspended Depositories							X X X
0399999 Total Cash On Deposit						5,620,539	X X X
0499999 Cash in Company's Office							X X X
0599999 Total Cash						5,620,539	X X X

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

1. January	7,656,999	4. April	6,487,066	7. July	6,212,254	10. October	5,933,390
2. February	7,628,079	5. May	6,245,207	8. August	6,224,028	11. November	6,141,176
3. March	7,632,705	6. June	6,597,698	9. September	6,314,363	12. December	5,620,539

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
000000000	CITIBANK MONEY MARKET FUND		08/01/2018	0.000	X X X	419,498		
31617H508	FIDELITY:GOVT MNY MKT CR		12/31/2019	0.720	X X X	274,745		1,392
99TIME008	BPPR TIME DEPOSIT OPEN ACCOUNT		12/27/2019	0.250	X X X	68,722		3
8699999	Subtotal - All Other Money Market Mutual Funds					762,965		1,394
8899999	Total Cash Equivalents					762,965		1,394

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

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



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2019
(To be filed by March 1)

PART 1 - INTERROGATORIES

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

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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	2019								
MARIANNE ORTIZ, CHIEF EXECUTIVE OFFICER	2018								
MARIANNE ORTIZ, CHIEF EXECUTIVE OFFICER	2017								
2. CARLOS FERNANDEZ, VICE-PRESIDENT	2019								
CARLOS FERNANDEZ, VICE-PRESIDENT	2018								
CARLOS FERNANDEZ, VICE-PRESIDENT	2017								
3. MONICA LUGO, TREASURER	2019								
MONICA LUGO, TREASURER	2018								
MONICA LUGO, TREASURER	2017								
4.	2019								
	2018								
	2017								
5.	2019								
	2018								
	2017								
6.	2019								
	2018								
	2017								
7.	2019								
	2018								
	2017								
8.	2019								
	2018								
	2017								
9.	2019								
	2018								
	2017								
10.	2019								
	2018								
	2017								

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. MIKE CASTRO, CHAIRMAN	500					500
MR. RAFAEL BURGOS, VICE CHAIRMAN	1,500					1,500
MR. JORGE RODRIGUEZ BARROSO, TREASURER	1,500					1,500
MRS. EDLIN BUITRAGO, SECRETARY	1,500					1,500
MRS. ALICIA WEBER, DIRECTOR						
MR. JAIME RODRIGUEZ CORA, DIRECTOR	1,500					1,500
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, 2019
(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. \$ 30,543,131

1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2. Ten largest exposures to a single issuer/borrower/investment.			
2.01	FREDDIE MAC	MBS	983,713 3.221
2.02	FEDERAL NATIONAL MORTGAGE ASSOCIATION	MBS	824,210 2.699
2.03	AMERICAN EXPRESS COMPANY	BONDS	522,332 1.710
2.04	APPLE INC.	BONDS	520,634 1.705
2.05	AMERIPRISE FINANCIAL INC.	BONDS	513,052 1.680
2.06	BANK OF AMERICA CORPORATION	BONDS	505,463 1.655
2.07	WELLS FARGO & COMPANY	BONDS	501,661 1.642
2.08	THE ALLSTATE CORPORATION	BONDS	495,412 1.622
2.09	PHILIP MORRIS INTERNATIONAL INC.	BONDS	494,057 1.618
2.10	JPMORGAN CHASE & CO.	BONDS	470,594 1.541

NAIC Designation	1 Amount	2 Percent
3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.		
Bonds		
3.01 NAIC 1	15,517,346	50.805
3.02 NAIC 2	3,270,975	10.709
3.03 NAIC 3		
3.04 NAIC 4		
3.05 NAIC 5	5,993	0.020
3.06 NAIC 6		
Preferred Stocks		
3.07 P/RP-1		
3.08 P/RP-2		
3.09 P/RP-3		
3.10 P/RP-4		
3.11 P/RP-5		
3.12 P/RP-6		

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

	1 Amount	2 Percent
4.02 TOTAL admitted assets held in foreign investments	1,503,568	4.923
4.03 Foreign-currency-denominated investments		
4.04 Insurance liabilities denominated in that same foreign currency		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

NAIC Sovereign Designation		1 Amount	2 Percent
5.	Aggregate foreign investment exposure categorized by NAIC sovereign designation:		
5.01	Countries designated NAIC 1	1,128,158	3.694
5.02	Countries designated NAIC 2	375,410	1.229
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	1,023,234	3.350
6.02	AUSTRALIA	104,924	0.344
Countries designated NAIC 2:			
6.03	MEXICO	375,410	1.229
6.04	.....	
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	1FE	462,451	1.514
10.02 COCA-COLA EUROPEAN PARTNERS PLC	2FE	460,895	1.509
10.03 AMERICA MOVIL, S.A.B. DE C.V.	1FE	375,410	1.229
10.04 BHP BILLITON FINANCE (USA) LIMITED	1FE	104,924	0.344
10.05 BP CAPITAL MARKETS PLC	1FE	99,887	0.327
10.06			
10.07			
10.08			
10.09			
10.10			

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:
 11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes[X] No[]
 If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

	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[X] No[]
 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
13.03
13.04
13.05
13.06
13.07
13.08
13.09
13.10
13.11

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

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

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

Ten Largest Fund Managers			
1 Fund Manager	2 Total Invested	3 Diversified	4 Non-Diversified
14.06			
14.07			
14.08			
14.09			
14.10			
14.11			
14.12			
14.13			
14.14			
14.15			

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		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

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		

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		

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (Continued)

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		

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					

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
23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:	NONE				
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, 2019

NAIC Group Code: 2479

(To Be Filed By April 1)

NAIC Company Code: 47085

Supp 9

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

NONE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long-Term							
9.1. With Contract Reserves							
9.2. Without Contract Reserves							
9.3. Subtotal							
10. Long-Term Care							
10.1. With Contract Reserves							
10.2. Without Contract Reserves							
10.3. Subtotal							
11. Medicare Supplement (Medigap)							
11.1. With Contract Reserves							
11.2. Without Contract Reserves							
11.3. Subtotal							
12. Dental							
12.1. With Contract Reserves	3,018,734	1,784,121	(12,034)	58.7			
12.2. Without Contract Reserves							
12.3. Subtotal	3,018,734	1,784,121	(12,034)	58.7			
13. State Children's Health Insurance Program							
13.1. With Contract Reserves							
13.2. Without Contract Reserves							
13.3. Subtotal							
14. Medicare							
14.1. With Contract Reserves							
14.2. Without Contract Reserves							
14.3. Subtotal							
15. Medicaid							
15.1. With Contract Reserves							
15.2. Without Contract Reserves							
15.3. Subtotal							
16. Medicare Part D - Stand-Alone							
16.1. With Contract Reserves							
16.2. Without Contract Reserves							
16.3. Subtotal							
17. Other Individual Business							
17.1. With Contract Reserves							
17.2. Without Contract Reserves							
17.3. Subtotal							
18. Total Individual Business							
18.1. With Contract Reserves	3,018,734	1,784,121	(12,034)	58.7			
18.2. Without Contract Reserves							
19. Grand Total Individual	3,018,734	1,784,121	(12,034)	58.7			

Supp10

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1. Small Employer							
1.2. Other Employer							
1.3. Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income - Short-Term							
11. Disability Income - Long-Term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefits Plans							
15. Tricare							
16. Dental	20,787,983	16,006,924	(107,966)	76.5	635	356,109	450,053
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care	35,971	10,054		27.9	10	297	517
20. GRAND TOTAL Group Business	20,823,953	16,016,978	(107,966)	76.4	645	356,406	450,570
C. OTHER BUSINESS							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	X X X	X X X	X X X	X X X			
4. Administrative Services Contracts	X X X	X X X	X X X	X X X			
5. GRAND TOTAL Other Business							
D. TOTAL BUSINESS							
1. TOTAL Non U.S. Policy Forms							
2. GRAND TOTAL Individual, Group and Other Business	23,842,687	17,801,099	(120,000)	74.2	645	356,406	450,570

Supp11

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	3,018,734	1,784,121	(12,034)	58.703
2. Other Forms Direct Business				
3. TOTAL Direct Business	3,018,734	1,784,121	(12,034)	58.703
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	3,018,734	1,784,121	(12,034)	58.703

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	20,823,953	16,016,978	(107,966)	76.398
2. Other Forms Direct Business				
3. TOTAL Direct Business	20,823,953	16,016,978	(107,966)	76.398
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	20,823,953	16,016,978	(107,966)	76.398

PART 3 - CREDIT POLICIES (Individual and Group) SUMMARY

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

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2 + 3) / 1
1. U.S. Forms Direct Business	23,842,687	17,801,099	(120,000)	74.157
2. Other Forms Direct Business				
3. TOTAL Direct Business	23,842,687	17,801,099	(120,000)	74.157
4. Reinsurance Assumed				
5. Less Reinsurance Ceded				
6. TOTAL	23,842,687	17,801,099	(120,000)	74.157



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

FOR THE YEAR ENDED
DECEMBER 31, 2019

(To Be Filed by March 1)

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

TO ANNUAL STATEMENT OF THE

DELTA DENTAL OF P.R., INC.

COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year? Yes[] No[X]
If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.:

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year? Yes[] No[X]
If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.:

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting? Yes[] No[X]
If answer is "No" explain in detail below. Attach separate sheet if necessary.
(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A	Column B
To be answered by Life and A & H Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	No	No
b. Summary of Operations	No	No
c. Surplus Account	No	No
To be answered by Property and Casualty Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	No	No
b. Statement of Income	No	No
c. Capital and Surplus Account	No	No
To be answered by Title Insurance Companies		
a. Statement of Assets, Liabilities, Surplus and Other Funds	No	No
b. Statement of Income - Operations and Investment Exhibit	No	No
c. Capital and Surplus Account	No	No
To be answered by Health Insurance Companies:		
a. Statement of Assets, Liabilities, Capital and Surplus	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 Name and Title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	2 Title of Security	3 Nature of Ownership	Number of Shares					8 Owned at End of Current Year	9 Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year
			4 Owned at end of Prior Year	5 Acquired During Current Year	Disposed of During Current Year				
					6 Held Less Than 6 Months	7 Held 6 Months or More			

NONE

Note: Answer "yes" or "no" as to whether the information concerning the number of shares and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 is true and correct. If answer is "no", explain in a proxy statement or otherwise. No If answer is "no", explain (column 8) by each Director and the three highest paid Officers as to the number of shares owned or held to stockholders in

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				X X X	
7.12 Without Reinsurance Coverage				X X X	
7.2 Supplemental Benefits				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	

N O N E

Supp19 Long Term Care Form 1 NONE

Supp20 Long Term Care Form 2 NONE

Supp21 Long Term Care Form 3 - Part A NONE

Supp22 Long Term Care Form 3 - Part B NONE

Supp23 Long Term Care Form 3 - Part C NONE

Supp24 Long Term Care Form 4 NONE

Supp25 Long Term Care Form 5 NONE

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

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



NAIC Group Code 2479

BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2019

NAIC Company Code 47085

Supp36 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)											23,842,687		23,842,687	XXX	23,842,687
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)											23,842,687		23,842,687	XXX	23,842,687
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)											23,842,687		23,842,687	XXX	23,842,687
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)											23,842,687		23,842,687	XXX	23,842,687
2. Claims:															
2.1 Incurred claims excluding prescription drugs											17,681,099		17,681,099	XXX	17,681,099
2.2 Prescription drugs														XXX	
2.3 Pharmaceutical rebates														XXX	
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses															
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)											17,681,099		17,681,099	XXX	17,681,099
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)											17,681,099		17,681,099	XXX	17,681,099
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	6,161,588	X X X	6,161,588
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													645		645
O2. Number of Covered Lives													356,406		356,406
O3. Number of Groups	X X X			X X X											
O4. Member Months													450,570		450,570

(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

Supp37 Puerto Rico

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

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

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

BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2019

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											23,842,687		23,842,687
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)											23,842,687		23,842,687
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)											23,842,687		23,842,687
2.	Direct Claims Incurred:													
2.1	Paid claims during the year											17,681,099		17,681,099
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)											17,681,099		17,681,099
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)											17,681,099		17,681,099
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.

Supp38 Puerto Rico

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

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp40 Puerto Rico

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

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (Cols. 6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses		
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	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	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	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)									

Supp41 Puerto Rico

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

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

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



NAIC Group Code 2479

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2019

NAIC Company Code 47085

Supp36 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)											23,842,687		23,842,687	XXX	23,842,687
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)											23,842,687		23,842,687	XXX	23,842,687
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)											23,842,687		23,842,687	XXX	23,842,687
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)											23,842,687		23,842,687	XXX	23,842,687
2. Claims:															
2.1 Incurred claims excluding prescription drugs											17,681,099		17,681,099	XXX	17,681,099
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)											17,681,099		17,681,099	XXX	17,681,099
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)											17,681,099		17,681,099	XXX	17,681,099
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	6,161,588	X X X	6,161,588
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													645		645
O2. Number of Covered Lives													356,406		356,406
O3. Number of Groups	X X X			X X X											
O4. Member Months													450,570		450,570

(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

Supp37 Grand Total

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

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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

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

BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2019

NAIC Group Code 2479

NAIC Company Code 47085

Supp38 Grand Total

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

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

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

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses			8 Other Claims Adjustment Expenses
4.	Individual Mini-Med Plans Expenses									
4.1	Salaries (including \$.....0 for affiliated services)									
4.2	Outsourced services									
4.3	EDP equipment and software (including \$.....0 for affiliated services)									
4.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
4.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
4.6	Other expenses (including \$.....0 for affiliated services)									
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)									
4.8	Reimbursements by uninsured plans and fiscal intermediaries									
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4.10	TOTAL (Lines 4.7 to 4.9)									
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$.....0 for affiliated services)									
5.2	Outsourced services									
5.3	EDP Equipment and Software (including \$.....0 for affiliated services)									
5.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
5.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
5.6	Other expenses (including \$.....0 for affiliated services)									
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)									
5.8	Reimbursements by uninsured plans and fiscal intermediaries									
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5.10	TOTAL (Lines 5.7 to 5.9)									
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$.....0 for affiliated services)									
6.2	Outsourced services									
6.3	EDP equipment and software (including \$.....0 for affiliated services)									
6.4	Other equipment (excluding EDP) (including \$.....0 for affiliated services)									
6.5	Accreditation and certification (including \$.....0 for affiliated services)		XXX	XXX	XXX	XXX				
6.6	Other expenses (including \$.....0 for affiliated services)									
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)									
6.8	Reimbursements by uninsured plans and fiscal intermediaries									
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
6.10	TOTAL (Lines 6.7 to 6.9)									
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Supp40 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)									

Supp41 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.

2019

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) for the year ended December 31, 2019 and 2018, respectively. Information presented in this discussion, supplements the financial statement exhibits, schedules and disclosures in the 2019 Annual Statement. The basic financial statements included within the Company's 2019 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 information which constitute forward-looking statements that relate to the trends in operations, 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.

OPERATIONAL AND FINANCIAL HIGHLIGHTS

MD&A

Management's Discussion and Analysis

FINANCIAL POSITION

For the year ended December 31, 2019, net admitted assets totaled \$30.5 million, which represents an increase of \$212,100 thousand when compared to prior year, liabilities totaled \$6.0 million, a decrease of \$697,000 thousand and surplus totaled \$24.5 million, an increase of \$909,000 thousand when compared to prior year end:

	December 31	
	2019	2018
ADMITTED ASSETS		
Cash and short-term investments	\$ 6,383,504	\$ 6,832,623
Bonds	18,794,314	18,327,028
Common stocks	1,181,413	1,093,936
Investment income due and accrued	185,147	176,699
Uncollected premiums	263,412	180,888
Amounts recoverable from reinsurers	1,583,273	1,290,239
Amounts receivable relating to uninsured plans	1,800,563	2,152,804
Electronic data processing equipment, net	66,330	109,520
Receivables from parent, subsidiaries and affiliates	263,342	115,861
Other assets	21,833	51,424
TOTAL ADMITTED ASSETS	\$ 30,543,131	\$ 30,331,022
LIABILITIES, CAPITAL AND SURPLUS		
Liabilities		
Claims unpaid	\$ 590,000	\$ 650,000
Liability for amounts held under uninsured plan	1,927,485	2,312,700
Premiums received in advance	185,162	77,056
Ceded reinsurance premiums payable	2,159,542	2,054,652
Amounts due to parent, subsidiaries and affiliates	67,312	58,584
General expenses due or accrued	1,107,778	1,581,165
Total liabilities	6,037,279	6,734,157
Capital and surplus		
Common stock, par value \$10; 800,000 shares authorized; 799,400 shares issued and outstanding	8,000,000	8,000,000
Paid-in surplus	9,023,160	9,023,160
Treasury stock (at cost of \$20); 600 shares outstanding	(12,000)	(12,000)
Surplus	7,494,692	6,585,705
Total capital and surplus	24,505,852	23,596,865
TOTAL LIABILITIES, CAPITAL AND SURPLUS	\$ 30,543,131	\$ 30,331,022

Management's Discussion and Analysis

Introduction

Assets

During 2019, total assets increased \$212,100 thousand.

Cash and short-term investments decreased \$449,200 thousand. This decrease is the result of cash being used in operations and the transfer of cash to long term investments in order to increase the long term fixed income yield. Bonds and common stocks increased \$467,000 thousand and \$87,500 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 2019.

Amounts recoverable from reinsurers increased \$293,000 thousand due to the increase in claims incurred. During the year we had an increase in our enrollment and as a result we experience an increase in premiums and in claims.

Amounts receivable relating to uninsured plans decreased \$352,200 thousand. This decrease is due to the timing in collections of year end invoices.

Investment income due and accrued increased \$8,400 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 decreased \$43,200 thousand compared to prior year. This decrease was the result of disposal of fully depreciated assets.

Receivables from parent, subsidiaries and affiliates increased \$147,500 compared to prior year. This increase was the result of intercompany receivable from Delta Dental of California (DDC) and due to timing of intercompany settlements.

Liabilities

During 2019, total liabilities decreased \$697,000 thousand.

Claims unpaid decreased \$60,000 thousand compared to prior year due to the decrease in the actual and expected runout.

Liability for amounts held under uninsured plans decreased \$385,200 thousand compared to prior year. This decrease is due to group prefund deposits returned to clients.

Premiums received in advance increased \$108,100 thousand compared to prior year due, to the distribution timing of group premium invoices and the improvement in the performance of our collection operation & process.

Ceded reinsurance premiums payable increased \$104,900 thousand compared to prior year due to the increase in our enrollment and premium income.

Amounts due to parent, subsidiaries and affiliates increased \$8,700 thousand compared to prior year. Accounts Payable to DDC increased \$8,700 thousand for intercompany chargebacks and due to the timing of payments.

General expenses due or accrued decreased \$473,400 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 2019, total capital and surplus increased \$909,000 thousand.

Unassigned funds increased \$909,000 thousand compared to the prior year. The increase was due to net income of \$1.0 million, the change in unrealized capital gain of \$145,400 thousand offset by the change in non-admitted assets of \$248,000 thousand.

RESULTS OF OPERATIONS

For the year, the Company reported a net gain of \$1.0 million, a \$746,000 thousands decrease from 2018's net income of \$1.8 million:

	Years Ended December 31	
	2019	2018
Underwriting gain		
Net premium income	\$ 14,414,725	\$ 11,702,849
Claims and operating expenses		
Claims		
Dental & vision benefits	17,681,099	12,999,486
Net reinsurance recoveries	<u>(8,850,176)</u>	<u>(6,511,027)</u>
Net claims incurred	8,830,923	6,488,459
Operating expenses		
Claims adjustment expenses	769,887	703,705
General administrative expenses	<u>5,259,604</u>	<u>3,985,143</u>
Total claims and operating expenses	<u>14,860,414</u>	<u>11,177,307</u>
Net underwriting gain (loss)	<u>(445,689)</u>	<u>525,542</u>
Net investment income	915,785	747,212
Other income	<u>1,092,859</u>	<u>1,530,496</u>
	<u>2,008,644</u>	<u>2,277,708</u>
Income before income tax	1,562,955	2,803,250
Income tax expense	<u>551,035</u>	<u>1,045,412</u>
Net income	<u>\$ 1,011,920</u>	<u>\$ 1,757,838</u>

The Company's annual statement reflected a \$2.7 million increase in total revenues, due to the increase in enrollment of our commercial, individual and vision products.

Net hospital and medical benefits increased \$2.3 million compared to prior year, due to an increase in claims related to the increase in enrollment.

Claims adjustment expenses increased \$66,200 thousand compared to prior year, due to the increase in the volume of claims and its related procession charges.

General administrative expenses increased \$1.3 million compared to prior year, mainly due to payroll, advertising and commission expenses.

Management's Discussion and Analysis

The net underwriting loss for 2019 was \$446,000 thousand compared to the net underwriting gain in 2018 of \$526,000 thousand. This decrease of \$971,000 thousand is due to the increase in net claims incurred and operating expenses.

PROSPECTIVE INFORMATION

The Company has already experienced an increase in activity for 2020 premiums earned of \$234,000 thousand through February 2020.

LIQUIDITY, ASSET/LIABILITY MATCHING AND CAPITAL RESOURCES

The Company's cash position decreased from \$6.8 million in 2018 to \$6.4 million in 2019. The predominance of this change occurred in the flows from cash used in operations and in investment activity.

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings of businesses and shelter in place orders. The extent of the impact of COVID-19 on the Company's operational and financial performance will depend on certain developments, including the duration of the outbreak and the impact on our customer and providers. The related effect on the Company's financial condition, results of operations and these financial statements cannot be reasonably estimated at this time.

PRELIMINARY MERGER/ACQUISITION NEGOTIATIONS

The Company does not anticipate any preliminary merger/acquisition negotiations to be part of the Company's 2020 year ahead.

CONCLUSION

The Company had an aggressive marketing and wellness plan placed for 2019 including the sales promotion of our commercial, individual plan and vision product. 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

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E28
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14

Amended Explanation Page

N O N E

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 (2017: Page 3, Column 3, Line 2)
8. Aggregate health policy reserves, including the liability for medical loss 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. 2018 Annual, Page 2, Assets, Line 05, Column 1	6,832,623
2. 2018 Annual, Page 2, Assets, Line 28, Column 3	30,331,022
3. 2018 Annual, Page 3, Liabilities, Line 01, Column 3	650,000
4. 2018 Annual, Page 3, Liabilities, Line 02, Column 3	
5. 2018 Annual, Page 3, Liabilities, Line 04, Column 3	
6. 2018 Annual, Page 3, Liabilities, Line 07, Column 3	
7. 2018 Annual, Page 4, Statement of Revenue and Expenses, Line 02, Column 2	11,702,849
8. 2018 Annual, Page 5, Statement of Revenue and Expenses (cont.), Line 49, Column 1	23,596,865
9. 2018 Annual, Page SI02, Schedule A Verification, Line 09, Column 2	
10. 2018 Annual, Page SI02, Schedule B Verification, Line 11, Column 2	
11. 2018 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2	
12. 2018 Annual, Page SI03, Schedule D Verification, Line 11, Column 2	19,420,964
13. 2018 Annual, Page SI11, Schedule DB Part A Verification, Line 09, Column 2	
14. 2018 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4	
15. 2018 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 9	
16. 2018 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 10	
17. 2018 Annual, Page E17, Schedule DA Part 1, Line 9199999, Column 7	
18. 2018 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999999, Column 15	
19. 2018 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999999, Column 17	
20. 2018 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999999, Column 18	
21. 2018 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999999, Column 19	
22. 2018 Annual, Page E27, Schedule E Part 2, Line 8899999, Column 7	119,671
23. 2018 Annual, Page Supp39, Supplemental Health Care Exhibit - Part 1 (Grand Total), Line 05.5, Col. 15	
24. 2018 RBC, Page XR012, Underwriting Risk - Experience Fluctuation, Line 06, Column 7	11,702,849
25. 2018 RBC, Page XR012, Underwriting Risk - Experience Fluctuation, Line 21, Column 7	564,054