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2019

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**QUARTERLY STATEMENT**  
**AS OF SEPTEMBER 30, 2019**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**DELTA DENTAL PLAN OF OHIO, INC.**

NAIC Group Code	0477 (Current Period)	0477 (Prior Period)	NAIC Company Code	54402	Employer's ID Number	31-0685339
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[X]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]			
Incorporated/Organized	03/06/1960		Commenced Business	04/01/1964		
Statutory Home Office	5600 Blazer Pkwy., Suite 150 (Street and Number)		Dublin, OH, 43017 (City or Town, State, Country and Zip Code)			
Main Administrative Office	4100 Okemos Road Okemos, MI, 48864 (Street and Number)		Okemos, MI, 48864 (City or Town, State, Country and Zip Code)		(517)349-6000 (Area Code) (Telephone Number)	
Primary Location of Books and Records	4100 Okemos Road Okemos, MI, 48864 (Street and Number)		4100 Okemos Road (City or Town, State, Country and Zip Code)		Lansing, MI, 48909-7916 (Area Code) (Telephone Number)	
Internet Web Site Address	http://ddpoh.com/					
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA gsimon@deltadentalmi.com (Name) (E-Mail Address)				(517)347-5405 (Area Code)(Telephone Number)(Extension) (517)381-5572 (Fax Number)	

**OFFICERS**

Name	Title
Goran Mike Jurkovic CPA, CGMA	President & CEO #
Frank Buzaki, Jr.	Secretary/Treasurer #
James Robert Stahl, DDS	Vice Chairperson #
Bruce Randall Smith	Immediate Past Chairperson #
Ann Marie Flermoen, DDS	Chairperson #

**OTHERS**

Anthony Darrell Robinson, SVP & CMO  
 Amy Lyn Basel, CPA, CGMA, SVP, CFO & CRO  
 Sue Ellen Jenkins, SVP, CLO, CAO, & Assistant Secretary  
 Jeffery Walter Johnston, DDS, MS, SVP & CSO #

**DIRECTORS OR TRUSTEES**

Christopher Todd Fisher  
 Frank Buzaki, Jr.  
 Ann Marie Flermoen, DDS  
 Timothy Eldon Moffit, DBA  
 Bruce Randall Smith  
 James Robert Stahl, DDS  
 Michael Scott Stull  
 Carole Simonetti Watkins  
 Canise Yvette Wright-Bean, DMD  
 Poe Allison Timmons, CPA

State of Michigan  
 County of Ingham ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)  
 Goran Mike Jurkovic, CPA, CGMA  
 (Printed Name)  
 1.  
 President & CEO  
 (Title)

(Signature)  
 Amy Lyn Basel, CPA, CGMA  
 (Printed Name)  
 2.  
 SVP, CFO & CRO  
 (Title)

(Signature)  
 Sue Ellen Jenkins  
 (Printed Name)  
 3.  
 SVP, CLO, CAO, & Assistant Secretary  
 (Title)

Subscribed and sworn to before me this  
 day of , 2019

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

Yes[X] No[ ]

(Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	92,779,612		92,779,612	70,960,556
2. Stocks:				
2.1 Preferred stocks .....	83,776		83,776	78,400
2.2 Common stocks .....	138,836,524		138,836,524	115,557,222
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
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 (\$....(7,528,858)), cash equivalents (\$.....4,453,604) and short-term investments (\$.....0) .....	(3,075,254)		(3,075,254)	24,133,945
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				250,000
9. Receivables for securities .....	723,164		723,164	104,173
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	229,347,822		229,347,822	211,084,296
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,011,093		1,011,093	296,234
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,578,800	4,569	3,574,231	2,516,924
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 .....				
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 .....	13,612,249	317	13,611,932	11,087,178
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	8,316		8,316	8,214
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other-than-invested assets .....	461		461	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	247,558,741	4,886	247,553,855	224,992,846
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	247,558,741	4,886	247,553,855	224,992,846
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Miscellaneous receivables .....	461		461	
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	461		461	

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	8,127,900		8,127,900	8,451,416
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	361,224		361,224	355,660
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	160,949		160,949	65,068
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,083,242		1,083,242	1,526,406
9. General expenses due or accrued	2,601,895		2,601,895	3,009,609
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	2,228,026		2,228,026	2,360,442
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	2,601,418		2,601,418	3,243,605
16. Derivatives				
17. Payable for securities	256,890		256,890	
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	5,248,340		5,248,340	5,217,670
23. Aggregate write-ins for other liabilities (including \$.....493,119 current)	493,119		493,119	470,119
24. Total liabilities (Lines 1 to 23)	23,163,003		23,163,003	24,699,995
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,024,775	
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	9,712,604	9,712,604
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	212,653,473	190,580,247
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	224,390,852	200,292,851
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	247,553,855	224,992,846
<b>DETAILS OF WRITE-INS</b>				
2301. Uninsured claims admin expense reserve	493,077		493,077	470,119
2302. Miscellaneous liabilities	42		42	
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	493,119		493,119	470,119
2501. 2020 ACA Fee	XXX	XXX	2,024,775	
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	2,024,775	
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months .....	XXX .....	8,254,111	7,975,861	10,606,656
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	200,285,155	192,523,047	256,091,915
3. Change in unearned premium reserves and reserves for rate credits .....	XXX .....			
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....			
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	200,285,155	192,523,047	256,091,915
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....				
10. Other professional services .....		171,982,943	162,595,617	214,725,675
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) .....		171,982,943	162,595,617	214,725,675
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....		171,982,943	162,595,617	214,725,675
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....563,832 cost containment expenses .....		860,306	1,173,982	1,111,054
21. General administrative expenses .....		19,817,765	18,269,834	25,567,252
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) .....		192,661,014	182,039,433	241,403,981
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	7,624,141	10,483,614	14,687,934
25. Net investment income earned .....		4,137,202	3,272,274	5,627,457
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		851,556	1,727,233	1,658,702
27. Net investment gains or (losses) (Lines 25 plus 26) .....		4,988,758	4,999,507	7,286,159
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....		(5,039)	.589	7,671
29. Aggregate write-ins for other income or expenses .....		(1,933,478)	.674	(1,499,326)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX .....	10,674,382	15,484,384	20,482,438
31. Federal and foreign income taxes incurred .....	XXX .....			
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	10,674,382	15,484,384	20,482,438
<b>DETAILS OF WRITE-INS</b>				
0601. Discount card revenue .....	XXX .....			
0602. .....	XXX .....			
0603. .....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. <b>TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)</b> .....	XXX .....			
0701. .....	XXX .....			
0702. .....	XXX .....			
0703. .....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. <b>TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)</b> .....	XXX .....			
1401. .....				
1402. .....				
1403. .....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. <b>TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)</b> .....				
2901. Contribution to Delta Dental Fund .....		(2,000,000)		(1,500,000)
2902. Miscellaneous Income (Expense) .....		66,522	.674	.674
2903. .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. <b>TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)</b> .....		(1,933,478)	.674	(1,499,326)

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

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	200,292,851	189,007,645	189,007,645
34. Net income or (loss) from Line 32 .....	10,674,382	15,484,384	20,482,438
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	13,359,646	1,540,607	(9,261,359)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	63,973	91,501	64,127
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 .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	24,098,001	17,116,492	11,285,206
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	224,390,852	206,124,137	200,292,851
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
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) .....			

**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	198,901,220	192,502,897	257,134,040
2.	Net investment income .....	3,642,963	3,388,332	5,855,334
3.	Miscellaneous income .....	(1,933,478)	674	674
4.	<b>TOTAL (Lines 1 to 3) .....</b>	<b>200,610,705</b>	<b>195,891,903</b>	<b>262,990,048</b>
5.	Benefit and loss related payments .....	172,306,459	166,695,387	217,705,529
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	24,158,859	22,203,459	29,515,263
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	<b>TOTAL (Lines 5 through 9) .....</b>	<b>196,465,318</b>	<b>188,898,846</b>	<b>247,220,792</b>
11.	<b>Net cash from operations (Line 4 minus Line 10) .....</b>	<b>4,145,387</b>	<b>6,993,057</b>	<b>15,769,256</b>
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	79,222,798	15,272,256	32,752,965
12.2	Stocks .....	20,920,898	17,583,933	18,093,673
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....	250,000		500,000
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	<b>TOTAL investment proceeds (Lines 12.1 to 12.7) .....</b>	<b>100,393,696</b>	<b>32,856,189</b>	<b>51,346,638</b>
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	99,549,717	19,605,087	30,380,727
13.2	Stocks .....	31,707,134	19,273,518	20,479,757
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....	362,101	166,740	270,913
13.6	Miscellaneous applications .....			
13.7	<b>TOTAL investments acquired (Lines 13.1 to 13.6) .....</b>	<b>131,618,952</b>	<b>39,045,345</b>	<b>51,131,397</b>
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	<b>Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....</b>	<b>(31,225,256)</b>	<b>(6,189,156)</b>	<b>215,241</b>
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
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) .....	(129,330)	216,606	(1,356,839)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(129,330)	216,606	(1,356,839)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(27,209,199)	1,020,507	14,627,658
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	24,133,945	9,506,287	9,506,287
19.2	<b>End of period (Line 18 plus Line 19.1) .....</b>	<b>(3,075,254)</b>	<b>10,526,794</b>	<b>24,133,945</b>

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

20.0001	.....	.....	.....	.....
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	875,760					875,760				
2. First Quarter .....	913,131					913,131				
3. Second Quarter .....	913,563					913,563				
4. Third Quarter .....	927,628					927,628				
5. Current Year .....										
6. Current Year Member Months .....	8,254,111					8,254,111				
Total Member Ambulatory Encounters for Period:										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a) .....	200,285,155					200,285,155				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	200,285,155					200,285,155				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	172,306,458					172,306,458				
18. Amount Incurred for Provision of Health Care Services .....	171,982,943					171,982,943				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

**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
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	2,666,764	85,668	11,054	.....	.....	2,763,486
0499999 Subtotals .....	2,666,764	85,668	11,054	.....	.....	2,763,486
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	5,364,414
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	8,127,900
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

**UNDERWRITING AND INVESTMENT EXHIBIT**

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....						
2. Medicare Supplement .....						
3. Dental only .....	7,115,999	165,190,459	360,800	7,767,100	7,476,799	8,451,416
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) .....	7,115,999	165,190,459	360,800	7,767,100	7,476,799	8,451,416
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	7,115,999	165,190,459	360,800	7,767,100	7,476,799	8,451,416

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

# Notes to Financial Statement

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

The financial statements of Delta Dental Plan of Ohio (Company) are presented on the basis of accounting practices prescribed or permitted by the State of Ohio Insurance Department in accordance with the National Association of Insurance Commissioners (NAIC) *Accounting Practices and Procedures Manual*.

The State of Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The NAIC *Accounting Practices and Procedures* manual has been adopted as a component of prescribed or permitted practices by the State of Ohio. The state has not adopted any accounting practices that differ from those found in NAIC SAP with regards to completion the Company's financial statement.

Description	SSAP #	F/S Page	F/S Line #	9/30/2019	12/31/2018
Net Income, OH				\$10,674,382	\$20,482,438
Effect of OH prescribed practices				-	-
Effect of OH permitted practices				-	-
Net income, NAIC SAP				\$10,674,382	\$20,482,438

Description	SSAP #	F/S Page	F/S Line #	9/30/2019	12/31/2018
Statutory Surplus, OH				\$224,390,852	\$200,292,851
Effect of OH prescribed practices					
Effect of OH permitted practices					
Policyholders Surplus, NAIC SAP				\$224,390,852	\$200,292,851

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

### C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Common stocks are recorded at market value except investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the statutory equity basis.
- (4) Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) No mortgage loans on real estate are held as of September 30, 2019 and 2018.
- (6) Loan backed securities are stated at amortized cost. The retrospective adjustment method is used to value MBS's and the scientific interest method is used to value CMO's.
- (7) The Company carries its investment in a non-insurance affiliate at the audited GAAP equity basis adjusted to a statutory equity basis.
- (8) The Company has no ownership interests in joint ventures, partnerships or limited liability companies as of September 30, 2019 and 2018.
- (9) No derivatives are held as of September 30, 2019 and 2018.
- (10) Not applicable.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Not applicable

### D. Going Concern

None.

# Notes to Financial Statement

## 2. Accounting Changes and Corrections of Errors

- A. 1. None.
- 2. None.
- 3. None.
- 4. None

## 3. Business Combinations and Goodwill

No change.

## 4. Discontinued Operations

No change.

## 5. Investments

- A. The Company owned no mortgage loans.
- B. The Company had no investments in restructured debt.
- C. The Company had no investments in reverse mortgages.
- D. The Company had no investments in loan backed securities that are recorded at other-than-temporarily impaired values.
- E. The Company had no repurchase agreements.
- F. The Company does not have investments in real estate.
- G. The Company has no investments in low-income housing tax credits (LIHTC).
- H. None.
- I. None.
- J. None.
- K. None.
- L. Restricted Assets

### (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease (1 minus 2))	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Asset (a)	7 Admitted Restricted to Total Admitted Asset (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reserve repurchase agreement							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reserve 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 state	170,975	150,190	20,785		170,975	0.07%	0.07%
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							
o. Total Restricted Assets	\$ 170,975	\$ 150,190	\$ 20,785	\$ -	\$ 170,975	0.07%	0.07%

## Notes to Financial Statement

(2) - (3) & (4) – Not applicable

M-R. Not applicable.

### **6. Joint Ventures, Partnerships and Limited Liability Companies**

No change.

### **7. Investment Income**

No change.

### **8. Derivative Instruments**

No change.

### **9. Income Taxes**

No change.

### **10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No Change.

### **11. Debt**

No change.

### **12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No change.

### **13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.**

No change.

### **14. Liabilities, Contingencies and Assessments**

No change.

### **15. Leases**

No change.

### **16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk**

No change.

### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfer or servicing of Financial Assets.
- C. The Company was not involved in any wash sales during the periods presented in these statements.

### **18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans**

No material change.

### **19. Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators**

No change.

# Notes to Financial Statement

## 20. Fair Value Measurements

A.

### 1. Fair Value Measurements at Reporting Date

Description	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Values (NAV) Included in Level 2
<b>a. Assets at fair value</b>					
Perpetual Preferred stock					
Industrial & Misc	\$83,776	\$0	\$0	\$83,776	
Parent, Subs, and Affiliate	0	0	0	\$0	\$0
<b>Total Perpetual Preferred Stocks</b>	<b>\$83,776</b>	<b>\$0</b>	<b>\$0</b>	<b>\$83,776</b>	<b>\$0</b>
Bonds					
U.S. Governments	\$0	\$0	\$0	\$0	\$0
Industrial & Misc	23,391,696	0	0	23,391,696	0
Hybrid Securities	0	0	0	0	0
Parent, Subs, and Affiliate	0	0	0	0	0
<b>Total Bonds</b>	<b>\$23,391,696</b>	<b>\$0</b>	<b>\$0</b>	<b>\$23,391,696</b>	<b>\$0</b>
Common stock					
Industrial & Misc	\$96,891,987	\$0	\$0	\$96,891,987	\$0
Parent, Subs, and Affiliate	0	0	0	0	0
<b>Total Common Stocks</b>	<b>\$96,891,987</b>	<b>\$0</b>	<b>\$0</b>	<b>\$96,891,987</b>	<b>\$0</b>
Derivative assets					
Interest rate contracts	\$0	\$0	\$0	\$0	\$0
Foreign exchange contracts	0	0	0	0	0
Credit contracts	0	0	0	0	0
Commodity futures contracts	0	0	0	0	0
Commodity forward contracts	0	0	0	0	0
<b>Total Derivatives</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Separate account assets	\$0	\$0	\$0	\$0	\$0
<b>Total assets at fair value</b>	<b>\$120,367,459</b>	<b>\$0</b>	<b>\$0</b>	<b>\$120,367,459</b>	<b>\$0</b>
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$0	\$0	\$0	\$0	\$0
<b>Total liabilities at fair value</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

2. None
3. None
4. None
5. None

- B. None
- C. None
- D. None

## 21. Other Items

No change.

## 22. Events Subsequent

### Type II – Nonrecognized Subsequent Events

The Company has been named in several class action complaints (*In Re: Delta Dental Plans Association Antitrust Litigation, United States District Court, Northern District of Illinois*) filed against the Delta Dental Plans Association and all Delta Dental member companies. The complaints will likely be consolidated into one action. The complaints allege violations of the Sherman Antitrust Act. Each of the plaintiffs seek an injunction prohibiting the Delta Dental Plan Association and its member companies from operating under its current model, compensation to providers for allegedly suppressing reimbursement, treble damages, attorney fees and costs. The Company denies all allegations and intends to vigorously defend the litigation. The case was filed in October, 2019 and is in the very early stages.

# Notes to Financial Statement

## 23. Reinsurance

No change.

## 24. Retrospectively Rated Contracts & Contracts Subject to Re-determination

No material change.

## 25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2018 were \$8,807,076. As of September 30, 2019, \$7,471,659 has been paid for incurred claims and claim adjustment expense attributable to insured events of prior years. Remaining reserves for prior years are now \$360,800 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$974,617 favorable prior-year loss development since December 31, 2018 to September 30, 2019. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The business to which this relates does not include retrospectively rated policies, therefore there was no return premium accrued as a result of the prior year effects.

## 26. Intercompany Pooling Arrangements

No change.

## 27. Structured Settlement

No change.

## 28. Health Care Receivables

No change.

## 29. Participating Policies

No change.

## 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	9/30/2019
3. Was anticipated investment income utilized in the calculation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X

## 31. Anticipated Salvage and Subrogation

No change.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES  
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  
 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[X]  
 Yes[ ] No[ ] N/A[X]

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?  
 2.2 If yes, date of change:

Yes[ ] No[X]

3.1 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 and 1A.  
 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?  
 3.3 If the response to 3.2 is yes, provide a brief description of those changes:  
 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?  
 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[ ]

Yes[ ] No[X]

Yes[ ] No[X]

4.1 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 for the annual filing corresponding to this period.  
 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Yes[ ] No[X]

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
 If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2016  
 6.2 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. .... 12/31/2016  
 6.3 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). .... 01/17/2018  
 6.4 By what department or departments?  
 State of Ohio Department of Insurance  
 6.5 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]  
 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

7.1 Has this 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?  
 7.2 If yes, give full information

Yes[ ] No[X]

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 .....

9.1 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?  
 (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.  
 9.11 If the response to 9.1 is No, please explain:  
 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]  
 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]  
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

Yes[X] No[ ]

Yes[ ] No[X]

Yes[ ] No[X]

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

Yes[X] No[ ]  
 \$..... 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]  
 11.2 If yes, give full and complete information relating thereto:  
 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0  
 13. Amount of real estate and mortgages held in short-term investments: \$..... 0  
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[ ]

**GENERAL INTERROGATORIES (Continued)****INVESTMENT**

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....		
14.22	Preferred Stock .....		
14.23	Common Stock .....	21,598,600	41,944,537
14.24	Short-Term Investments .....		
14.25	Mortgages Loans on Real Estate .....		
14.26	All Other .....	250,000	
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	21,848,600	41,944,537
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes[ ] No[ ] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....	0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....	0
16.3 Total payable for securities lending reported on the liability page	\$ .....	0

17. 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of America .....	135. LaSalle St., Chicago, IL 60603 .....

17.2 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)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[ ] No[X]

17.4 If yes, give full and complete information relating thereto:

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

17.5 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
Amy L. Basel .....	A .....
Goran M. Jurkovic .....	A .....
Red Cedar Investment Management, LLC .....	A .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[X] No[ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[ ] No[X]

17.6 For those firms or individuals listed in the table for 17.5 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
170939 .....	Red Cedar Investment Management, LLC .....	n/a .....	SEC .....	NO .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[ ]

18.2 If no, list exceptions:

19. By self-designating 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[X]

## **GENERAL INTERROGATORIES (Continued)**

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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 a 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[X]

**GENERAL INTERROGATORIES****PART 2 - HEALTH**

## 1. Operating Percentages:

1.1 A&H loss percent	.....	86.000%
1.2 A&H cost containment percent	.....	0.000%
1.3 A&H expense percent excluding cost containment expenses	.....	10.000%

2.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[ ] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[ ] No[X]

3.1 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]

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
				<b>N O N E</b>				

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS****Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7		
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) .....	L .....	200,285,155							200,285,155	
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) .....	N .....									
55. U.S. Virgin Islands (VI) .....	N .....									
56. Northern Mariana Islands (MP) .....	N .....									
57. Canada (CAN) .....	N .....									
58. Aggregate other alien (OT) .....	XXX .....									
59. Subtotal .....	XXX .....	200,285,155							200,285,155	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....									
61. Total (Direct Business) .....	XXX .....	200,285,155							200,285,155	

**DETAILS OF WRITE-INS**

58001. ....	XXX .....								
58002. ....	XXX .....								
58003. ....	XXX .....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....								

(a) Active Status Counts:

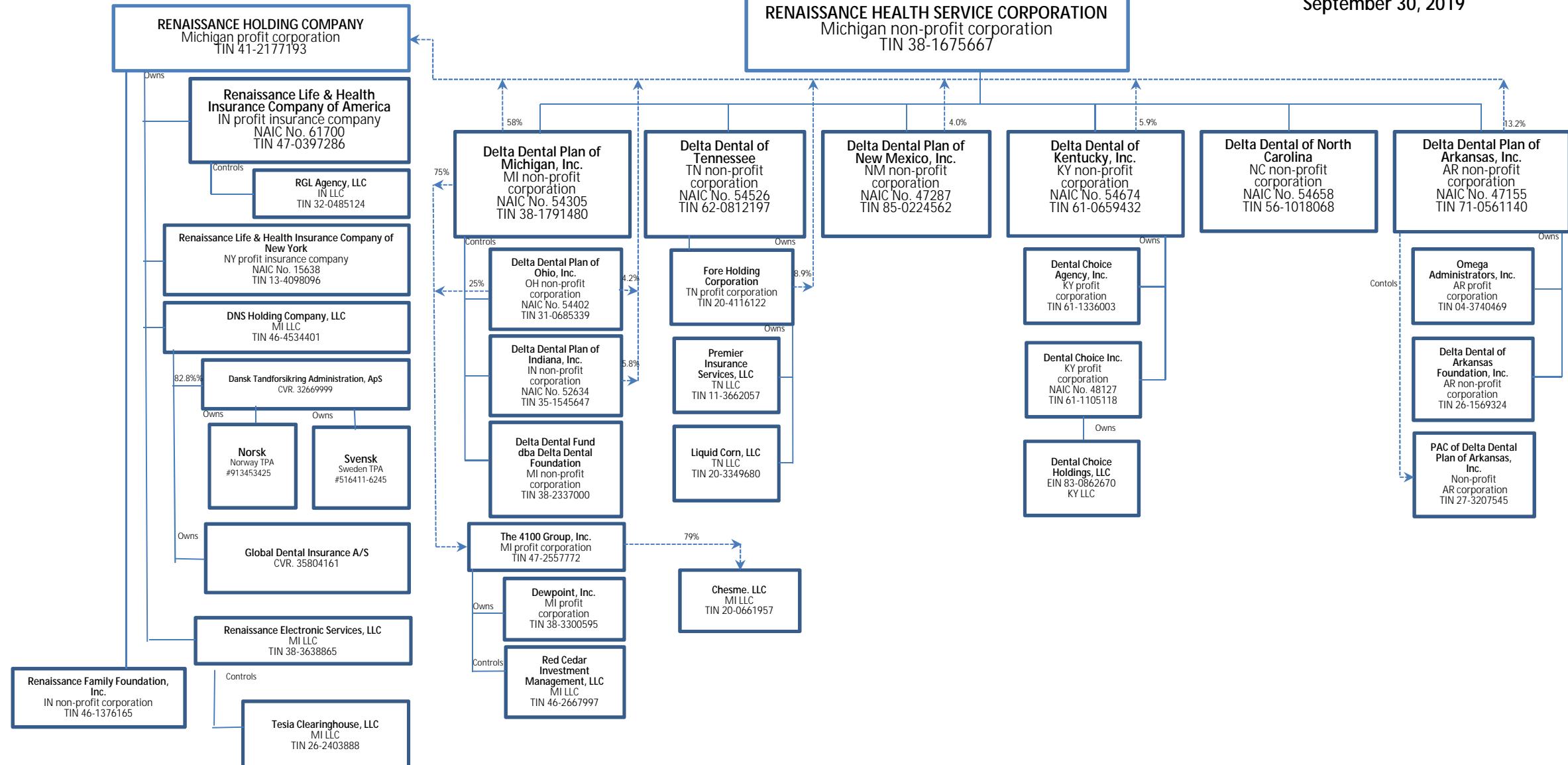
L Licensed or Chartered - Licensed insurance carrier or domiciled RRG  
 E Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 N None of the above Not allowed to write business in the state

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

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



**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	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
		0	38-1675667			Renaissance Health Service Corporation	MI	UDP						N	
		0	46-1376165			Renaissance Family Foundation, Inc.	IN	NIA						N	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.0	Renaissance Health Service Corporation		Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Corporation		Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Corporation		Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Corporation		N	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Corporation		Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Corporation		Y	
		0	41-2177193			Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.2	Renaissance Health Service Corporation		N	
477	Renaissance Health Service Corporation	61700	47-0397286			Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation		N	
		0	32-0485124			RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of America	Ownership	100.0	Renaissance Health Service Corporation		N	
477	Renaissance Health Service Corporation	15638	13-4098096			Renaissance Life & Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation		N	
		0	46-4534401			DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation		N	
		0	32669999			Dansk Tandforsikring Administration ApS		NIA	DNS Holding Company, LLC	Ownership	82.8	Renaissance Health Service Corporation		N	
		0	35804161			Global Dental Company A/S		NIA	DNS Holding Company, LLC	Ownership	100.0	Renaissance Health Service Corporation		N	
		0	26-2403888			Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation		N	
		0	38-3638865			Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation		N	
477	Renaissance Health Service Corporation	54305	38-1791480			Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation		N	
477	Renaissance Health Service Corporation	54402	31-0685339			Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation		N	
477	Renaissance Health Service Corporation	52634	35-1545647			Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation		N	
		0	38-2337000			Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation		N	
		0	46-2667997			Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corporation		N	
		0	47-2557772			The 4100 Group, Inc.	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.0	Renaissance Health Service Corporation		Y	
		0	47-2557772			The 4100 Group, Inc.	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.0	Renaissance Health Service Corporation		Y	
		0	38-3300595			Dewpoint, Inc.	MI	NIA	The 4100 Group, Inc.	Ownership	100.0	Renaissance Health Service Corporation		N	
477	Renaissance Health Service Corporation	54526	62-0812197			Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation		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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing 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)	*
477	Renaissance Health Service Corporation	0	20-4116122			Fore Holding Corporation		TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	Y	
		0	11-3662057			Premier Insurance Services, LLC		TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	N	
	Renaissance Health Service Corporation	0	20-3349680			Liquid Corn, LLC		TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	N	
		47287	85-0224562			Delta Dental Plan of New Mexico, Inc.		NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
	Renaissance Health Service Corporation	54674	61-0659432			Delta Dental of Kentucky, Inc.		KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
		0	61-1336003			Dental Choice Agency, Inc.		KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	Y	
	Renaissance Health Service Corporation	48127	61-1105118			Dental Choice Inc.		KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	N	
		54658	56-1018068			Delta Dental of North Carolina		NC	RE	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
	Renaissance Health Service Corporation	47155	71-0561140			Delta Dental Plan of Arkansas, Inc.		AR	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
		0	04-3740469			Omega Administrators, Inc.		AR	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	100.0	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	0	26-1569324			Delta Dental of Arkansas Foundation, Inc.		AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporation	N	
		00000	83-0862670			Dental Choice Holdings, LLC		KY	NIA	Delta Choice Inc.	Ownership	100.0	Renaissance Health Services Corporation	N	
	Renaissance Health Service Corporation	00000	20-0661957			Chesme, LLC		MI	NIA	The 4100 Group, Inc.	Ownership	79.0	Renaissance Health Services Corporation	N	
		00000	27-3207545			PAC of Delta Dental Plan of Arkansas, Inc.		AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Services Corporation	N	
	Renaissance Health Service Corporation	00000	91-3453425			Norsk		DNK	NIA	Dansk Tandforsikring Administration ApS	Ownership	100.0	Renaissance Health Services Corporation	N	
		00000	51-64116245			Svensk		SWE	NIA	Dansk Tandforsikring Administration ApS	Ownership	100.0	Renaissance Health Services Corporation	N	

Asterisk	Explanation
0000001	

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

### **RESPONSE**

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



54402201936500003

2019

Document Code: 365



STATEMENT AS OF **September 30, 2019** OF THE **DELTA DENTAL PLAN OF OHIO, INC.**  
**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Current year change in encumbrances .....	.....	.....
4. Total gain (loss) on disposals .....	.....	.....
5. Deduct amounts received on disposals .....	.....	.....
6. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
7. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
8. Deduct current year's depreciation .....	.....	.....
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 (Line 9 minus Line 10) .....	.....	.....

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
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 .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease) .....	.....	.....
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	.....	.....
8. Deduct amortization of premium and mortgage interest points .....	.....	.....
9. Total foreign exchange change in book value/recorded investment .....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
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 (Line 11 plus Line 12) .....	.....	.....
14. Deduct total nonadmitted amounts .....	.....	.....
15. Statement value at end of current period (Line 13 minus Line 14) .....	.....	.....

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	.....	.....
2. Cost of bonds and stocks acquired .....	.....	.....
3. Accrual of discount .....	.....	.....
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	.....	.....
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	.....	.....
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	.....	.....

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	55,770,198	9,659,163	9,080,126	(179,449)	42,472,271	55,770,198	56,169,786	48,302,539
2. NAIC 2 (a) .....	36,936,694	522,807	1,076,676	227,001	29,441,293	36,936,694	36,609,826	22,253,663
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								373,141
5. NAIC 5 (a) .....								31,212
6. NAIC 6 (a) .....								
7. Total Bonds .....	92,706,892	10,181,970	10,156,802	47,552	71,913,564	92,706,892	92,779,612	70,960,555
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....	83,600				176	82,400	83,600	83,776
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....	83,600			176	82,400	83,600	83,776	78,400
15. Total Bonds & Preferred Stock .....	92,790,492	10,181,970	10,156,802	47,728	71,995,964	92,790,492	92,863,388	71,038,955

(a) Book/Adjusted Carrying Value column for the end of the current reporting period 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

**SI03 Schedule DA Part 1 .....** **NONE**

**SI03 Schedule DA Verification .....** **NONE**

**SI04 Schedule DB - Part A Verification .....** **NONE**

**SI04 Schedule DB - Part B Verification .....** **NONE**

**SI05 Schedule DB Part C Section 1 .....** **NONE**

**SI06 Schedule DB Part C Section 2 .....** **NONE**

**SI07 Schedule DB - Verification .....** **NONE**

**SCHEDULE E - PART 2 - VERIFICATION**  
**(Cash Equivalents)**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	5,044,842	6,562,834
2. Cost of cash equivalents acquired .....	106,928,510	34,989,601
3. Accrual of discount .....		3,672
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		4
6. Deduct consideration received on disposals .....	107,519,748	36,511,269
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) .....	4,453,604	5,044,842
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	4,453,604	5,044,842

**E01 Schedule A Part 2 .....** **NONE**

**E01 Schedule A Part 3 .....** **NONE**

**E02 Schedule B Part 2 .....** **NONE**

**E02 Schedule B Part 3 .....** **NONE**

**SCHEDULE BA - PART 2****Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter**

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation and Administrative Symbol/ Market Indicator	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
<b>N O N E</b>												
4699999 TOTALS .....												XXX .....

**SCHEDULE BA - PART 3****Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter**

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V.	14 Foreign Exchange Change in B./A.C.V.						
<b>Surplus Debentures - Affiliated</b>	Delta Dental of North Carolina Surplus Note ..	Raleigh .....	NC	Final Redemption .....	12/10/2010	07/08/2019	250,000 .....							250,000 .....	250,000 .....	250,000 .....			81,531
2499999 Subtotal - Surplus Debentures - Affiliated .....							250,000 .....							250,000 .....	250,000 .....	250,000 .....			81,531
4499999 Total - Unaffiliated .....																			
4599999 Total - Affiliated .....							250,000 .....							250,000 .....	250,000 .....	250,000 .....			81,531
4699999 TOTALS .....							250,000 .....							250,000 .....	250,000 .....	250,000 .....			81,531

QE03

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

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	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
38379RJH7	GNMA REMIC TRUST 2016-166		07/23/2019	Bank of America	XXX	287,184		2,738	1
9128286T2	U S TREASURY NT 2.375% 05/15/29		09/30/2019	Bank of America	XXX	935,321	890,000	7,100	1
912810SH2	UNITED STATES TREAS BDS		08/27/2019	Bank of America	XXX	2,568,956	2,395,000	12,873	1
9128286Y1	UNITED STATES TREAS NTS		08/02/2019	Bank of America	XXX	1,081,763	1,080,000	2,410	1
9128287B0	UNITED STATES TREAS NTS		07/25/2019	Bank of America	XXX	298,559	300,000	443	1
912828G38	UNITED STATES TREAS NTS		08/27/2019	Bank of America	XXX	2,436,573	2,375,000	11,404	1
0599999	Subtotal - Bonds - U.S. Governments				XXX	7,608,356	7,040,000	36,968	XXX
<b>Bonds - U.S. Special Revenue, Special Assessment</b>									
3137ATRW4	FHLMC REMIC SERIES K-020		07/11/2019	Bank of America	XXX	512,650	510,000	504	1
3136AY7K3	FNMA REMIC TRUST 2018-M1		07/02/2019	Bank of America	XXX	199,581	191,876	115	1
3136B27K2	FNMA REMIC TRUST 2018-M14		07/08/2019	Bank of America	XXX	458,539	425,250	349	1
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				XXX	1,170,770	1,127,126	968	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
02665UAA3	AMER HOMES 4 RENT TR 2014-SFR2		07/17/2019	Bank of America	XXX	326,355	312,698	592	1FE
446150AK0	HUNTINGTON BANCSHARES INC		07/08/2019	Bank of America	XXX	49,860	50,000	562	2FE
59980CAA1	MILL CITY MTG LN TR-144A		08/01/2019	Bank of America	XXX	402,881	395,984	1FM	
81746MAA8	SEQUOIA MTG TR 2015-4 144A		07/24/2019	Bank of America	XXX	150,801	149,210	311	1FM
67077MAU2	NUTRIEN LTD	C	07/08/2019	Bank of America	XXX	472,947	410,000	5,638	2FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	1,402,844	1,317,892	7,103	XXX
8399997	Subtotal - Bonds - Part 3				XXX	10,181,970	9,485,018	45,039	XXX
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX	10,181,970	9,485,018	45,039	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8999999	Subtotal - Preferred Stocks				XXX		XXX		XXX
<b>Common Stocks - Mutual Funds</b>									
057071409	BAIRD FDS INC		09/25/2019	Bank of America	3,623,360	35,364	XXX		U
233203827	DFA INVT DIMENSIONS GROUP INC		07/23/2019	Bank of America	9,879,450	365,003	XXX		U
233203843	DFA INVT DIMENSIONS GROUP INC		07/02/2019	Bank of America	266,220	8,902	XXX		U
25434D203	DIMENSIONAL INVT GROUP INC		07/02/2019	Bank of America	2,455,460	41,915	XXX		U
31420B300	FEDERATED INSTL TR		09/01/2019	Bank of America	5,509,520	54,011	XXX		U
54400N409	LORD ABBETT HIGH YIELD FD		09/01/2019	Bank of America	7,111,580	53,267	XXX		L
808524409	SCHWAB STRATEGIC TR		07/23/2019	Bank of America	6,163,000	350,158	XXX		L
808524201	SCHWAB US LARGE_CAP		07/23/2019	Bank of America	23,780,000	1,699,319	XXX		L
78464A409	SPDR S&P 500 GROWTH ETF		07/23/2019	Bank of America	27,862,000	1,100,546	XXX		L
922908785	VANGUARD SMALL CAP VALUE INDEX		09/16/2019	Bank of America	218,410	6,878	XXX		U
921921300	VANGUARD FENWAY FDS		09/13/2019	Bank of America	2,888,520	220,875	XXX		U
922908850	VANGUARD INDEX FDS		09/13/2019	Bank of America	7,252,660	318,528	XXX		U
922040100	VANGUARD INSTL INDEX FD		09/23/2019	Bank of America	6,516,260	1,774,293	XXX		U
922908819	VANGUARD SMALL CAP GROWTH INDEX		09/13/2019	SCHWAB CHARLES, CO. INC	43,540	2,294	XXX		U
921908869	VANGUARD SPECIALIZED PORTFOLIO		09/23/2019	Bank of America	2,343,430	47,689	XXX		U
921909784	VANGUARD STAR FD		09/23/2019	Bank of America	209,710	23,401	XXX		U
921946406	VANGUARD WHITEHALL FDS INC		07/23/2019	Bank of America	3,967,000	350,156	XXX		L
97717W307	WISDOMTREE TR		07/23/2019	Bank of America	2,036,000	200,082	XXX		L
9299999	Subtotal - Common Stocks - Mutual Funds				XXX	6,652,681	XXX		XXX
9799997	Subtotal - Common Stocks - Part 3				XXX	6,652,681	XXX		XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	6,652,681	XXX		XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	6,652,681	XXX		XXX

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

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	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
9999999 Total - Bonds, Preferred and Common Stocks .....					XXX .....	16,834,651	XXX .....	45,039	XXX .....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....12.

**SCHEDULE D - PART 4****Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of  
During the Current Quarter**

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 Total Foreign Exchange Change in B./A.C.V. (11 + 12 - 13)	17 Book/ Adjusted Carrying Value at Disposal Date	18 Foreign Exchange Gain (Loss) on Disposal	19 Realized Gain (Loss) on Disposal	20 Total Gain (Loss) on Disposal	21 Bond Interest/ Stock Dividends Received During Year	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V.	15 Total Foreign Exchange Change in B./A.C.V.									
<b>Bonds - U.S. Governments</b>																							
38378BQQ5	GNMA CMO 2012		09/16/2019	PRINCIPAL RECEIPT	XXX	4,848	4,848	4,896	4,887		(39)		(39)			4,848					65	03/16/2040	1
38378BTE3	GNMA CMO 2013		09/16/2019	PRINCIPAL RECEIPT	XXX	1,214	1,214	1,208	1,209		5		5			1,214					13	05/16/2046	1
36179QRZ6	GNMA PASS-THRU M SINGLE FAMILY		09/20/2019	PRINCIPAL RECEIPT	XXX	2,521	2,521	2,521	2,751		(230)		(230)			2,521					67	10/20/2044	1
38378BSP5	GNMA REMIC TRUST 2012-46 20381		09/16/2019	VARIOUS	XXX	2,869	2,869	2,898	2,875		(5)		(5)			2,869					34	11/16/2038	1
38378NNA7	GNMA REMIC TRUST 2013-194		09/16/2019	PRINCIPAL RECEIPT	XXX	1,772	1,772	1,739	1,741		31		31			1,772					27	05/16/2038	1
38379KFL7	GNMA REMIC TRUST 2015-37 20550		09/16/2019	PRINCIPAL RECEIPT	XXX	1,918	1,918	1,926	1,926		(8)		(8)			1,918					31	02/16/2055	1
91282B6T2	U S TREASURY NT 2.375% 05/15/29		09/30/2019	Bank of America	XXX	717,108	675,000	699,594			(395)		(395)			699,199		17,910	17,910		6,055	05/15/2029	1
912810SD1	UNITED STATES TREAS BDS		07/16/2019	Bank of America	XXX	2,573,889	2,385,000	2,487,382			(157)		(157)			2,487,226		86,663	86,663	30,009	08/15/2048	1	
91282B5K2	UNITED STATES TREAS NTS		07/16/2019	Bank of America	XXX	1,874,637	1,800,000	1,870,664			(1,590)		(1,590)			1,869,074		5,563	5,563	11,824	10/31/2023	1	
91282B6Y1	UNITED STATES TREAS NTS		07/30/2019	Bank of America	XXX	848,990	850,000	851,893			(48)		(48)			851,845		(2,854)	(2,854)	1,461	06/15/2022	1	
05999999 Subtotal - Bonds - U.S. Governments					XXX	6,029,766	5,725,142	5,924,888	15,389		(2,436)		(2,436)			5,922,486		107,282	107,282	49,586	XX X	XX X	
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																							
29270CYM1	ENERGY NORTHWEST WASH ELEC REV		07/01/2019	Sink PMT @ 100.000000	XXX	65,000	65,000	65,852	65,069		(69)		(69)			65,000					1,428	07/01/2019	1FE
3135G0J20	FEDERAL NATL MTG ASSN		07/11/2019	Bank of America	XXX	396,296	400,000	401,050	400,087		(24)		(24)			400,063		(3,767)	(3,767)	4,874	02/26/2021	1	
3135G0Z7	FEDERAL NATL MTG ASSN		08/02/2019	Bank of America	XXX	518,169	500,000	522,062	516,174		(1,435)		(1,435)			514,739		3,429	3,429	11,204	09/06/2024	1	
3128MDG23	FHLMC		09/16/2019	PRINCIPAL RECEIPT	XXX	563	563	569	568		(5)		(5)			563					9	07/01/2027	1
312934M58	FHLMC A8 7580		09/16/2019	PRINCIPAL RECEIPT	XXX	669	669	679	685		(16)		(16)			669					22	07/01/2039	1
312936KB2	FHLMC A8 9290		09/16/2019	PRINCIPAL RECEIPT	XXX	313	313	324	326		(13)		(13)			313					10	01/01/2039	1
3137AA5U3	FHLMC CMO 2011		09/30/2019	VARIOUS	XXX	402	402	415	404		(2)		(2)			402					9	07/15/2025	1
3128MJG80	FHLMC GO 8193		09/16/2019	PRINCIPAL RECEIPT	XXX	199	199	209	215		(16)		(16)			199					8	04/01/2037	1
312925BY5	FHLMC PC GOLD CASH 30		09/16/2019	PRINCIPAL RECEIPT	XXX	4,884	4,884	5,044	5,107		(223)		(223)			4,884					132	12/01/2043	1
3128MDA9	FHLMC PC GOLD COMB 15		09/16/2019	PRINCIPAL RECEIPT	XXX	1,247	1,247	1,291	1,281		(34)		(34)			1,247					25	04/01/2029	1
3128MMRN5	FHLMC PC GOLD COMB 15		09/16/2019	PRINCIPAL RECEIPT	XXX	4,276	4,276	4,375	4,356		(80)		(80)			4,276					85	01/01/2029	1
3128MJ2S8	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	6,070	6,070	6,210	6,223		(153)		(153)			6,070					144	10/01/2047	1
3128MJ2V1	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	5,790	5,790	5,782	5,782		(8)		(8)			5,790					119	11/01/2047	1
3128MJQ78	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	4,116	4,116	4,117	4,117		(2)		(2)			4,116					97	02/01/2042	1
3128MJS35	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	4,353	4,353	4,353	4,162		191		191			4,353					87	07/01/2043	1
3128MJT67	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	3,825	3,825	3,825	3,868		(44)		(44)			3,825					91	02/01/2044	1
3128MJTU4	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	1,913	1,913	1,910	1,910		(4)		(4)			1,913					45	01/01/2044	1
3128MJX70	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	9,043	9,043	8,798	8,798		245		245			9,043					182	04/01/2046	1
3128MJY8	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	7,965	7,965	7,935	7,934		31		31			7,965					187	05/01/2046	1
312932ZG4	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	91	91	93	94		(3)		(3)			91					3	05/01/2039	1
3129413U9	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	783	783	867	897		(114)		(114)			783					27	08/01/2040	1
3132WFEC	FHLMC PC GOLD PC 30YR		09/16/2019	PRINCIPAL RECEIPT	XXX	3,395	3,395	3,408	3,408		(13)		(13)			3,395					69	07/01/2046	1
3132XUFC4	FHLMC PC GOLD PC 30YR		09/16/2019	PRINCIPAL RECEIPT	XXX	10,555	10,555	10,859	10,842		(287)		(287)			10,555					253	11/01/2047	1
3132XUJ30	FHLMC PC GOLD PC 30YR		09/16/2019	PRINCIPAL RECEIPT	XXX	5,269	5,269	5,423	5,416		(47)		(47)			5,269					120	11/01/2047	1
3132XUNA9	FHLMC PC GOLD PC 30YR		09/16/2019	PRINCIPAL RECEIPT	XXX	1,478	1,478	1,523	1,520		(43)		(43)			1,478					34	11/01/2047	1
312925AB3	FHLMC PC GOLD CASH 30		09/16/2019	PRINCIPAL RECEIPT	XXX	2,855	2,855	2,827	2,831		24		24			2,855					48	02/01/2043	1
3133AYJ1	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	5,696	5,696	5,686	5,877		(181)		(181)			5,696					131	09/01/2046	1
312925B25	FHLMC PC GOLD CASH 30		09/16/2019	PRINCIPAL RECEIPT	XXX	3,689	3,689	3,839	3,836		(47)		(47)			3,689					99	02/01/2044	1
3128M8NA8	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	899	899	981	981		(130)		(130)			899					32	08/01/2040	1
3128MJT26	FHLMC PC GOLD COMB 30		09/16/2019	PRINCIPAL RECEIPT	XXX	3,267	3,267	3,496	3,590		(323)		(323)			3,267					97	01/01/2044	1
3128MJT77	FHLMC PC GOLD COMB 30 4.000 20		09/16/2019	PRINCIPAL RECEIPT	XXX	3,137	3,137	3,274	3,322		(186)		(186)			3,137					84	02/01/20	

**SCHEDULE D - PART 4****Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of  
During the Current Quarter**

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	8	9	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	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A/C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A.C.V.									
31417LBR5 .	FNMA PAC1847		09/25/2019	PRINCIPAL RECEIPT	XXX	252	252	256	(3)	(3)	(8)	(3)	252								8	09/01/2024	1
31417LD36 .	FNMA PAC1921		09/25/2019	PRINCIPAL RECEIPT	XXX	755	755	761	6	763	(8)	(8)	755								20	09/01/2039	1
31417NAQ4 .	FNMA PAC3614		09/25/2019	PRINCIPAL RECEIPT	XXX	89	89	89		89			89								2	08/01/2024	1
31417QRZ9 .	FNMA PAC5003		09/25/2019	PRINCIPAL RECEIPT	XXX	526	526	532	535	(10)		(10)	(10)	526							15	01/01/2040	1
31419A4N4 .	FNMA PAE 0828		09/25/2019	PRINCIPAL RECEIPT	XXX	1,716	1,716	1,778	1,798	(81)		(81)	(81)	1,716							40	02/01/2041	1
31419FD60 .	FNMA PAE4624 4% 2040		09/25/2019	PRINCIPAL RECEIPT	XXX	464	464	453	448	15		15	15	464							13	10/01/2040	1
3138AV3Q6 .	FNMA PASS THRU		09/25/2019	PRINCIPAL RECEIPT	XXX	201	201	205	211	(10)		(10)	(10)	201							5	10/01/2041	1
31412PXC0 .	FNMA PASS THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	136	136	137	138	(2)		(2)	(2)	136							4	06/01/2039	1
3138EMT84 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	684	684	692	690	(6)		(6)	(6)	684							11	12/01/2028	1
3138ESC89 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	5,666	5,666	5,730	5,725	(60)		(60)	(60)	5,666							94	04/01/2032	1
3138WFM94 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	3,251	3,251	3,318	3,308	(57)		(57)	(57)	3,251							53	09/01/2030	1
3138YR6T0 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	6,026	6,026	6,143	6,130	(104)		(104)	(104)	6,026							101	07/01/2030	1
31410LRR5 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	5,412	5,412	5,682	5,657	(245)		(245)	(245)	5,412							110	09/01/2030	1
31410LUG5 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	5,805	5,805	5,821	5,817	(12)		(12)	(12)	5,805							97	06/01/2032	1
3138AVP66 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	1,251	1,251	1,329	1,334	(83)		(83)	(83)	1,251							33	10/01/2014	1
3138EG2X1 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	354	354	374	378	(24)		(24)	(24)	354							10	09/01/2014	1
3138EMFV8 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	3,451	3,451	3,550	3,552	(101)		(101)	(101)	3,451							77	12/01/2043	1
3138MFSZ1 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	1,593	1,593	1,573	1,573	20		20	20	1,593							33	11/01/2042	1
3138WGLA0 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	4,157	4,157	4,293	4,298	(141)		(141)	(141)	4,157							102	02/01/2046	1
3138WGRK2 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	6,150	6,150	6,519	6,541	(392)		(392)	(392)	6,150							148	03/01/2046	1
3138WHS7 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	8,386	8,386	8,396	8,396	(10)		(10)	(10)	8,386							170	10/01/2046	1
3138WHWE8 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	4,400	4,400	4,435	4,435	(35)		(35)	(35)	4,400							87	09/01/2046	1
3138WJ6C7 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	13,252	13,252	13,918	13,947	(694)		(694)	(694)	13,252							359	03/01/2047	1
3138WJPS1 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	13,417	13,417	14,192	14,223	(806)		(806)	(806)	13,417							361	12/01/2046	1
3138X3XL1 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	1,825	1,825	1,872	1,872	(47)		(47)	(47)	1,825							45	09/01/2043	1
3138XGNF6 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	1,782	1,782	1,885	1,900	(118)		(118)	(118)	1,782							48	12/01/2043	1
3140EVV60 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	8,977	8,977	9,035	9,037	(59)		(59)	(59)	8,977							184	08/01/2046	1
3140JHBH50 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	52,219	52,219	52,219	52,278	(759)		(759)	(759)	52,219							324	06/01/2048	1
3140J9FU0 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	10,803	10,803	11,051	11,051	(248)		(248)	(248)	10,803							260	11/01/2048	1
3140JM7A4 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	32,422	32,422	33,395	33,395	(973)		(973)	(973)	32,422							262	04/01/2049	1
31410KXY5 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	243	243	257	282	(39)		(39)	(39)	243							9	09/01/2038	1
31410LFB3 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	1,137	1,137	1,235	1,245	(108)		(108)	(108)	1,137							34	08/01/2041	1
31410XGC4 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	24	24	25	26	(2)		(2)	(2)	24							1	09/01/2036	1
31416NCW0 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	242	242	263	269	(27)		(27)	(27)	242							7	04/01/2039	1
31416TL49 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	618	618	675	687	(69)		(69)	(69)	618							19	08/01/2039	1
31417DU27 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	232	232	229	229	(3)		(3)	(3)	232							5	11/01/2042	1
31417QVZ4 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	479	479	531	555	(75)		(75)	(75)	479							16	11/01/2039	1
31418ABA5 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	665	665	681	683	(19)		(19)	(19)	665							16	12/01/2041	1
31418CMG6 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	15,483	15,483	15,383	15,379	104		104	104	15,483							421	07/01/2047	1
31418CR97 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	7,769	7,769	7,940	7,940	(171)		(171)	(171)	7,769							210	12/01/2047	1
31418CS47 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	7,684	7,684	7,641	7,641	(43)		(43)	(43)	7,684							182	01/01/2048	1
31418DCY6 .	FNMA PASS-THRU LNG 30 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	32,365	32,365	37,383	37,984	(5,619)		(5,619)	(5,619)	32,365							220	05/01/2049	1
3140H1XD7 .	FNMA PASS-THRU INT 15 YEAR		09/25/2019	PRINCIPAL RECEIPT	XXX	22,736	22,736	22,736	23,106	(369)		(369)	(369)	22,736							457	03/01/2033	1
31417B5T0 .	FNMA PASS-TH																						

**SCHEDULE D - PART 4****Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of  
During the Current Quarter**

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	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Temporary Impairment Recognized	13 Current Year's Other Than Temporary Impairment (11 + 12 - 13)	14 Total Change in B/A/C.V.	15 Total Foreign Exchange Change in B/A.C.V.									
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																							
020002BB6	ALLSTATE CORP SB-B DB FXD/FL53	08/02/2019	Bank of America	XXX	346,125	325,000	341,007	104,959	(1,005)	(1,005)	309	309	(42)	(42)	(1,005)	336,608	9,517	9,517	11,752	08/15/2053	2FE		
023135BC9	AMAZON COM INC	07/17/2019	Bank of America	XXX	120,403	115,000	109,214	109,268	309	309	109,577	109,577	191	191	10,826	10,826	3,290	3,290	3,290	08/22/2027	1FE		
02665UAA3	AMER HOMES 4 RENT TR 2014-SFR2	09/19/2019	PRINCIPAL RECEIPT	XXX	1,891	1,891	1,939	1,256	(42)	(42)	1,891	1,891	191	191	35	35	10,172	10,172	10,172	10/17/2036	1FE		
02660TC50	AMERICAN HOME MTG 2004-4 20450	09/25/2019	PRINCIPAL RECEIPT	XXX	5,856	5,856	5,875	5,859	(3)	(3)	5,856	5,856	191	191	191	191	191	191	191	05/25/2045	1FM		
07325NAE2	BAYVIEW FINANCIAL TR 2004-D 20	09/28/2019	PRINCIPAL RECEIPT	XXX	4,931	4,931	4,894	4,937	(6)	(6)	4,931	4,931	133	133	133	133	133	133	133	08/28/2044	FMR		
055657AD2	BMW VEH LEASE TR 2017-1 202006	09/20/2019	PRINCIPAL RECEIPT	XXX	145,000	145,000	145,000	145,072	(72)	(72)	145,000	145,000	2,348	2,348	16	16	2,348	2,348	2,348	06/22/2020	1FE		
149806AB7	CAZENOVIA CREEK FDG I 2015-1 2	09/10/2019	PRINCIPAL RECEIPT	XXX	889	889	889	889	889	889	889	889	16	16	16	16	16	16	16	12/10/2023	1FE		
161571HF4	CHASE ISSUANCE TRUST 2016-5A	07/15/2019	PRINCIPAL RECEIPT	XXX	150,000	150,000	149,959	149,992	8	8	150,000	150,000	1,111	1,111	84	84	84	84	84	84	84	09/25/2064	1FM
17326QAA1	CITIGROUP MTG LN TR 2018-RP1	09/25/2019	PRINCIPAL RECEIPT	XXX	4,205	4,205	4,193	3,176	1,029	1,029	4,205	4,205	121	121	121	121	121	121	121	06/25/2029	1FM		
174610AK1	CITIZENS FINL GROUP INC	07/08/2019	Bank of America	XXX	52,811	50,000	51,166	50,873	(58)	(58)	50,815	50,815	1,296	1,296	1,996	1,996	1,996	1,996	1,996	1,996	1,996	12/03/2025	2FE
12646XAW2	CSMC TRUST 2013-IVR3 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	6,395	6,395	6,346	6,349	46	46	6,395	6,395	149	149	149	149	149	149	149	09/25/2043	1FM		
29445FAH1	EQUIFIRST MTG LN TR 2003-2	09/26/2019	PRINCIPAL RECEIPT	XXX	694	694	676	681	13	13	694	694	16	16	89	89	89	89	89	89	89	09/25/2033	1FM
419838AA5	HAWAIIAN AIRL TR 2013-1 20207	07/15/2019	Sink PM @ 100,000000	XXX	2,273	2,273	2,281	2,280	(7)	(7)	2,273	2,273	89	89	194	194	194	194	194	194	194	07/15/2027	1FE
437084QV1	HOME EQUITY ASSET TR 2005-9	09/30/2019	VARIOUS	XXX	10,209	10,209	10,220	10,214	(5)	(5)	10,209	10,209	23,526	23,526	2,154	2,154	2,154	2,154	2,154	2,154	2,154	04/25/2036	FMR
404280AT6	HSBC HLDGS PLC PERP COCO FXD/F	08/27/2019	Bank of America	XXX	671,125	650,000	669,975	199,509	(1,013)	(1,013)	668,971	668,971	10,150	10,150	10,150	10,150	10,150	10,150	10,150	12/31/2050	2FE		
44891EAC3	HYUNDAI AUTO RECV TR 2016-B	09/16/2019	PRINCIPAL RECEIPT	XXX	16,439	16,439	16,437	16,439	16,439	16,439	16,439	16,439	141	141	141	141	141	141	141	04/15/2021	1FE		
46641YAA1	JP MORGAN MTG TR 2014-2 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	6,165	6,165	6,204	6,192	(26)	(26)	6,165	6,165	121	121	121	121	121	121	121	06/25/2029	1FM		
501044CK5	KROGER CO	07/08/2019	Bank of America	XXX	18,970	15,000	19,753	19,211	(71)	(71)	19,140	19,140	762	762	762	762	762	762	762	04/15/2038	2FE		
59166BAB9	METLIFE SEC TR 2017 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	19,446	19,446	19,333	3,842	125	125	19,446	19,446	234	234	234	234	234	234	234	04/25/2055	1FM		
595481AC6	MID-STATE CAPITAL 2005-1 20400	09/16/2019	PRINCIPAL RECEIPT	XXX	1,142	1,142	1,224	1,195	(53)	(53)	1,142	1,142	55	55	55	55	55	55	55	01/15/2040	3FE		
59980CAA1	MILL CITY MTG LN TR-144A	09/25/2019	VARIOUS	XXX	205,611	204,921	205,744	205,611	(133)	(133)	205,611	205,611	10	10	10	10	10	10	10	01/25/2061	1FM		
59023WAC2	ML MTG INV TR 2006-FF1 2036082	09/25/2019	PRINCIPAL RECEIPT	XXX	43,105	43,105	40,411	42,759	346	346	43,105	43,105	858	858	858	858	858	858	858	08/25/2036	1FM		
64829EAA2	NEW RESI MTG LN TR 2015-2 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	19,077	19,077	19,881	19,881	(804)	(804)	19,077	19,077	117	117	117	117	117	117	117	08/25/2055	1FE		
64830BA5	NEW RESI MTG TR 2017-6	09/25/2019	PRINCIPAL RECEIPT	XXX	25,594	25,594	27,016	27,016	(1,422)	(1,422)	25,594	25,594	101	101	101	101	101	101	101	08/25/2057	1FM		
64830GA82	NEW RESI MTG TR-144A	09/25/2019	PRINCIPAL RECEIPT	XXX	24,593	24,593	25,573	4,949	(977)	(977)	24,593	24,593	300	300	300	300	300	300	300	12/25/2057	1FM		
674599CH6	OXCCIDENTAL PETE CORP DEL	07/25/2019	Bank of America	XXX	324,362	320,000	326,106	92,475	(278)	(278)	325,118	325,118	4,673	4,673	4,673	4,673	4,673	4,673	4,673	04/15/2026	1FE		
68389FG5	OPTION ONE MTG LN TR 2005-1 20	08/26/2019	VARIOUS	XXX	16,955	16,955	16,955	16,955	16,955	16,955	16,955	16,955	346	346	346	346	346	346	346	02/25/2035	FMR		
64829HAD9	PVTPL NEW RESIDENTIAL MTG LN 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	25,138	25,138	25,840	25,738	(702)	(702)	25,138	25,138	133	133	133	133	133	133	133	09/25/2056	1FM		
75156UAC1	RAMP SERIES TRUST 2006-RZ2	09/25/2019	PRINCIPAL RECEIPT	XXX	7,753	7,753	7,725	7,738	15	15	7,753	7,753	147	147	147	147	147	147	147	05/25/2036	1FM		
76112BC65	RESIDENTIAL ASSET 2005-EFC4	09/25/2019	PRINCIPAL RECEIPT	XXX	6,552	6,552	6,540	6,565	(13)	(13)	6,552	6,552	137	137	137	137	137	137	137	09/25/2035	1FM		
81746MAA8	SEQUOIA MTG TR 2015-4 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	4,519	4,519	4,519	4,519	(48)	(48)	4,519	4,519	17	17	17	17	17	17	17	11/25/2030	1FM		
86359LPF0	STRUCTURED ASSET MTG 2005-AR5	09/19/2019	PRINCIPAL RECEIPT	XXX	5,524	5,524	5,273	5,316	207	207	5,524	5,524	103	103	103	103	103	103	103	07/19/2035	1FM		
89172HAJ6	TOWD POINT MTG TR 2015-3 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	35,231	35,231	36,823	36,823	(1,592)	(1,592)	35,231	35,231	271	271	271	271	271	271	271	03/25/2054	1FM		
89171VAK3	TOWD POINT MTG TR 2015-5	09/25/2019	PRINCIPAL RECEIPT	XXX	8,259	8,259	8,361	8,361	(102)	(102)	8,259	8,259	108	108	108	108	108	108	108	05/25/2055	1FM		
89172VAA8	TOWD PT MTG TR 2016-3 144A	09/25/2019	PRINCIPAL RECEIPT	XXX	38,644	38,644	38,336	38,336	308	308	38,644	38,644	179	179	179	179	179	179	179	04/25/2056	1FM		
89173CAA5	TOWD PT MTG TR 2016-5 20561025 FLT	09/25/2019	PRINCIPAL RECEIPT	XXX	6,301	6,301	6,199	6,199	102	10													

**E06 Schedule DB Part A Section 1 .....** **NONE**

**E07 Schedule DB Part B Section 1 .....** **NONE**

**E08 Schedule DB Part D Section 1 .....** **NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity .....** **NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity .....** **NONE**

**E10 Schedule DL - Part 1 - Securities Lending Collateral Assets .....** **NONE**

**E11 Schedule DL - Part 2 - Securities Lending Collateral Assets .....** **NONE**

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
							First Month	Second Month	Third Month	*
<b>open depositories</b>										
Fifth Third Admin .....	Cincinnati, OH .....						(1,102,517)	(1,186,231)	(1,133,505)	XXX
Fifth Third Claims Checking .....	Cincinnati, OH .....						(20,402,211)	(14,784,412)	(16,018,118)	XXX
Fifth Third Control Account .....	Cincinnati, OH .....						5,120,540	3,544,327	8,533,925	XXX
Fifth Third Prefunds .....	Cincinnati, OH .....									XXX
Fifth Third Receipts Groups .....	Cincinnati, OH .....						277	1,506,139	277	XXX
Bank of America Receipts Indiv	Chicago, IL .....						200,323	799,525	412,733	XXX
Wells Fargo BOD Deferred Comp .....	Chicago, IL .....						624,131	610,152	619,714	XXX
First Premier Bank .....	Sioux Falls, SD .....						56,196	56,156	56,116	XXX
0199998 Deposits in .....	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....	XXX	XXX ..							XXX
0199999 Totals - Open Depositories .....		XXX	XXX ..				(15,503,261)	(9,454,344)	(7,528,858)	XXX
0299998 Deposits in .....	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....	XXX	XXX ..							XXX
0299999 Totals - Suspended Depositories .....		XXX	XXX ..							XXX
0399999 Total Cash On Deposit .....		XXX	XXX ..				(15,503,261)	(9,454,344)	(7,528,858)	XXX
0499999 Cash in Company's Office .....		XXX	XXX ..	XXX ..	XXX ..					XXX
0599999 Total Cash .....		XXX	XXX ..				(15,503,261)	(9,454,344)	(7,528,858)	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Cusip	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>All Other Money Market Mutual Funds</b>								
316175108	FIDELITY INSTL GOVT FUND		09/30/2019	0.250	XXX	4,453,604	779	117,763
8699999	Subtotal - All Other Money Market Mutual Funds					4,453,604	779	117,763
8899999	Total - Cash Equivalents					4,453,604	779	117,763

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