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2019

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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 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)		(517)349-6000 (Area Code) (Telephone Number)			
Primary Location of Books and Records	4100 Okemos Road Okemos, MI, 48864 (Street and Number)		(517)349-6000 (Area Code) (Telephone Number)			
Internet Website 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 the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) 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)
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Subscribed and sworn to before me this
 day of _____, 2020

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	97,488,407		97,488,407	70,960,556
2. Stocks (Schedule D):				
2.1 Preferred stocks	84,800		84,800	78,400
2.2 Common Stocks	147,978,200		147,978,200	115,557,222
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....(136,928), Schedule E Part 1), cash equivalents (\$.....5,328,787, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	5,191,859		5,191,859	24,133,945
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				250,000
9. Receivables for securities				104,173
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	250,743,266		250,743,266	211,084,296
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	417,287		417,287	296,234
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,445,038	6,160	1,438,878	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	11,075,614	68	11,075,546	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 adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	207		207	8,214
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	263,681,412	6,228	263,675,184	224,992,846
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	263,681,412	6,228	263,675,184	224,992,846
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
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)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	9,100,100		9,100,100	8,451,416
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	352,591		352,591	355,660
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	69,953		69,953	65,068
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,243,699		1,243,699	1,526,406
9. General expenses due or accrued	3,594,448		3,594,448	3,009,609
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	2,237,709		2,237,709	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	5,456,722		5,456,722	3,243,605
16. Derivatives				
17. Payable for securities	945,348		945,348	
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	5,280,132		5,280,132	5,217,670
23. Aggregate write-ins for other liabilities (including \$.....508,312 current)	508,312		508,312	470,119
24. TOTAL Liabilities (Lines 1 to 23)	28,789,014		28,789,014	24,699,995
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,437,296	
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	222,736,270	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	234,886,170	200,292,851
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	263,675,184	224,992,846
DETAILS OF WRITE-INS				
2301. Uninsured claims admin expense reserve	508,731		508,731	470,119
2302. Miscellaneous liabilities	(419)		(419)	
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	508,312		508,312	470,119
2501. 2020 ACA Fee	XXX	XXX	2,437,296	
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	2,437,296	
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		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	11,049,714	10,606,656
1. Member Months	XXX	11,049,714	10,606,656
2. Net premium income (including \$.....0 non-health premium income)	XXX	268,413,987	256,091,915
3. Change in unearned premium reserves and reserve 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	268,413,987	256,091,915
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services		227,029,491	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)		227,029,491	214,725,675
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		227,029,491	214,725,675
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....1,470,196 cost containment expenses		1,682,612	1,111,054
21. General administrative expenses		27,700,151	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)		256,412,254	241,403,981
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,001,733	14,687,934
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		5,695,582	5,627,457
26. Net realized capital gains (losses) less capital gains tax of \$.....0		1,227,915	1,658,702
27. Net investment gains (losses) (Lines 25 plus 26)		6,923,497	7,286,159
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]		(16,745)	7,671
29. Aggregate write-ins for other income or expenses		(1,932,882)	(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	16,975,603	20,482,438
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	16,975,603	20,482,438
DETAILS OF WRITE-INS			
0601. Discount card revenue	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Contribution to Delta Dental Fund		(2,000,000)	(1,500,000)
2902. Miscellaneous Income (Expense)		67,118	674
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		(1,932,882)	(1,499,326)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	200,292,851	189,007,645
34. Net income or (loss) from Line 32	16,975,603	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	17,555,087	(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	62,629	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)	34,593,319	11,285,206
49. Capital and surplus end of reporting year (Line 33 plus 48)	234,886,170	200,292,851
DETAILS OF WRITE-INS		
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	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	269,233,275	257,134,040
2.	Net investment income	5,981,060	5,855,334
3.	Miscellaneous income	67,118	674
4.	TOTAL (Lines 1 through 3)	275,281,453	262,990,048
5.	Benefit and loss related payments	226,380,808	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	28,443,841	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.	TOTAL (Lines 5 through 9)	254,824,649	247,220,792
11.	Net cash from operations (Line 4 minus Line 10)	20,456,804	15,769,256
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	89,990,033	32,752,965
12.2	Stocks	29,195,897	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	1,049,521	
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	120,485,451	51,346,638
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	115,419,773	30,380,727
13.2	Stocks	44,311,303	20,479,757
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		270,913
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	159,731,076	51,131,397
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(39,245,625)	215,241
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(153,265)	(1,356,839)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(153,265)	(1,356,839)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(18,942,086)	14,627,658
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	24,133,945	9,506,287
19.2	End of year (Line 18 plus Line 19.1)	5,191,859	24,133,945

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

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income	268,413,987			268,413,987						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)									XXX	
4. Risk revenue									XXX	
5. Aggregate write-ins for other health care related revenues									XXX	
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	268,413,987			268,413,987						
8. Hospital/medical benefits									XXX	
9. Other professional services	227,029,491			227,029,491					XXX	
10. Outside referrals									XXX	
11. Emergency room and out-of-area									XXX	
12. Prescription drugs									XXX	
13. Aggregate write-ins for other hospital and medical									XXX	
14. Incentive pool, withhold adjustments and bonus amounts									XXX	
15. Subtotal (Lines 8 to 14)	227,029,491			227,029,491					XXX	
16. Net reinsurance recoveries									XXX	
17. TOTAL Hospital and Medical (Lines 15 minus 16)	227,029,491			227,029,491					XXX	
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....1,470,196 cost containment expenses	1,682,612			1,546,060					136,552	
20. General administrative expenses	27,700,151			25,452,147					2,248,004	
21. Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts										
23. TOTAL Underwriting Deductions (Lines 17 to 22)	256,412,254			254,027,698					2,384,556	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	12,001,733			14,386,289					(2,384,556)	
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only	268,413,987	.....	.....	268,413,987
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	.....	.....	.....	.....
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8)	268,413,987	.....	.....	268,413,987
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11)	268,413,987	.....	.....	268,413,987

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	226,380,806			226,380,806						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	226,380,806			226,380,806						
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	9,100,100			9,100,100						
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	9,100,100			9,100,100						
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	8,451,416			8,451,416						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	8,451,416			8,451,416						
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	227,029,490			227,029,490						
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	227,029,490			227,029,490						
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	3,857,654	.....	.....	3,857,654	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net	3,857,654	.....	.....	3,857,654	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct	5,242,446	.....	.....	5,242,446	.....	.....	.....	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net	5,242,446	.....	.....	5,242,446	.....	.....	.....	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct	9,100,100	.....	.....	9,100,100	.....	.....	.....	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net	9,100,100	.....	.....	9,100,100	.....	.....	.....	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement	7,240,084	219,140,722	155,100	8,945,000	7,395,184	8,451,416
3. Dental only .....	.....	.....	.....	.....	.....	.....
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)	7,240,084	219,140,722	155,100	8,945,000	7,395,184	8,451,416
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pool and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. TOTALS (Lines 9 - 10 + 11 + 12)	7,240,084	219,140,722	155,100	8,945,000	7,395,184	8,451,416

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	5,711	5,732	5,732	5,732	5,732
2. 2015	161,110	170,468	170,482	170,482	170,482
3. 2016	XXX	173,002	181,699	181,724	181,724
4. 2017	XXX	XXX	204,477	215,021	215,123
5. 2018	XXX	XXX	XXX	207,136	214,274
6. 2019	XXX	XXX	XXX	XXX	219,141

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	(779)	(779)	(779)	(779)	5,732
2. 2015	171,045	170,482	170,482	170,482	170,482
3. 2016	XXX	182,807	181,724	181,724	181,724
4. 2017	XXX	XXX	215,883	215,123	215,123
5. 2018	XXX	XXX	XXX	215,485	214,249
6. 2019	XXX	XXX	XXX	XXX	228,086

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2015	201,563	170,482	1,152	0.676	171,634	85.152			171,634	85.152
2. 2016	215,688	181,724	1,502	0.827	183,226	84.950			183,226	84.950
3. 2017	257,879	215,123	1,318	0.613	216,441	83.931			216,441	83.931
4. 2018	256,092	214,274	1,028	0.480	215,302	84.072	155	6	215,463	84.135
5. 2019	268,414	219,141	1,632	0.745	220,773	82.251	8,945	347	230,065	85.713

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

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

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

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

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

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

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	5,711	5,732	5,732	5,732	5,732
2. 2015	161,110	170,468	170,482	170,482	170,482
3. 2016	XXX	173,002	181,699	181,724	181,724
4. 2017	XXX	XXX	204,477	215,021	215,123
5. 2018	XXX	XXX	XXX	207,136	214,274
6. 2019	XXX	XXX	XXX	XXX	219,141

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	(779)	(779)	(779)	(779)	5,732
2. 2015	171,045	170,482	170,482	170,482	170,482
3. 2016	XXX	182,807	181,724	181,724	181,724
4. 2017	XXX	XXX	215,883	215,123	215,123
5. 2018	XXX	XXX	XXX	215,485	214,249
6. 2019	XXX	XXX	XXX	XXX	228,086

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2015	201,563	170,482	1,152	0.676	171,634	85.152			171,634	85.152
2. 2016	215,688	181,724	1,502	0.827	183,226	84.950			183,226	84.950
3. 2017	257,879	215,123	1,318	0.613	216,441	83.931			216,441	83.931
4. 2018	256,092	214,274	1,028	0.480	215,302	84.072	155	6	215,463	84.135
5. 2019	268,414	219,141	1,632	0.745	220,773	82.251	8,946	347	230,066	85.713

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	69,953			69,953					
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)	69,953			69,953					
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	69,953			69,953					
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)									

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			140,790		140,790
2. Salaries, wages and other benefits	73,463	(72,833)	18,179,354	301,174	18,481,158
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			6,617,778		6,617,778
4. Legal fees and expenses			16,739		16,739
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	241,521	20,176	667,551		929,248
7. Traveling expenses	63,032	96,454	656,087	1,370	816,943
8. Marketing and advertising	6,042	253	1,242,664	693	1,249,652
9. Postage, express and telephone	23,794	648,313	223,186	813	896,106
10. Printing and office supplies	1,198	55,100	97,684	310	154,292
11. Occupancy, depreciation and amortization			363,851	3,419	367,270
12. Equipment	69,254	181,523	513,205	12,869	776,851
13. Cost or depreciation of EDP equipment and software	575,061	1,023,389	2,796,574	35,636	4,430,660
14. Outsourced services including EDP, claims, and other services	538,271	1,191,449	8,582,314		10,312,034
15. Boards, bureaus and association fees	48,279	15,613	667,496		731,388
16. Insurance, except on real estate			205,449		205,449
17. Collection and bank service charges		7,167	350,348		357,515
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(669,892)	(3,263,022)	(17,676,502)		(21,609,416)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses			362,092	1,724	363,816
22. Real estate taxes			4,337		4,337
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			2,478,713		2,478,713
23.3 Regulatory authority licenses and fees	478	1,515	35,887		37,880
23.4 Payroll taxes	98,617	138,926	855,441	16,747	1,109,731
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	401,078	168,393	319,113		888,584
26. TOTAL Expenses Incurred (Lines 1 to 25)	1,470,196	212,416	27,700,151	374,755	(a) 29,757,518
27. Less expenses unpaid December 31, current year	308,079	44,512	3,594,448		3,947,039
28. Add expenses unpaid December 31, prior year	232,958	122,702	3,009,609		3,365,269
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,395,075	290,606	27,115,312	374,755	29,175,748

DETAILS OF WRITE-INS

2501. Miscellaneous Expense	401,078	168,393	319,113		888,584
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)	401,078	168,393	319,113		888,584

(a) Includes management fees of \$.....39,299,661 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	461,849	508,269
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	2,111,887	2,238,820
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)	4,960	4,960
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)		3,121,210	3,102,715
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	138,060	137,865
7. Derivative instruments	(f)		
8. Other invested assets		81,531	81,531
9. Aggregate write-ins for investment income			
10. TOTAL gross investment income		5,919,497	6,074,160
11. Investment expenses	(g)		374,755
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			3,823
16. TOTAL Deductions (Lines 11 through 15)			378,578
17. Net Investment income (Line 10 minus Line 16)			5,695,582

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
1501. Miscellaneous expenses			3,823
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)			3,823

(a) Includes \$.....134,129 accrual of discount less \$.....543,841 amortization of premium and less \$.....572,324 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....81,531 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	624,768		624,768		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	170,244		170,244	676,014	
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)				6,400	
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	432,903		432,903	16,596,933	
2.21 Common stocks of affiliates				275,740	
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	1,227,915		1,227,915	17,555,087	

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	6,160	25,224	19,064
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans	68	40,133	40,065
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			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets		3,500	3,500
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,228	68,857	62,629
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	6,228	68,857	62,629
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaid expenses		3,500	3,500
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)		3,500	3,500

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	875,760	913,131	913,563	927,628	928,017	11,049,714
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	875,760	913,131	913,563	927,628	928,017	11,049,714
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

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 #	12/31/2019	12/31/2018
Net Income, OH				\$ 16,975,603	\$ 20,482,438
Effect of OH prescribed practices				-	-
Effect of OH permitted practices				-	-
Net income, NAIC SAP				\$ 16,975,603	\$ 20,482,438

Description	SSAP #	F/S Page	F/S Line #	12/31/2019	12/31/2018
Statutory Surplus, OH				\$ 234,886,170	\$ 200,292,851
Effect of OH prescribed practices					
Effect of OH permitted practices					
Policyholders Surplus, NAIC SAP				\$ 234,886,170	\$ 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. SVO-Identified securities are stated at fair value.
- (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 December 31, 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 December 31, 2019 and 2018.
- (9) No derivatives are held as of December 31, 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

Not applicable.

2. Accounting Changes and Corrections of Errors

The Company had no accounting changes or correction of errors during fiscal years 2019 and 2018

Notes to Financial Statements

3. Business Combinations and Goodwill

The Company had no goodwill on its books and no business combinations occurred during fiscal years 2019 and 2018.

4. Discontinued Operations

The Company had no discontinued operations during the fiscal years ending December 31, 2019 and 2018.

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 or securities lending 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. Not applicable.
- I. Not applicable.
- J. The Company owned no real estate.
- K. The Company has no investments in low-income housing tax credits (LIHTC).
- 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 Nonadmitte d 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	170,743	150,056	20,687		170,743	0.065%	0.065%
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	\$ 170,743	\$ 150,056	\$ 20,687	\$ -	\$ 170,743	0.07%	0.07%

(2) - (3) & (4) – Not applicable

- M. Not applicable.
- N. Not applicable.

Notes to Financial Statements

- O. Not applicable.
- P. Not applicable.
- Q. Not applicable.
- R. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPS	1
(2) Aggregae Amount of Investment Income	\$ 3,181

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceeds 10% of its admitted assets.
- B. Not applicable.

7. Investment Income

No due and accrued income was excluded from surplus in 2019 and 2018.

8. Derivative Instruments

The Company held no derivative instruments in 2019 and 2018.

9. Income Taxes

The Company is exempt from federal income taxes under provisions of Section 501(c)(4) of the Internal Revenue Code.

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

Delta Dental Plan of Michigan (DDPMI)

- A. In 1982, DDPMI assumed the responsibility for the general management and supervision of the operations of the Company. On January 1, 1999, the agreement was amended to reflect that DDPMI is the sole member of the Company.
- B&C. Monthly a management fee, based on a management agreement, was calculated and paid to DDPMI. The fee is based on a percentage of the number of paid claims, not to exceed actual costs. The management fee for fiscal years 2019 and 2018 was \$38,461,035 and \$32,862,881 respectively.
- D. At December 31, 2019, the Company recorded an amount due to DDPMI of \$5,339,472. At December 31, 2018, the Company recorded an amount due to DDPMI of \$3,202,383. The December payments were paid based on an estimated calculation. The terms of the agreement require outstanding amounts to be settled monthly.
- E. No guarantees or undertakings took place during fiscal years 2019 and 2018.
- F. DDPMI provides general management and supervision of the operations of the Company. In addition, per the management agreement, DDPMI makes the rental payments for the office facilities, which the Company occupies.
- G. DDPMI is the sole corporate member of the Company.
- H. The Company has no investment in DDPMI.
- I&J. The Company has no investments in an SCA entity that exceed 10% of admitted assets.
- K. The Company has no investments in a foreign insurance subsidiary.
- L-O. Not applicable.

Renaissance Holding Company (Renaissance Holding)

- A. The Company owns 563 shares of common stock of Renaissance Holding, which represents 4.2% ownership of Renaissance Holding as of December 31, 2019 and 2018. Renaissance Holding is a for-profit holding company domiciled in the state of Michigan. The Company and Renaissance Holding belong to the same holding company system.
- B&C. There were no material transactions between the companies in 2019 and 2018.
- D. At December 31, 2019 and 2018, the Company reported no amounts due from or to Renaissance Holding.
- E. No guarantees or undertakings took place during fiscal years 2019 and 2018.
- F. No management agreement or service contract existed between the Company and Renaissance Holding in 2019 and 2018.
- G&H The Company owns 4.2% of the outstanding Renaissance Holding common stock as of December 31, 2019 and 2018. Companies belonging to the same holding company system as Delta Dental Plan of Ohio own the remaining 95.8% of outstanding common stock as of December 31, 2019 and 2018, respectively.
- I. The book value of the Renaissance Holding stock represents 2.0% and 2.0% of the Company's admitted assets at 2019

Notes to Financial Statements

and 2018, respectively.

J. The Company did not recognize any impairment write down for its investment in Renaissance Holding for the statement period.

K. Not Applicable.

L. Renaissance Holding is a downstream holding company. The value of Renaissance Holding is based on the audited GAAP basis adjusted to a statutory equity basis. The adjustment to statutory basis included a "look through" to the subsidiaries held by Renaissance Holding. The values of these subsidiaries in determining Renaissance Holding's statutory equity value were also adjusted to a statutory equity basis.

M. (1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. No. 97 8a Entities				
Total SSAP No.97 8a Entities	XXX	\$ -	\$ -	\$ -
b. No. 97 8b(ii) Entities				
Renaissance Holding Company	4.2%	\$ 4,066,857	\$ 4,066,857	
The 4100 Group, Inc.	25%	\$ 37,557,483	\$ 37,557,483	
Total SSAP No.97 8b(ii) Entities	XXX	\$ 41,624,340	\$ 41,624,340	\$ -
c. No. 97 8b(iii) Entities				
Total SSAP No.97 8b(iii) Entities	XXX	\$ -	\$ -	\$ -
d. No. 97 8b(iv) Entities				
Total SSAP No.97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -
Total SSAP No.97 8b Entities (except 8bi entries) (b+c+d)	XXX	\$ -	\$ -	\$ -
Total SSAP No.97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -

(2) NAIC Filing Information

SCA Entity (Should be the same as shown in M(1) above.)	Type of NAIC Filing *	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code *
a. No. 97 8a Entities			\$ -			
			-			
			-			
			-			
			-			
Total SSAP No.97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. No. 97 8b(ii) Entities						
Renaissance Holding Company	S2	9/10/2019	\$ 4,491,569	Y	No	I
The 4100 Group, Inc.	S2	9/10/2019	17,107,031	Y	No	I
			-			
			-			
Total SSAP No.97 8b(ii) Entities	XXX	XXX	\$ 21,598,600	XXX	XXX	XXX
c. No. 97 8b(iii) Entities			\$ -			
			-			
			-			
			-			
Total SSAP No.97 8b(iii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
d. No. 97 8b(iv) Entities			\$ -			
			-			
			-			
			-			
Total SSAP No.97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
Total SSAP No.97 8b Entities (except 8bi entries) (b+c+d)	XXX	XXX	\$ -	XXX	XXX	XXX
Total SSAP No.97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX

Notes to Financial Statements

* SI – Sub – 1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing
 ** I – Immaterial or M – Material

N-O. Not applicable.

The 4100 Group, Inc. (4100 Group) (formerly known as GLM Holding Company)

A. The Company owns 1,500 shares of common stock of 4100 Group, which represents 25% ownership of 4100 Group as of December 31, 2019 and 2018. 4100 Group is a for-profit holding company domiciled in the state of Michigan. The Company and 4100 Group belong to the same holding company system.

B&C. The Company contributed \$19,750,000 and \$0 to the 4100 Group in 2019 and 2018, respectively.

D. At December 31, 2019 and 2018, the Company reported no amounts due from or to 4100 Group.

E. No guarantees or undertakings took place during fiscal years 2019 and 2018.

F. No management agreement or service contract existed between the Company and 4100 Group in 2019 and 2018.

G&H The Company owns 25% of the outstanding 4100 Group common stock as of December 31, 2019 and 2018. A company belonging to the same holding company system as Delta Dental Plan of Ohio owns the remaining 75% of outstanding common stock as of December 31, 2019.

I. (1) The book value of the 4100 Group stock represents 14.2% and 7.6% of the Company's admitted assets at 2019 and 2018, respectively.

(2) There is no available quoted market price.

(3) 4100 Group reported the following statement values at December 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Admitted Assets	\$ 158,264,406	\$ 74,705,662
Liabilities	\$ 642,569	\$ 364,013
Net Gain (Loss)	\$ 4,280,187	\$ 5,416,990

(4) Not applicable

(5) Not applicable

J. The Company did not recognize any impairment write down for its investment in 4100 Group for the statement period.

K. Not Applicable.

L. The 4100 Group is a downstream holding company. The value of 4100 Group is based on the audited GAAP basis adjusted to a statutory equity basis. The adjustment to statutory basis included a "look through" to the subsidiaries held by 4100 Group. The values of these subsidiaries in determining 4100 Group's statutory equity value were also adjusted to a statutory equity basis.

M. (1) Balance Sheet Value (Admitted and Non-admitted) All SCAs (Except 8bi Entities)

- See Renaissance Holding Above

(2) NAIC Filing Information

- See Renaissance Holding Above

N-O. Not applicable.

Delta Dental of North Carolina (DDNC)

A. The Company and DDNC are related companies belonging to the same holding company system.

B&C. During 2010, DDNC issued a surplus note to the Company in the amount of \$3,750,000 which accrues interest at a rate of 4% per annum. Any repayment of the surplus note, including interest, is subject to approval by the North Carolina Department of Insurance. A portion of the surplus note plus accrued interest was repaid from 2012-2017. In 2018, an additional portion of the surplus note was repaid, \$500,000 leaving a remaining balance of \$250,000. Interest of \$157,778 was also paid in 2018. In 2019, the remaining \$250,000 of the surplus note was repaid. Interest of \$81,531 was also paid in 2019.

D. At December 31, 2019 and 2018, the Company reported no amounts due from or to DDNC.

E. No guarantees or undertakings took place during fiscal years 2019 and 2018.

F. No management agreement or service contracts exist between DDNC and the Company.

Notes to Financial Statements

Renaissance Health Service Corporation (RHSC)

- A. RHSC is the holding company of Delta Dental Plan of Ohio. RHSC is a Michigan non-profit corporation.
- B&C. There were no material transactions between the Company and RHSC in 2019 and 2018.
- D. At December 31, 2019 and 2018, the Company reported no amounts due from or to RHSC.
- E. No guarantees or undertakings took place during fiscal years 2019 and 2018.
- F. No management agreement or service contracts exist between RHSC and the Company.
- G&H. RHSC is the holding company of Delta Dental Plan of Ohio. There is no stock ownership between the two companies.
- I&J. The Company holds no investments in any subsidiary or controlled affiliates that exceed 10% of admitted assets.
- K. The Company has no investments in a foreign insurance subsidiary.
- L-O. Not applicable

Renaissance Life & Health Insurance Company of America (Renaissance America)

- A. The Company and Renaissance America are related companies belong to the same holding company system. Renaissance America provides certain administrative services to the Company
- B&C. Monthly a management fee, based on a management agreement, was calculated and paid to Renaissance America. The management fee for fiscal years 2019 and 2018 was \$591,822 and \$518,660 respectively.
- D. At December 31, 2019, an amount of \$45,193 was reported as due to Renaissance America. At December 31, 2018, the Company reported \$36,391 due to Renaissance America. The terms of the agreement require outstanding amounts to be settled monthly.
- E. No guarantees or undertakings took place during fiscal year 2019 and 2018.
- F. The Company and Renaissance America entered into an Administrative Services Agreement whereby Renaissance America may provide certain services to the Company and the Company may provide certain services to Renaissance America. Fees payable by either party for services performed on its behalf are based on cost. The term of the settlement require the amounts owed under the agreement are to be settled within 30 days.
- G. The Company and Renaissance America are member entities of the same holding company system.
- H. The Company had no investment in Renaissance America.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.
- L-O. Not applicable.

Red Cedar Investment Management, LLC (RCIM)

- A. RCIM is a Michigan limited liability company that is a related party with the Company.
- B&C. RCIM provides investment management services to the Company. In 2019 and 2018, the Company paid RCIM \$246,804 and \$101,964 for these services.
- D. The Company reported amounts of \$64,800 and \$0 due to RCIM at December 31, 2019 and 2018, respectively.
- E. No guarantees or undertakings took place during fiscal years 2019 and 2018.
- F. RCIM provides investment management services to the Company.
- G. The Company and RCIM are members of the same holding company system.
- H. The Company has no investment in RCIM.
- I-O. Not Applicable.

11. Debt

The Company carried no debt on its books at December 31, 2019 and 2018.

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

This note does not apply to the Company, which does not have employees.

Notes to Financial Statements

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

- (1) The Company is a non-profit organization and has no stock outstanding.
- (2) There is no preferred stock outstanding.
- (3) No dividends exist.
- (4) No dividends exist.
- (5) No dividends exist.
- (6) There were no restrictions placed on the surplus, including for whom the surplus is being held.
- (7) There are no advances to surplus.
- (8) No stock, including stock of affiliated companies, is held for special purposes.
- (9) There are no changes in balances of special surplus funds from the prior year.
- (10) The portion of unassigned funds (surplus) represented by accumulated unrealized gains (losses) at December 31, 2019 and 2018 was \$23,330,628 and \$5,775,540, respectively.
- (11) The Company has issued no surplus debentures or similar obligations.
- (12) There are no restatements due to prior quasi-reorganizations.
- (13) There have been no quasi-reorganizations in the prior 10 years.

14. Liabilities, Contingencies and Assessments

A-E.

None.

F. All Other Contingencies

The Company, along with the Delta Dental Plans Association (DDPA), Delta USA and the other independent DDPA members companies, is defending a collection of lawsuits that have been filed in at least ten different district courts. The parties have requested that the cases be consolidated before a single district court for pretrial proceedings. The plaintiffs, representing purported classes of dental providers, allege that various Association member company licensing standards violate federal antitrust laws. The Company believes the claims are meritless and intends to vigorously defend this case. At this point it is too early in the proceedings to determine the outcome of the matter or the range or amount of any potential loss.

15. Leases

A. Lessee Operating Lease

1. Under their management agreement with Delta Dental Plan of Michigan, the Company leases office space under various non-cancelable operating lease agreements that expire through December 31, 2024. Rental expense is paid directly by Delta Dental Plan of Michigan.
2. At December 31, 2019, the minimum aggregate rental commitments are as follows:

2020	\$ 215,749
2021	188,448
2022	148,629
2023	129,492
2024	132,397
Total of all future years	\$ 273,507
Total	\$ 1,088,222

3. There were no contingent rentals, sublease rentals or sale-leaseback transactions.

B. Not applicable

6. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company held no financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk in 2019 and 2018.

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

The Company had no sales, transfers or servicing of financial assets or extinguishments of liabilities.

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

A. ASO Plans

The Company has no Administrative Service Only (ASO) business.

Notes to Financial Statements

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2019 and 2018:

2019

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 369,819,323	\$ -	\$ 369,819,323
b. Gross administrative fees accrued	21,609,416	-	21,609,416
c. Other income or expenses (including interest paid to or received from plans)	-	-	-
d. Gross expenses incurred (claims and administrative)	<u>393,813,295</u>	<u>-</u>	<u>393,813,295</u>
e. Total gain (loss) from operations	<u><u>\$ (2,384,556)</u></u>	<u><u>\$ -</u></u>	<u><u>\$ (2,384,556)</u></u>

2018

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 329,046,260	\$ -	\$ 329,046,260
b. Gross administrative fees accrued	19,748,180	-	19,748,180
c. Other income or expenses (including interest paid to or received from plans)	-	-	-
d. Gross expenses incurred (claims and administrative)	<u>350,529,927</u>	<u>-</u>	<u>350,529,927</u>
e. Total gain (loss) from operations	<u><u>\$ (1,735,487)</u></u>	<u><u>\$ -</u></u>	<u><u>\$ (1,735,487)</u></u>

A. The Company wrote no Medicare business in 2019 and 2018.

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

2019:

Name and Address of Managing General Agent or Third Party Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written
Delta Dental Plan of MI Okemos, MI 48864	38-1791480	yes	Dental	C,CA,B,P,U	\$ 268,413,987

2018:

Name and Address of Managing General Agent or Third Party Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written
Delta Dental Plan of MI 4100 Okemos Rd. Okemos, MI 48864	38-1791480	yes	Dental	C,CA,B,P,U	\$ 256,091,915

C - Claims Payment
CA - Claims Adjustment

Notes to Financial Statements

R - Reinsurance Ceding
 B - Binding Authority
 P - Premium Collection
 U - Underwriting

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
a. Assets at fair value					
Perpetual Preferred stock					
Industrial & Misc	\$84,800	\$0	\$0	\$84,800	
Parent, Subs, and Affiliate	0	0	0	\$0	\$0
Total Perpetual Preferred Stock	\$84,800	\$0	\$0	\$84,800	\$0
Bonds					
U.S. Governments	\$0		\$0	\$0	\$0
Industrial & Misc	21,800,110		0	21,800,110	0
Hybrid Securities	0	0	0	0	0
Parent, Subs, and Affiliate	0	0	0	0	0
Total Bonds	\$21,800,110	\$0	\$0	\$21,800,110	\$0
Common stock					
Industrial & Misc	\$106,353,860	\$0	\$0	\$106,353,860	\$0
Parent, Subs, and Affiliate	0	0	0	0	0
Total Common Stocks	\$106,353,860	\$0	\$0	\$106,353,860	\$0
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
Total Derivatives	\$0	\$0	\$0	\$0	\$0
Separate account assets					
Total assets at fair value	\$128,238,770	\$0	\$0	\$128,238,770	\$0
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value	\$0	\$0	\$0	\$0	\$0

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

B. None

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Net Practicable (Carrying Value)
Bonds	\$ 99,115,950	\$ 97,488,407	\$ 21,800,110	\$ 77,315,840	\$ -	\$ -	\$ -
Common Stock	106,353,860	106,353,860	106,353,860	-	-	-	0
Perpetual Preferred Stock	84,800	84,800	84,800	-	-	-	0
Mortgage Loans	-	-	-	-	-	-	0

D. None

Notes to Financial Statements

21. Other Items

- A. The Company had no extraordinary items.
- B. The Company had no troubled debt restructuring.
- C. The Company had no unusual items to disclose.
- D. Not applicable.
- E. The Company has no state tax credits.
- F. Subprime-Mortgage-Related Risk Exposure

1. Red Cedar Investment Management, LLC (RCIM) considers a number of factors when determining exposure to subprime mortgages and the risk that this presents to the portfolio. For classification purposes, RCIM evaluates the % of loans by current balance with a credit score of 700 or lower. In addition, Red Cedar considers loans with characteristics that might elevate the risk including low or limited documentation loans, investor loans, high LTV loans, NonQM loans, and those with other similar characteristics. The firm does not currently hold any bonds that have experienced principal loss due to default on the underlying loans.

RCIM employs a number of strategies to mitigate risk exposure to subprime mortgages. First, the current holdings only have exposure to loans that are considered "legacy". This means that they have been outstanding since before the financial crisis of 2007-2008. Therefore, the borrowers have a long history of over 10 years of making their mortgage payments. Second, the credit enhancement of the securities is high and growing. In all cases, the credit enhancement of the current holdings is multiples of any delinquent loans in the pools. This indicates an ability to withstand a significant increase in stress on the underlying loans and still pay off with zero losses.

2. None.

3.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)		Fair Value	OTTI Recognized
a. Residential mortgage-backed securities	\$ 3,480,128	\$ 3,478,407	\$ 3,495,636	\$	-
b. Commercial mortgage-backed securities	-	-	-	-	-
c. Collateralized debt obligations	-	-	-	-	-
d. Structured securities	-	-	-	-	-
e. Equity investments in SCA's	-	-	-	-	-
f. Other assets	-	-	-	-	-
g. Total	\$ 3,480,128	\$ 3,478,407	\$ 3,495,636	\$	-

G. Not applicable.

H. Not applicable.

22. Events Subsequent

Type II – Nonrecognized Subsequent Events

On January 1, 2020, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premium written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2019, the Company has written health insurance business subject to the ACA assessment, expects to conduct health insurance business in 2020, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2020 to be \$2,437,296. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 1%. Reporting the ACA assessment as of December 31, 2019, would not have triggered an RBC action level.

		Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Act (YES/NO)?		Yes	Yes
B. ACA fees assessment payable for the upcoming year	\$	2,437,296	-
C. ACA fee assessment paid		-	2,417,464
D. Premium written subject to ACA 9010 assessment		268,413,987	-
E. Total Adjusted Capital before surplus adjustment		234,886,170	200,292,851
F. Total Adjusted Capital after surplus adjustment		232,448,874	200,292,851
G. Authorized Control Level after surplus adjustment	\$	18,674,702	14,811,129
H. Would reporting the ACA assessment as of December 31, 2019, have triggered an RBC action level (YES/NO)?		No	No

Notes to Financial Statements

23. Reinsurance

The Company has no ceded reinsurance agreements.

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

- A,B The Company estimates accrued retrospective premium adjustments for a portion of its group dental insurance business through a claims paid development method and aggregate reserve factors based on premium and prior experience.
- C. The amount of net premiums written by the Company at December 31, 2019 and 2018 subject to retrospectively rating features were \$8,931 and \$1.1 million, respectively. These amounts represented 0.01% and .43% of total net premiums written by the Company in 2019 and 2018, respectively.
- D. Not applicable.
- E. Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2018 were \$8,807,076. As of December 31, 2019, \$7,293,996 has been paid for incurred claims and claim adjustment expense attributable to insured events of prior years. Remaining reserves for prior years are now \$161,109 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,351,971 favorable prior-year loss development since December 31, 2018 to December 31, 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.
- B. Not applicable.

26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements in 2019 and 2018.

27. Structured Settlement

Not applicable.

28. Health Care Receivables

The Company reported no pharmaceutical rebate receivables or risk sharing receivables in 2019 and 2018.

29. Participating Policies

The Company did not have participating contracts in 2019 and 2018.

30. Premium Deficiency Reserves

There were no Premium Deficiency Reserves reported by the Company in 2019 and 2018.

31. Anticipated Salvage and Subrogation

The Company has no anticipated salvage and subrogation included as a reduction of loss reserves and loss adjustment expense reserves.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[]

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[X] No[] N/A[]
Ohio

Yes[] No[X]

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments?
 State of Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2016

12/31/2016

01/17/2018

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

4.22 renewals?

Yes[] No[X]
Yes[] No[X]Yes[] No[X]
Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

Yes[] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

7.2 If yes,

7.21 State the percentage of foreign control

..... 0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

Yes[] No[X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No .....	..... No .....	..... No .....	..... No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Plante & Moran, PLLC 1111 Michigan Avenue, East Lansing, Michigan 48823

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

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

10.6 If the response to 10.5 is no or n/a please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Toby L. Hall, ASA, MAAA 4100 Okemos Rd, Okemos, Michigan 48864 -employee

GENERAL INTERROGATORIES (Continued)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[] No[X] 0
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value
 12.2 If yes, provide explanation
 \$.....0

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes[] No[] N/A[X]
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes[] No[] N/A[X]
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes[] No[] N/A[X]
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes[] No[] N/A[X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain: Yes[] No[X]
 14.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes[] No[X]
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes[] No[X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[] No[X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. Yes[] No[X]

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[] No[X]
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers
 20.12 To stockholders not officers
 20.13 Trustees, supreme or grand (Fraternal only)
 \$.....0
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers
 20.22 To stockholders not officers
 20.23 Trustees, supreme or grand (Fraternal only)
 \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[] No[X]
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others
 21.22 Borrowed from others
 21.23 Leased from others
 21.24 Other
 \$.....0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[] No[X]
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment
 22.22 Amount paid as expenses
 22.23 Other amounts paid
 \$.....0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes[X] No[]
 24.02 If no, give full and complete information, relating thereto
 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes[] No[] N/A[X]
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

GENERAL INTERROGATORIES (Continued)

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

24.103 Total payable for securities lending reported on the liability page.

\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes[X] No[]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 170,743
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

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

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

If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes[] No[X]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108

Yes[] No[X]

26.42 Permitted Accounting Practice

Yes[] No[X]

26.43 Other Accounting Guidance

Yes[] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity attest to the following:

Yes[] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.

- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F.

Yes[X] No[]

Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[] No[X]

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

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

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Amy L. Basel	A
Goran M. Jurkovic	A
Red Cedar Investment Management, LLC	A

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[] No[X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
170939	Red Cedar Investment Management, LLC	n/a	SEC	NO

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

29.2 If yes, complete the following schedule:

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

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

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

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

1	2 Statement (Admitted) Value	3 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	97,488,407	99,115,950	1,627,543
30.2 Preferred stocks	84,800	84,800	
30.3 Totals	97,573,207	99,200,750	1,627,543

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

The brokers relay the fair market values from IDS, a pricing service.

Yes [] No [X]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

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

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes [X] No []

32.2 If no, list exceptions:

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

- 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]

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

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

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

OTHER

36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 761,426

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
Delta Dental Plans Association	730,926

37.1 Amount of payments for legal expenses, if any? \$..... 15,213
 37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
FAEGRE, BAKER ,DANIELS	15,213

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

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	268,413,987	256,091,915
2.2 Premium Denominator	268,413,987	256,091,915
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	9,170,053	8,516,484
2.5 Reserve Denominator	9,170,053	8,516,484
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

Not necessary, dental policies contain annual maximum benefit.

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$.....	0
5.32 Medical Only	\$.....	0
5.33 Medicare Supplement	\$.....	0
5.34 Dental & Vision	\$.....	0
5.35 Other Limited Benefit Plan	\$.....	0
5.36 Other	\$.....	0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Company has both hold harmless provisions and provisions requiring the providers to continue rendering services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	7,806
8.2 Number of providers at end of reporting year	.....	8,125

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [X] No []

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....	133,041,480
9.22 Business with rate guarantees over 36 months	.....	3,139,297

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....	0
10.22 Amount actually paid for year bonuses	\$.....	0
10.23 Maximum amount payable withholds	\$.....	0
10.24 Amount actually paid for year withholds	\$.....	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [] No [X]
11.14 A Mixed Model (combination of above)?	Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

State of Ohio

11.4 If yes, show the amount required.

Yes [] No [X]

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation.

Required admitted assets = (110% of liabilities (\$28,789,014) = \$31,667,915 less liabilities (28,789,014) = \$2,878,901

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
State of Ohio

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

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

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

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

GENERAL INTERROGATORIES (Continued)

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

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

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

\$ 0
\$ 0
..... 0

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

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

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

Yes[] No[X]

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	263,675,184	224,992,846	215,677,348	182,499,260	158,923,575
2. TOTAL Liabilities (Page 3, Line 24)	28,789,014	24,699,995	26,669,703	24,240,087	24,002,746
3. Statutory minimum capital and surplus requirement	2,878,901	2,469,999	2,666,970	2,424,008	2,400,274
4. TOTAL Capital and Surplus (Page 3, Line 33)	234,886,170	200,292,851	189,007,645	158,259,173	134,920,829
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	268,413,987	256,091,915	257,878,754	215,688,247	201,562,614
6. TOTAL Medical and Hospital Expenses (Line 18)	227,029,491	214,725,675	214,801,566	182,242,147	170,266,345
7. Claims adjustment expenses (Line 20)	1,682,612	1,111,054	1,354,082	1,579,871	1,118,814
8. TOTAL Administrative Expenses (Line 21)	27,700,151	25,567,252	21,050,780	16,134,365	13,849,755
9. Net underwriting gain (loss) (Line 24)	12,001,733	14,687,934	20,672,326	15,731,864	16,327,700
10. Net investment gain (loss) (Line 27)	6,923,497	7,286,159	5,704,261	4,322,065	3,269,121
11. TOTAL Other Income (Lines 28 plus 29)	(1,949,627)	(1,491,655)	(4,993,743)	10,903	(1,003,150)
12. Net income or (loss) (Line 32)	16,975,603	20,482,438	21,382,844	20,064,832	18,593,671
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	20,456,804	15,769,256	26,613,380	20,304,845	26,739,035
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	234,886,170	200,292,851	189,007,645	158,259,173	134,920,829
15. Authorized control level risk-based capital	18,674,702	14,811,129	14,463,016	12,474,383	11,232,322
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	928,017	875,760	910,504	713,611	678,239
17. TOTAL Members Months (Column 6, Line 7)	11,049,714	10,606,656	10,850,291	8,542,425	8,052,726
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	84.6	83.8	83.3	84.5	84.5
20. Cost containment expenses	0.5	0.3	0.1	0.0	0.2
21. Other claims adjustment expenses	0.1	0.1	0.4	0.7	0.4
22. TOTAL Underwriting Deductions (Line 23)	95.5	94.3	92.0	92.7	91.9
23. TOTAL Underwriting Gain (Loss) (Line 24)	4.5	5.7	8.0	7.3	8.1
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	7,395,184	10,671,764	8,735,977	9,390,886	5,827,274
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	8,451,416	11,431,270	9,817,758	9,954,986	6,606,600
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)	41,624,340	21,598,600	20,584,256	19,552,083	19,295,452
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated		250,000	750,000	1,250,000	1,750,000
32. TOTAL of Above Lines 26 to 31	41,624,340	21,848,600	21,334,256	20,802,083	21,045,452
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
2. Alaska (AK)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
3. Arizona (AZ)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
4. Arkansas (AR)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
5. California (CA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
6. Colorado (CO)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Connecticut (CT)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
8. Delaware (DE)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
9. District of Columbia (DC)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
10. Florida (FL)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
11. Georgia (GA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
12. Hawaii (HI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
13. Idaho (ID)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Illinois (IL)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Indiana (IN)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
16. Iowa (IA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
17. Kansas (KS)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
18. Kentucky (KY)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
19. Louisiana (LA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
20. Maine (ME)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
21. Maryland (MD)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
22. Massachusetts (MA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
23. Michigan (MI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
24. Minnesota (MN)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
25. Mississippi (MS)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
26. Missouri (MO)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
27. Montana (MT)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
28. Nebraska (NE)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
29. Nevada (NV)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
30. New Hampshire (NH)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
31. New Jersey (NJ)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
32. New Mexico (NM)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
33. New York (NY)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
34. North Carolina (NC)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
35. North Dakota (ND)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
36. Ohio (OH)	L	268,413,987	.....	.....	.....	.....	.....	268,413,987	.....
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	268,413,987	.....	.....	.....	.....	.....	268,413,987	.....
60. Reporting entity contributions for Employee Benefit Plans	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
61. TOTAL (Direct Business)	XXX	268,413,987	.....	.....	.....	.....	.....	268,413,987	.....

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

1

R - Registered - Non-domiciled RRGs

2

Q - Qualified - Qualified or accredited reinsurer

3

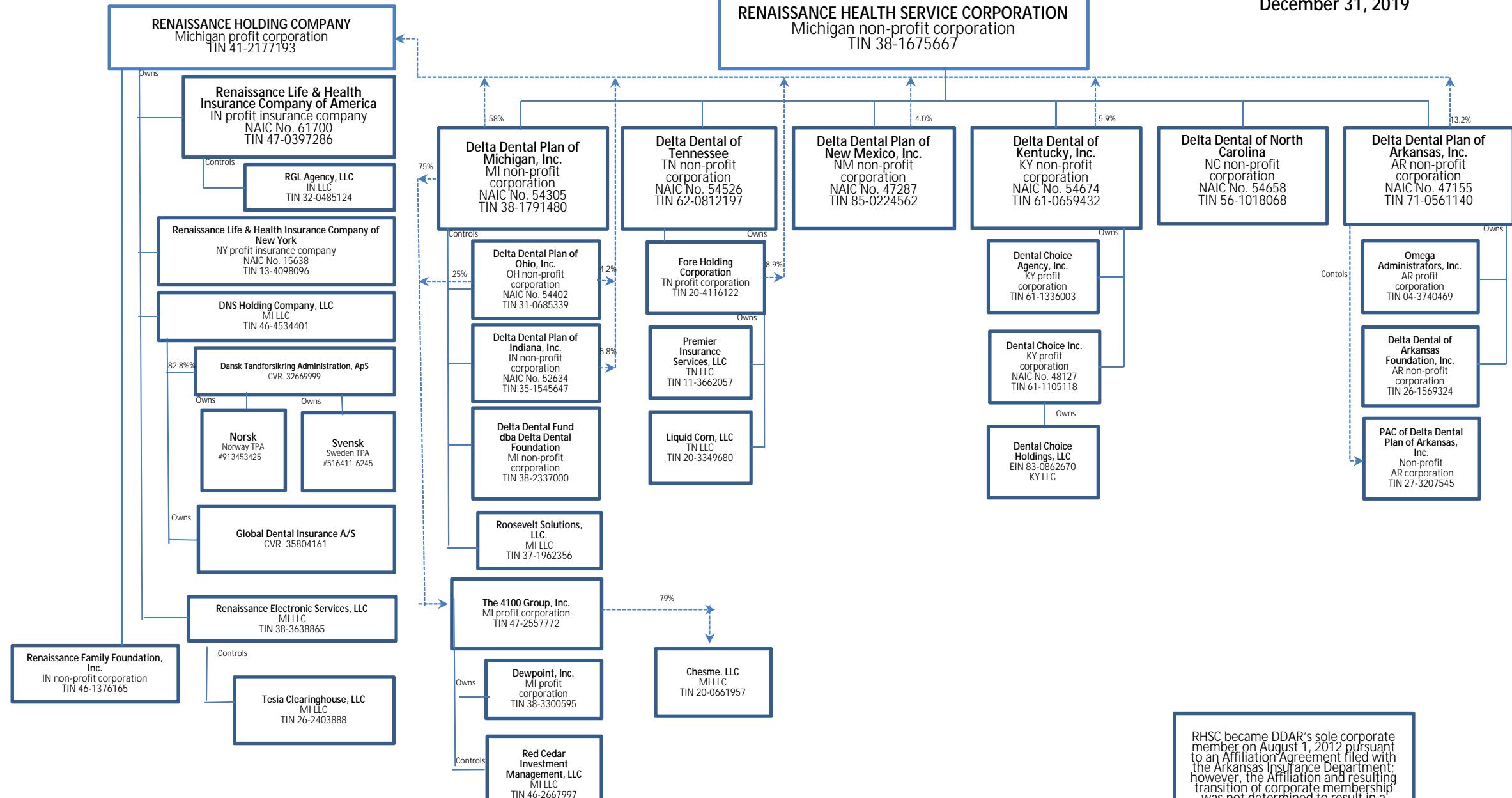
56

(b) Explanation of basis of allocation by state, premiums by state, etc.: The Company allocates premium to a state for Group business by where the contract was issued and delivered.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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