

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).....	6,414,335		6,414,335	9,581,308
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....6,502,415, Schedule E-Part 1), cash equivalents (\$....2,684,887, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	9,187,302		9,187,302	11,828,632
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	15,601,637	0	15,601,637	21,409,939
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	71,449		71,449	80,354
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,224,016		1,224,016	1,213,981
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....	119,948		119,948	165,620
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	12,640
18.2 Net deferred tax asset.....	260,913	12,004	248,909	122,476
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	2,016,846	1,916,028	100,818	157,492
21. Furniture and equipment, including health care delivery assets (\$.....0).....	54,271	54,271	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$....509) and other amounts receivable.....	509		509	420
25. Aggregate write-ins for other-than-invested assets.....	62,956	62,956	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	19,412,545	2,045,259	17,367,286	23,162,922
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	19,412,545	2,045,259	17,367,286	23,162,922

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Expenses.....	62,956	62,956	0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	62,956	62,956	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	3,044,538		3,044,538	2,555,303
2. Accrued medical incentive pool and bonus amounts.....			0	
3. Unpaid claims adjustment expenses.....	82,553		82,553	57,514
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act.....			0	
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....	2,129,386		2,129,386	1,997,709
9. General expenses due or accrued.....	2,241,132		2,241,132	2,024,685
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)).....	121,882		121,882	
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....			0	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....	313,297		313,297	1,899,244
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending.....			0	
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$.....0) companies.....			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
22. Liability for amounts held under uninsured plans.....	112,974		112,974	178,881
23. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	8,045,762	0	8,045,762	8,713,336
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	1,630,643	122,191
26. Common capital stock.....	XXX	XXX	1,365,663	1,365,663
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	2,773,089	2,773,089
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	3,552,129	10,188,641
32. Less treasury stock at cost:				
32.1 ....0.000 shares common (value included in Line 26 \$.....0).....	XXX	XXX		
32.2 ....0.000 shares preferred (value included in Line 27 \$.....0).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	9,321,524	14,449,584
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	17,367,286	23,162,920

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	0	0	0	0
2501. Gain on sale of building.....	XXX	XXX	.91,643	122,191
2502. Reclassification of surplus for Federal Premium Tax - SSAP 35R.....	XXX	XXX	1,539,000	
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	1,630,643	122,191
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX.....	4,614,218	4,399,829
2. Net premium income (including \$.....0 non-health premium income).....	XXX.....	79,659,208	79,495,926
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.....	3,175,101	2,872,922
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	82,834,309	82,368,848
Hospital and Medical:			
9. Hospital/medical benefits.....			
10. Other professional services.....		58,062,122	56,631,712
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	58,062,122	56,631,712
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	58,062,122	56,631,712
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses.....		2,744,196	2,535,970
21. General administrative expenses.....		20,854,898	21,047,310
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).....	0	81,661,216	80,214,992
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	1,173,093	2,153,856
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		213,909	189,391
26. Net realized capital gains or (losses) less capital gains tax of \$....23,418.....		87,965	(5,833)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	301,874	183,558
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....		(43,877)	(79,105)
29. Aggregate write-ins for other income or expenses.....	0	0	0
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.....	1,431,090	2,258,309
31. Federal and foreign income taxes incurred.....	XXX.....	232,732	581,723
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	1,198,358	1,676,586

DETAILS OF WRITE-INS

0601. Self Insured.....	XXX.....	3,175,101	2,872,922
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	3,175,101	2,872,922
0701. Other income.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Other income.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period.....	14,449,582	14,799,691
34. Net income or (loss) from Line 32.....	1,198,358	1,676,586
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains and (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	125,806	85,745
39. Change in nonadmitted assets.....	(912,222)	(695,137)
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.....		52,697
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.....	30,548	30,548
46. Dividends to stockholders.....	(5,540,000)	(1,470,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	(30,548)	(30,548)
48. Net change in capital and surplus (Lines 34 to 47).....	(5,128,058)	(350,109)
49. Capital and surplus end of reporting period (Line 33 plus 48).....	9,321,524	14,449,582

DETAILS OF WRITE-INS

4701. Amortization of special surplus from gain on sale-leaseback.....	(30,548)	(30,548)
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....	(30,548)	(30,548)

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	79,780,850	79,804,112
2. Net investment income.....	234,006	184,456
3. Miscellaneous income.....	3,175,101	2,872,922
4. Total (Lines 1 through 3).....	83,189,957	82,861,490
5. Benefit and loss related payments.....	57,572,976	57,592,310
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	23,421,720	23,757,919
7. Commissions, expenses paid and aggregate write-ins for deductions.....	.....	.....
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	119,871	547,154
10. Total (Lines 5 through 9).....	81,114,567	81,897,383
11. Net cash from operations (Line 4 minus Line 10).....	2,075,390	964,107
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:	.....	.....
12.1 Bonds.....	6,581,750	1,990,188
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,581,750	1,990,188
13. Cost of investments acquired (long-term only):	.....	.....
13.1 Bonds.....	3,314,585	1,922,150
13.2 Stocks.....	.....	.....
13.3 Mortgage loans.....	.....	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	3,314,585	1,922,150
14. Net increase (decrease) in contract loans and premium notes.....	.....	.....
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	3,267,166	68,038
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.....	5,540,000	.....
16.6 Other cash provided (applied).....	(2,443,886)	(123,641)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(7,983,886)	(123,641)
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).....	(2,641,331)	908,505
19. Cash, cash equivalents and short-term investments:	.....	.....
19.1 Beginning of year.....	11,828,632	10,920,128
19.2 End of year (Line 18 plus Line 19.1).....	9,187,302	11,828,632

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001
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UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical).....				0
2. Medicare Supplement.....				0
3. Dental only.....	79,659,208			79,659,208
4. Vision only.....				0
5. Federal Employees Health Benefits Plan.....				0
6. Title XVIII - Medicare.....				0
7. Title XIX - Medicaid.....				0
8. Other health.....				0
9. Health subtotal (Lines 1 through 8).....	79,659,208	0	0	79,659,208
10. Life.....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11).....	79,659,208	0	0	79,659,208

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital and 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.....	57,572,887				57,572,887					
1.2 Reinsurance assumed.....	0									
1.3 Reinsurance ceded.....	0									
1.4 Net.....	57,572,887	0	0	57,572,887	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct.....	3,044,538				3,044,538					
3.2 Reinsurance assumed.....	0									
3.3 Reinsurance ceded.....	0									
3.4 Net.....	3,044,538	0	0	3,044,538	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct.....	0									
4.2 Reinsurance assumed.....	0									
4.3 Reinsurance ceded.....	0									
4.4 Net.....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year.....	0									
6. Net healthcare receivables (a).....	0									
7. Amounts recoverable from reinsurers December 31, current year.....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct.....	2,555,303				2,555,303					
8.2 Reinsurance assumed.....	0									
8.3 Reinsurance ceded.....	0									
8.4 Net.....	2,555,303	0	0	2,555,303	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct.....	0									
9.2 Reinsurance assumed.....	0									
9.3 Reinsurance ceded.....	0									
9.4 Net.....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	0									
11. Amounts recoverable from reinsurers December 31, prior year.....	0									
12. Incurred benefits:										
12.1 Direct.....	58,062,122	0	0	58,062,122	0	0	0	0	0	0
12.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
12.4 Net.....	58,062,122	0	0	58,062,122	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0	0

(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 Comprehensive (Medical and Hospital)	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.....	0	0	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
1.4 Net.....	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct.....	3,044,538	0	0	3,044,538	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	3,044,538	0	0	3,044,538	0	0	0	0	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct.....	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
3.4 Net.....	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct.....	3,044,538	0	0	3,044,538	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	3,044,538	0	0	3,044,538	0	0	0	0	0	0

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical).....					0	
2. Medicare Supplement.....					0	
3. Dental only.....	2,480,418	55,092,469		3,044,538	2,480,418	2,555,302
4. Vision only.....					0	
5. Federal Employees Health Benefits Plan.....					0	
6. Title XVIII - Medicare.....					0	
7. Title XIX - Medicaid.....					0	
8. Other health.....					0	
9. Health subtotal (Lines 1 to 8).....	2,480,418	55,092,469	0	3,044,538	2,480,418	2,555,302
10. Healthcare receivables (a).....					0	
11. Other non-health.....					0	
12. Medical incentive pools and bonus amounts.....					0	
13. Totals (Lines 9 - 10 + 11 + 12).....	2,480,418	55,092,469	0	3,044,538	2,480,418	2,555,302

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

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....	3,022	3,183	3,183	3,183	3,183
2. 2015.....	48,439	51,603	51,607	51,607	51,607
3. 2016.....	XXX	51,722	55,350	55,356	55,356
4. 2017.....	XXX	XXX	52,778	56,246	56,249
5. 2018.....	XXX	XXX	XXX	54,119	56,599
6. 2019.....	XXX	XXX	XXX	XXX	55,092

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

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.....	3,022	3,183	3,183	3,183	3,183
2. 2015.....	51,638	51,605	51,607	51,607	51,607
3. 2016.....	XXX	55,400	55,353	55,356	55,356
4. 2017.....	XXX	XXX	56,291	56,248	56,249
5. 2018.....	XXX	XXX	XXX	56,672	56,599
6. 2019.....	XXX	XXX	XXX	XXX	58,137

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claim Payments	Claim Adjustment Expense Payments	Percent (Col. 3/2)	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claim Adjustment Expense	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	Percent (Col. 9/1)
1. 2015.....	67,239	51,607	1,775	3.4	53,382	79.4			53,382	79.4
2. 2016.....	76,293	55,356	2,167	3.9	57,523	75.4			57,523	75.4
3. 2017.....	77,761	56,249	2,208	3.9	58,457	75.2			58,457	75.2
4. 2018.....	79,957	56,599	2,536	4.5	59,135	74.0			59,135	74.0
5. 2019.....	79,791	55,092	2,603	4.7	57,695	72.3	3,045	.83	60,823	76.2

12.GT

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....	3,022	3,183	3,183	3,183	3,183
2. 2015.....	48,439	51,603	51,607	51,607	51,607
3. 2016.....	XXX.....	51,722	55,350	55,356	55,356
4. 2017.....	XXX.....	XXX.....	52,778	56,246	56,249
5. 2018.....	XXX.....	XXX.....	XXX.....	54,119	56,599
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	55,092

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

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.....	3,022	3,183	3,183	3,183	3,183
2. 2015.....	51,638	51,605	51,607	51,607	51,607
3. 2016.....	XXX.....	55,400	55,353	55,356	55,356
4. 2017.....	XXX.....	XXX.....	56,291	56,248	56,249
5. 2018.....	XXX.....	XXX.....	XXX.....	56,672	56,599
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	58,137

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2015.....	67,239	51,607	1,775	3.4	53,382	79.4			53,382	79.4
2. 2016.....	76,293	55,356	2,167	3.9	57,523	75.4			57,523	75.4
3. 2017.....	77,761	56,249	2,208	3.9	58,457	75.2			58,457	75.2
4. 2018.....	79,957	56,599	2,536	4.5	59,135	74.0			59,135	74.0
5. 2019.....	79,791	55,092	2,603	4.7	57,695	72.3	3,045	.83	60,823	76.2

12.D0

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2D - Aggregate Reserve for A&H Contracts Only
NONE

UNDERWRITING AND INVESTMENT EXHIBIT**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building).....			.....435,429	.....255	.....435,684
2. Salaries, wages and other benefits.....					.....0
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....			.....5,682,563		.....5,682,563
4. Legal fees and expenses.....					.....0
5. Certifications and accreditation fees.....					.....0
6. Auditing, actuarial and other consulting services.....			.....27,850	.....36,071	.....63,921
7. Traveling expenses.....					.....0
8. Marketing and advertising.....					.....0
9. Postage, express and telephone.....			.....411,852		.....411,852
10. Printing and office supplies.....					.....0
11. Occupancy, depreciation and amortization.....					.....0
12. Equipment.....			.....17,669		.....17,669
13. Cost or depreciation of EDP equipment and software.....			.....147,787		.....147,787
14. Outsourced services including EDP, claims, and other services.....		.....126,242	.....244,470		.....370,712
15. Boards, bureaus and association fees.....			.....12,458		.....12,458
16. Insurance, except on real estate.....					.....0
17. Collection and bank service charges.....			.....398,075		.....398,075
18. Group service and administration fees.....		.....2,617,955	.....12,071,585	.....34,005	.....14,723,545
19. Reimbursements by uninsured plans.....			.....(1,592,574)		.....(1,592,574)
20. Reimbursements from fiscal intermediaries.....					.....0
21. Real estate expenses.....					.....0
22. Real estate taxes.....					.....0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					.....0
23.2 State premium taxes.....			.....883,298		.....883,298
23.3 Regulatory authority licenses and fees.....			.....208,231		.....208,231
23.4 Payroll taxes.....					.....0
23.5 Other (excluding federal income and real estate taxes).....			.....2,236		.....2,236
24. Investment expenses not included elsewhere.....					.....0
25. Aggregate write-ins for expenses.....	0	.....0	.....1,903,969	.....0	.....1,903,969
26. Total expenses incurred (Lines 1 to 25).....	0	.....2,744,197	.....20,854,898	.....70,331	(a).....23,669,426
27. Less expenses unpaid December 31, current year.....		.....82,553	.....2,241,132		.....2,323,685
28. Add expenses unpaid December 31, prior year.....		.....57,517	.....2,024,685		.....2,082,202
29. Amounts receivable relating to uninsured plans, prior year.....			.....165,620		.....165,620
30. Amounts receivable relating to uninsured plans, current year.....			.....119,948		.....119,948
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	0	.....2,719,161	.....20,592,779	.....70,331	.....23,382,271

DETAILS OF WRITE-INS

2501. Interest Expense.....			.....24,340		.....24,340
2502. Network Access Fees.....			.....1,549,417		.....1,549,417
2503. Operating Lease.....			.....330,212		.....330,212
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	.....0	.....0	.....0	.....0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	.....0	.....1,903,969	.....0	.....1,903,969

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....(20)	35,148
1.1 Bonds exempt from U.S. tax.....	(a)	
1.2 Other bonds (unaffiliated).....	(a).....219,129	190,595
1.3 Bonds of affiliates.....	(a)	
2.1 Preferred stocks (unaffiliated).....	(b)	
2.11 Preferred stocks of affiliates.....	(b)	
2.2 Common stocks (unaffiliated).....		
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).....57,624	58,185
7. Derivative instruments.....	(f)	
8. Other invested assets.....		
9. Aggregate write-ins for investment income.....	0	312
10. Total gross investment income.....	276,733	284,240
11. Investment expenses.....		(g).....70,331
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).....0
15. Aggregate write-ins for deductions from investment income.....		0
16. Total deductions (Lines 11 through 15).....		70,331
17. Net investment income (Line 10 minus Line 16).....		213,909

DETAILS OF WRITE-INS

0901. Misc.....		312
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	312
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		0

- (a) Includes \$....3,261 accrual of discount less \$....14,453 amortization of premium and less \$....31,991 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 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.....			0		
1.1 Bonds exempt from U.S. tax.....			0		
1.2 Other bonds (unaffiliated).....			0		
1.3 Bonds of affiliates.....	111,037		111,037		
2.1 Preferred stocks (unaffiliated).....			0		
2.11 Preferred stocks of affiliates.....			0		
2.2 Common stocks (unaffiliated).....			0		
2.21 Common stocks of affiliates.....			0		
3. Mortgage loans.....			0		
4. Real estate.....			0		
5. Contract loans.....			0		
6. Cash, cash equivalents and short-term investments.....			0		
7. Derivative instruments.....			0		
8. Other invested assets.....			0		
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	111,037	0	111,037	0	0

DETAILS OF WRITE-INS

0901.....			0		
0902.....			0		
0903.....			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

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).....			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			0
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	12,004	12,631	627
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....	1,916,028	970,966	(945,062)
21. Furniture and equipment, including health care delivery assets.....	54,271	62,715	8,444
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	62,956	86,725	23,769
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	2,045,259	1,133,037	(912,222)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	2,045,259	1,133,037	(912,222)

DETAILS OF WRITE-INS

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Expenses.....	62,956	86,725	23,769
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	62,956	86,725	23,769

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.....	261,646	257,183	255,846	254,930	256,392	3,077,124
2. Provider service organizations.....						
3. Preferred provider organizations.....	101,104	130,557	123,418	120,416	117,944	1,492,439
4. Point of service.....						
5. Indemnity only.....	3,879	3,840	3,820	3,672	3,599	44,655
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total.....	366,629	391,580	383,084	379,018	377,935	4,614,218

DETAILS OF WRITE-INS

0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Dental Care Plus Inc., (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the "State or ODI"). The Company is a wholly owned subsidiary of DCP Holding Company (the "Parent or DCPH"). On June 27, 2019, the DCPH sold to DentaQuest, which is incorporated under the laws of the state of Delaware and has its principal place of business in Boston, Massachusetts. As of December 31, 2019, DentaQuest was a wholly-owned subsidiary of Catalyst, a not-for-profit Massachusetts corporation.

The Company 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 National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Company did not have any Ohio prescribed practices that would have a reconciling difference between NAIC SAP and the state.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 1,198,358	\$ 1,676,586
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 1,198,358	\$ 1,676,586
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 9,321,524	\$ 14,449,584
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 9,321,524	\$ 14,449,584

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

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 and reinsurance 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) Basis for Short-Term Investments
Short-term investments are stated at amortized cost.
- (2) Basis for Bonds and Amortization Schedule
Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis for Common Stocks
The Company did not have any investments in common stocks at December 31, 2019 and 2018.
- (4) Basis for Preferred Stocks
The Company did not have any investments in preferred stocks at December 31, 2019 and 2018.
- (5) Basis for Mortgage Loans
The Company did not have any investments in mortgage loans on real estate at December 31, 2019 and 2018.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
The Company did not have any investments in loan-backed securities at December 31, 2019 and 2018.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
The Company does not have any Goodwill.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
The Company does not have any minor ownership interests any joint ventures.
- (9) Accounting Policies for Derivatives
The Company did not have any derivatives at December 31, 2019.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

Unpaid losses and loss adjustment expenses include an amount determined from 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 liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
The Company does not have any pharmaceutical rebate receivables.

D. Going Concern

The Company does not have any going concern items.

Note 2 – Accounting Changes and Correction of Errors

Not applicable. The Company had no material accounting changes or corrections of errors to report.

Note 3 – Business Combinations and Goodwill

1) - 4) None

Note 4 – Discontinued Operations

1) - 4) None

Note 5 – Investments

A - K) None

L. Restricted Assets

(1) **Restricted Assets (Including Pledged)**

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Additional Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending arrangements						%	%
c. Subject to repurchase agreements						%	%
d. Subject to reverse repurchase agreements						%	%
e. Subject to dollar repurchase agreements						%	%
f. Subject to dollar reverse repurchase agreements						%	%
g. Placed under option contracts						%	%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock						%	%
i. FHLB capital stock						%	%
j. On deposit with states	1,866,473	1,857,854	8,619		1,866,473	9.6%	10.7%
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	\$ 1,866,473	\$ 1,857,854	\$ 8,619	\$	\$ 1,866,473	9.6%	10.7%

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

(b) Column 5 divided by Asset Page, Column 1, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

None.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)
None.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
None.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

NOTES TO FINANCIAL STATEMENTS

A) - B) None

Note 7 – Investment Income

A) - B) None

Note 8 – Derivative Instruments

A) - H) None

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 280,198	\$	\$ 280,198	\$ 332,623	\$	\$ 332,623	\$ (52,425)	\$	\$ (52,425)
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	\$ 280,198	\$	\$ 280,198	\$ 332,623	\$	\$ 332,623	\$ (52,425)	\$	\$ (52,425)
d. Deferred tax assets nonadmitted	12,004		12,004	12,631		12,631	(627)		(627)
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ 268,194	\$	\$ 268,194	\$ 319,992	\$	\$ 319,992	\$ (51,798)	\$	\$ (51,798)
f. Deferred tax liabilities	19,284		19,284	197,516		197,516	(178,232)		(178,232)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 248,910	\$	\$ 248,910	\$ 122,476	\$	\$ 122,476	\$ 126,434	\$	\$ 126,434

2. Admission Calculation Components SSAP No. 101

	2019			2018			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 259,404	\$	\$ 259,404	\$ 310,439	\$	\$ 310,439	\$ (51,035)	\$	\$ (51,035)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	1,408		1,408	1,408		1,408			
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	1,408		1,408	1,408		1,408			
2. Adjusted gross deferred tax assets allowed per limitation threshold			1,336,393			557,189			779,204
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	7,382		7,382	8,145		8,145	(763)		(763)
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	\$ 268,194	\$	\$ 268,194	\$ 319,992	\$	\$ 319,992	\$ (51,798)	\$	\$ (51,798)

NOTES TO FINANCIAL STATEMENTS

3. Other Admissibility Criteria

		2019	2018
a. Ratio percentage used to determine recovery period and threshold limitation amount		413.0%	650.0%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		\$ 9,321,524	\$ 14,449,584

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	2019		2018		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 280,198	\$	\$ 332,623	\$	\$ (52,425)	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0 %	0 %	0 %	0 %	0 %	0 %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 268,194	\$	\$ 319,992	\$	\$ (51,798)	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0 %	0 %	0 %	0 %	0 %	0 %

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized

There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2019 and 2018.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2019	2 2018	3 (Col 1-2) Change
a. Federal	\$ 232,734	\$ 581,722	\$ (348,988)
b. Foreign	\$	\$	\$
c. Subtotal	\$ 232,734	\$ 581,722	\$ (348,988)
d. Federal income tax on net capital gains	\$ 23,418	\$ (1,551)	\$ 24,969
e. Utilization of capital loss carry-forwards	\$	\$	\$
f. Other	\$	\$	\$
g. Federal and Foreign income taxes incurred	\$ 256,152	\$ 580,171	\$ (324,019)

2. Deferred Tax Assets

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 9,992	\$ 8,428	\$ 1,564
2. Unearned premium reserve	89,434	83,904	5,530
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs	156,823	193,413	(36,590)
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted		21,878	(21,878)
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)	23,949	25,000	(1,051)
Other (items listed individually >5% of total ordinary tax assets)			
99. Subtotal	\$ 280,198	\$ 332,623	\$ (52,425)
b. Statutory valuation allowance adjustment			
c. Nonadmitted	12,004	12,631	(627)
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 268,194	\$ 319,992	\$ (51,798)
e. Capital:			
1. Investments	\$	\$	\$
2. Net capital loss carry-forward			

NOTES TO FINANCIAL STATEMENTS

3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal	\$	\$	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$ 268,194	\$ 319,992	\$ (51,798)

3. Deferred Tax Liabilities

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$	\$
2. Fixed assets		177,468	(177,468)
3. Deferred and uncollected premium	4,584	5,348	(764)
4. Policyholder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)	14,700	14,700	
Other (items listed individually >5% of total ordinary tax liabilities)			
99. Subtotal	\$ 19,284	\$ 197,516	\$ (178,232)
b. Capital:			
1. Investments	\$	\$	\$
2. Real estate			
3. Other (items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal	\$	\$	\$
c. Deferred tax liabilities (3a99+3b99)	\$ 19,284	\$ 197,516	\$ (178,232)
4. Net Deferred Tax Assets/Liabilities (2i – 3c)	\$ 248,910	\$ 122,476	\$ 126,434

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$ 305,078	21.0%
Change in nonadmitted assets	(191,699)	(13.2)%
Proration of tax exempt investment income		%
Tax exempt income deduction		%
Dividends received deduction		%
Disallowable travel and entertainment		%
Other permanent differences		%
Temporary Differences:		
Total ordinary DTAs		%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
Other:		
Statutory valuation allowance adjustment		%
Accrual adjustment – prior year		%
Other		%
Totals	\$ 113,379	7.8%
Federal and foreign income taxes incurred	232,734	%
Realized capital gains (losses) tax	23,418	%
Change in net deferred income taxes	(142,773)	%
Total statutory income taxes	\$ 113,379	%

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

None.

F. Consolidated Federal Income Tax Return

- The Company's federal income tax return is consolidated with the following entities: DentaQuest Group, Inc. ("DentaQuest") files a consolidated tax return. The members of the DentaQuest 2019 federal consolidated income tax return will consist of: DentaQuest Group, Inc., Pacific Dental Network, Inc., California Dental Network, Inc., DentaQuest USA Insurance Company, Inc., DSM USA Insurance Company, Inc., DentaQuest of Florida, Inc., DentaQuest Care Group Management, Inc., Advantage Community Holding Company, LLC, DCP Holding Company, Dental Care Plus, Inc., Insurance Associates Plus Inc., and Adenta, Inc. (the "Group Members"). The Company is a disregarded entity of DentaQuest Group, Inc. for US federal income tax purposes.
- The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax: A share of the total taxes paid by DentaQuest is allocated to the Company. The rate of federal tax for DentaQuest for 2019 was 21%. The tax sharing

NOTES TO FINANCIAL STATEMENTS

agreement among the Group Members apportions taxes to each Group Member based on its percentage of consolidated pretax income. The taxes apportioned to DentaQuest are then apportioned to the disregarded entities within it based on their percentage of consolidated pretax income. For the year ended December 31, 2019, the Company's federal corporate income tax expense amounted to approximately XXXXXX

G. Federal or Foreign Federal Income Tax Loss Contingencies:

None.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved

The Company has entered into an agreement with DCPH pursuant to which DCPH provides various services to the Company such as information technology, facilities and equipment, human resources services, executive and managerial support, legal services, regulatory filing and compliance services, accounting services, cash management services, actuarial and underwriting services, sales and marketing services, enrollment services, claims processing services, billing and collection services, customer services, provider relations and credentialing services, and additional other services.

B. Transactions

The Company declared a common stock dividend of \$5,540,000 and \$1,470,000 to the Parent in 2019 and 2018, respectively. There were no cash investments received from the Parent in 2019 and 2018.

C. Dollar Amounts of Transactions

There were no changes in the method of establishing the terms from that used in the preceding period.

D. Amounts Due From or To Related Parties

At December 31, 2019, the Company reported \$258,604, \$31,068 and \$23,624 as amounts due to DCPH, Adenta and Insurance Associates Plus, Inc. ("IAP"), respectively. The terms of the settlement require that these amounts be settled within 30 days.

E. Guarantees or Undertakings

The Company has a Management Services Agreement with DCPH to provide general administrative services to the Company. DCPH collected monthly management fees from the Company based on an apportionment of the DCPH costs incurred by the Company. The Company paid management fees to DCPH of \$14,698,503 and \$14,563,320 in 2019 and 2018, respectively.

F. Material Management or Service Contracts and Cost-Sharing Arrangements

The Company pays Insurance Associates Plus, Inc. ("IAP"), an insurance agency that is an affiliate of the Company, commissions on collected premiums from employee groups serviced by IAP. The Company paid commissions to IAP totaling \$368,272 and \$301,253 in 2019 and 2018, respectively. The Company pays Adenta, Inc., a life and health insurance agency that is an affiliate of the Company, commissions on collected premium from employee groups serviced by Adenta. The Company paid commissions to Adenta totaling \$390,596 and \$415,280 in 2019 and 2018, respectively. After the merger to DentaQuest, the Company has paid a claims processing administrative fee to various DentaQuest subsidiaries for our individual exchange product totaling \$386,465.

G. Nature of the Control Relationship

The Company is a wholly owned subsidiary of DCP Holding Company (the 'Parent or DCPH'). As of June 26, 2019, DCPH has merged with DentaQuest who is the ultimate for-profit parent of the Company. DentaQuest is incorporated under the laws of the state of Delaware, which has its principal place of business in Boston, Massachusetts. As of December 31, 2019, DentaQuest was a wholly-owned subsidiary of Catalyst, a not-for-profit Massachusetts corporation.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not applicable.

I. Investments in SCA that Exceed 10% of Admitted Assets

Not applicable.

J. Investments in Impaired SCAs

Not applicable.

K. Investment in Foreign Insurance Subsidiary

Not applicable.

L. Investment in Downstream Noninsurance Holding Company

Not applicable.

M. All SCA Investments

Not applicable.

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP 48 Entity Loss Tracking

Not applicable

NOTES TO FINANCIAL STATEMENTS**Note 11 – Debt**

The Company does not have an outstanding encumbrances for the years ended December 31, 2019 and 2018.

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

A) - I) The Company had no retirement plans, deferred compensation, postemployment benefits, compensated absences or other postretirement benefit plans.

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

- (1) Number of Share and Par or State Value of Each Class
The Company has 1,500 common shares authorized, 166 shares issued and shares outstanding as of December 31, 2019 and 2018.
- (2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
The Company has no preferred stock outstanding.
- (3) Dividend Restrictions
Dividends paid by the Company to its shareholders cannot, without prior approval of the Department, exceed in any one year the lesser of (i) 10% of net worth (as of the preceding December 31), or (ii) net income for the prior year, and only if net worth exceeds \$250,000 and only out of positive capital and surplus.
- (4) Dates and Amounts of Dividends Paid
The Company declared a dividend of \$5,540,000 and \$1,470,000 in 2019 and 2018, respectively.
- (5) Profits that may be Paid as Ordinary Dividends to Stockholders
Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) Restrictions Placed on Unassigned Funds (Surplus)
There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Amount of Advances to Surplus not Repaid
Not applicable. The Company is not a mutual reciprocal.
- (8) Amount of Stock Held for Special Purposes
Not applicable. There are not any stocks of affiliated companies held for any special purpose.
- (9) Reasons for Changes in Balance of Special Surplus Funds from Prior Period
There were no changes in special surplus from the prior period.
- (10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$0.
- (11) The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
Not applicable
- (12) The impact of any restatement due to prior quasi-reorganizations is as follows
Not applicable
- (13) Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
The Company does not have any quasi-reorganizations.

Note 14 – Liabilities, Contingencies and Assessments

A) The Company has no material contingent liabilities.

B) The company has not been advised of any assessments.

C) The Company has no gain contingencies.

D) The Company has no extra contractual obligations of bad faith losses stemming from lawsuits.

E) At December 31, 2019 and 2018, there were no legal actions pending involving the Company.

F) The Company has no other contingencies.

Note 15 – Leases

A. Lessee Operating Lease

(1) Lessee's Leasing Arrangements

The Company leases certain equipment and office space under non-cancelable operating leases. Rent expense under all operating leases was approximately \$759,871 and \$760,569 for the years ended December 31, 2018 and 2017, respectively.

NOTES TO FINANCIAL STATEMENTS

(2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year

a. At December 31, 2019 the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2020	\$ 710,732
2. 2021	\$ 640,671
3. 2022	\$ 423,821
4. Total	\$ 1,775,224

b. Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases

(3) For Sale-Leaseback Transactions

Terms of the Sale-Leaseback Transactions

In September 2017, the Company entered into a sale-leaseback transaction with a leasing company. The Company sold certain fixed assets totaling \$920,752. There was no gain or loss on the sale. The Company did not retain the benefits and risk to the property sold and the risk of ownership was transferred to the leasing company. The Company entered into a four year non-cancelable operating leasing agreement with the leasing company in 2017.

B. Lessor Leases

(1) Operating Leases:

Not applicable.

(2) Leveraged Leases:

Not applicable.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

1. The Company does not have any financial instruments that pose off-balance sheet risk or financial instruments with concentrations of credit risk.
2. Nature and Terms of Off-Balance Sheet Risk

Not applicable.
3. Amount of Loss if any Party to the Financial Instrument Failed

Not applicable.
4. Collateral or Other Security Required to Support Financial Instrument

Not applicable.

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

- A) the Company did not sell or transfer any receivables reported as sales
- B) The Company did not sell or transfer any financial assets.
- C) There were no wash sales

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

A. ASO Plans

Not applicable.

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:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 32,996,895	\$	\$ 32,996,895
b. Gross administrative fees accrued	1,589,115		1,589,115
c. Other income or expenses (including interest paid to or received from plans)	(5,656,685)		(5,656,685)
d. Gross expenses incurred (claims and administrative)	29,821,795		29,821,795
e. Total net gain or loss from operations	\$ (892,470)	\$	\$ (892,470)

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

- (1) Major Components of Revenue by Payor

Not applicable.
- (2) Receivables from Payors with Account Balances the Greater of 10% of Amounts Receivable Relating to Uninsured Accident and Health Plans or \$10,000

Not applicable.
- (3) Recorded Allowances and Reserves for Adjustment of Recorded Revenues

NOTES TO FINANCIAL STATEMENTS

Not applicable.

(4) Adjustments to Revenue Resulting from Audit of Receivables Related to Revenues Recorded in the Prior Period
Not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/Produced By
DCP Holding Company (Parent), 100 Crowne Point Place Cincinnati, OH 45241	20-1291244	YES	PPO, HMO, IND	C,CA,R,B,P,U	\$ 72,535,511
MY1HR, 525 S Main St., Suite 8 Akron, OH 44311	45-2721020	NO	PPO	C,CA,P	\$ 7,123,697
Total	XXX	XXX	XXX	XXX	\$ 79,659,208

Note 20 – Fair Value Measurements

A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date
The Company classifies the assets and liabilities that require measurement of fair value on a recurring basis based on the priority of the observable and market-based sources of data into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at Fair Value					
Cash-Federally Insured CD's	\$	\$ 76,851	\$	\$	\$ 76,851
Bonds-Federally Insured CD's	\$	\$ 499,979	\$	\$	\$ 499,979
Investment grade corporate bonds	\$	\$ 4,231,347	\$	\$	\$ 4,231,347
U.S. Government Securities	\$ 1,745,762	\$	\$	\$	\$ 1,745,762
Short-Term Investments-Money Market Funds	\$ 884,751	\$	\$	\$	\$ 884,751
Total	\$ 2,630,513	\$ 4,808,177	\$	\$	\$ 7,438,690
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy
The Company had no level 3 investments as of December 31, 2019

(3) Policies when Transfers Between Levels are Recognized
The Company had no transfers between levels during 2019

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
Not applicable.

(5) Fair Value Disclosures
The Company had no derivative assets and liabilities at December 31, 2019

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

C. Fair Value Level

Not applicable.

D. Not Practicable to Estimate Fair Value

Not applicable.

E. NAV Practical Expedient Investments

Not applicable.

Note 21 – Other Items

A. Unusual or Infrequent Items

None. Not applicable

B. Troubled Debt Restructuring Debtors

None. Not applicable

C. Other Disclosures

NOTES TO FINANCIAL STATEMENTS

None. Not applicable

D. Business Interruption Insurance Recoveries
None. Not applicable

E. State Transferable and Non-Transferable Tax Credits
None. Not applicable

F. Subprime Mortgage Related Risk Exposure.
None. Not applicable.

G. Retained Assets
None. Not applicable.

H. Insurance-Linked Securities (ILS) Contracts
None. Not applicable.

I. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy
None. Not applicable.

Note 22 – Events Subsequent

Subsequent events have been considered through February 28, 2020 for these statutory financial statements which are to be issued on February 28, 2020.

On January 2, 2020, the Company's ultimate parent Catalyst sold a 40% minority interest in the stock of DentaQuest to CP Monarch, L.P., a Cayman Islands-based company.

On January 1, 2020, the Company will be subject to an annual fee under Section 9010 of the Federal 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 premiums 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 had written health insurance subject to the ACA assessment, and expects to conduct health insurance business in 2020. The Company estimates its portion of the annual health insurance industry fee to be payable on September 30, 2020 to be \$1,539,000. This amount is reflected in special surplus. Reporting the ACA assessment as of December 31, 2019, would not have triggered an RBC action level.

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

	2019	2018	Yes [X] No []
B. ACA fee assessment payable for the upcoming year	\$ 1,539,000	\$	
C. ACA fee assessment paid	\$	\$	
D. Premium written subject to ACA 9010 assessment	\$ 79,659,208	\$	
E. Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	\$ 9,275,984		
F. Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 7,736,984		
G. Authorized control level (Five-Year Historical Line 15)	\$ 2,255,329		
H. Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level (YES/NO)?			Yes [] No [X]

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [] No [X]
If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [] No [X]
If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No [X]

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement?
\$None-not applicable.

NOTES TO FINANCIAL STATEMENTS

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [] No [X]
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$None - not applicable.**

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [] No [X]
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? **\$**

B. Uncollectible Reinsurance

Not applicable.

C. Commutation of Ceded Reinsurance

Not applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

Not applicable.

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium

Not applicable.

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features

Not applicable.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

Not applicable.

E. Risk-Sharing Provisions of the Affordable Care Act

Not applicable

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [] No [X]

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

Not applicable.

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

Not applicable.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year24E(4)d (Columns 1 through 10) should equal 24E(3)c3

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The cost of health care services provided to members is accrued in the period such services are provided based on the accumulation of estimates of claims reported prior to the end of a reporting period and of estimates of dental services provided but not reported to the Company.

Management's estimates of dental services provided are based on the Company's historical experience and current trends, with assistance from the Company's consulting actuary. Estimated dental claims payable are reviewed regularly by management and are adjusted based on current information; however, final claim payments may differ from the established reserves. Any resulting adjustments are reflected in current operations.

B. Information about Significant Changes in Methodologies and Assumptions

For the periods ended December 31, 2019 and December 31, 2018 estimated unpaid claims was \$3,044,538 and \$2,555,303 respectively. Accrued claim adjustment expense amounted to \$82,553 and \$57,514, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 26 – Intercompany Pooling Arrangements

Not applicable. The Company is not part of a group affiliated insurers that utilized a pooling arrangement.

Note 27 – Structured Settlements

Not Applicable.

Note 28 – Health Care Receivables

Not Applicable.

Note 29 – Participating Policies

Not Applicable

Note 30 – Premium Deficiency Reserves

The Company reviews contracts with employers groups to determine the adequacy of premiums earned, and to be earned, relative to the total expected claims and claims adjustment expenses for the contracts. As of December 31, 2019 and 2019, the Company determined these contracts did not warrant the establishment of a premium deficiency reserve.

Note 31 – Anticipated Salvage and Subrogation

Not Applicable.

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

1.3 State regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [] No [X]

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: 12/31/2017

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/19/2018

3.4 By what department or departments? 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? Yes [X] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? 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? Yes [] No [X]

4.12 renewals? Yes [X] No []

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

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [X] No []
If the answer is YES, complete and file the merger history data file with the NAIC.

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

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

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 %

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 with the Federal Reserve Board? Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If the response to 8.3 is yes, please provide below 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Ernst & Young 200 Clarendon St. Boston MA 02116

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

10.3 Has the insurer been granted any exemptions related to 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 the response to 10.3 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes []	No []	N/A [X]								
10.6	If the response to 10.5 is no or n/a, please explain: <u>An audit committee has been established at the ultimate parent Catalyst Institute, Inc.</u>											
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? <u>TIMOTHY P. BERGHOFF, MAAA, 8216 MILLVIEW DRIVE, CINCINNATI, OH 45249</u>											
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes []	No [X]									
12.11	12.11 Name of real estate holding company											
12.12	12.12 Number of parcels involved	<u>0</u>										
12.13	12.13 Total book/adjusted carrying value	<u>\$ 0</u>										
12.2	If yes, provide explanation											
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:											
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?											
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes []	No [X]									
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes []	No [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 []									
14.11	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;											
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;											
	(c) Compliance with applicable governmental laws, rules and regulations;											
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and											
	(e) Accountability for adherence to the code.											
14.11	If the response to 14.1 is no, please explain:											
14.2	Has the code of ethics for senior managers been amended?	Yes []	No [X]									
14.21	If the response to 14.2 is yes, provide information related to amendment(s).											
14.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes []	No [X]									
14.31	If the response to 14.3 is yes, provide the nature of any waiver(s).											
15.1	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?	Yes []	No [X]									
15.2	If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 25%;">1 American Bankers Association (ABA) Routing Number</th> <th style="text-align: center; width: 25%;">2 Issuing or Confirming Bank Name</th> <th style="text-align: center; width: 25%;">3 Circumstances That Can Trigger the Letter of Credit</th> <th style="text-align: center; width: 25%;">4 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount				\$			
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 subordinator 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	20.11 To directors or other officers	\$	0									
20.12	20.12 To stockholders not officers	\$	0									
20.13	20.13 Trustees, supreme or grand (Fraternal only)	\$	0									
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):											
20.21	20.21 To directors or other officers	\$	0									
20.22	20.22 To stockholders not officers	\$	0									
20.23	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	21.21 Rented from others	\$	0									
21.22	21.22 Borrowed from others	\$	0									
21.23	21.23 Leased from others	\$	0									
21.24	21.24 Other	\$	0									
22.1	Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments?	Yes []	No [X]									
22.2	If answer is yes:											
22.21	22.21 Amount paid as losses or risk adjustment	\$	0									
22.22	22.22 Amount paid as expenses	\$	0									
22.23	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 []	No [X]									

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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 <i>Risk-Based Capital Instructions</i> ?	Yes [] No [] N/A [X]						
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____ 0						
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____ 0						
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [] No [] N/A [X]						
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [] No [] N/A [X]						
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [] No [] N/A [X]						
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:							
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0						
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0						
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 current 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 sale – excluding FHLB Capital Stock	\$ _____ 0						
25.27	FHLB Capital Stock	\$ _____ 0						
25.28	On deposit with states	\$ _____ 1,866,473						
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:							
	<table border="1" style="width: 100%;"><thead><tr><th style="text-align: center;">1 Nature of Restriction</th><th style="text-align: center;">2 Description</th><th style="text-align: center;">3 Amount</th></tr></thead><tbody><tr><td></td><td></td><td style="text-align: right;">\$ _____</td></tr></tbody></table>	1 Nature of Restriction	2 Description	3 Amount			\$ _____	
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? If no, attach a description with this statement.	Yes [] No [] N/A [X]						
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 results 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, the reporting entity attests to the following:	Yes [] No [X]						
	<ul style="list-style-type: none"> • 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 within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance 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 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes [X] No []						
28.01	For agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:							
	<table border="1" style="width: 100%;"><thead><tr><th style="text-align: center;">1 Name of Custodian(s)</th><th style="text-align: center;">2 Custodian's Address</th></tr></thead><tbody><tr><td>Key Bank (Indiana and Ohio)</td><td>5181 Natorp Blvd, Suite 510, Mason, OH 45040</td></tr><tr><td>Fifth Third Securities, Inc</td><td>38 Fountain Square Plaza, Cincinnati, OH 45263</td></tr></tbody></table>	1 Name of Custodian(s)	2 Custodian's Address	Key Bank (Indiana and Ohio)	5181 Natorp Blvd, Suite 510, Mason, OH 45040	Fifth Third Securities, Inc	38 Fountain Square Plaza, Cincinnati, OH 45263	
1 Name of Custodian(s)	2 Custodian's Address							
Key Bank (Indiana and Ohio)	5181 Natorp Blvd, Suite 510, Mason, OH 45040							
Fifth Third Securities, Inc	38 Fountain Square Plaza, Cincinnati, OH 45263							

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

UBS Financial Services	8044 Montgomery Road, Cincinnati, OH 45236
U.S. Bank Institutional Trust & Custody (Georgia)	225 Water Street, Suite 700, Jacksonville, FL 32202
WesBanco (Kentucky)	1 Bank Plaza, Wheeling, WV 26003
Wells Fargo (Virginia)	1021 E. Cary Street, Richmond, VA 23219

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

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

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

Yes [] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

Yes [] No [X]

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

Yes [] No [X]

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 6,414,335	\$ 6,477,088	\$ 62,753
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 6,414,335	\$ 6,477,088	\$ 62,753

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

Cusip trading price at end of period

Yes [X] No []

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

Yes [X] No []

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

Yes [X] No []

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-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

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

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

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

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

- 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? \$ 27,850

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.

1 Name	2 Amount Paid
A.M. Best Company, Inc.	\$ 27,700

37.1 Amount of payments for legal expenses, if any? \$ 0

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 6,855

38.2 List the name of the 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
None greater than 25%	\$

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31 Reason for excluding:			
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
Most current three years:			
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
All years prior to most current three years:			
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
Most current three years:			
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
All years prior to most current three years:			
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 79,659,208	\$ 79,495,926
2.2	Premium Denominator	\$ 79,659,208	\$ 79,495,926
2.3	Premium Ratio (2.1/2.2)	100.0%	100.0%
2.4	Reserve Numerator	\$ 3,044,538	\$ 2,555,303
2.5	Reserve Denominator	\$ 3,044,538	\$ 2,555,303
2.6	Reserve Ratio (2.4/2.5)	100.0%	100.0%
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 [X] No []	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [] No [X]	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
5.31	Comprehensive Medical	\$ 0	
5.32	Medical Only	\$ 0	
5.33	Medicare Supplement	\$ 0	
5.34	Dental and 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:		

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																								
7.2	If no, give details																									
8. Provide the following information regarding participating providers:																										
8.1	Number of providers at start of reporting year	70,639																								
8.2	Number of providers at end of reporting year	75,441																								
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																								
9.2	If yes, direct premium earned:																									
9.21	Business with rate guarantees with rate guarantees between 15-36 months	\$ 13,262,994																								
9.22	Business with rate guarantees over 36 months	\$ 0																								
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																								
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 withhold	0																								
10.24	Amount actually paid for year withhold	0																								
11.1	Is the reporting entity organized as:																									
11.12	A Medical Group/Staff Model,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																								
11.13	An Individual Practice Association (IPA), or,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																								
11.14	A Mixed Model (combination of above)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																								
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																								
11.3	If yes, show the name of the state requiring such minimum capital and surplus. <u>Ohio</u>																									
11.4	If yes, show the amount required.	\$ 2,500,000																								
11.5	Is this amount included as part of a contingency reserve in stockholder's equity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																								
11.6	If the amount is calculated, show the calculation																									
12.	List service areas in which reporting entity is licensed to operate:																									
	<table border="1"> <thead> <tr> <th>1 Name of Service Area</th> </tr> </thead> <tbody> <tr><td>Georgia - All counties</td></tr> <tr><td>Illinois - All counties</td></tr> <tr><td>Utah - All counties</td></tr> <tr><td>Indiana - All counties</td></tr> <tr><td>Kentucky - All counties</td></tr> <tr><td>Ohio - All counties</td></tr> <tr><td>Pennsylvania - All counties</td></tr> <tr><td>Tennessee - All counties</td></tr> <tr><td>Virginia - All counties</td></tr> <tr><td>Michigan - All counties</td></tr> <tr><td>Missouri - All counties</td></tr> <tr><td>Wisconsin - All counties</td></tr> <tr><td>Alabama - All counties</td></tr> <tr><td>Arizona - All counties</td></tr> <tr><td>Texas - All counties</td></tr> </tbody> </table>	1 Name of Service Area	Georgia - All counties	Illinois - All counties	Utah - All counties	Indiana - All counties	Kentucky - All counties	Ohio - All counties	Pennsylvania - All counties	Tennessee - All counties	Virginia - All counties	Michigan - All counties	Missouri - All counties	Wisconsin - All counties	Alabama - All counties	Arizona - All counties	Texas - All counties									
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Wisconsin - All counties																										
Alabama - All counties																										
Arizona - All counties																										
Texas - All counties																										
13.1	Do you act as a custodian for health savings accounts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																								
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>																								
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, authorized reinsurers?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>																								
14.2	If the answer to 14.1 is yes, please provide the following:																									
	<table border="1"> <thead> <tr> <th rowspan="2">1 Company Name</th> <th rowspan="2">2 NAIC Company Code</th> <th rowspan="2">3 Domiciliary Jurisdiction</th> <th rowspan="2">4 Reserve Credit</th> <th colspan="3">Assets Supporting Reserve Credit</th> </tr> <tr> <th>5 Letters of Credit</th> <th>6 Trust Agreements</th> <th>7 Other</th> </tr> </thead> <tbody> <tr><td></td><td>0</td><td></td><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	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		0		\$	\$	\$	\$								
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																						
	0		\$	\$	\$	\$																				
15.	Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).																									
15.1	Direct Premium Written	\$ 0																								
15.2	Total Incurred Claims	\$ 0																								

GENERAL INTERROGATORIES**PART 2 – HEALTH INTERROGATORIES**

15.3 Number of Covered Lives

0

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

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

Yes [X] No []

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 []

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).....	17,367,286	23,162,922	22,144,408	19,673,398	17,350,402
2. Total liabilities (Page 3, Line 24).....	8,045,762	8,713,336	7,344,718	7,402,242	6,896,596
3. Statutory minimum capital and surplus requirement.....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33).....	9,321,524	14,449,584	14,799,691	12,271,156	10,453,806
Income Statement (Page 4)					
5. Total revenues (Line 8).....	82,834,309	82,368,848	80,130,047	78,446,554	71,326,608
6. Total medical and hospital expenses (Line 18).....	58,062,122	56,631,712	56,246,135	55,372,747	51,727,676
7. Claims adjustment expenses (Line 20).....	2,744,196	2,535,970	2,208,182	2,166,924	1,774,638
8. Total administrative expenses (Line 21).....	20,854,898	21,047,310	18,761,571	18,393,314	16,573,518
9. Net underwriting gain (loss) (Line 24).....	1,173,093	2,153,856	2,914,159	2,513,569	1,250,776
10. Net investment gain (loss) (Line 27).....	301,874	183,558	237,071	286,845	217,694
11. Total other income (Lines 28 plus 29).....	(43,877)	(79,105)	(128,543)	(99,085)	(72,481)
12. Net income or (loss) (Line 32).....	1,198,358	1,676,586	2,108,246	1,653,896	710,256
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	2,075,390	964,107	2,206,087	1,800,618	1,926,529
Risk-Based Capital Analysis					
14. Total adjusted capital.....	9,275,984	14,449,584	14,799,691	12,271,156	10,453,806
15. Authorized control level risk-based capital.....	2,255,329	2,223,620	2,141,862	2,105,944	1,963,700
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....	377,935	366,629	346,280	342,069	325,973
17. Total member months (Column 6, Line 7).....	4,614,218	4,399,829	4,213,460	4,097,617	3,845,189
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 (Line 18 plus Line 19).....	72.9	71.2	72.6	73.0	75.2
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....	3.4	3.2	2.9	2.9	2.6
22. Total underwriting deductions (Line 23).....	102.5	100.9	99.6	100.1	101.9
23. Total underwriting gain (loss) (Line 24).....	1.5	2.7	3.8	3.3	1.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....	2,480,418	3,475,423	3,635,175	3,175,183	3,038,244
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	2,555,302	3,515,921	3,679,613	3,202,486	2,948,681
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D. Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D. Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....	0	0	0	0	0
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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								9 Deposit- Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama.....	AL ..L.	143,737						143,737		
2. Alaska.....	AK ..N.							0		
3. Arizona.....	AZ ..L.	204,087						204,087		
4. Arkansas.....	AR ..N.							0		
5. California.....	CA ..N.							0		
6. Colorado.....	CO ..N.							0		
7. Connecticut.....	CT ..N.							0		
8. Delaware.....	DE ..N.							0		
9. District of Columbia.....	DC ..N.							0		
10. Florida.....	FL ..N.							0		
11. Georgia.....	GA ..L.	1,332,118						1,332,118		
12. Hawaii.....	HI ..N.							0		
13. Idaho.....	ID ..N.							0		
14. Illinois.....	IL ..L.	533,550						533,550		
15. Indiana.....	IN ..L.	1,629,923						1,629,923		
16. Iowa.....	IA ..N.							0		
17. Kansas.....	KS ..N.							0		
18. Kentucky.....	KY ..L.	12,643,176						12,643,176		
19. Louisiana.....	LA ..N.							0		
20. Maine.....	ME ..N.							0		
21. Maryland.....	MD ..N.							0		
22. Massachusetts.....	MA ..N.							0		
23. Michigan.....	MI ..L.	404,854						404,854		
24. Minnesota.....	MN ..N.							0		
25. Mississippi.....	MS ..N.							0		
26. Missouri.....	MO ..L.	698,290						698,290		
27. Montana.....	MT ..N.							0		
28. Nebraska.....	NE ..N.							0		
29. Nevada.....	NV ..N.							0		
30. New Hampshire.....	NH ..N.							0		
31. New Jersey.....	NJ ..N.							0		
32. New Mexico.....	NM ..N.							0		
33. New York.....	NY ..N.							0		
34. North Carolina.....	NC ..N.							0		
35. North Dakota.....	ND ..N.							0		
36. Ohio.....	OH ..L.	58,988,956						58,988,956		
37. Oklahoma.....	OK ..N.							0		
38. Oregon.....	OR ..N.							0		
39. Pennsylvania.....	PA ..L.	254,374						254,374		
40. Rhode Island.....	RI ..N.							0		
41. South Carolina.....	SC ..N.							0		
42. South Dakota.....	SD ..N.							0		
43. Tennessee.....	TN ..L.	288,249						288,249		
44. Texas.....	TX ..L.	1,474,298						1,474,298		
45. Utah.....	UT ..L.							0		
46. Vermont.....	VT ..N.							0		
47. Virginia.....	VA ..L.	585,234						585,234		
48. Washington.....	WA ..N.							0		
49. West Virginia.....	WV ..N.							0		
50. Wisconsin.....	WI ..L.	478,362						478,362		
51. Wyoming.....	WY ..N.							0		
52. American Samoa.....	AS ..N.							0		
53. Guam.....	GU ..N.							0		
54. Puerto Rico.....	PR ..N.							0		
55. U.S. Virgin Islands.....	VI ..N.							0		
56. Northern Mariana Islands.....	MP ..N.							0		
57. Canada.....	CAN ..N.							0		
58. Aggregate Other alien.....	OT ..XXX.	0	0	0	0	0	0	0	0	0
59. Subtotal.....	XXX.	79,659,208	0	0	0	0	0	79,659,208	0	0
60. Reporting entity contributions for Employee Benefit Plans.....	XXX.							0		
61. Total (Direct Business).....	XXX.	79,659,208	0	0	0	0	0	79,659,208	0	0

DETAILS OF WRITE-INS

58001.									0	
58002.									0	
58003.									0	
58998. Summary of remaining write-ins for line 58.....		0	0	0	0	0	0	0	0	
58999. Total (Lines 58001 through 58003 + 58998).....		0	0	0	0	0	0	0	0	

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 15

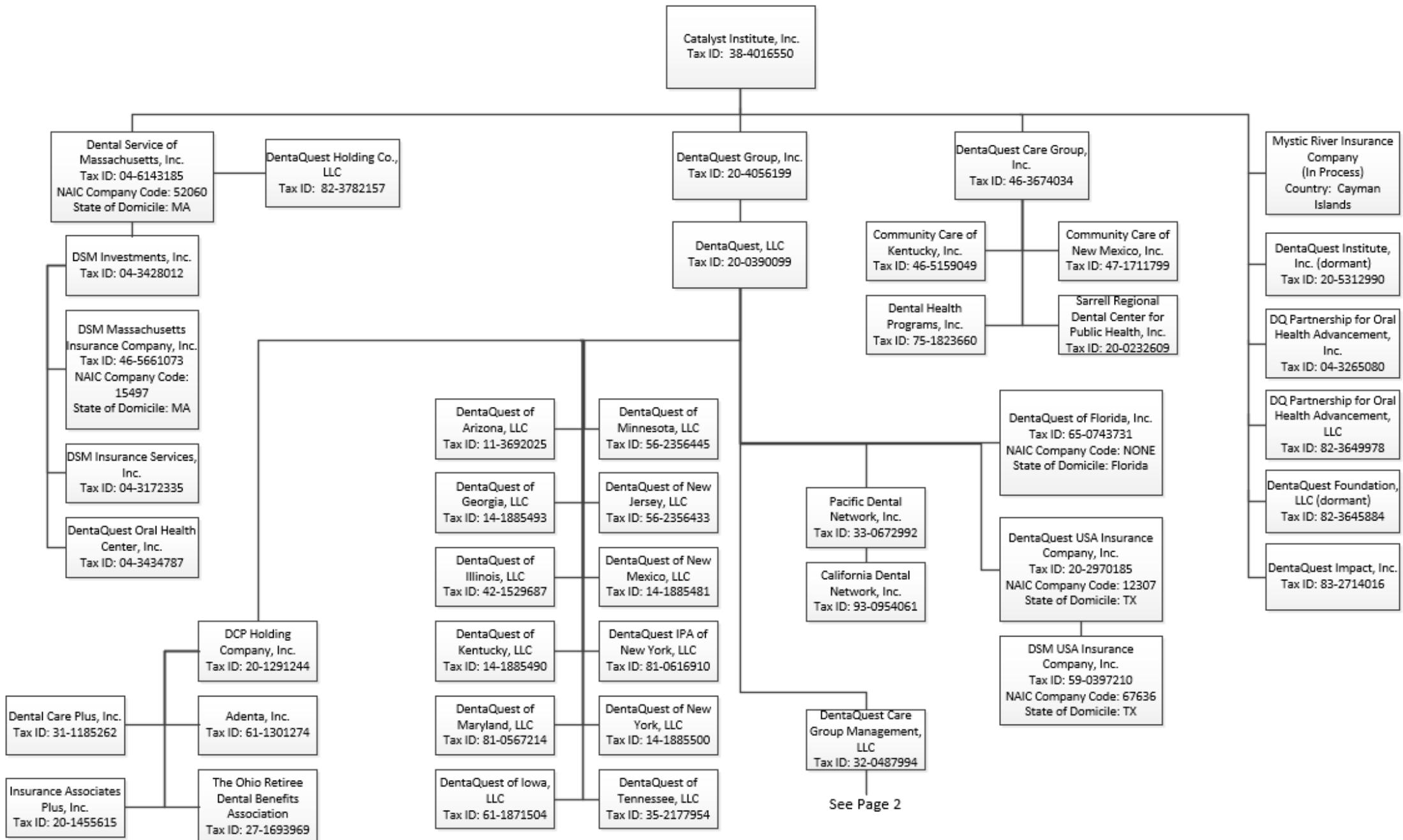
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

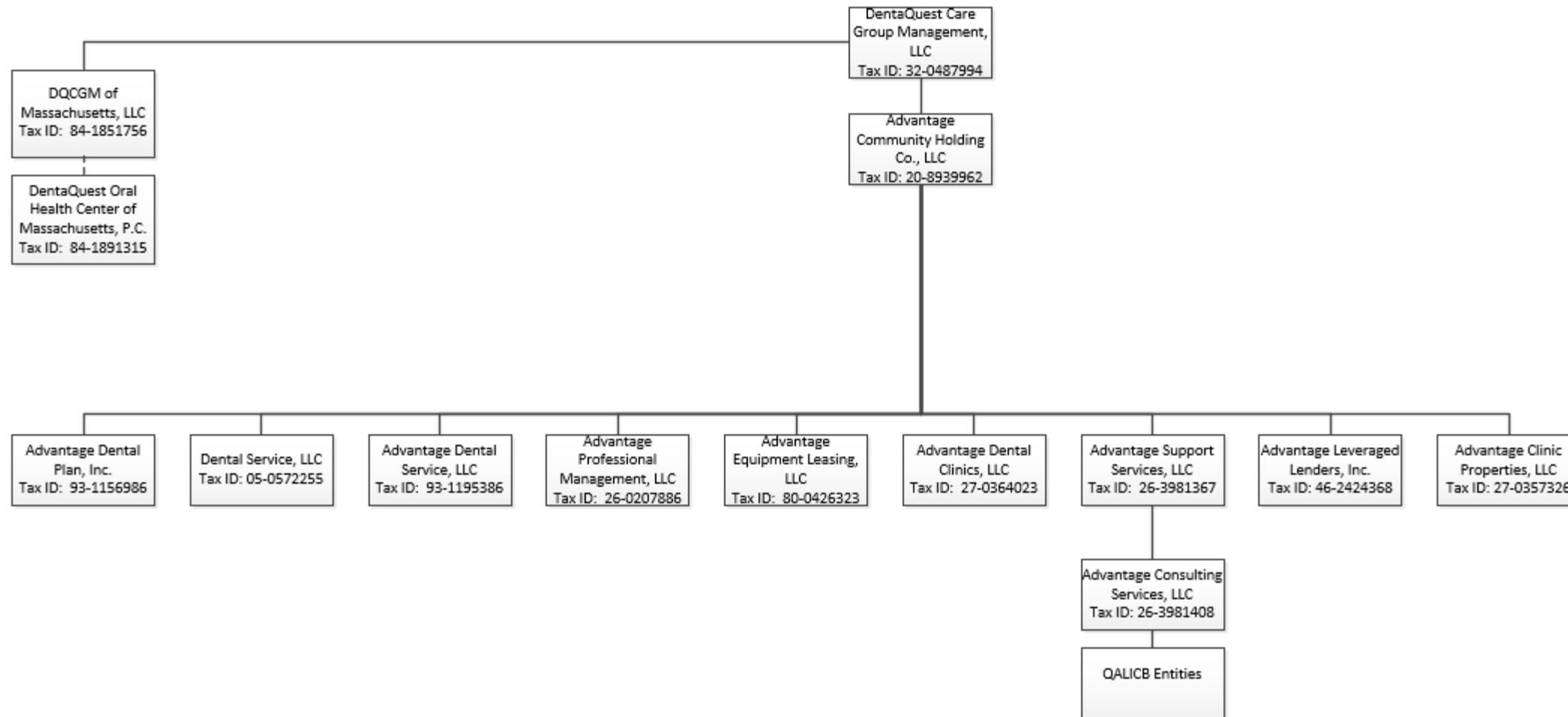
R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 42

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





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