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ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

UDC OHIO, INC.

(Name)

NAIC Group Code 00549 (Current Period) , 00549 (Prior Period) NAIC Company Code 52022 Employer's ID Number 74-2609036

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio

Country of Domicile United States

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

Incorporated/Organized 04/20/1990 Commenced Business 05/17/1990

Statutory Home Office 5151 Pfeiffer Road, Suite 200 (Street and Number) , Blue Ash, OH, US 45242 (City or Town, State, Country and Zip Code)

Main Administrative Office One Sun Life Executive Park (Street and Number)

Wellesley Hills, MA, US 02481 (City or Town, State, Country and Zip Code) 781-416-3184 (Area Code) (Telephone Number)

Mail Address One Sun Life Executive Park (Street and Number or P.O. Box) , Wellesley Hills, MA, US 02481 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Sun Life Executive Park (Street and Number)

Wellesley Hills, MA, US 02481 (City or Town, State, Country and Zip Code) 781-416-3184 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Elizabeth Burkhardt (Name) , 781-416-3184 (Area Code) (Telephone Number) (Extension)  
state.filings@sunlife.com (E-Mail Address) 781-446-1779 (Fax Number)

OFFICERS

Name	Title	Name	Title
DAVID L. RILEY #	PRESIDENT	COLLEEN LOUISE KALLAS	SECRETARY
AMY JO GOERKE	TREASURER	ERIC STEVEN VANDENBERG	ACTUARY

OTHER OFFICERS

DIRECTORS OR TRUSTEES

DAVID L. RILEY #

State of MISSOURI

ss

County of JACKSON

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

DAVID L. RILEY  
PRESIDENT

COLLEEN LOUISE KALLAS  
SECRETARY

AMY JO GOERKE  
TREASURER

Subscribed and sworn to before me this  
day of JANUARY, 2021

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

ROBIN L PIERCE, NOTARY PUBLIC  
SEPTEMBER 23, 2024

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	200,645		200,645	250,051
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....645,497 , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	645,497		645,497	610,387
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	846,142	0	846,142	860,438
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	1,359		1,359	1,426
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,395		4,395	2,232
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable.....	8,321	8,321	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	860,217	8,321	851,896	864,096
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	860,217	8,321	851,896	864,096
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	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. ....			0	0
2502. ....			0	0
2503. ....			0	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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	7,478		7,478	8,712
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	85		85	73
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	9,709		9,709	11,310
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance .....	6,148		6,148	8,618
9. General expenses due or accrued .....	38,338		38,338	36,008
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	6,343		6,343	12,480
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	164	0	164	75
24. Total liabilities (Lines 1 to 23).....	68,265	0	68,265	77,276
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	6,713
26. Common capital stock .....	XXX	XXX	100	100
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	865,537	865,537
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(82,006)	(85,530)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	783,631	786,820
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	851,896	864,096
DETAILS OF WRITE-INS				
2301. Stale checks.....	164		164	75
2302. ....				
2303. ....				
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)	164	0	164	75
2501. Surplus appropriated for ACA Section 9010 Fee.....	XXX	XXX		6,713
2502. ....	XXX	XXX		
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	0	6,713
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
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	33,501	41,748
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	304,626	380,449
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	1,601	1,413
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	306,227	381,862
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			0
10. Other professional services .....		136,721	165,477
11. Outside referrals .....			0
12. Emergency room and out-of-area .....			0
13. Prescription drugs .....			0
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	136,721	165,477
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	136,721	165,477
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....0 cost containment expenses.....		2,534	3,371
21. General administrative expenses.....		181,017	188,718
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	320,272	357,566
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(14,045)	24,296
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		7,184	12,075
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	7,184	12,075
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
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	(6,861)	36,371
31. Federal and foreign income taxes incurred .....	XXX		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(6,861)	36,371
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		0
0602. ....	XXX		0
0603. ....	XXX		0
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	0	0
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
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. ....			0
1402. ....			0
1403. ....			0
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. ....			0
2902. ....			0
2903. ....			0
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)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	786,820	741,087
34. Net income or (loss) from Line 32 .....	(6,861)	36,371
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....		0
39. Change in nonadmitted assets .....	3,672	9,362
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(3,189)	45,733
49. Capital and surplus end of reporting year (Line 33 plus 48)	783,631	786,820
DETAILS OF WRITE-INS		
4701. ....		0
4702. ....		0
4703. ....		0
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)	0	0

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		300,276	385,882
2. Net investment income		7,434	11,577
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		307,710	397,459
5. Benefit and loss related payments		137,955	168,239
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		181,209	216,782
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		0	0
10. Total (Lines 5 through 9)		319,164	385,021
11. Net cash from operations (Line 4 minus Line 10)		(11,454)	12,438
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		190,000	0
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		190,000	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds		140,777	0
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		140,777	0
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		49,223	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		(2,659)	25,007
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(2,659)	25,007
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)		35,110	37,445
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		610,387	572,942
19.2 End of year (Line 18 plus Line 19.1)		645,497	610,387

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UDC OHIO, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	304,626	0	0	304,626	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	1,601			1,601						
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6).....	306,227	0	0	306,227	0	0	0	0	0	0
8. Hospital/medical benefits .....	0									XXX
9. Other professional services .....	136,721			136,721						XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	0									XXX
12. Prescription drugs .....	0									XXX
13. Aggregate write-ins for other hospital and medical.....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14) .....	136,721	0	0	136,721	0	0	0	0	0	XXX
16. Net reinsurance recoveries .....	0									XXX
17. Total hospital and medical (Lines 15 minus 16) .....	136,721	0	0	136,721	0	0	0	0	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ ..... cost containment expenses.....	2,534			2,534						
20. General administrative expenses .....	181,017			181,017						
21. Increase in reserves for accident and health contracts .....	0									XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22) .....	320,272	0	0	320,272	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(14,045)	0	0	(14,045)	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....	304,626			304,626
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) .....	304,626	.0	.0	304,626
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	304,626	0	0	304,626



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	137,955			137,955						
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	137,955	0	0	137,955	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 .....	7,478	0	0	7,478	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 .....	7,478	0	0	7,478	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	0	0	0	0	0	0	0	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 .....	8,712	0	0	8,712	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	8,712	0	0	8,712	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	136,721	0	0	136,721	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 .....	136,721	0	0	136,721	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 \$ ..... 8,321 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	0									
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	1,944			1,944						
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	1,944	0	0	1,944	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitulations:										
3.1. Direct .....	5,534			5,534						
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	5,534	0	0	5,534	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	7,478	0	0	7,478	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 .....	7,478	0	0	7,478	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	0
2. Medicare Supplement .....					0	0
3. Dental Only.....	2,174	135,781	12	7,466	2,186	8,712
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid.....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	2,174	135,781	12	7,466	2,186	8,712
10. Healthcare receivables (a).....					0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	2,174	135,781	12	7,466	2,186	8,712

(a) Excludes \$ 8,321 loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UDC OHIO, INC.

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

Section A – Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.4	.4	.4	.4	.4
2. 2016.....	.572	.573	.573	.573	.573
3. 2017.....	XXX	.469	.470	.470	.470
4. 2018.....	XXX	XXX	.233	.234	.234
5. 2019.....	XXX	XXX	XXX	.167	.169
6. 2020.....	XXX	XXX	XXX	XXX	.136

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.4	.4	.4	.4	.4
2. 2016.....	.584	.573	.573	.573	.573
3. 2017.....	XXX	.484	.470	.470	.470
4. 2018.....	XXX	XXX	.244	.234	.234
5. 2019.....	XXX	XXX	XXX	.176	.169
6. 2020.....	XXX	XXX	XXX	XXX	.143

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Dental Only

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2016.....	.701	.573	.6	.1.0	.579	.82.6			.579	.82.6
2. 2017.....	.646	.470	.5	.1.1	.475	.73.5			.475	.73.5
3. 2018.....	.556	.234	.3	.1.3	.237	.42.6			.237	.42.6
4. 2019.....	.382	.169	.3	.1.8	.172	.45.0			.172	.45.0
5. 2020.....	.306	.136	.3	.2.2	.139	.45.4	.7	.0	.146	.47.7

Pt 2C - Sn A - Paid Claims - VO  
**NONE**

Pt 2C - Sn A - Paid Claims - FE  
**NONE**

Pt 2C - Sn A - Paid Claims - XV  
**NONE**

Pt 2C - Sn A - Paid Claims - XI  
**NONE**

Pt 2C - Sn A - Paid Claims - OT  
**NONE**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UDC OHIO, INC.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.4	.4	.4	.4	.4
2. 2016.....	.572	.573	.573	.573	.573
3. 2017.....	XXX	.469	.470	.470	.470
4. 2018.....	XXX	XXX	.233	.234	.234
5. 2019.....	XXX	XXX	XXX	.167	.169
6. 2020.....	XXX	XXX	XXX	XXX	.136

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.4	.4	.4	.4	.4
2. 2016.....	.584	.573	.573	.573	.573
3. 2017.....	XXX	.484	.470	.470	.470
4. 2018.....	XXX	XXX	.244	.234	.234
5. 2019.....	XXX	XXX	XXX	.176	.169
6. 2020.....	XXX	XXX	XXX	XXX	.143

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016.....	.701	.573	.6	.1.0	.579	.82.6	.0	.0	.579	.82.6
2. 2017.....	.646	.470	.5	.1.1	.475	.73.5	.0	.0	.475	.73.5
3. 2018.....	.556	.234	.3	.1.3	.237	.42.6	.0	.0	.237	.42.6
4. 2019.....	.382	.169	.3	.1.8	.172	.45.0	.0	.0	.172	.45.0
5. 2020.....	.306	.136	.3	.2.2	.139	.45.4	.7	.0	.146	.47.7

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE



Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XV

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio OT

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	9,709			9,709					
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	9,709	.0	.0	9,709	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	9,709	0	0	9,709	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....	0	89	2,244	0	2,333
2. Salaries, wages and other benefits .....	0	2,218	60,348	0	62,566
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....	0	0	26,138	0	26,138
4. Legal fees and expenses .....	0	0	17	0	17
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services .....	0	1	35,641	0	35,642
7. Traveling expenses .....	0	0	465	0	465
8. Marketing and advertising .....	0	0	304	0	304
9. Postage, express and telephone .....	0	58	661	0	719
10. Printing and office supplies .....	0	37	306	0	343
11. Occupancy, depreciation and amortization .....	0	0	77	0	77
12. Equipment .....	0	0	643	0	643
13. Cost or depreciation of EDP equipment and software .....	0	9	3,837	0	3,846
14. Outsourced services including EDP, claims, and other services .....	0	0	4,296	0	4,296
15. Boards, bureaus and association fees .....	0	0	38	0	38
16. Insurance, except on real estate .....	0	0	110	0	110
17. Collection and bank service charges .....	0	0	6,732	0	6,732
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	0	0	0
23.2 State premium taxes .....	0	0	3,046	0	3,046
23.3 Regulatory authority licenses and fees .....	0	0	11,285	0	11,285
23.4 Payroll taxes .....	0	121	3,242	0	3,363
23.5 Other (excluding federal income and real estate taxes) .....	0	0	6,648	0	6,648
24. Investment expenses not included elsewhere .....	0	0	0	0	0
25. Aggregate write-ins for expenses .....	0	1	14,939	0	14,940
26. Total expenses incurred (Lines 1 to 25) .....	0	2,534	181,017	0	(a) .....183,551
27. Less expenses unpaid December 31, current year .....	0	85	38,338	0	38,423
28. Add expenses unpaid December 31, prior year .....	0	73	36,008	0	36,081
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	2,522	178,687	0	181,209
DETAILS OF WRITE-INS					
2501. Corporate and IT chargebacks.....	0	0	14,745	0	14,745
2502. Write-offs.....	0	0	125		125
2503. ....	0	1	62	0	63
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	7	0	7
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	1	14,939	0	14,940

(a) Includes management fees of \$ .....96,093 to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....5,549	.....5,483
1.1	Bonds exempt from U.S. tax .....	(a).....0	.....0
1.2	Other bonds (unaffiliated) .....	(a).....0	.....0
1.3	Bonds of affiliates .....	(a).....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....0
2.11	Preferred stocks of affiliates .....	(b).....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c).....0	.....0
4.	Real estate .....	(d).....0	.....0
5.	Contract loans .....	.....0	.....0
6.	Cash, cash equivalents and short-term investments .....	(e).....1,701	.....1,701
7.	Derivative instruments .....	(f).....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	7,250	7,184
11.	Investment expenses .....		(g).....0
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....0
13.	Interest expense .....		(h).....0
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) .....		.....0
17.	Net investment income (Line 10 minus Line 16) .....		7,184
DETAILS OF WRITE-INS			
0901.	.....		
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	0
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 \$ .....19 accrual of discount less \$ .....202 amortization of premium and less \$ .....88 paid for accrued interest on purchases.  
(b) Includes \$ ..... accrual of discount less \$ ..... 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 \$ ..... paid for accrued interest on purchases.  
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			0		
1.1	Bonds exempt from U.S. tax .....			0		
1.2	Other bonds (unaffiliated) .....			0		
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	0	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	0	0	0	0	0
4.	Real estate .....	0	0	0		0
5.	Contract loans .....			0		
6.	Cash, cash equivalents and short-term investments .....			0	0	0
7.	Derivative instruments .....			0		
8.	Other invested assets .....	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10.	Total capital gains (losses) .....	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
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	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	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	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	283	283
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	8,321	11,710	3,389
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	8,321	11,993	3,672
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	8,321	11,993	3,672
DETAILS OF WRITE-INS			
1101. ....		0	0
1102. ....		0	0
1103. ....		0	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. ....		0	0
2502. ....		0	0
2503. ....		0	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)	0	0	0

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.....	.0					
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	3,166	2,914	2,807	2,685	2,624	33,501
7. Total	3,166	2,914	2,807	2,685	2,624	33,501
DETAILS OF WRITE-INS						
0601. Dental.....	3,166	2,914	2,807	2,685	2,624	33,501
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)	3,166	2,914	2,807	2,685	2,624	33,501



## NOTES TO FINANCIAL STATEMENTS

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of UDC Ohio, Inc. (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (“ODI”).

The Ohio Department of Insurance recognizes only statutory practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, and 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 state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

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 #	12/31/2020	12/31/2019
<u>NET INCOME</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)				\$ (6,861)	\$ 36,371
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:				—	—
(3) State Permitted Practices that increase/(decrease) NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)				<u>\$ (6,861)</u>	<u>\$ 36,371</u>
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)				\$ 783,631	\$ 786,820
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:				—	—
(7) State Permitted Practices that increase/(decrease) NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)				<u>\$ 783,631</u>	<u>\$ 786,820</u>

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

The preparation of financial statements in conformity with NAIC SAP 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 expense during the year. Actual results could differ from those estimates.

C. Accounting Policy

Premiums billed to individual and group subscribers are recognized as revenue in the month in which subscribers are entitled to receive dental care. Uncollected premiums over 90 days past due are nonadmitted and excluded from surplus. The Company contracts with dentists (providers) for dental services to be provided to its subscribers. Provider capitation consists of monthly fees paid to providers and is expensed in the month in which the provider is obligated to render dental services. Emergency services to members while temporarily out of their provider’s area, as well as specialty services not covered by capitation fees, are recorded as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost, which approximates fair value.
- (2) Bonds, mandatory convertible securities, and SVO-identified investments identified in SSAP No. 26R, not backed by other loans, are stated at amortized cost using the scientific method, except for those securities, which are other-than-temporarily impaired or where the NAIC rating has fallen to 6 and the fair value has fallen below amortized cost, in which case they are carried at fair value.
- (3) Common stocks are stated at fair value.
- (4) The Company does not have investments in preferred stocks.
- (5) The Company does not have investments in mortgage loans.
- (6) The Company does not have investments in loan-backed securities.
- (7) The Company does not own any shares of an upstream or intermediate parent or affiliate, either directly or indirectly.
- (8) The Company does not have investments in joint ventures, partnerships or limited liability companies.
- (9) The Company does not have investments in derivative instruments.

## NOTES TO FINANCIAL STATEMENTS

(10) The Company does not have health premium deficiency liabilities at December 31, 2020. Anticipated investment income was used in the calculation.

(11) The reserve for costs expected to be incurred for services approved during the year, as well as costs incurred but not reported, are actuarial estimates based on historical claims data. 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) Fixed assets are not material to the Company's operations. The Company has not modified its capitalization policy from the prior year.

(13) The Company does not have pharmaceutical rebate receivables.

### D. Going concern

Management has evaluated the Company's financial position and determined that no conditions or events have occurred that would raise doubt about the Company's ability to continue as a going concern.

## 2. Accounting Changes and Corrections of Errors

### Accounting Changes

During the second quarter of 2020, the NAIC's Statutory Accounting Principles (E) Working Group adopted numerous interpretations related to COVID-19, which were each evaluated independently for materiality and impact on the Company's financial statements for the reporting period.

- INT 20-01: This INT applies to all SSAPs with contracts within scope of ASU 2020-04, which allows for modifications due to reference rate reform and provides for the optional expedient to be accounted for as a continuation of the existing contract.
- INT 20-03: Troubled Debt Restructuring Due to COVID-19 relative to CARES Act and interagency guidance concerning modification of loans and reporting per SSAP No. 36. The Working Group will subsequently review for determination, if a further extension is needed.
- INT 20-06: Participation in the 2020 TALF Program - the INT provides an exception to allow admitted asset reporting for pledged securities to the Term Asset-Backed Securities Lending Facility (TALF) program.
- INT 20-07: Troubled Debt Restructuring of Certain Debt Instruments Due to COVID-19. Responds to requests for consideration of exceptions to statutory accounting guidance for troubled debt restructurings and impairment for all debt instruments. Certain exceptions not allowed.
- INT 20-08: COVID-19 Premium Refunds, Rate Reductions and Policyholder Dividends. The intent of this interpretation is to provide accounting treatment and reporting guidance, addressing questions related to refunds, rate reductions and policyholder dividends in response to the decreased activity related to COVID-19.

The adoption of the above interpretations had no material impact on the Company's financial statements.

There were three SAPWG Interpretations related to COVID-19 that were adopted during the second quarter of 2020 and subsequently expired after the third quarter reporting period. Interpretations INT 20-02: Extension of Ninety-Day Rule for the Impact of COVID-19, INT 20-04: Mortgage Loan Impairment Assessment Due to COVID-19, and INT 20-05: Investment Income Due and Accrued are no longer applicable for the December 31, 2020 reporting period.

### Corrections of Errors

The Company did not have any corrections of errors during the reporting period.

## 3. Business Combinations and Goodwill

### A. Statutory Purchase Method

There were no business combinations accounted for under the statutory purchase method during the statement year.

### B. Statutory Merger

The Company was not a part of any statutory mergers during the statement year.

### C. Assumption Reinsurance

The Company did not enter into any assumption reinsurance agreements during the statement year.

### D. Impairment Loss

The Company did not recognize any impairment losses on any of the transactions described above during the statement year.

## 4. Discontinued Operations

The Company did not have any discontinued operations during the statement year.

## NOTES TO FINANCIAL STATEMENTS

### 5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not have any mortgage loans or real estate for the statement year.

B. Debt Restructuring

The Company does not have debt restructuring for the statement year.

C. Reverse Mortgages

The Company does not have reverse mortgage investments for the statement year.

D. Loan-Backed Securities

The Company does not hold loan-backed securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company does not have dollar repurchase agreements and does not participate in a securities lending program.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company does not have repurchase agreements transactions accounted for as secured borrowing.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company does not have reverse repurchase agreements transactions accounted for as secured borrowing.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company does not have repurchase agreements transactions accounted for as a sale.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company does not have reverse repurchase agreements transactions accounted for as a sale.

J. Real Estate

The Company does not have any real estate holdings.

K. Low-Income Housing Tax Credits (LIHTC)

The Company does not have any low income housing tax credits.

L. Restricted Assets

(1) Restricted Assets (including Pledged)

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category			1	2	3	4	5	6	7
			Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown		\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b.	Collateral held under security lending agreements		—	—	—	—	—	—	—
c.	Subject to repurchase agreements		—	—	—	—	—	—	—
d.	Subject to reverse repurchase agreements		—	—	—	—	—	—	—
e.	Subject to dollar repurchase agreements		—	—	—	—	—	—	—
f.	Subject to dollar reverse repurchase agreements		—	—	—	—	—	—	—
g.	Placed under option contracts		—	—	—	—	—	—	—
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock		—	—	—	—	—	—	—
i.	FHLB capital stock		—	—	—	—	—	—	—
j.	On deposit with states		200,645	200,037	608	—	200,645	23.3 %	23.6 %
k.	On deposit with other regulatory bodies		—	—	—	—	—	—	—
l.	Pledged 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		\$ 200,645	\$ 200,037	\$ 608	\$ —	\$ 200,645	23.3 %	23.6 %

- (a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) The Company does not have assets pledged as collateral not captured in other categories.

(3) The Company does not have any other restricted assets.

(4) The Company has not received any collateral reflected as assets within the Company’s financial statements.

M. Working Capital Finance Investments

The Company does not have working capital finance programs.

N. Offsetting and Netting of Assets and Liabilities

The Company has no offsetting or netting of assets and liabilities.

O. 5GI Securities

The Company does not hold 5GI securities.

P. Short Sales

The Company did not have any short sale transactions for the statement year.

Q. Prepayment Penalty and Acceleration Fees

The Company did not incur any prepayment penalties or acceleration fees during the statement year.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

The Company does not hold any ownership interests in joint ventures, partnerships or limited liability companies.

B. Write-downs for Impairments in Joint Ventures, Partnerships and Limited Liability Companies

The Company did not recognize any write-downs for impairments during the statement year.

7. Investment Income

A. Due and accrued income is excluded from surplus on the following basis:

The Company excludes all investment income due and accrued with amounts over 90 days past due.

B. The total amount of investment income due and accrued excluded from surplus for the statement year was \$0.

8. Derivative Instruments

The Company does not hold any derivative instruments.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance, if necessary, to reduce the deferred tax asset to an amount, which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. As a result of management's evaluation at December 31, 2020, management believes it is more likely than not that the deferred tax assets will not be realized. Therefore, the Company has recorded a valuation allowance against the gross deferred assets ("DTAs"), excluding the effects associated with its deferred tax liabilities ("DTLs"), as of December 31, 2020, and December 31, 2019.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act temporarily changed the net operating loss (NOL) rules for 2018, 2019, 2020, whereby allowing a NOL carryback for five years, updating the Tax Cuts and Jobs Act (TCJA) of 2017. This change is applicable for regular C corporations, life insurance companies, and other insurance companies. The other insurance companies were previously allowed a two year carryback. Additionally, the CARES Act temporarily removes the 80% NOL absorption limitation and allows for 100% utilization against taxable income for years ending before January 1, 2021.

1. The components of deferred tax assets ("DTAs") and deferred tax liabilities ("DTLs") as of December 31, 2020, and December 31, 2019, are as follows:

Description	12/31/2020			12/31/2019			Change		
	(1)	(2)	(3)	(1)	(2)	(3)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross deferred tax assets	\$ 35,844	\$ —	\$ 35,844	\$ 37,101	\$ —	\$ 37,101	\$ (1,257)	\$ —	\$ (1,257)
(b) Statutory valuation allowance adjustments	33,464	—	33,464	34,111	—	34,111	(647)	—	(647)
(c) Adjusted gross deferred tax assets (1a-1b)	2,380	—	2,380	2,990	—	2,990	(610)	—	(610)
(d) Deferred tax assets nonadmitted	—	—	—	—	—	—	—	—	—
(e) Subtotal net admitted deferred tax assets (1c-1d)	2,380	—	2,380	2,990	—	2,990	(610)	—	(610)
(f) Deferred tax liabilities	2,380	—	2,380	2,990	—	2,990	(610)	—	(610)
(g) Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

2. The following table provides component amounts of the Company's net admitted DTA calculation by tax character of paragraphs 11.a,11.b.i, 11.b.ii and 11.c of SSAP No. 101 and the risk-based capital level used to determine the recovery period and threshold limitation amount.

Description	12/31/2020			12/31/2019			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
Admission Calculation Components									
SSAP No. 101									
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Adjusted gross deferred tax assets expected to be realized (excluding 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. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	—	—	—	—	—	—	—	—	—
2. Adjusted gross deferred tax assets allowed per limitation threshold	—	—	117,712	—	—	118,023	—	—	(311)
(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.	—	—	—	—	—	—	—	—	—
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

3. Adjusted capital and surplus

	12/31/2020	12/31/2019
Ratio percentage used to determine recovery period and threshold		
a.) limitation amount	8,298 %	6,839 %
Amount of adjusted capital and surplus used to determine recovery period and threshold limitation In		
b.) 2(b)2 above	\$ 783,631	\$ 786,820

4. The following table provides the impact of tax-planning strategies, if used in the Company's SSAP No. 101 calculation, on adjusted gross and net admitted DTAs.

NOTES TO FINANCIAL STATEMENTS

Description	12/31/2020		12/31/2019		Change	
	(1)	(2)	(4)	(5)	(7)	(8)
	Ordinary	Capital	Ordinary	Capital	(Col 1-4) Ordinary	(Col 2-5) Capital
Impact of Tax Planning Strategies						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred assets, by tax character as a percentage						
1 Adjusted gross DTAs amount from Note 9A1(c)	\$ 2,380	\$ —	\$ 2,990	\$ —	\$ (610)	\$ —
2 Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3 Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 2,380	\$ —	\$ 2,990	\$ —	\$ (610)	\$ —
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 %	0.0 %	0.0 %	0.0 %
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes	No X				

B. Not applicable.

C. The following tables provide the Company's significant components of income taxes incurred and the changes in DTAs and DTLs.

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
1. Current Income Tax:			
(a) Federal	\$ —	\$ —	\$ —
(b) Foreign	—	—	—
(c) Subtotal	—	—	—
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of loss carryforwards	—	—	—
(f) Prior period adjustment	—	—	—
(g) Federal and foreign income taxes incurred	\$ —	\$ —	\$ —

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unassigned capitation	\$ —	\$ —	\$ —
(2) Nonadmitted assets	1,747	2,519	(772)
(3) Net operating loss (NOL)	31,905	32,634	(729)
(4) Accrued audit fees	2,174	1,933	241
(5) Deferred and uncollected premium	—	—	—
(6) Other (including items <5% of total ordinary tax assets)	18	15	3
(99) Subtotal	35,844	37,101	(1,257)
(b) Statutory valuation allowance adjustment	33,464	34,111	(647)
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	2,380	2,990	(610)
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carryforward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	—	—	—
(i) Admitted deferred tax assets (2d + 2h)	\$ 2,380	\$ 2,990	\$ (610)

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ 69	\$ (69)
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Prepaid capitation	1,748	2,459	(711)
(5) Other (including items <5% of total ordinary tax liabilities)	632	462	170
(99) Subtotal	2,380	2,990	(610)
(b) Capital:			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(99) Subtotal	—	—	—
(c) Deferred tax liabilities (3a99+3b99)	\$ 2,380	\$ 2,990	\$ (610)
4. Net deferred tax assets/liabilities (2i-3c)	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

D. The provision for federal income taxes incurred for the current year is different from that, which would be obtained by applying the statutory federal income tax rate of 21% to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect @ 21%	Effective Tax Rate
(a) Income before taxes	\$ (6,862)	\$ (1,441)	21.0%
(b) Pre-tax capital gains - pre IMR	—	—	0.0%
(c) Dividends received deduction	—	—	0.0%
(d) Non-deductible expenses	6,269	1,316	-19.2%
(e) Change in tax contingency reserves	—	—	0.0%
(f) IMR	—	—	0.0%
(g) Change in nonadmitted assets	3,672	771	-11.2%
(h) Prior year over/under accrual	—	—	0.0%
(g) Change in federal income tax rate for deferred tax assets and liabilities	—	—	0.0%
(j) Change in statutory valuation allowance	—	(647)	9.4%
(k) Miscellaneous	—	1	0.0%
(l) Total statutory income taxes		<u>\$ —</u>	<u>0.0%</u>
(m) Federal and foreign income taxes incurred		\$ —	0.0%
(n) Change in net deferred income taxes		—	0.0%
(o) Total statutory income taxes		<u>\$ —</u>	<u>0.0%</u>

- E. (1) At December 31, 2020, the Company has \$151,927 of net operating loss carryforwards, which will begin to expire, if not utilized, in 2036. At December 31, 2020, the Company has no capital loss carryforward.
- (2) There are no tax expenses incurred in the periods after acquisition that are available for recoupment in the event of future losses.
- (3) At December 31, 2020, the Company has no deposits admitted under Section 6603 of the Internal Revenue Service Code.
- F. (1) For the year ended December 31, 2020, the Company will file a stand-alone federal income tax return as an insurance company.
- (2) Not applicable.
- G. As of December 31, 2020, there are no positions, for which management believes it to be reasonably possible that total amounts of tax contingencies will significantly increase or decrease within 12 months of the reporting date.
- H. At December 31, 2020, the Company is not subject to the Repatriation Transition Tax (RTT).
- I. At December 31, 2020, the Company has no Alternative Minimum Tax (AMT) credit carryforward.



NOTES TO FINANCIAL STATEMENTS

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

A.-B. On March 1, 2016, after receiving all required regulatory approvals, Sun Life Assurance Company of Canada ("SLOC") acquired substantially all of the U.S. employee benefits business of Assurant, Inc., including all of the issued and outstanding stock of the Company. The Company is a wholly owned direct subsidiary of SLOC and a wholly owned indirect subsidiary of Sun Life Financial Inc.

C. Transactions with related party who are not reported on Schedule Y

(1) Detail of Material Related Party Transactions

The Company had no material transactions with related parties.

(2) Detail of Material Related Party Transactions Involving Services

Ref #	Name of Related Party	Overview Description	Amount Charged	Amount Based on Allocation of Costs or Market Rates	Amount Charged Modified or Waived (Yes/No)
GSA-103	SLOC	General Services Agreement	\$ (9,092)	\$ 90,065	No
Total			\$ (9,092)	\$ 90,065	

(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

The Company had no material transactions involving exchange of assets and liabilities with related parties.

(4) Detail of Amounts Owed To/From a Related Party

Name of Related Party	Aggregate Amount Due From	Aggregate Amount Due To	Amount Offset In Financial Statement	Net Amount Recoverable/ (Payable)	Admitted Recoverable
SLOC	\$ —	\$ (6,343)	\$ —	\$ (6,343)	\$ —
Total	\$ —	\$ (6,343)	\$ —	\$ (6,343)	\$ —

D. The Company had \$6,343 and \$12,480 due to related parties at December 31, 2020 and December 31, 2019, respectively, under the terms of various management and service contracts, which provide for cash settlements on a quarterly or more frequent basis. The Company had no balances due from related parties at December 31, 2020 and December 31, 2019.

E. Material management and service contracts and all cost sharing arrangements involving the Company and any related party are as follows:

An administrative services agreement between the Company and SLOC, under which SLOC provides general administrative support services to the Company on a cost reimbursement basis. (Reference: GSA-103)

An investment advisory agreement between the Company and Sun Life Capital Management (U.S.) LLC ("SLCMUS") (formerly, Sun Life Institutional Investments (U.S.) LLC and Sun Capital Advisers LLC), under which SLCMUS acts as investment manager for certain of the Company's portfolios. (Reference: ISA-42)

F. The Company had no guarantees or undertakings for the benefit of an affiliate during the statement period.

G. The Company is a wholly owned direct subsidiary of SLOC and a wholly owned indirect subsidiary of Sun Life Financial Inc.

H. The Company does not own any shares of an upstream or intermediate parent, either directly or indirectly.

I. The Company does not own any shares in an affiliate or other related entity.

J. The Company did not recognize any impairment write downs for its investments in subsidiary, controlled and affiliated ("SCA") entities.

K. The Company does not own any shares in foreign investments.

L. The Company does not have any investments in downstream non-insurance holding companies.

M. The Company does not have investments in non-insurance SCA entities.

N. The Company does not have investments in insurance SCA entities.

O. The Company does not have any investments in SCA entities.

11. Debt

A. The Company had no debt obligations during the statement year.

B. The Company had no borrowing agreements through the Federal Home Loan Bank.

## NOTES TO FINANCIAL STATEMENTS

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

#### A.-D. Defined Benefit Plans

The Company does not have any Defined Benefit Plans.

#### E. Defined Contribution Plans

The Company participates in the Sun Advantage Savings and Investment Plan, sponsored by Sun Life Services, that qualifies under Section 401(k) of the Internal Revenue Code (the "401(k) Plan") and includes a retirement investment account feature that qualifies under Section 401(a) of the Internal Revenue Code (the "RIA"). Expenses under the 401(k) Plan and the RIA are allocated to participating companies pursuant to approved inter-company agreements. The expenses allocated to the Company under the 401(k) plan and the RIA for the years ended December 31, 2020 and December 31, 2019 were \$3,708 and \$4,290, respectively.

#### F. Multiemployer Plans

The Company does not participate in any multiemployer plans.

#### G. Consolidated/Holding Company Plan

Not applicable.

#### H. Postemployment Benefits and Compensated Absences

Not applicable.

#### I. Impact of Medicare Modernization Act on Postretirement Benefits

The Company did not experience any impact due to the Medicare Modernization Act.

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

A. The Company is authorized to issue 1,000 shares of common stock, \$.10 par value per share. 1,000 shares were issued and outstanding as of December 31, 2020.

B. The Company has no preferred stock outstanding.

C. The State of Ohio has enacted laws governing the payment of dividends to stockholders by domestic insurers. Pursuant to Ohio's insurance laws, the Company may pay a shareholder dividend only from its earned surplus. In addition, the maximum amount of dividends and distributions that the Company may pay in any twelve month period without the prior approval of the Director of the Department of Insurance is limited to the greater of: (i) 10% of the Company's surplus as regards policyholders as of the preceding December 31, and (ii) the net income of the Company for the preceding calendar year.

D. There were no dividends paid during the statement year.

E. Within the limitations of 13(3) above and applicable state corporate law, there are no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to its stockholders.

F. There were no restrictions placed on the Company's surplus during the statement year, and all surplus is held for the benefit of the stockholders.

G. The Company does not have any advances to surplus.

H. The Company does not hold any preferred stock, employee stock options or stock purchase warrants.

I. The special surplus funds decreased from \$6,713 at December 31, 2019 to \$0 at December 31, 2020. The U.S. Congress repealed the Health Insurance Provider Fees under the Federal Affordable Care Act ("ACA") beginning with the 2021 calendar year. As a result, the Company has not reflected an ACA Assessment in special surplus as of December 31, 2020.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and (losses) excluding deferred tax was \$0 at December 31, 2020.

K. The Company did not issue any surplus debenture or similar obligations during the periods covered by this statement.

L. The Company did not participate in any quasi reorganization during the statement year.

M. The Company has not participated in any quasi reorganization in the past 10 years.

### 14. Liabilities, Contingencies and Assessments

#### A. Contingent Commitments

The Company did not have any material contingent liabilities or guarantees for the statement year.

## NOTES TO FINANCIAL STATEMENTS

B. Assessments

The Company has not been notified of any insolvency that will result in a guaranty fund assessment against the Company at some future date.

The Company has not established an asset for premium tax credits or policy surcharges, as the amount of recoveries is unknown and cannot be reasonably estimated.

C. Gain Contingencies

The Company did not have any gain contingencies for the statement year.

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits

The Company did not have claims-related extra contractual obligation or bad faith losses stemming from lawsuits for the statement year.

E. Joint and Several Liabilities

The Company did not have any joint and several liabilities for the statement year.

F. All Other Contingencies

Occasionally, in the ordinary course of its business, the Company may be threatened with litigation or be a party to it. While it is not possible to predict when such threats or litigation may arise, or the outcome of them, management believes, based upon currently available information, that there are no pending matters that, when ultimately resolved, would be materially adverse to the Company's financial position, results of operations or cash flows.

In the normal course of its business, the Company enters into agreements that include indemnities in favor of third parties, such as contracts with advisors and consultants, outsourcing agreements, underwriting and agency agreements, information technology agreements, distribution agreements, and service agreements. The Company has also agreed to indemnify its directors and certain of its officers and employees in accordance with the Company's by-laws. The Company believes that any potential liability under these agreements is neither probable nor estimable; therefore, the Company has not recorded any associated liability.

### 15. Leases

A. Lessee Leasing Arrangements

The Company has no lease commitments.

B. Lessor Leasing Arrangements

The Company did not participate in any lessor leasing arrangements or hold any leveraged leases during the statement year.

### 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company does not hold any financial instruments with off-balance-sheet risk or financial instruments with concentrations of credit risk.

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

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

The Company did not incur any wash sales for the statement year.

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

A. Administrative Services Only (ASO) Plans

The Company does not administer ASO business.

B. Administrative Services Contract (ASC) Plans

The Company does not administer ASC business.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

## NOTES TO FINANCIAL STATEMENTS

The Company does not administer any Medicare or similarly structured cost-based reimbursement contracts.

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

The Company did not have direct written premium generated through managing general agents or third party administrator during the statement year.

### 20. Fair Value Measurements

#### A. Assets Measured at Fair Value

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Company uses various methods including market, income and cost approaches. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

- (1) The Company did not hold assets measured at fair value as of December 31, 2020.
- (2) Consistent with Note 20(A)(1), since no assets were measured at fair value, no securities were categorized within Level 3 of the fair value hierarchy for the year ended December 31, 2020.
- (3) The Company had no transfers into or out of Level 3 during the statement year. Additionally, the Company consistently follows its policy for determining when transfers between levels are recognized.
- (4) The Company has categorized the fair value of its financial instruments into a three-level hierarchy based on the priority of the inputs to the valuation technique. 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). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument.

Financial assets and liabilities recorded at fair value in the Company's balance sheet are categorized as follows:

Level 1 - Unadjusted quoted prices for identical assets or liabilities in an active market. The types of assets and liabilities utilizing Level 1 valuations include U.S. Treasury and agency securities and investments in publicly-traded mutual funds with quoted market prices.

Level 2 - Quoted prices in markets that are not active or significant inputs that are observable either directly or indirectly. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in non-active markets,
- Inputs other than quoted market prices that are observable, and
- Inputs that are derived principally from or corroborated by observable market data through correlation or other means.

The types of assets and liabilities utilizing Level 2 valuations generally include U.S. Government securities not backed by the full faith and credit of the U.S. Government, municipal bonds, structured notes and certain asset-backed securities ("ABS") including collateralized debt obligations, residential mortgage-backed securities ("RMBS"), commercial mortgage-backed securities ("CMBS"), certain corporate debt and certain private equity investments.

Level 3 - Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. They reflect management's opinions regarding the assumptions a market participant would use in pricing the asset or liability. Generally, the types of assets and liabilities utilizing Level 3 valuations are certain ABS, RMBS, and CMBS, certain corporate debt, certain private equity investments and certain mutual fund holdings and certain derivatives.

There have been no significant changes made in valuation techniques for the statement year.

- (5) The Company does not hold derivative instruments.

#### B. Presentation of Fair Value Information

The Company has combined fair value disclosure requirements from other accounting pronouncements within Note 20.

#### C. Aggregate Fair Value of all Financial Instruments

The following table presents the carrying amounts and estimated fair values of the Company's financial instruments as of December 31, 2020:

NOTES TO FINANCIAL STATEMENTS

Type of financial instrument	Aggregate Fair Value	Carrying Value	Level 1
<b>Financial assets:</b>			
Debt securities	\$ 209,044	\$ 200,645	\$ 209,044
Cash, cash equivalents and short-term investments	645,497	645,497	645,497
Total financial assets	<u>\$ 854,541</u>	<u>\$ 846,142</u>	<u>\$ 854,541</u>

The Company did not have any Level 2 or Level 3 financial instruments.

The methods and assumptions that the Company uses in determining the estimated fair value of its financial instruments are summarized below:

**Debt securities:** The Company determines the fair value of its publicly-traded fixed maturity securities using three primary pricing methods: third-party pricing services, non-binding broker quotes and pricing models. Prices are first sought from third-party pricing services with the remaining unpriced securities priced using one of the other two methods. Third-party pricing services derive the security prices through recently reported trades for identical or similar securities with adjustments for trading volumes and market observable information through the reporting date. In the event that there are no recent market trades, pricing services and brokers may use pricing models to develop a security price based on future expected cash flows discounted at an estimated market rate using collateral performance and vintages. The Company generally does not adjust quotes or prices obtained from brokers or pricing services.

**Cash, cash equivalents and short-term investments:** The carrying value for cash, cash equivalents and short-term investments approximates fair value due to the short-term nature and liquidity of the balances.

D. Not Practicable to Estimate Fair Value

The Company held no financial instruments where it was not practicable to estimate fair value.

E. Investments Measured Using the Net Asset Value Expedient Pursuant to SSAP No. 100R-Fair Value

The Company held no financial instruments measured using the Net Asset Value practical expedient.

21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items to disclose during the statement year.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring for debtors during the statement year.

C. Other Disclosures

The Company did not have any other disclosures during the statement year.

D. Business Interruption Insurance Recoveries

The Company did not receive any business interruption insurance recoveries during the statement year.

E. State Transferable and Non-Transferable Tax Credits

The Company does not have any state transferable or non-transferable tax credits.

F. Sub-prime Mortgage Related Risk Exposure

The Company did not have any direct or indirect exposure to residential sub-prime mortgages for the statement year.

G. Retained Assets

The Company does not have retained asset accounts for beneficiaries.

H. Insurance-Linked Securities (ILS) Contracts

The Company does not have any ILS contracts.

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

The Company does not have life insurance where it is the owner and beneficiary or has otherwise obtained rights to control the policy.

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

The U.S. Congress repealed the Health Insurance Provider Fees under the Federal Affordable Care Act ("ACA") beginning with the 2021 calendar year. The reporting year and the prior year activity is shown below:

	12/31/2020	12/31/2019
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)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ —	
C. ACA fee assessment paid	\$ 6,070	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 380,449
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Data, Line 14)	\$ 783,631	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Data, Line 14 minus Line 22B above)	\$ 783,631	
G. Authorized Control Level (Five-Year Historical Data, Line 15)	\$ 9,443	
H. Would reporting the ACA assessment as of December 31, 2020 triggered an RBC action level (YES/NO)?	No	

Subsequent events were evaluated through February 17, 2021. No additional subsequent events were noted.

23. Reinsurance

A. Ceded Reinsurance Report

Section I – General Interrogatories

(1) Are any of the reinsurers, listed on 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 )

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.

Not applicable.

b. What is the total amount of reinsurance credits taken whether as an asset or as a reduction of liability for these agreements in this statement?

Not applicable.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement data 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

## NOTES TO FINANCIAL STATEMENTS

the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No ( X )

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

- B. Uncollectible Reinsurance

None.

- C. Commutation of Reinsurance Reflected in Income and Expenses

None.

- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable.

- E. Reinsurance Credit

Not applicable.

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A.-D. Retrospectively Rated Contracts Including Medical Loss Ratio Rebates

The Company has no retrospectively rated contracts.

- E. Risk Sharing Provisions of the Affordable Care Act

The Company did not write any accident and health insurance premium that was subject to the Affordable Care Act risk-sharing provisions.

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

- A. Reserves as of December 31, 2019 were \$8,785. As of December 31, 2020, \$2,192 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$12 as a result of re-estimation of unpaid claims and claim adjustment expenses, principally on the dental care line of insurance. Therefore, there has been a \$6,581 favorable prior-year development since December 31, 2019 to December 31, 2020. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The Company did not experience any prior year loss development on retrospectively rated policies.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses during the statement period.

### 26. Intercompany Pooling Arrangements

The Company did not participate in any inter-company pooling arrangements during the statement year.

### 27. Structured Settlements

Not applicable.

### 28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables

The Company does not have pharmaceutical rebate receivables.

- B. Risk Sharing Receivables

The Company does not have risk sharing receivables.

### 29. Participating Policies

The Company does not have participating policies.

NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves

- |   |                  |
|---|------------------|
| 1. Liability carried for premium deficiency reserves              | \$0              |
| 2. Date of the most recent evaluation of this liability           | 12/31/2020       |
| 3. Was anticipated investment income utilized in the calculation? | Yes ( X ) No ( ) |

31. Anticipated Salvage and Subrogation

The Company does not have anticipated salvage and subrogation.



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

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 [ ] No [ ] N/A [ X ]
- 1.3

State Regulating? Ohio.....
- 1.4

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

Yes [ X ] No [ ]
- 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.

0001097362.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
- 3.1

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

.....12/31/2018
- 3.2

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

.....12/31/2018
- 3.3

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

.....03/06/2020
- 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 [ ] No [ ] N/A [ X ]
- 3.6

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

Yes [ ] No [ ] N/A [ X ]
- 4.1

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

Yes [ ] No [ X ]
- 4.12 renewals?

Yes [ ] No [ X ]
- 4.2

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

Yes [ ] No [ X ]
- 4.22 renewals?

Yes [ ] No [ X ]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]
- If yes, complete and file the merger history data file with the NAIC.
- 5.2

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

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

- 6.1

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

Yes [ ] No [ X ]
- 6.2

If yes, give full information .....
- 7.1

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

Yes [ X ] No [ ]
- 7.2

If yes,
- 7.21 State the percentage of foreign control

.....100.0 %

1 Nationality	2 Type of Entity
Canada.....	Corporat ion.....
.....	.....
.....	.....

GENERAL INTERROGATORIES

- 8.1

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

Yes [ ☐ ] No [ ☒ ]
- 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 [ ☐ ]
- 8.4

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

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
BentallGreenOak (U.S.) Limited Partnership.....	Seattle, WA.....				YES.....
BentallGreenOak Real Estate US LLC.....	New York, NY.....				YES.....
BGO US Real Estate LP.....	New York, NY.....				YES.....
Massachusetts Financial Services Company.....	Boston, MA.....				YES.....
MFS Fund Distributors, Inc.....	Boston, MA.....				YES.....
MFS Institutional Advisors, Inc.....	Boston, MA.....				YES.....
MFS Service Center, Inc.....	Quincy, MA.....				YES.....
Sun Life Capital Management (U.S.) LLC.....	Wellesley Hills, MA.....				YES.....
Sun Life Institutional Distributors (U.S.) LLC.....	San Francisco, CA.....				YES.....

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Deloitte & Touche LLP, 200 Berkeley Street, 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 [ ☒ ]
- 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 the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ☐ ] No [ ☒ ]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

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

Yes [ ☒ ] No [ ☐ ] N/A [ ☐ ]
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

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

Eric S. Vandenberg, FSA, MAAA, Appointed Actuary, 2323 Grand Boulevard, Kansas City, MO 64108.....
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ☐ ] No [ ☒ ]

12.11

Name of real estate holding company

.....

12.12

Number of parcels involved

.....0

12.13

Total book/adjusted carrying value

\$.....
- 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 [ ☐ ]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ☐ ] No [ ☐ ]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ☐ ] No [ ☐ ] N/A [ ☐ ]
- 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 [ ☒ ] No [ ☐ ]

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is no, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [ ☐ ] No [ ☒ ]
- 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 [ ☒ ]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

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

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
			.....0

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

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 securities 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 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.
- \$.....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs.
- \$.....
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.08 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 [ ] NA [ X ]

GENERAL INTERROGATORIES

- 24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

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

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

24.093 Total payable for securities lending reported on the liability page

\$.....0

\$.....0

\$.....0
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [ X ] No [ ]
- 25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

25.32 Other

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....

\$.....200,645

\$.....

\$.....

\$.....

\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

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

Yes [ ] No [ X ]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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 result of interest rate sensitivity?

Yes [ ] No [ ]
- 26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108

26.42 Permitted accounting practice

26.43 Other accounting guidance

Yes [ ] No [ ]

Yes [ ] No [ ]

Yes [ ] No [ ]
- 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 [ ]

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 Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [ X ]
- 27.2 If yes, state the amount thereof at December 31 of the current year.

\$.....
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 *Financial Condition Examiners Handbook*?

Yes [ X ] No [ ]
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Citibank, N.A.....	Trust and Custody Operations, 480 Washington Boulevard, 30th Floor, Jersey City, NJ 07310.....

GENERAL INTERROGATORIES

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
Sun Life Capital Management (U.S.) LLC.....	A.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity's invested assets? Yes [ ] No [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ]

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
109684.....	Sun Life Capital Management (U.S.) LLC.....		SEC.....	DS.....

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
29.2001 .....		
29.2002 .....		
29.2999 TOTAL		0

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

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	200,645	209,044	8,399
30.2 Preferred Stocks.....	0		0
30.3 Totals	200,645	209,044	8,399

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

See Notes to Financial Statements, Note 20.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [ X ]

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

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

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [ X ]

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

Has the reporting entity self-designated PLGI securities?

Yes [ ] No [ X ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [ ] No [ X ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [ ] No [ ] NA [ X ]

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....800

37.2 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
Kentucky Department of Insurance.....	\$.....309
NAIC.....	\$.....235
CT Corporation.....	\$.....225

GENERAL INTERROGATORIES

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

38.2 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
None.....	\$.....

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

39.2 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.....	\$.....

FN 37, 38 & 39 - Payments made directly by the Company differ from expense amounts, which include allocations.

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?

\$ .....

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

\$ .....

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		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....304,626	\$	.....380,449
2.2	Premium Denominator	\$ .....304,626	\$	.....380,449
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....17,187	\$	.....20,022
2.5	Reserve Denominator	\$ .....17,187	\$	.....20,022
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

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

Yes [ ] No [ X ]

3.2 If yes, give particulars:

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

Yes [ X ] No [ ]

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

Yes [ ] No [ X ]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [ ] No [ X ]

5.2 If no, explain:

The Company operates as prepaid dental and does not retain claim risk.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$ .....

5.32 Medical Only

\$ .....

5.33 Medicare Supplement

\$ .....

5.34 Dental and Vision

\$ .....2,000

5.35 Other Limited Benefit Plan

\$ .....

5.36 Other

\$ .....

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

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

Yes [ ] No [ X ]

7.2 If no, give details

Not applicable as the Company operates as prepaid dental.

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....373

8.2 Number of providers at end of reporting year

.....380

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

Yes [ X ] No [ ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....93,098

9.22 Business with rate guarantees over 36 months

.....



GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

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

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio and Kentucky.....
- 11.4 If yes, show the amount required.

\$.....250,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?

Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
State of Ohio.....
State of Kentucky.....

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

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

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

Yes [ ] No [ X N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written\$.....

15.2 Total Incurred Claims\$.....

15.3 Number of Covered Lives.....

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

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

Yes [ 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 [ X ]

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	851,896	864,096	838,736	760,871	889,340
2. Total liabilities (Page 3, Line 24) .....	68,265	77,276	97,649	120,399	120,590
3. Statutory minimum capital and surplus requirement .....	250,000	250,000	250,000	250,000	250,000
4. Total capital and surplus (Page 3, Line 33) .....	783,631	786,820	741,087	640,472	768,750
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	306,227	381,862	556,272	645,782	700,738
6. Total medical and hospital expenses (Line 18) .....	136,721	165,477	231,147	472,668	571,961
7. Claims adjustment expenses (Line 20) .....	2,534	3,371	3,164	4,999	5,522
8. Total administrative expenses (Line 21) .....	181,017	188,718	225,231	316,140	301,731
9. Net underwriting gain (loss) (Line 24) .....	(14,045)	24,296	96,730	(148,025)	(178,476)
10. Net investment gain (loss) (Line 27) .....	7,184	12,075	4,394	2,836	3,166
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(6,861)	36,371	101,124	(136,335)	(179,216)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	(11,454)	12,438	90,672	(156,009)	(117,130)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	783,631	786,820	741,087	640,472	768,750
15. Authorized control level risk-based capital .....	9,443	11,506	31,877	30,159	29,582
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	2,624	3,166	4,374	5,704	5,898
17. Total members months (Column 6, Line 7) .....	33,501	41,748	61,325	69,018	75,030
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	44.6	43.3	41.6	73.2	81.6
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.8	0.9	0.6	0.8	0.8
22. Total underwriting deductions (Line 23) .....	104.6	93.6	82.6	122.9	125.5
23. Total underwriting gain (loss) (Line 24) .....	(4.6)	6.4	17.4	(22.9)	(25.5)
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	2,186	1,289	1,288	731	4,117
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	8,712	11,474	14,611	11,834	16,274
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
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

			1	Direct Business Only							
				2	3	4	5	6	7	8	9
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama .....	AL	N							0	0
2.	Alaska .....	AK	N							0	0
3.	Arizona .....	AZ	N							0	0
4.	Arkansas .....	AR	N							0	0
5.	California .....	CA	N							0	0
6.	Colorado .....	CO	N							0	0
7.	Connecticut .....	CT	N							0	0
8.	Delaware .....	DE	N							0	0
9.	District of Columbia .....	DC	N							0	0
10.	Florida .....	FL	N							0	0
11.	Georgia .....	GA	N							0	0
12.	Hawaii .....	HI	N							0	0
13.	Idaho .....	ID	N							0	0
14.	Illinois .....	IL	N							0	0
15.	Indiana .....	IN	N							0	0
16.	Iowa .....	IA	N							0	0
17.	Kansas .....	KS	N							0	0
18.	Kentucky .....	KY	L							0	0
19.	Louisiana .....	LA	N							0	0
20.	Maine .....	ME	N							0	0
21.	Maryland .....	MD	N							0	0
22.	Massachusetts .....	MA	N							0	0
23.	Michigan .....	MI	N							0	0
24.	Minnesota .....	MN	N							0	0
25.	Mississippi .....	MS	N							0	0
26.	Missouri .....	MO	N							0	0
27.	Montana .....	MT	N							0	0
28.	Nebraska .....	NE	N							0	0
29.	Nevada .....	NV	N							0	0
30.	New Hampshire .....	NH	N							0	0
31.	New Jersey .....	NJ	N							0	0
32.	New Mexico .....	NM	N							0	0
33.	New York .....	NY	N							0	0
34.	North Carolina .....	NC	N							0	0
35.	North Dakota .....	ND	N							0	0
36.	Ohio .....	OH	L	304,626						304,626	0
37.	Oklahoma .....	OK	N							0	0
38.	Oregon .....	OR	N							0	0
39.	Pennsylvania .....	PA	N							0	0
40.	Rhode Island .....	RI	N							0	0
41.	South Carolina .....	SC	N							0	0
42.	South Dakota .....	SD	N							0	0
43.	Tennessee .....	TN	N							0	0
44.	Texas .....	TX	N							0	0
45.	Utah .....	UT	N							0	0
46.	Vermont .....	VT	N							0	0
47.	Virginia .....	VA	N							0	0
48.	Washington .....	WA	N							0	0
49.	West Virginia .....	WV	N							0	0
50.	Wisconsin .....	WI	N							0	0
51.	Wyoming .....	WY	N							0	0
52.	American Samoa .....	AS	N							0	0
53.	Guam .....	GU	N							0	0
54.	Puerto Rico .....	PR	N							0	0
55.	U.S. Virgin Islands .....	VI	N							0	0
56.	Northern Mariana Islands .....	MP	N							0	0
57.	Canada .....	CAN	N							0	0
58.	Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal .....		XXX	304,626	0	0	0	0	0	304,626	0
60.	Reporting entity contributions for Employee Benefit Plans .....		XXX							0	
61.	Total (Direct Business)		XXX	304,626	0	0	0	0	0	304,626	0
DETAILS OF WRITE-INS											
58001.	.....		XXX								
58002.	.....		XXX								
58003.	.....		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page .....		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	

(a) Active Status Counts  
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 2 R – Registered – Non-domiciled RRGs 0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0  
N – None of the above – Not allowed to write business in the state lines in the state .55

(b) Explanation of basis of allocation of premiums by states, etc.  
Premiums are assigned to the state based on the situs of contract.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
98-0226074	Sun Life Financial Inc. – Foreign Operations		
	12172330 Canada Inc.	100%	Non-Insurer
	12172364 Canada Inc.	100%	Non-Insurer
	6324983 Canada Inc.	100%	Non-Insurer
	SLC Management Canadian Commercial Mortgage Fund	6.21%	Non-Insurer
	Sun Life Global Investments Inc. – United States Operations	100%	Non-Insurer
	Sun Life 2007-1 Financing Corp.	100%	Non-Insurer
	Sun Life (Bermuda) Finance No. 1 Ltd.	100%	Non-Insurer
	Sun Life (Hungary) Finance No. 1 Kft	100%	Non-Insurer
	Sun Life (Luxembourg) Finance No. 1 SARL	100%	Non-Insurer
04-3401283	Sun Life Assurance Company of Canada - U.S. Operations Holdings, Inc. <sup>1</sup>	15%	Non-Insurer
04-3401283	Sun Life Assurance Company of Canada - U.S. Operations Holdings, Inc. <sup>1</sup>	70%	Non-Insurer
20-8998687	SL Finance 2007-1, Inc.	100%	Non-Insurer
	SL Investment 2007-1 ULC	100%	Non-Insurer
84-4711925	Sun Life (U.S.) HoldCo 2020, Inc.	100%	Non-Insurer
	InfraRed (UK) Holdco 2020 Ltd.	100%	Non-Insurer
	InfraRed Partners LLP	80%	Non-Insurer
	InfraRed Capital Partners (HK) Limited	100%	Non-Insurer
	InfraRed Capital Partners (Holdco) Limited	100%	Non-Insurer
	Agincourt (2) GP LLP	100%	Non-Insurer
	InfraRed (Infrastructure) Capital Partners Limited	100%	Non-Insurer
	Infrastructure Investments General Partner Limited	100%	Non-Insurer
	InfraRed Active Real Estate III General Partner LLP	100%	Non-Insurer
	InfraRed Active Real Estate IV General Partner LLP	100%	Non-Insurer
	InfraRed Capital Partners (Australia) Pty Limited	100%	Non-Insurer
	InfraRed Capital Partners (France) SAS	100%	Non-Insurer
	InfraRed Capital Partners (GP Holdco) Limited	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	InfraRed Capital Partners (US) LLC	100%	Non-Insurer
	InfraRed Capital Partners Limited	100%	Non-Insurer
	InfraRed Capital Partners México S de RL de CV	100%	Non-Insurer
	InfraRed Environmental Infrastructure GP Limited	100%	Non-Insurer
	InfraRed ETF GPLP Limited	100%	Non-Insurer
	InfraRed ETF UGP Limited	100%	Non-Insurer
	InfraRed European Active Real Estate Fund Trustee Limited	100%	Non-Insurer
	InfraRed European Active Real Estate General Partner Limited	100%	Non-Insurer
	InfraRed European Infrastructure Income 4 General Partner LLP	100%	Non-Insurer
	InfraRed European Infrastructure Income 4 General Partner S.à.r.l.	100%	Non-Insurer
	InfraRed Indochina Investments GP Ltd	100%	Non-Insurer
	InfraRed Infrastructure (Colombia) GP Limited	100%	Non-Insurer
	InfraRed Infrastructure III General Partner Limited	100%	Non-Insurer
	InfraRed Infrastructure RAM GP Limited	100%	Non-Insurer
	InfraRed Infrastructure V General Partner LLP	100%	Non-Insurer
	InfraRed Infrastructure Yield General Partner Limited	100%	Non-Insurer
	InfraRed Principal Book (GP) Limited	100%	Non-Insurer
	InfraRed UK Retail General Partner 2 Limited	100%	Non-Insurer
	InfraRed UK Retail General Partner Limited	100%	Non-Insurer
	InfraRed UK Tiger GP Limited	100%	Non-Insurer
	IRAF Anni GP LLP	100%	Non-Insurer
	IRAF UK Dragon GP Limited	100%	Non-Insurer
	IRAF UK Pan GP Limited	100%	Non-Insurer
	IULIF (No 1) GP Limited	100%	Non-Insurer
	IULIF Managing Trustee Limited	100%	Non-Insurer
	Paternoster General Partner LLP	100%	Non-Insurer
	Paternoster Intermediate (GP) Limited	100%	Non-Insurer
	Paternoster IRAFIII CI GP Limited	100%	Non-Insurer
	Paternoster IRAFIV CI GP Limited	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Paternoster IRERE GP Limited	100%	Non-Insurer
	Paternoster IRIFV CI GP Limited	100%	Non-Insurer
	Waterloo Place (1) GP LLP	100%	Non-Insurer
	Waterloo Place (2) GP LLP	100%	Non-Insurer
	InfraRed NF China Holdings Limited	50%	Non-Insurer
	InfraRed NF China Investment Advisers Limited	100%	Non-Insurer
	InfraRed NF China Investment Limited	100%	Non-Insurer
	InfraRed NF China Investment II Limited	100%	Non-Insurer
	InfraRed NF China Investors II Limited	100%	Non-Insurer
	InfraRed NF China Investors III Limited	100%	Non-Insurer
	InfraRed NF China Investors Limited	100%	Non-Insurer
	InfraRed NF China Real Estate Company Limited	50%	Non-Insurer
	InfraRed NF China Real Estate Investments Limited	100%	Non-Insurer
	InfraRed NF Investment Advisers Limited	100%	Non-Insurer
	Sun Life (UK) Designated Member Ltd.	100%	Non-Insurer
	Sun Life Financial (Bermuda) Reinsurance Ltd.	100%	Insurer
04-3526207	Sun Life Financial (Japan), Inc.	100%	Non-Insurer
04-3579262	Sun Life Financial (U.S.) Holdings, Inc.	100%	Non-Insurer
	Sun Life Financial (U.S.) Investments LLC	100%	Non-Insurer
81-3468348	Bentall Kennedy U.S. Strategic Value Fund, L.P.	99.99%	Non-Insurer
61-1723752	Sun Life Institutional Distributors (U.S.) LLC	100%	Non-Insurer
68-0635051	Sun Life Investment Management U.S., Inc.	100%	Non-Insurer
20-5270592	BentallGreenOak (U.S.) GP LLC	100%	Non-Insurer
20-5300937	BentallGreenOak (U.S.) Limited Partnership	56%	Non-Insurer
81-3502546	Bentall Kennedy U.S. Strategic Value Fund GP, L.L.C.	100%	Non-Insurer
81-3468348	Bentall Kennedy U.S. Strategic Value Fund, L.P.	0.01%	Non-Insurer
	SVF REIT Manager, LLC	100%	Non-Insurer
	BentallGreenOak US Core Plus GP LLC	100%	Non-Insurer
85-3012172	BentallGreenOak US Core Plus Fund LP	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
85-3131245	BentallGreenOak US Core Plus LF-A LP	100%	Non-Insurer
85-3811687	BGO US Core Plus REIT A LLC	100%	Non-Insurer
98-1571173	BentallGreenOak US Core Plus Fund Parallel-A LP	100%	Non-Insurer
84-3793856	Core Plus Separate Account LP	100%	Non-Insurer
84-3805305	Core Plus Separate Account LF LP	100%	Non-Insurer
	Core Plus Separate Account Reit LLC	100%	Non-Insurer
	BGO Grand Adams Member LLC	100%	Non-Insurer
84-4106508	BGONV Grand Adams JV LLC	90%	Non-Insurer
	Grand Adams Owner LLC	100%	Non-Insurer
	BGO Plaza 600 Member LLC	100%	Non-Insurer
84-3749558	BGO Plaza 600 JV LLC	90%	Non-Insurer
	SVF Operating LLC	100%	Non-Insurer
	SVF The View Pacific LLC	100%	Non-Insurer
	The View Pacific LLC	80%	Non-Insurer
	The View Pacific Owner LLC	100%	Non-Insurer
	BentallGreenOak US Lending GP LLC	100%	Non-Insurer
84-4987084	BentallGreenOak US Lending LP	100%	Non-Insurer
	BGO Mortgage Lending LLC	100%	Non-Insurer
32-0466479	BGO Corporate Holdings (US) LLC	100%	Non-Insurer
	BGO US Mortgages Inc.	100%	Non-Insurer
37-1948633	SLCAL, Inc.	100%	Non-Insurer
20-1641876	Rushmore Partners LLC	100%	Non-Insurer
30-0872552	NewTower Trust Company	100%	Non-Insurer
81-4733550	BGO Daily Value Fund GP LLC	100%	Non-Insurer
	NewTower Management GP LLC	100%	Non-Insurer
	NewTower Management LLC	100%	Non-Insurer
42-1772921	BGO US Real Estate LP	100%	Non-Insurer
42-1772920	BentallGreenOak Real Estate Advisors LP	99%	Non-Insurer
81-1293379	GreenOak MC Real Estate Management LLC	50%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
42-1772919	BentallGreenOak Real Estate GP LLC	100%	Non-Insurer
42-1772920	BentallGreenOak Real Estate Advisors LP	1%	Non-Insurer
45-1599282	BentallGreenOak Real Estate US LLC	100%	Non-Insurer
	GO Core Plus GP, LLC	100%	Non-Insurer
81-1097117	GreenOak MC Core Plus GP, LLC	50%	Non-Insurer
90-0925083	BKUS Institutional Logistics Coinvestment LLC	100%	Non-Insurer
	GO Equity GP LLC	100%	Non-Insurer
46-2565118	GO 425 Park GP, LLC	100%	Non-Insurer
	GO Cross GP Ltd.	100%	Non-Insurer
98-1061767	GO Europe Advisor LP	100%	Non-Insurer
	GOGC AHL Advisor Ltd.	50%	Non-Insurer
98-1162250	GOGL Manager Ltd.	50%	Non-Insurer
98-1322411	GO Europe Carry II, LP	100%	Non-Insurer
98-1326162	GreenOak UK Secured Lending II GP Ltd.	100%	Non-Insurer
	GreenOak UK II GP Holdings, LLC	100%	Non-Insurer
98-1322664	GO Europe Carry, LP	100%	Non-Insurer
	GO Europe Investment Carry GP, Ltd.	100%	Non-Insurer
98-1222294	GO Europe Investment Carry, LP	100%	Non-Insurer
98-1272837	GO Europe Secured Lending GP Holdings, LP	100%	Non-Insurer
98-1272874	GreenOak Europe Secured Lending GP Sarl	100%	Non-Insurer
98-1161816	GO Spain JV I, LP	100%	Non-Insurer
98-1155466	GOGL Funding I, LP	88.274%	Non-Insurer
98-1155147	GOGL GP Ltd.	75.64%	Non-Insurer
	GO Treehouse Investment GP, LLC	100%	Non-Insurer
98-1531654	GreenOak Europe Core Plus Logistics GP Holdings LP	100%	Non-Insurer
98-1507422	GreenOak Europe Core Plus Logistics GP Sarl	100%	Non-Insurer
81-1928087	GreenOak Europe II Carry, LP	100%	Non-Insurer
98-1317898	GreenOak Europe (Lux) GP II, S.à r.l.	100%	Non-Insurer
98-1295732	GreenOak Europe II GP Ltd.	100%	Non-Insurer



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

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Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
98-1295754	GreenOak Europe II GP, LP	100%	Non-Insurer
98-1512107	GreenOak Europe III GP Ltd.	100%	Non-Insurer
98-1512140	GreenOak Europe III GP, LP	100%	Non-Insurer
98-1481275	GreenOak Europe (Lux) III GP S.à r.l.	100%	Non-Insurer
98-1531622	GreenOak Europe Secured Lending II GP Holdings, LP	100%	Non-Insurer
	GreenOak Europe Secured Lending II GP Sarl	100%	Non-Insurer
98-1283316	GreenOak Japan GP Ltd.	100%	Non-Insurer
98-1035286	GreenOak Asia Advisor LP	100%	Non-Insurer
98-1405886	GreenOak India Investment Advisors Private Limited	0.01%	Non-Insurer
98-1201073	GreenOak Asia GP II, LP	100%	Non-Insurer
98-1502736	GreenOak Asia GP III, LP	100%	Non-Insurer
98-0697103	GreenOak Japan GP, LP	100%	Non-Insurer
98-1322998	GreenOak Spain GP, LP	100%	Non-Insurer
98-1201236	GreenOak Spain GP, Ltd.	100%	Non-Insurer
98-1531650	GreenOak Tactical Lending GP Holdings, LP	100%	Non-Insurer
	GreenOak Tactical Lending GP Sarl	100%	Non-Insurer
98-1326154	GreenOak UK Secured Lending GP Ltd.	100%	Non-Insurer
98-1261607	GreenOak US (EU Parallel) GP Sarl	100%	Non-Insurer
46-2839069	GreenOak US GP II, LP	100%	Non-Insurer
81-1072868	GreenOak US (EU Parallel) GP II, LLC	100%	Non-Insurer
81-2921195	GreenOak US GP III, LP	100%	Non-Insurer
27-4518011	GreenOak US GP, LP	100%	Non-Insurer
04-3132283	Sun Life Capital Management (U.S.) LLC	100%	Non-Insurer
85-0660546	SLC Management TALF GP, LLC	100%	Non-Insurer
85-0731880	SLC Management TALF Partners Fund 2, L.P.	100%	Non-Insurer
	SLC Management TIPS Partners Management, LLC	100%	Non-Insurer
	SLC Management TIPS Partners, L.P.	100%	Non-Insurer
84-3510618	SLC Management U.S. Private Credit GP, LLC	100%	Non-Insurer
	SLC Management U.S. Intermediate Investment Grade Private Credit Fund, L.P.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

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Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	SLC Management U.S. Investment Grade Private Credit Fund, L.P.	0.071%	Non-Insurer
04-3401285	Sun Life of Canada (U.S.) Financial Services Holdings, Inc.	99.924%	Non-Insurer
04-2747644	Massachusetts Financial Services Company	95.478%	Non-Insurer
	MFS Development Funds, LLC	100%	Non-Insurer
04-2747644	MFS Exchange LLC	100%	Non-Insurer
04-3169826	MFS Fund Distributors, Inc.	100%	Non-Insurer
02-0507414	MFS Heritage Trust Company	100%	Non-Insurer
04-3247425	MFS Institutional Advisors, Inc.	100%	Non-Insurer
	3060097 Nova Scotia Company	100%	Non-Insurer
	MFS Investment Management Canada Limited	15%	Non-Insurer
	MFS Investment Management Canada Limited	85%	Non-Insurer
	MFS International Ltd.	100%	Non-Insurer
	MFS do Brasil Desenvolvimento de Mercado Ltda.	100%	Non-Insurer
	MFS International (Chile) SpA	100%	Non-Insurer
	MFS International (Hong Kong) Limited	100%	Non-Insurer
	MFS International Holdings Pty Ltd	100%	Non-Insurer
	MFS Financial Management Consulting (Shanghai) Co., Ltd.	100%	Non-Insurer
	MFS International (U.K.) Limited	100%	Non-Insurer
	MFS International Switzerland GmbH	100%	Non-Insurer
	MFS International Australia Pty Ltd	100%	Non-Insurer
	MFS International Singapore Pte. Ltd.	100%	Non-Insurer
	MFS Investment Management Company (LUX) S.à.r.l.	100%	Non-Insurer
	MFS Investment Management K.K.	100%	Non-Insurer
04-2864897	MFS Service Center, Inc.	100%	Non-Insurer
04-3365782	Sun Life of Canada (U.S.) Holdings, Inc.	100%	Non-Insurer
26-4312923	DailyFeats, Inc.	100%	Non-Insurer
01-0483086	Disability Reinsurance Management Services, Inc.	100%	Non-Insurer
61-0403075 64602 DE	Independence Life and Annuity Company	100%	Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
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Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
46-1499557 15325 DE	Sun Life Financial (U.S.) Reinsurance Company II	100%	Insurer
59-0411385 68047 TX	Professional Insurance Company	100%	Insurer
04-3292937	Sun Canada Financial Co.	100%	Non-Insurer
06-1435452	Sun Life Administrators (U.S.), Inc.	100%	Non-Insurer
85-2454037	Sun Life Financial (U.S.) Delaware Finance 2020, LLC	100%	Non-Insurer
	Sun Life Financial (U.S.) Delaware Finance, LLC	100%	Non-Insurer
26-1292779 13051 MI	Sun Life Financial (U.S.) Reinsurance Company	100%	Insurer
26-3730703	Sun Life Financial (U.S.) Services Company, Inc.	100%	Non-Insurer
41-1694906	The Premier Dental Group, Inc.	100%	Non-Insurer
20-1750874	Landmark Dental Alliance, Inc.	100%	Non-Insurer
20-5189428	Vuzion, Inc.	100%	Non-Insurer
04-2470476	Sun Life Financial Distributors, Inc.	100%	Non-Insurer
	<b>Sun Life Global Investments Inc. – Foreign Operations</b>	100%	Non-Insurer
	BK Canada Holdings Inc.	100%	Non-Insurer
	BentallGreenOak (Canada) GP Ltd.	100%	Non-Insurer
	BentallGreenOak (Canada) Limited Partnership	56%	Non-Insurer
	0936543 BC Ltd.	100%	Non-Insurer
	550 Burrard Street Ltd.	100%	Non-Insurer
	10 Dundas Street Ltd.	100%	Non-Insurer
	1090 Pender Properties Ltd.	100%	Non-Insurer
	121 King Street West Ltd.	100%	Non-Insurer
	1600 Rene-Levesque Ltd.	100%	Non-Insurer
	2025 Willingdon Avenue Holdings Ltd.	100%	Non-Insurer
	715-725 Eaton Way Holdings Ltd.	100%	Non-Insurer
	787 Cliveden Place Holdings Ltd.	100%	Non-Insurer
	8400 River Road Holdings Ltd.	100%	Non-Insurer
	Bentall Kennedy Holdings (Canada) Ltd.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Bentall Property Services (Ontario) Ltd.	100%	Non-Insurer
	BentallGreenOak Global Cities Fund GP Inc.	100%	Non-Insurer
	BentallGreenOak Prime Canadian Property Fund GP Inc.	100%	Non-Insurer
	BentallGreenOak Prime Canadian Property Pool GP Inc.	100%	Non-Insurer
	BGO Capital (Canada) Inc.	100%	Non-Insurer
	BGO Holdings (Cayman), LP <sup>2</sup>	71%	Non-Insurer
	BentallGreenOak Advisors (Hong Kong) Limited	100%	Non-Insurer
98-1367181	BentallGreenOak Advisors (Korea) Limited	100%	Non-Insurer
98-1565959	BentallGreenOak Global Core Plus GP Ltd.	100%	Non-Insurer
	BentallGreenOak Global Core Plus GP LP	100%	Non-Insurer
	BentallGreenOak Global Core Plus Carry LP	100%	Non-Insurer
85-4286772	BentallGreenOak Global Core Plus Fund LP	100%	Non-Insurer
98-1525932	BentallGreenOak UK Tactical Lending Carry LP	100%	Non-Insurer
98-1530387	BentallGreenOak UK Tactical Lending GP Limited	100%	Non-Insurer
98-1533216	BentallGreenOak UK Tactical Lending LP	100%	Non-Insurer
98-1525961	BentallGreenOak UK Secured Lending III Carry LP	100%	Non-Insurer
98-1533529	BentallGreenOak UK Secured Lending III GP Ltd.	100%	Non-Insurer
98-1531524	BentallGreenOak UK Secured Lending III LP	100%	Non-Insurer
98-1525974	BGO Asia III Advisors LLC	100%	Non-Insurer
	BGO Asia III Advisors Japan G.K.	100%	Non-Insurer
98-1525991	BGO WELPUT Carry GP Limited	100%	Non-Insurer
98-1525996	BGO WELPUT Carry LP	100%	Non-Insurer
	BGO WELPUT Carry LLC	100%	Non-Insurer
	GO Dixon GP Ltd.	20%	Non-Insurer
98-1331621	GO Grafton Finance Ltd.	100%	Non-Insurer
98-1331651	GO Grafton Holdings Ltd.	100%	Non-Insurer
32-0531897	Grafton Advisors (2006) LLP	99.99%	Non-Insurer
98-1405828	GO India Holdings Ltd.	100%	Non-Insurer
	GO Japan Holdings Ltd.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
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Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	GOGC Allen House GP Ltd.	50%	Non-Insurer
98-1405886	GreenOak India Investment Advisors Private Limited	99.99%	Non-Insurer
	GreenOak Investment Management K.K.	100%	Non-Insurer
98-1324508	GreenOak Real Estate Advisors (Jersey) Limited	100%	Non-Insurer
	GreenOak Real Estate Advisors K.K.	100%	Non-Insurer
98-0688176	GreenOak Real Estate Services Ltd.	100%	Non-Insurer
98-0688174	BentallGreenOak Advisors (UK) LLP	100%	Non-Insurer
	BentallGreenOak Advisors (Italy) S.r.l.	100%	Non-Insurer
98-1070246	BentallGreenOak Asset Management (Germany) GmbH	100%	Non-Insurer
	GreenOak Management Services Srl	100%	Non-Insurer
98-1367180	GreenOak Real Estate Advisors (Spain) S.L.	100%	Non-Insurer
98-0688175	GreenOak Real Estate Holdings Limited	100%	Non-Insurer
32-0531897	Grafton Advisors (2006) LLP	0.01%	Non-Insurer
98-1035902	GreenOak Euro RE Asset Management LLP	100%	Non-Insurer
	BGO Luxembourg Holdings Ltd.	100%	Non-Insurer
	Bentall Kennedy (Luxembourg) G.P. Sarl	100%	Non-Insurer
	BGO Prime GP Holdco Inc.	100%	Non-Insurer
	10 Ronrose Drive GP Inc.	100%	Non-Insurer
	121 King Street West I GP Inc.	100%	Non-Insurer
	121 King Street West II GP Inc.	100%	Non-Insurer
	121 King Street West III GP Inc.	100%	Non-Insurer
	13th Avenue SE GP Inc.	100%	Non-Insurer
	13th Avenue SW GP Inc.	100%	Non-Insurer
	1600 Rene-Levesque GP Inc.	100%	Non-Insurer
	1642 Merivale Road GP Inc.	100%	Non-Insurer
	18 Parkshore Drive GP Inc.	100%	Non-Insurer
	1855 and 1875 Buckhorn Gate GP Inc.	100%	Non-Insurer
	2-8 St. Thomas Street GP Inc.	100%	Non-Insurer
	2-8 St. Thomas Holdings Inc.	50%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
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Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	290-300 King George Road GP Inc.	100%	Non-Insurer
	5100 Spectrum Way GP Inc.	100%	Non-Insurer
	52nd Street Business Centre GP Inc.	100%	Non-Insurer
	5825 Explorer Drive GP Inc.	100%	Non-Insurer
	5875 Explorer Drive GP Inc.	100%	Non-Insurer
	77 Metcalfe Street II GP Inc.	100%	Non-Insurer
	Airport 407 Business Campus GP Inc.	100%	Non-Insurer
	BentallGreenOak Prime Canadian Investments I GP Inc.	100%	Non-Insurer
	BentallGreenOak Prime Investments Trustee Inc.	100%	Non-Insurer
	BK Prime Alberta I GP Inc.	100%	Non-Insurer
	BK Prime British Columbia I GP Inc.	100%	Non-Insurer
	BK Prime False Creek Residences GP Inc.	100%	Non-Insurer
	BK Prime Foothills North GP Inc.	100%	Non-Insurer
	BK Prime Kelowna Property Holdings GP Inc.	100%	Non-Insurer
	BK Prime Ontario I GP Inc.	100%	Non-Insurer
	1467 Bathurst Holdings Inc.	50%	Non-Insurer
	BK Prime Quebec I GP Inc.	100%	Non-Insurer
	600 de Maisonneuve Ltée/600 de Maisonneuve Ltd.	100%	Non-Insurer
	7277733 Canada Inc.	50%	Non-Insurer
	Capilano Business Park II GP Inc.	100%	Non-Insurer
	CareLife Fleetwood GP Inc.	100%	Non-Insurer
	CareLife Maple Ridge GP Inc.	100%	Non-Insurer
	Champlain Square GP Inc.	100%	Non-Insurer
	Churchill 403 Business Campus GP Inc.	100%	Non-Insurer
	Dalhousie Station GP Inc.	100%	Non-Insurer
	Eastgate Square GP Inc.	100%	Non-Insurer
	Gateway Business Campus GP Inc.	100%	Non-Insurer
	H Business Park (A&B) GP Inc.	100%	Non-Insurer
	H Business Park (G&H) GP Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Hazeldean Mall GP Inc.	100%	Non-Insurer
	Hillside Centre I GP Inc.	100%	Non-Insurer
	Hillside Centre II GP Inc.	100%	Non-Insurer
	Lakeshore Streetfront Retail Properties GP Inc.	100%	Non-Insurer
	Lakeshore Streetfront Retail Properties II GP Inc.	100%	Non-Insurer
	Milton Mall GP Inc.	100%	Non-Insurer
	Milton Mall II GP Inc.	100%	Non-Insurer
	Mission Hill GP Inc.	100%	Non-Insurer
	Pearson Corporate Centre GP Inc.	100%	Non-Insurer
	Peterborough Retail Portfolio GP Inc.	100%	Non-Insurer
	PG Village Shopping Centre GP Inc.	100%	Non-Insurer
	Precidio Court and Corporation Drive GP Inc.	100%	Non-Insurer
	Viceroy Road Portfolio GP Inc.	100%	Non-Insurer
	West Pender I GP Inc.	100%	Non-Insurer
	West Pender II GP Inc.	100%	Non-Insurer
	West Pender III GP Inc.	100%	Non-Insurer
	Westpen 10 Dundas GP Inc.	100%	Non-Insurer
	Westpen 10201 Jasper Avenue GP Inc.	100%	Non-Insurer
	Westpen 10303 Jasper Avenue GP Inc.	100%	Non-Insurer
	Westpen North Hill GP Inc.	100%	Non-Insurer
	White Oaks Mall I GP Inc.	100%	Non-Insurer
	White Oaks Mall II GP Inc.	100%	Non-Insurer
	WO Mall GP Inc.	100%	Non-Insurer
	Yellowhead Crossing I GP Inc.	100%	Non-Insurer
	Yellowhead Crossing II GP Inc.	100%	Non-Insurer
	Yellowhead Crossing Development Ltd.	50%	Non-Insurer
	Yellowhead Crossing III GP Inc.	100%	Non-Insurer
	Yellowhead Crossing Development Ltd.	50%	Non-Insurer
	BGO Real Property Services (Canada) Inc.	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	BK Prime False Creek Residences Holdings Ltd.	100%	Non-Insurer
	BKHY Upper Holdco Inc.	100%	Non-Insurer
	BKHY Lower Holdco Inc.	100%	Non-Insurer
	BentallGreenOak High Yield Canadian Property Fund I Limited Partnership	15.84%	Non-Insurer
	Capilano Business Park Holdings Ltd.	100%	Non-Insurer
	Doyle Avenue Holdings Ltd.	100%	Non-Insurer
	High Plains Boulevard Holdings Ltd.	100%	Non-Insurer
	Hillside Centre Holdings Inc.	100%	Non-Insurer
	HYPF Fund I GP Inc.	100%	Non-Insurer
	HYPF Fund I GP Limited Partnership	0.01%	Non-Insurer
	HYPF Fund I GP Limited Partnership	99.99%	Non-Insurer
	BentallGreenOak High Yield Canadian Property Fund I Limited Partnership	0.001%	Non-Insurer
	P&T Shopping Centre Holdings Ltd.	100%	Non-Insurer
	Parkgate Village Holdings Ltd.	100%	Non-Insurer
	PenRetail Management Limited Partnership	99.99%	Non-Insurer
	PenRetail Management Ltd.	100%	Non-Insurer
	PenRetail Management Limited Partnership	0.01%	Non-Insurer
	SynchroSERV Inc.	100%	Non-Insurer
	SynchroSERV Limited Partnership	0.01%	Non-Insurer
	SynchroSERV Limited Partnership	99.99%	Non-Insurer
	Ten 303 Jasper Avenue Ltd.	100%	Non-Insurer
	White Oaks Mall Holdings Ltd.	100%	Non-Insurer
98-1531426	GO Epsilon GP, LLC	100%	Non-Insurer
98-1531437	GO Epsilon, LP	50%	Non-Insurer
98-1521151	GO Epsilon HoldCo I Sarl	100%	Non-Insurer
	GO Epsilon AcquiCo A-B Sarl	100%	Non-Insurer
	GO Epsilon AcquiCo A-L Sarl	100%	Non-Insurer
98-1521714	GO Epsilon AcquiCo A-O Sarl	100%	Non-Insurer
	SLGI Asset Management Inc.	100%	Non-Insurer



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Excel Funds Management Inc.	100%	Non-Insurer
	Excel Investment Counsel Inc.	100%	Non-Insurer
	Sun Life Capital Management (Canada) Inc.	100%	Non-Insurer
	BGO Mortgage Services Canada Inc.	100%	Non-Insurer
	SLC Management Canadian Commercial Mortgage GP Inc.	100%	Non-Insurer
	SLC Management Canadian Commercial Mortgage Fund	0.01%	Non-Insurer
	SLC Management Core FI GP Inc.	100%	Non-Insurer
	SLC Management Core Fixed Income Fund	0.01%	Non-Insurer
	SLC Management Long Term Core FI GP Inc.	100%	Non-Insurer
	SLC Management Long Term Core Fixed Income Fund	0.01%	Non-Insurer
	SLC Management Long Term PFIP GP Inc.	100%	Non-Insurer
	SLC Management PFIP GP Inc.	100%	Non-Insurer
	SLC Management Private Fixed Income Plus Fund	0.01%	Non-Insurer
	SLC Management Short Term PFIP GP Inc.	100%	Non-Insurer
38-1082080 80802 (CN)	<b>Sun Life Assurance Company of Canada</b> (including the United States Branch) – United States Operations	100%	Insurer
13-3830846	Dental Health Alliance, L.L.C.	100%	Non-Insurer
59-3063687	Denticare of Alabama, Inc.	100%	Insurer
	Morehead Parking Facility, LLC	50%	Non-Insurer
26-4183712	SL Investment US-RE Holdings 2009-1, Inc.	100%	Non-Insurer
85-3460829	SLA US Real Estate Holdings, Inc.	100%	Non-Insurer
	SLC Management Multi Series LLC - Series 2	100%	Non-Insurer
	SLC Management U.S. Investment Grade Private Credit Fund, L.P.	99.929%	Non-Insurer
45-2424030	Solidify Software, LLC	100%	Non-Insurer
06-0893662 80926 MI	Sun Life and Health Insurance Company (U.S.)	100%	Insurer
	Sun Life Financial International Holdings (MC), LLC	100%	Non-Insurer
33-0360239	UDC Dental California, Inc.	100%	Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
74-2609036 52022 OH	UDC Ohio, Inc.	100%	Insurer
58-1099945	Union Security DentalCare of Georgia, Inc.	100%	Insurer
52-1565653 11244 NJ	Union Security DentalCare of New Jersey, Inc.	100%	Insurer
86-0517444 47708 AZ	United Dental Care of Arizona, Inc.	100%	Insurer
86-0631335 52032 CO	United Dental Care of Colorado, Inc.	100%	Insurer
75-2481527 47044 MO	United Dental Care of Missouri, Inc.	100%	Insurer
86-0384270 47042 NM	United Dental Care of New Mexico, Inc.	100%	Insurer
75-2076282 95142 TX	United Dental Care of Texas, Inc.	100%	Insurer
75-2635404 95450 UT	United Dental Care of Utah, Inc.	100%	Insurer
38-1082080 80802 (CN)	<b>Sun Life Assurance Company of Canada – Foreign Operations</b>	100%	Insurer
	10851744 Canada Inc.	100%	Non-Insurer
	10851779 Canada Inc.	100%	Non-Insurer
	11096800 Canada Inc.	100%	Non-Insurer
	1250 RLB GP Inc.	100%	Non-Insurer
	1250 RLB Limited Partnership	0.01%	Non-Insurer
	1250 RLB Limited Partnership	99.99%	Non-Insurer
	188 St. Lands Ltd.	100%	Non-Insurer
	6965083 Canada Inc.	100%	Non-Insurer
	7037457 Canada Inc.	100%	Non-Insurer
	7647913 Canada Inc.	100%	Non-Insurer
	7647930 Canada Inc.	100%	Non-Insurer
	Annemasse Boisbriand Holdings L.P.	1%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	8750840 Canada Inc.	100%	Non-Insurer
	90 Harbour Limited Partnership	30%	Non-Insurer
	One York Street Inc.	100%	Non-Insurer
	901 King West Nominee Inc.	50%	Non-Insurer
	Annemasse Boisbriand Holdings L.P.	99%	Non-Insurer
	Faubourg Boisbriand Shopping Centre G.P. Inc.	50%	Non-Insurer
	Faubourg Boisbriand Shopping Centre L.P.	49.999%	Non-Insurer
	Faubourg Boisbriand Shopping Centre Holdings Inc.	100%	Non-Insurer
	BentallGreenOak High Yield Canadian Property Fund I Limited Partnership	11.43%	Non-Insurer
	BestServe Financial Limited	100%	Non-Insurer
	Canadian Environmental Energy Corporation	32.22%	Non-Insurer
	Country Lane Enterprises Ltd.	100%	Non-Insurer
	Hullmark Sun Life (100 Broadview) LP	50%	Non-Insurer
	Hullmark Sun Life (100 Broadview) Ltd.	50%	Non-Insurer
	Hullmark Sun Life (340 Dufferin) LP	50%	Non-Insurer
	Hullmark Sun Life (360 Dufferin) LP	50%	Non-Insurer
	Hullmark Sun Life (376 Dufferin) LP	50%	Non-Insurer
	Hullmark Sun Life (545 King) LP	50%	Non-Insurer
	Hullmark Sun Life (545 King) Ltd.	50%	Non-Insurer
	Hullmark Sun Life (619 Queen) LP	50%	Non-Insurer
	Hullmark Sun Life (619 Queen) Ltd.	50%	Non-Insurer
	Hullmark Sun Life (Atlantic) LP	50%	Non-Insurer
	Hullmark Sun Life (Atlantic) Ltd.	50%	Non-Insurer
	Menkes Waterfront Holdings Inc.	50%	Non-Insurer
	Planswell Holdings Inc.	10.873%	Non-Insurer
	PT. Cakrawala Solusi Lintas	47.24%	Insurer
	PT. Sun Life Financial Indonesia	95.87%	Insurer
	PT. Sun Life Indonesia Services	100%	Non-Insurer
	PT. Cakrawala Solusi Lintas	52.76%	Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	PT. Sun Life Financial Indonesia	4.13%	Insurer
	Rise People Inc.	31.824%	Non-Insurer
	SL Insurance (Hungary) Finance No. 2 Kft	100%	Non-Insurer
	SLC Management Canadian Commercial Mortgage Fund	74.557%	Non-Insurer
	SLC Management Core Fixed Income Fund	99.99%	Non-Insurer
	SLC Management Long Term Core Fixed Income Fund	99.99%	Non-Insurer
	SLC Management Private Fixed Income Plus Fund	11.291%	Non-Insurer
	SLF of Canada UK Limited	100%	Non-Insurer
	Sun Life Assurance Company of Canada (U.K.) Limited	100%	Insurer
	Barnwood Properties Limited	100%	Non-Insurer
	Sun Life of Canada UK Holdings Limited	100%	Non-Insurer
	Laurtrust Limited	100%	Non-Insurer
	SLFC Services Company (UK) Limited	100%	Non-Insurer
	Southpointe Common Corp.	33.33%	Non-Insurer
	Southpointe Plaza Inc.	33.33%	Non-Insurer
	Sun Life (Bermuda) Finance No. 2 LLC	100%	Non-Insurer
	Sun Life (Luxembourg) Finance No. 2 SARL <sup>3</sup>	100%	Non-Insurer
04-3401283	Sun Life Assurance Company of Canada - U.S. Operations Holdings, Inc. <sup>1</sup>	15%	Non-Insurer
	Sun Life (India) AMC Investments Inc.	100%	Non-Insurer
	Aditya Birla Sun Life AMC Limited	49%	Non-Insurer
	Aditya Birla Sun Life AMC (Mauritius) Limited	100%	Non-Insurer
	Aditya Birla Sun Life Asset Management Company Ltd.	100%	Non-Insurer
	Aditya Birla Sun Life Asset Management Company Pte. Ltd.	100%	Non-Insurer
	India Advantage Fund Limited	100%	Non-Insurer
	Aditya Birla Sun Life Trustee Private Limited	49%	Non-Insurer
	Sun Life Canadian RE GP Inc.	100%	Non-Insurer
	Sun Life Capital Trust	100%	Non-Insurer
	Sun Life Everbright Life Insurance Company Limited	24.99%	Insurer
	Sun Life Everbright Asset Management Co., Ltd.	99%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Sun Life Financial (India) Insurance Investments Inc.	100%	Non-Insurer
	Aditya Birla Sun Life Insurance Company Limited	49%	Insurer
	Aditya Birla Sun Life Pension Management Limited	100%	Non-Insurer
	Sun Life Financial Asia Services Limited	100%	Non-Insurer
	Sun Life Financial Distributors (Canada) Inc.	100%	Non-Insurer
	Sun Life Financial Investment Services (Canada) Inc.	100%	Non-Insurer
	Sun Life Financial Investments (Bermuda) Ltd.	100%	Non-Insurer
	Sun Life Financial of Canada (U.K.) Overseas Investments Limited	100%	Non-Insurer
	Sun Life of Canada (Netherlands) B.V.	50%	Non-Insurer
	Sun Life Financial Philippine Holding Company, Inc.	100%	Non-Insurer
	Sun Life Grepa Financial, Inc.	49%	Insurer
	Grepa Realty Holdings Corporation	51%	Non-Insurer
	Grepalife Asset Management Corporation	100%	Non-Insurer
	Sun Life Investment Management and Trust Corporation	100%	Non-Insurer
	Sun Life of Canada (Philippines), Inc.	100%	Insurer
	Sun Life Asset Management Company, Inc.	100%	Non-Insurer
	Sun Life Prosperity Achiever Fund 2028, Inc.	76.93%	Non-Insurer
	Sun Life Prosperity Achiever Fund 2038, Inc.	90.74%	Non-Insurer
	Sun Life Prosperity Achiever Fund 2048, Inc.	95.44%	Non-Insurer
	Sun Life Prosperity Dollar Wellspring Fund, Inc.	12.01%	Non-Insurer
	Sun Life Prosperity Philippine Stock Index Fund, Inc.	14.8%	Non-Insurer
	Sun Life Financial Plans, Inc.	100%	Non-Insurer
	Sun Life Prosperity Dynamic Fund, Inc.	30.09%	Non-Insurer
	Sun Life Financial Trust Inc.	100%	Non-Insurer
	Sun Life Hong Kong Limited	100%	Insurer
	Bowtie Life Insurance Company Limited	42.59%	Insurer
	Sun Life Asset Management (HK) Limited	100%	Non-Insurer
	Sun Life Financial Holdings (HK) Limited	100%	Non-Insurer
	Sun Life Hong Kong Services Limited	100%	Non-Insurer

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

Federal ID#	Name of Subsidiary Company of Sun Life Financial Inc.	% of Voting Shares	Insurer / Non-Insurer
	Sun Life Investment Holdings (HK) Limited	100%	Non-Insurer
	Sun Life Management Holdings (HK) Limited	100%	Non-Insurer
	Sun Life Pension Trust Limited	100%	Non-Insurer
	Sun Life Trustee Company Limited	100%	Non-Insurer
	Sun Life India Service Centre Private Limited	100%	Non-Insurer
	Sun Life Information Services Canada, Inc.	100%	Non-Insurer
	Sun Life Information Services Ireland Limited	100%	Non-Insurer
	Sun Life Insurance (Canada) Limited	100%	Insurer
	SLI General Partner Limited	100%	Non-Insurer
	SLI Investments LP	0.1%	Non-Insurer
	SLI Investments LP	99.9%	Non-Insurer
	6425411 Canada Inc.	100%	Non-Insurer
	Sun Life Investments LLC	100%	Non-Insurer
85-3387044	SLI US Real Estate Holdings, Inc.	100%	Non-Insurer
	Sun Life Investment Holdings GP Inc.	100%	Non-Insurer
	Sun Life Investment Holdings Limited Partnership	0.01%	Non-Insurer
	Sun Life Investment Holdings LP Inc.	100%	Non-Insurer
	Sun Life Investment Holdings Limited Partnership	99.99%	Non-Insurer
	Sun Life Malaysia Assurance Berhad	49%	Insurer
	Sun Life Malaysia Takaful Berhad	49%	Insurer
	Sun Life of Canada (Netherlands) B.V.	50%	Non-Insurer
	Sun Life Vietnam Insurance Company Limited	100%	Insurer

<sup>1</sup> Sun Life 2007-1 Financing Corp. owns 100% of the common shares in Sun Life Assurance Company of Canada - U.S. Operations Holdings, Inc. (“US Ops Holdco”), giving it 70% of the voting rights in US Ops Holdco and the right to elect four (4) of the six (6) directors of US Ops Holdco. Sun Life (Luxembourg) Finance No. 1 SARL and Sun Life (Luxembourg) Finance No. 2 SARL own preferred stock in US Ops Holdco, giving them each control of 15% of the voting rights in US Ops Holdco and the right to elect one (1) of the six (6) directors of US Ops Holdco.

<sup>2</sup> BGO Holdings (Cayman), LP is ultimately owned 56% by Sun Life Financial Inc. through BK Canada Holding Inc.’s holding of 78.88% Class A-2 interests in BentallGreenOak (Canada) Limited Partnership.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURUER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATIONAL CHART**

<sup>3</sup> Sun Life 2007-1 Financing Corp. owns 100% of the Preferred Shares in Sun Life (Luxembourg) Finance No. 2 SARL (“Luxco2”), giving it 25% of the voting rights in Luxco2 with respect to the following matters: (i) approval of the annual accounts of the Company; (ii) amendment to the terms of the Preferred Shares; and (iii) liquidation of the Company. Sun Life (Bermuda) Finance No. 2 LLC owns the other 75% of such voting rights.