

Amended Explanation Page

Amendment #1 - 7 pages = Reclass between General and Claim Adjustment Expenses.



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ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
DELTA DENTAL PLAN OF OHIO, INC.

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

OFFICERS

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

OTHERS

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

DIRECTORS OR TRUSTEES

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

State of Michigan
 County of Ingham ss

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

(Signature) Goran Mike Jurkovic, CPA, CGMA (Printed Name) 1. President & CEO (Title)	(Signature) Amy Lyn Basel, CPA, CGMA (Printed Name) 2. SVP, CFO & CRO (Title)	(Signature) Sue Ellen Jenkins (Printed Name) 3. SVP, CLO, CAO, & Assistant Secretary (Title)
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Subscribed and sworn to before me this
 day of _____, 2021

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

Yes No
 1
 03/22/2021
 7

(Notary Public Signature)

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	10,205,722	11,049,714
1. Member Months	XXX	10,205,722	11,049,714
2. Net premium income (including \$.....0 non-health premium income)	XXX	241,464,023	268,413,987
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	241,464,023	268,413,987
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services		192,337,832	227,029,491
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		192,337,832	227,029,491
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		192,337,832	227,029,491
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....1,889,994 cost containment expenses		3,152,233	1,682,612
21. General administrative expenses		34,761,669	27,700,151
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23. TOTAL Underwriting Deductions (Lines 18 through 22)		230,251,734	256,412,254
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	11,212,289	12,001,733
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		5,209,904	5,695,582
26. Net realized capital gains (losses) less capital gains tax of \$.....0		10,315,597	1,227,915
27. Net investment gains (losses) (Lines 25 plus 26)		15,525,501	6,923,497
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]		18,081	(16,745)
29. Aggregate write-ins for other income or expenses		(6,992,469)	(1,932,882)
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	19,763,402	16,975,603
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	19,763,402	16,975,603
DETAILS OF WRITE-INS			
0601. Discount card revenue	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Contribution to Delta Dental Fund		(7,000,000)	(2,000,000)
2902. Miscellaneous Income (Expense)		7,531	67,118
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		(6,992,469)	(1,932,882)

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income	241,464,023			241,464,023						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)									XXX	
4. Risk revenue									XXX	
5. Aggregate write-ins for other health care related revenues									XXX	
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	241,464,023			241,464,023						
8. Hospital/medical benefits									XXX	
9. Other professional services	192,337,832			192,337,832					XXX	
10. Outside referrals									XXX	
11. Emergency room and out-of-area									XXX	
12. Prescription drugs									XXX	
13. Aggregate write-ins for other hospital and medical									XXX	
14. Incentive pool, withhold adjustments and bonus amounts									XXX	
15. Subtotal (Lines 8 to 14)	192,337,832			192,337,832					XXX	
16. Net reinsurance recoveries									XXX	
17. TOTAL Hospital and Medical (Lines 15 minus 16)	192,337,832			192,337,832					XXX	
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....1,889,994 cost containment expenses	3,152,233			2,450,559					701,674	
20. General administrative expenses	34,761,669			27,023,869					7,737,800	
21. Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts										
23. TOTAL Underwriting Deductions (Lines 17 to 22)	230,251,734			221,812,260					8,439,474	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	11,212,289			19,651,763					(8,439,474)	
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	9,379	9,393	9,393	9,393	9,393
2. 2016	173,002	181,699	181,724	181,724	181,724
3. 2017	XXX	204,477	215,021	215,123	215,123
4. 2018	XXX	XXX	207,136	214,274	214,429
5. 2019	XXX	XXX	XXX	219,141	227,434
6. 2020	XXX	XXX	XXX	XXX	183,681

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	2,882	2,882	2,882	9,393	9,393
2. 2016	182,807	181,724	181,724	181,724	181,724
3. 2017	XXX	215,883	215,123	215,123	215,123
4. 2018	XXX	XXX	215,485	214,249	214,429
5. 2019	XXX	XXX	XXX	228,086	227,599
6. 2020	XXX	XXX	XXX	XXX	192,825

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2016	215,688	181,724	1,502	0.827	183,226	84.950			183,226	84.950
2. 2017	257,879	215,123	1,318	0.613	216,441	83.931			216,441	83.931
3. 2018	256,092	214,429	1,029	0.480	215,458	84.133			215,458	84.133
4. 2019	268,414	227,434	1,765	0.776	229,199	85.390	165	8	229,372	85.455
5. 2020	241,464	183,681	2,940	1.601	186,621	77.287	9,143	422	196,186	81.249

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

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

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

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

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

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

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	9,379	9,393	9,393	9,393	9,393
2. 2016	173,002	181,699	181,724	181,724	181,724
3. 2017	XXX	204,477	215,021	215,123	215,123
4. 2018	XXX	XXX	207,136	214,274	214,429
5. 2019	XXX	XXX	XXX	219,141	227,434
6. 2020	XXX	XXX	XXX	XXX	183,681

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	2,882	2,882	2,882	9,393	9,393
2. 2016	182,807	181,724	181,724	181,724	181,724
3. 2017	XXX	215,883	215,123	215,123	215,123
4. 2018	XXX	XXX	215,485	214,249	214,429
5. 2019	XXX	XXX	XXX	228,086	227,599
6. 2020	XXX	XXX	XXX	XXX	192,825

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2016	215,688	181,724	1,502	0.827	183,226	84.950			183,226	84.950
2. 2017	257,879	215,123	1,318	0.613	216,441	83.931			216,441	83.931
3. 2018	256,092	214,429	1,029	0.480	215,458	84.133			215,458	84.133
4. 2019	268,414	227,434	1,765	0.776	229,199	85.390	165	8	229,372	85.455
5. 2020	241,464	183,681	2,940	1.601	186,621	77.287	9,143	422	196,186	81.249

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			321,610		321,610
2. Salaries, wages and other benefits	1,469,596	1,480,629	10,360,838	348,566	13,659,629
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			6,695,319		6,695,319
4. Legal fees and expenses			(15,233)		(15,233)
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	215,295	7,942	646,095		869,332
7. Traveling expenses	16,018	12,068	388,343	1,585	418,014
8. Marketing and advertising	5,316	468	1,240,387	802	1,246,973
9. Postage, express and telephone	31,892	587,806	310,072	941	930,711
10. Printing and office supplies		65,995	180,890	359	247,244
11. Occupancy, depreciation and amortization			568,511	3,956	572,467
12. Equipment	79,747	143,988	646,035	14,895	884,665
13. Cost or depreciation of EDP equipment and software	999,579	1,020,013	4,625,761	41,244	6,686,597
14. Outsourced services including EDP, claims, and other services	2,586,474	2,696,762	4,757,502		10,040,738
15. Boards, bureaus and association fees	19,203	5,743	736,790		761,736
16. Insurance, except on real estate			49,099		49,099
17. Collection and bank service charges		7,683	374,473		382,156
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(4,774,124)	(4,973,046)	(10,145,014)		(19,892,184)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses			413,462	1,995	415,457
22. Real estate taxes			3,275		3,275
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			2,192,054		2,192,054
23.3 Regulatory authority licenses and fees	1,323	29,128	2,364,059		2,394,510
23.4 Payroll taxes	111,645	125,990	1,240,387	19,382	1,497,404
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	1,128,030	51,070	6,806,954		7,986,054
26. TOTAL Expenses Incurred (Lines 1 to 25)	1,889,994	1,262,239	34,761,669	433,725	(a) 38,347,627
27. Less expenses unpaid December 31, current year	258,017	172,011	3,861,379		4,291,407
28. Add expenses unpaid December 31, prior year	308,079	44,512	3,594,448		3,947,039
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,940,056	1,134,740	34,494,738	433,725	38,003,259

DETAILS OF WRITE-INS

2501. Miscellaneous Expense	962,900	51,070	2,871,880		3,885,850
2502. Contribution & Community Affairs	165,130		3,935,074		4,100,204
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,128,030	51,070	6,806,954		7,986,054

(a) Includes management fees of \$.....37,446,430 to affiliates and \$.....0 to non-affiliates.

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	296,919,571	263,675,184	224,992,846	215,677,348	182,499,260
2. TOTAL Liabilities (Page 3, Line 24)	30,342,848	28,789,014	24,699,995	26,669,703	24,240,087
3. Statutory minimum capital and surplus requirement	3,034,285	2,878,901	2,469,999	2,666,970	2,424,008
4. TOTAL Capital and Surplus (Page 3, Line 33)	266,576,723	234,886,170	200,292,851	189,007,645	158,259,173
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	241,464,023	268,413,987	256,091,915	257,878,754	215,688,247
6. TOTAL Medical and Hospital Expenses (Line 18)	192,337,832	227,029,491	214,725,675	214,801,566	182,242,147
7. Claims adjustment expenses (Line 20)	3,152,233	1,682,612	1,111,054	1,354,082	1,579,871
8. TOTAL Administrative Expenses (Line 21)	34,761,669	27,700,151	25,567,252	21,050,780	16,134,365
9. Net underwriting gain (loss) (Line 24)	11,212,289	12,001,733	14,687,934	20,672,326	15,731,864
10. Net investment gain (loss) (Line 27)	15,525,501	6,923,497	7,286,159	5,704,261	4,322,065
11. TOTAL Other Income (Lines 28 plus 29)	(6,974,388)	(1,949,627)	(1,491,655)	(4,993,743)	10,903
12. Net income or (loss) (Line 32)	19,763,402	16,975,603	20,482,438	21,382,844	20,064,832
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	15,611,183	20,456,804	15,769,256	26,613,380	20,304,845
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	266,576,723	234,886,170	200,292,851	189,007,645	158,259,173
15. Authorized control level risk-based capital	22,804,835	18,674,702	14,811,129	14,463,016	12,474,383
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	841,568	928,017	875,760	910,504	713,611
17. TOTAL Members Months (Column 6, Line 7)	10,205,722	11,049,714	10,606,656	10,850,291	8,542,425
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	79.7	84.6	83.8	83.3	84.5
20. Cost containment expenses	0.8	0.5	0.3	0.1	0.0
21. Other claims adjustment expenses	0.5	0.1	0.1	0.4	0.7
22. TOTAL Underwriting Deductions (Line 23)	95.4	95.5	94.3	92.0	92.7
23. TOTAL Underwriting Gain (Loss) (Line 24)	4.6	4.5	5.7	8.0	7.3
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	8,613,315	7,395,184	10,671,764	8,735,977	9,390,886
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	9,100,100	8,451,416	11,431,270	9,817,758	9,954,986
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)	44,914,639	41,624,340	21,598,600	20,584,256	19,552,083
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated			250,000	750,000	1,250,000
32. TOTAL of Above Lines 26 to 31	44,914,639	41,624,340	21,848,600	21,334,256	20,802,083
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain: