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2023

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ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
DELTA DENTAL PLAN OF OHIO, INC.

NAIC Group Code (Current Period)	0477	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)		(517)349-6000 (Area Code) (Telephone Number)		
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)		Lansing, MI, 48909-7916 (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)		(517)349-6000 (Area Code) (Telephone Number)		
Internet Website Address	http://ddpoh.com/				
Statutory Statement Contact	Glenn R. Simon, CPA, CGMA (Name)		(517)347-5405 (Area Code)(Telephone Number)(Extension)		
	gsimon@deltadentalmi.com (E-Mail Address)		(517)381-5572 (Fax Number)		

OFFICERS

Name	Title
Goran Mike Jurkovic CPA, CGMA	President & CEO
Frank Buzaki, Jr	Chairperson
Amy Lyn Basel, CPA, CGMA	EVP, CFO, CRO, & Treasurer
Sue Ellen Jenkins	EVP, CLO, CAO, & Secretary

OTHERS

Anthony Darrell Robinson, EVP, CMO & CRO
Jeffery Walter Johnston, DDS, MS, SVP & CSO

DIRECTORS OR TRUSTEES

Christopher Todd Fisher
Frank Buzaki, Jr.
Timothy Eldon Moffit, DBA
Canisse Yvette Wright-Bean, DMD
Michael Scott Stull
Carole Simonetti Watkins
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.
EVP, CFO, CRO & Treasurer
(Title)

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

Subscribed and sworn to before me this
____ day of _____, 2024

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	105,881,816		105,881,816	101,148,899
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks	197,552,536		197,552,536	176,765,198
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....603,682, Schedule E-Part 1), cash equivalents (\$.....19,087,825, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)	19,691,507		19,691,507	23,208,753
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	323,125,859		323,125,859	301,122,850
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	966,403		966,403	717,677
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	4,055,593	42,291	4,013,302	2,942,486
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	15,365,073	6,257	15,358,816	14,476,320
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)	269,862	269,862		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	9,614		9,614	36
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	1,092,813	1,092,813		31
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	344,885,217	1,411,223	343,473,994	319,259,400
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	344,885,217	1,411,223	343,473,994	319,259,400
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	1,092,813	1,092,813		
2502. Miscellaneous Receivable				31
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,092,813	1,092,813		31

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	12,144,900		12,144,900	10,189,850
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	185,666		185,666	206,306
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	181,058		181,058	128,564
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,629,012		3,629,012	2,196,703
9. General expenses due or accrued	5,032,327		5,032,327	3,906,994
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				6,800
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	4,844,863		4,844,863	3,882,310
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	4,902,279		4,902,279	3,795,421
16. Derivatives				
17. Payable for securities	544,970		544,970	2,560,845
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	5,670,710		5,670,710	5,565,232
23. Aggregate write-ins for other liabilities (including \$.....245,892 current)	245,892		245,892	308,428
24. TOTAL Liabilities (Lines 1 to 23)	37,381,677		37,381,677	32,747,453
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	9,712,604	9,712,604
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	296,379,713	276,799,343
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	306,092,317	286,511,947
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	343,473,994	319,259,400
DETAILS OF WRITE-INS				
2301. Uninsured claims admin expense reserve	245,846		245,846	308,428
2302. Miscellaneous liability	46		46	
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	245,892		245,892	308,428
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	13,191,193	11,067,692
1. Member Months	XXX	13,191,193	11,067,692
2. Net premium income (including \$.....0 non-health premium income)	XXX	344,929,012	286,969,752
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	344,929,012	286,969,752
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services		308,966,118	244,961,347
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)		308,966,118	244,961,347
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		308,966,118	244,961,347
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....4,100,932 cost containment expenses		11,431,211	8,534,079
21. General administrative expenses		28,386,515	21,931,090
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)		348,783,844	275,426,516
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,854,832)	11,543,236
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		7,840,930	6,213,291
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(294,667)	(1,088,013)
27. Net investment gains (losses) (Lines 25 plus 26)		7,546,263	5,125,278
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]		9,212	4,620
29. Aggregate write-ins for other income or expenses		(486,196)	(1,002,422)
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	3,214,447	15,670,712
31. Federal and foreign income taxes incurred	XXX		6,800
32. Net income (loss) (Lines 30 minus 31)	XXX	3,214,447	15,663,912
DETAILS OF WRITE-INS			
0601.	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		(500,000)	(1,000,000)
2902. Miscellaneous Income (Expense)		13,804	(2,422)
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		(486,196)	(1,002,422)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	286,511,947	309,517,975
34. Net income or (loss) from Line 32	3,214,447	15,663,912
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	17,435,441	(38,273,876)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(1,136,240)	(263,500)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	66,722	(132,564)
48. Net change in capital and surplus (Lines 34 to 47)	19,580,370	(23,006,028)
49. Capital and surplus end of reporting year (Line 33 plus 48)	306,092,317	286,511,947
DETAILS OF WRITE-INS		
4701. Other Surplus Charge	66,722	(132,564)
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	66,722	(132,564)

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	345,325,930	287,536,532
2.	Net investment income	8,588,391	7,845,554
3.	Miscellaneous income	13,804	(2,422)
4.	TOTAL (Lines 1 through 3)	353,928,125	295,379,664
5.	Benefit and loss related payments	307,011,068	242,893,401
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	38,932,070	34,193,089
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	6,800	
10.	TOTAL (Lines 5 through 9)	345,949,938	277,086,490
11.	Net cash from operations (Line 4 minus Line 10)	7,978,187	18,293,174
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	111,425,208	110,873,838
12.2	Stocks	66,782,727	64,380,277
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		779,287
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	178,207,935	176,033,402
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	118,031,105	119,385,887
13.2	Stocks	69,508,900	57,706,166
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		146,196
13.6	Miscellaneous applications	1,949,154	
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	189,489,159	177,238,249
14.	Net increase/(decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(11,281,224)	(1,204,847)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(214,209)	195,131
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(214,209)	195,131
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)	(3,517,246)	17,283,458
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	23,208,753	5,925,295
19.2	End of year (Line 18 plus Line 19.1)	19,691,507	23,208,753

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

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

DETAILS OF WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) Individual .....	.....	.....	.....	.....
2. Comprehensive (hospital and medical) Group .....	.....	.....	.....	.....
3. Medicare Supplement .....	.....	.....	.....	.....
4. Vision only	1,060,567	.....	.....	1,060,567
5. Dental only	343,868,445	.....	.....	343,868,445
6. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
7. Title XVIII - Medicare .....	.....	.....	.....	.....
8. Title XIX - Medicaid .....	.....	.....	.....	.....
9. Credit A&H .....	.....	.....	.....	.....
10. Disability Income .....	.....	.....	.....	.....
11. Long-Term Care .....	.....	.....	.....	.....
12. Other health .....	.....	.....	.....	.....
13. Health subtotal (Lines 1 through 12)	344,929,012	.....	.....	344,929,012
14. Life .....	.....	.....	.....	.....
15. Property/casualty .....	.....	.....	.....	.....
16. TOTALS (Lines 13 to 15)	344,929,012	.....	.....	344,929,012

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	307,011,068					633,885	306,377,183							
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	307,011,068					633,885	306,377,183							
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	12,144,900					39,000	12,105,900							
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	12,144,900					39,000	12,105,900							
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year														
6. Net healthcare receivables (a)														
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	10,189,850						10,189,850							
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	10,189,850						10,189,850							
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year														
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct	308,966,118					672,885	308,293,233							
12.2 Reinsurance assumed														
12.3 Reinsurance ceded														
12.4 Net	308,966,118					672,885	308,293,233							
13. Incurred medical incentive pools and bonuses														

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct	3,074,735						3,074,735							
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	3,074,735						3,074,735							
2. Incurred but Unreported:														
2.1 Direct	9,070,165					39,000	9,031,165							
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	9,070,165					39,000	9,031,165							
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS														
4.1 Direct	12,144,900					39,000	12,105,900							
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	12,144,900					39,000	12,105,900							

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) Individual						
2. Comprehensive (hospital and medical) Group						
3. Medicare Supplement						
4. Vision only	10,509	623,376		39,000	10,509	
5. Dental only	8,637,626	297,739,557	123,200	11,982,700	8,760,826	10,189,850
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare						
8. Title XIX - Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	8,648,135	298,362,933	123,200	12,021,700	8,771,335	10,189,850
14. Healthcare receivables (a)						
15. Other non-health						
16. Medical incentive pool and bonus amounts						
17. TOTALS (Lines 13 - 14 + 15 + 16)	8,648,135	298,362,933	123,200	12,021,700	8,771,335	10,189,850

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	7,138	7,293	7,293	7,293	7,293
2. 2019	219,141	227,434	227,599	227,599	227,599
3. 2020	XXX	183,681	191,103	191,359	191,359
4. 2021	XXX	XXX	216,467	223,589	223,728
5. 2022	XXX	XXX	XXX	235,771	244,280
6. 2023	XXX	XXX	XXX	XXX	298,363

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	(1,056)	(1,056)	(1,056)	(1,056)	(1,056)
2. 2019	228,086	227,599	227,599	227,599	227,599
3. 2020	XXX	192,825	191,359	191,359	191,359
4. 2021	XXX	XXX	224,333	223,728	223,728
5. 2022	XXX	XXX	XXX	245,822	244,404
6. 2023	XXX	XXX	XXX	XXX	310,384

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. 2019	268,414	227,599	1,770	0.778	229,369	85.453			229,369	85.453
2. 2020	241,464	191,359	3,175	1.659	194,534	80.564			194,534	80.564
3. 2021	264,583	223,728	6,846	3.060	230,574	87.146			230,574	87.146
4. 2022	286,970	244,280	8,837	3.618	253,117	88.203	123	2	253,242	88.247
5. 2023	344,929	298,363	11,129	3.730	309,492	89.726	12,022	184	321,698	93.265

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	7,138	7,293	7,293	7,293	7,293
2. 2019	219,141	227,434	227,599	227,599	227,599
3. 2020	XXX	183,681	191,103	191,359	191,359
4. 2021	XXX	XXX	216,467	223,589	223,728
5. 2022	XXX	XXX	XXX	235,684	244,182
6. 2023	XXX	XXX	XXX	XXX	297,740

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	(1,056)	(1,056)	(1,056)	(1,056)	(1,056)
2. 2019	228,086	227,599	227,599	227,599	227,599
3. 2020	XXX	192,825	191,359	191,359	191,359
4. 2021	XXX	XXX	224,333	223,728	223,728
5. 2022	XXX	XXX	XXX	245,735	244,306
6. 2023	XXX	XXX	XXX	XXX	309,722

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. 2019	268,414	227,599	1,770	0.778	229,369	85.453			229,369	85.453
2. 2020	241,464	191,359	3,175	1.659	194,534	80.564			194,534	80.564
3. 2021	264,583	223,728	6,846	3.060	230,574	87.146			230,574	87.146
4. 2022	286,790	244,182	8,831	3.617	253,013	88.222	123	2	253,138	88.266
5. 2023	343,868	297,740	11,097	3.727	308,837	89.813	11,983	184	321,004	93.351

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.....	.....	.....	.....	.....
2. 2019 .....	.....	.....	.....	.....	.....
3. 2020	XXX	.....	.....	.....	.....
4. 2021	XXX	XXX	.....	.....	.....
5. 2022	XXX	XXX	XXX	87	98
6. 2023	XXX	XXX	XXX	XXX	623

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	.....	.....	.....	.....	.....
2. 2019 .....	.....	.....	.....	.....	.....
3. 2020	XXX	.....	.....	.....	.....
4. 2021	XXX	XXX	.....	.....	.....
5. 2022	XXX	XXX	XXX	87	98
6. 2023	XXX	XXX	XXX	XXX	662

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. 2019 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2022	180	98	6	6.122	104	57.778	.....	.....	104	57.778
5. 2023	1,061	623	32	5.136	655	61.734	39	694	65.410	.....

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

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

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

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

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

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1.	Unearned premium reserves	181,058					181,058						
2.	Additional policy reserves (a)												
3.	Reserve for future contingent benefits												
4.	Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)												
5.	Aggregate write-ins for other policy reserves												
6.	TOTALS (Gross)	181,058					181,058						
7.	Reinsurance ceded												
8.	TOTALS (Net) (Page 3, Line 4)	181,058					181,058						
9.	Present value of amounts not yet due on claims												
10.	Reserve for future contingent benefits												
11.	Aggregate write-ins for other claim reserves												
12.	TOTALS (Gross)												
13.	Reinsurance ceded												
14.	TOTALS (Net) (Page 3, Line 7)												
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598.	Summary of remaining write-ins for Line 5 from overflow page												
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)												
1101.													
1102.													
1103.													
1198.	Summary of remaining write-ins for Line 11 from overflow page												
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)												

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			491,085		491,085
2. Salaries, wages and other benefits	3,589,947	5,630,939	17,447,035	707,806	27,375,727
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			9,939,514		9,939,514
4. Legal fees and expenses			7,352		7,352
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	501,330	21,062	383,878		906,270
7. Traveling expenses	21,369	21,422	390,969	3,219	436,979
8. Marketing and advertising		1,292	949,071	1,628	951,991
9. Postage, express and telephone	44,722	1,754,351	118,634	1,911	1,919,618
10. Printing and office supplies		182,055	94,907	729	277,691
11. Occupancy, depreciation and amortization			226,427	8,034	234,461
12. Equipment	40,354	244,683	106,719	30,245	422,001
13. Cost or depreciation of EDP equipment and software	1,967,766	3,856,261	1,494,788	83,750	7,402,565
14. Outsourced services including EDP, claims, and other services	2,406,456	4,855,132	1,101,214		8,362,802
15. Boards, bureaus and association fees	3,529	1,235	882,724		887,488
16. Insurance, except on real estate			237,268		237,268
17. Collection and bank service charges		12,299	609,310		621,609
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(5,189,467)	(9,602,915)	(13,685,765)		(28,478,147)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses			213,541	4,051	217,592
22. Real estate taxes			3,007		3,007
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			3,242,025		3,242,025
23.3 Regulatory authority licenses and fees	3,028	6,234	31,617		40,879
23.4 Payroll taxes	205,721	364,110	616,896	39,358	1,226,085
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	506,177	(17,881)	3,484,299		3,972,595
26. TOTAL Expenses Incurred (Lines 1 to 25)	4,100,932	7,330,279	28,386,515	880,731	(a) 40,698,457
27. Less expenses unpaid December 31, current year	66,607	119,059	5,032,327		5,217,993
28. Add expenses unpaid December 31, prior year	79,381	126,925	3,906,994		4,113,300
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)	4,113,706	7,338,145	27,261,182	880,731	39,593,764

DETAILS OF WRITE-INS

2501. Miscellaneous Expense	506,998	(17,881)	2,449,543		2,938,660
2502. Contribution & Community Affairs	(821)		1,034,756		1,033,935
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	506,177	(17,881)	3,484,299		3,972,595

(a) Includes management fees of \$.....50,114,467 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	846,250	930,693
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	3,080,956	3,207,082
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)	15,767	15,767
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated) .....	.....	3,480,320	3,547,118
2.21 Common stocks of affiliates .....	.....	
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans .....	.....	
6. Cash, cash equivalents and short-term investments	(e)	1,031,856	1,021,001
7. Derivative instruments	(f)		
8. Other invested assets .....	.....	
9. Aggregate write-ins for investment income .....	.....	
10. TOTAL gross investment income	8,455,149	8,721,661	
11. Investment expenses	(g)	880,731	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income .....	.....	
16. TOTAL Deductions (Lines 11 through 15) .....	.....	880,731	
17. Net Investment income (Line 10 minus Line 16) .....	.....	7,840,930	

DETAILS OF WRITE-INS

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

(a) Includes \$.....621,665 accrual of discount less \$.....1,626,563 amortization of premium and less \$.....754,344 paid for accrued interest on purchases.
 (b) Includes \$.....879 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....7,133 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(213,594)	.....	(213,594)	.....	195
1.1 Bonds exempt from U.S. tax	
1.2 Other bonds (unaffiliated)	(964,381)	.....	(964,381)	.....	285,402
1.3 Bonds of affiliates	
2.1 Preferred stocks (unaffiliated)	13,403	.....	13,403	
2.11 Preferred stocks of affiliates	
2.2 Common stocks (unaffiliated)	869,905	.....	869,905	19,057,129
2.21 Common stocks of affiliates	(1,907,285)
3. Mortgage loans	
4. Real estate	
5. Contract loans	
6. Cash, cash equivalents and short-term investments	
7. Derivative instruments	
8. Other invested assets	
9. Aggregate write-ins for capital gains (losses)	
10. TOTAL Capital gains (losses)	(294,667)	.....	(294,667)	.....	17,435,441

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)
2. Stocks (Schedule D):			
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):			
4.1 Properties occupied by the company
4.2 Properties held for the production of income
4.3 Properties held for sale
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)
6. Contract loans
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants (for Title insurers only)
14. Investment income due and accrued
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	42,291	..... 25,222 (17,069)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due
15.3 Accrued retrospective premiums and contracts subject to redetermination
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured companies
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans	6,257	..... 20,283 14,026
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets	269,862	..... (269,862)
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care and other amounts receivable
25. Aggregate write-ins for other-than-invested assets	1,092,813	..... 229,478 (863,335)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,411,223	..... 274,983 (1,136,240)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. TOTAL (Lines 26 and 27)	1,411,223	..... 274,983 (1,136,240)
DETAILS OF WRITE-INS			
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)
2501. Prepaid expenses	1,092,813	..... 229,478 (863,335)
2502.
2503.
2598. Summary of remaining write-ins for Line 25 from overflow page
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,092,813	..... 229,478 (863,335)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	932,303	1,076,269	1,098,252	1,112,819	1,111,436	13,191,193
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	932,303	1,076,269	1,098,252	1,112,819	1,111,436	13,191,193
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

Description	SSAP#	F/S Page	F/S Line #	12/31/2023	12/31/2022
Net Income, OH				\$ 3,214,447	\$ 15,663,912
Effect of OH prescribed practices					
Effect of OH permitted practices					
Net Income, NAIC SAP				\$ 3,214,447	\$ 15,663,912
Description	SSAP#	F/S Page	F/S Line #	12/31/2023	12/31/2022
Statutory Surplus, OH				\$ 306,092,317	\$ 286,511,947
Effect of OH prescribed practices					
Effect of OH permitted practices					
Policy Surplus, NAIC SAP				\$ 306,092,317	\$ 286,511,947

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

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

C. Accounting Policy

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

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method. SVO-Identified securities are stated at fair value.
- (3) Common stocks are recorded at market value except investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the statutory equity basis.
- (4) Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) No mortgage loans on real estate are held as of December 31, 2023 and 2022.
- (6) Loan backed securities are stated at amortized cost. The retrospective adjustment method is used to value MBS's and the scientific interest method is used to value CMO's.
- (7) The Company carries its investment in a non-insurance affiliates at the audited GAAP equity basis adjusted to a statutory equity basis.
- (8) The Company has no ownership interests in joint ventures, partnerships or limited liability companies as of December 31, 2023 and 2022.
- (9) No derivatives are held as of December 31, 2023 and 2022.
- (10) Not applicable.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Not applicable

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

The Company had no accounting changes or correction of errors during fiscal years 2023 and 2022.

Notes to Financial Statements

3. Business Combinations and Goodwill

The Company had no goodwill on its books and no business combinations occurred during fiscal years 2023 and 2022.

4. Discontinued Operations

The Company had no discontinued operations during the fiscal years ending December 31, 2023 and 2022.

5. Investments

- A. The Company owned no mortgage loans.
- B. The Company had no investments in restructured debt.
- C. The Company had no investments in reverse mortgages.
- D. The Company had no investments in loan backed securities that are recorded at other-than-temporarily impaired values.
- E. The Company had no repurchase agreements or securities lending agreements.
- F. The Company does not have investments in real estate.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.
- J. The Company owned no real estate.
- K. The Company has no investments in low-income housing tax credits (LIHTC).
- L. Restricted Assets

(1) Restricted Assets (Including Pledged)

(2) - (3) & (4) – Not applicable

	1	2	3	4	5	6	7
Restricted Asset Categ	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 Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Asset (a)	Admitted Restricted to Total Admitted Asset (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 reserve repurchase agreement							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reserve repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with state	166,885	167,883	(998)	-	166,885	0.05%	0.05%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	166,885	167,883	(998)	-	166,885	0.05%	0.05%

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

		General Account
(1) Number of CUSIPS		0
(2) Aggregate Amount of Investment Income		\$ -

- R. Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceeds 10% of its

Notes to Financial Statements

admitted assets.

B. Not applicable.

7. Investment Income

A&B. No due and accrued income was excluded from surplus in 2023 and 2022.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued		
	<u>Interest Income Due and Accrued</u>	<u>Amount</u>
1. Gross	\$ 966,403	
2. Nonadmitted	\$ -	
3. Admitted	\$ 966,403	
D. The aggregate deferred interest.		<u>Amount</u>
	Aggregate Deferred Interest	\$ -

E. Cumulative amounts of PIK interest included in the current principle balance \$0.

8. Derivative Instruments

The Company held no derivative instruments in 2023 and 2022.

9. Income Taxes

The Company is exempt from federal income taxes under provisions of Section 501(c)(4) of the Internal Revenue Code. However, there was federal income taxes in the amount of \$0 and \$6,800 in 2023 and 2022, respectively, for unrelated business income.

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

Delta Dental Plan of Michigan (DDPMI)

- A. In 1982, DDPMI assumed the responsibility for the general management and supervision of the operations of the Company. On January 1, 1999, the agreement was amended to reflect that DDPMI is the sole member of the Company.
- B. Monthly a management fee, based on a management agreement, was calculated and paid to DDPMI. The fee is based on factors such as time, premiums, members and claims, not to exceed actual costs. The management fee for fiscal years 2023 and 2022 was \$47,296,948 and \$42,936,136 respectively.
- C. Not applicable.
- D. At December 31, 2023, the Company recorded an amount due to DDPMI of \$4,516,666. At December 31, 2022, the Company recorded an amount due to DDPMI of \$3,656,751. The December payments were paid based on an estimated calculation. The terms of the agreement require outstanding amounts to be settled monthly.
- E. DDPMI provides general management and supervision of the operations of the Company.
- F. No guarantees or undertakings took place during fiscal years 2023 and 2022.
- G. DDPMI is the sole corporate member of the Company.
- H. The Company has no investment in DDPMI.
- I&J. The Company has no investments in an SCA entity that exceed 10% of admitted assets.
- K. The Company has no investments in a foreign insurance subsidiary.
- L-O. Not applicable.

Renaissance Holding Company (Renaissance Holding)

- A. The Company owns 563 shares of common stock of Renaissance Holding, which represents 4.2% ownership of Renaissance Holding as of December 31, 2023 and 2022. Renaissance Holding is a for-profit holding company domiciled in the state of Michigan. The Company and Renaissance Holding belong to the same holding company system.
- B. There were no material transactions between the companies in 2023 and 2022.
- C. Not applicable.
- D. At December 31, 2023 and 2022, the Company reported no amounts due from or to Renaissance Holding.
- E. No management agreement or service contract existed between the Company and Renaissance Holding in 2023 and 2022.
- F. No guarantees or undertakings took place during fiscal years 2023 and 2022.

Notes to Financial Statements

G&H. The Company owns 4.2% of the outstanding Renaissance Holding common stock as of December 31, 2023 and 2022. Companies belonging to the same holding company system as Delta Dental Plan of Ohio own the remaining 95.8% of outstanding common stock as of December 31, 2023 and 2022, respectively.

- I. The book value of the Renaissance Holding stock represents 1.9% and 2.0% of the Company's admitted assets at 2023 and 2022, respectively.
- J. The Company did not recognize any impairment write down for its investment in Renaissance Holding for the statement period.
- K. Not Applicable.
- L. Renaissance Holding is a downstream holding company. The value of Renaissance Holding is based on the audited GAAP basis adjusted to a statutory equity basis. The adjustment to statutory basis included a "look through" to the subsidiaries held by Renaissance Holding. The values of these subsidiaries in determining Renaissance Holding's statutory equity value were also adjusted to a statutory equity basis.

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

SCA Entity	Precentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. No. 97 8a Entities		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total SSAP No.97 8a Entities	XXX	\$ -	\$ -	\$ -
b. No. 97 8b(ii) Entities				
Renaissance Holding Company	4.20%	\$ 6,656,052	\$ 6,656,052	\$ -
The 4100 Group, Inc	25%	\$ 33,983,453	\$ 33,983,453	\$ -
		\$ -	\$ -	\$ -
Total SSAP No.97 8b(ii) Entities	XXX	\$ 40,639,505	\$ 40,639,505	\$ -
c. No. 97 8b(iii) Entities		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total SSAP No.97 8b(iii) Entities	XXX	\$ -	\$ -	\$ -
d. No. 97 8b(iv) Entities		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total SSAP No.97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -
Total SSAP No.97 8b Entities (except 8bi entries) (b+c+d)	XXX	\$ -	\$ -	\$ -
Total SSAP No.97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -

(2) NAIC Filing Information

SCA Entity (Should be the same as shown in M(1) above)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entries Valuation Method, Resubmission Required Y/N	Code **
a. No. 97 8a Entities			\$ -			
Total SSAP No.97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. No. 97 8b(ii) Entities						
Renaissance Holding Company	S2	5/23/2023	\$ 6,274,196	Y	No	I
The 4100 Group, Inc	S2	5/23/2023	\$36,272,594	Y	No	I
Total SSAP No.97 8b(ii) Entities	XXX	XXX	\$42,546,790	XXX	XXX	XXX
c. No. 97 8b(iii) Entities			\$ -			
Total SSAP No.97 8b(iii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
d. No. 97 8b(iv) Entities			\$ -			
Total SSAP No.97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
Total SSAP No.97 8b Entities (except 8bi entries) (b+c+d)	XXX	XXX	\$ -	XXX	XXX	XXX
Total SSAP No.97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX

* SI – Sub – 1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

** I – Immaterial or M – Material

N-O. Not applicable.

Notes to Financial Statements

The 4100 Group, Inc. (4100 Group)

- A. The Company owns 1,500 shares of common stock of 4100 Group, which represents 25% ownership of the 4100 Group as of December 31, 2023 and 2022. The 4100 Group is a for-profit holding company domiciled in the state of Michigan. The Company and the 4100 Group belong to the same holding company system.
- B. There were no material transactions between the companies in 2023 and 2022.
- C. Not applicable.
- D. At December 31, 2023 and 2022, the Company reported no amounts due from or to 4100 Group.
- E. No management agreement or service contract existed between the Company and 4100 Group in 2023 and 2022.
- F. No guarantees or undertakings took place during fiscal years 2023 and 2022.
- G&H. The Company owns 25% of the outstanding 4100 Group common stock as of December 31, 2023 and 2022. A company belonging to the same holding company system as Delta Dental Plan of Ohio owns the remaining 75% of outstanding common stock as of December 31, 2023.
- I. (1) The book value of the 4100 Group stock represents 9.9% and 11.4% of the Company's admitted assets at 2023 and 2022, respectively.
 (2) There is no available quoted market price.
 (3) 4100 Group reported the following statement values at December 31, 2023 and 2022:

	2023	2022
Admitted Assets	\$ 147,890,475	\$ 154,488,575
Liabilities	\$ 8,921,660	\$ 6,657,110
Net Gain (Loss)	\$ (9,300,066)	\$ (9,908,638)

- (4) Not applicable
- (5) Not applicable
- J. The Company did not recognize any impairment write down for its investment in 4100 Group for the statement period.
- K. Not applicable.
- L. The 4100 Group is a downstream holding company. The value of 4100 Group is based on the audited GAAP basis adjusted to a statutory equity basis. The adjustment to statutory basis included a "look through" to the subsidiaries held by 4100 Group. The values of these subsidiaries in determining 4100 Group's statutory equity value were also adjusted to a statutory equity basis.
- M. (1) Balance Sheet Value (Admitted and Non-admitted) All SCAs (Except 8bi Entities)
 - See Renaissance Holding Above
 (2) NAIC Filing Information
 - See Renaissance Holding Above
- N-O. Not applicable.

Delta Dental Fund, Inc. (DDF)

- A. The Company and DDF are related companies belonging to the same holding company system.
- B. The Company contributed \$500,000 and \$1,000,000 to DDF in 2023 and 2022, respectively.
- C. Not applicable.
- D. At December 31, 2023 and 2022, the Company reported no amounts due from or to DDF.
- E. No management agreement or service contract existed between the Company and DDF in 2023 and 2022.
- F. No guarantees or undertakings took place during fiscal years 2023 and 2022.
- G. The Company and DDF are members of the same holding company system.
- H. The Company owns no stock in DDF.
- I&J. The Company holds no investments in any subsidiary or controlled affiliates that exceed 10% of admitted assets.
- K. The Company has no investments in a foreign insurance subsidiary.
- L-O. Not applicable

Notes to Financial Statements

Renaissance Health Service Corporation (RHSC)

- A. RHSC is the holding company of Delta Dental Plan of Ohio. RHSC is a Michigan non-profit corporation.
- B. There were no material transactions between the Company and RHSC in 2023 and 2022.
- C. Not applicable.
- D. At December 31, 2023 and 2022, the Company reported no amounts due from or to RHSC.
- E. No management agreement or service contracts exist between RHSC and the Company.
- F. No guarantees or undertakings took place during fiscal years 2023 and 2022.

G&H. RHSC is the holding company of Delta Dental Plan of Ohio. There is no stock ownership between the two companies.

- I&J. The Company holds no investments in any subsidiary or controlled affiliates that exceed 10% of admitted assets.
- K. The Company has no investments in a foreign insurance subsidiary.
- L-O. Not applicable.

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

- A. The Company and Renaissance America are related companies belong to the same holding company system. Renaissance America provides certain administrative services to the Company.
- B. Monthly a management fee, based on a management agreement, was calculated and paid to Renaissance America. The management fee for fiscal years 2023 and 2022 was \$1,941,297 and \$1,307,560 respectively.
- C. Not applicable.
- D. At December 31, 2023, an amount of \$165,539 was reported as due to Renaissance America. At December 31, 2022, the Company reported \$112,996 due to Renaissance America. The terms of the agreement require outstanding amounts to be settled monthly.
- E. The Company and Renaissance America entered into an Administrative Services Agreement whereby Renaissance America may provide certain services to the Company and the Company may provide certain services to Renaissance America. Fees payable by either party for services performed on its behalf are based on cost. The term of the settlement require the amounts owed under the agreement are to be settled within 30 days.
- F. No guarantees or undertakings took place during fiscal year 2023 and 2022.
- G. The Company and Renaissance America are member entities of the same holding company system.
- H. The Company had no investment in Renaissance America.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.
- L-O. Not applicable.

Red Cedar Investment Management, LLC (RCIM)

- A. RCIM is a Michigan limited liability company that is a related party with the Company.
- B. RCIM provides investment management services to the Company. In 2023 and 2022, the Company paid RCIM \$876,223 and \$506,890 for these services.
- C. Not applicable.
- D. The Company reported amounts of \$216,849 and \$24,855 due to RCIM at December 31, 2023 and 2022, respectively.
- E. RCIM provides investment management services to the Company.
- F. No guarantees or undertakings took place during fiscal years 2023 and 2022.
- G. The Company and RCIM are members of the same holding company system.
- H. The Company has no investment in RCIM.
- I-O. Not Applicable.

Notes to Financial Statements

11. Debt

The Company carried no debt on its books at December 31, 2023 and 2022.

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

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

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

- A. The Company is a non-profit organization and has no stock outstanding.
- B. There is no preferred stock outstanding.
- C. No dividends exist.
- D. No dividends exist.
- E. No dividends exist.
- F. There were no restrictions placed on the surplus, including for whom the surplus is being held.
- G. There are no advances to surplus.
- H. No stock, including stock of affiliated companies, is held for special purposes.
- I. There are no changes in balances of special surplus funds from the prior year.
- J. The portion of unassigned funds (surplus) represented by accumulated unrealized gains (losses) at December 31, 2023 and 2022 was \$20,716,290 and \$3,280,850, respectively.
- K. The Company has issued no surplus debentures or similar obligations.
- L. There are no restatements due to prior quasi-reorganizations.
- M. There have been no quasi-reorganizations in the prior 10 years.

14. Liabilities, Contingencies and Assessments

A-E. None.

F. All Other Contingencies

The Company, along with the Delta Dental Plan Association (DDPA), Delta USA and other independent DDPA member companies, is defending a collection of lawsuits that have been filed in district courts across the country and consolidated into one case in the United States District Court for the Northern District of Illinois. The plaintiffs -- a collection of different dental providers -- allege that Delta Dental Plan Association's licensing standards violate federal antitrust laws. The Company denies these allegations and is vigorously defending the case with the assistance of established antitrust defense counsel with the Faegre Drinker law firm. Fact discovery concluded in December of 2023, and the case is moving into the class certification and expert witness phase. However, at this point it is too early in the proceedings to determine the outcome of the matter or the range or amount of any potential loss.

15. Leases

A. Lessee Operating Lease

1. The Company is obligated under various non-cancelable operating leases for office space, expiring in 2029. Total rental expense under the lease agreements was \$222,778 for the year ended December 31, 2023. During 2022, the rental expense was charged through the management agreement with Delta Dental Plan of Michigan, as the lease agreements were managed by Delta Dental Plan of Michigan.
2. At December 31, 2023, the minimum aggregate rental commitments are as follows:

Year Ending December 31,	Operating Leases
2024	\$ 222,778
2025	\$ 222,778
2026	\$ 194,931
2027	\$ 123,877
2028	\$ 73,123
Thereafter	\$ 60,936
Total	\$ 898,423

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

B. Not applicable

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

The Company held no financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk in 2023 and 2022.

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

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

Notes to Financial Statements

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

A. ASO Plans

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

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2023 and 2022:

2023

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 484,918,204	\$ -	\$ 484,918,204
b. Gross administrative fees accrued	\$ 28,478,148	\$ -	\$ 28,478,148
c. Other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ 516,299,646	\$ -	\$ 516,299,646
e. Total gain (loss) from operations	\$ (2,903,294)	\$ -	\$ (2,903,294)

2022

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 428,324,898	\$ -	\$ 428,324,898
b. Gross administrative fees accrued	\$ 26,498,721	\$ -	\$ 26,498,721
c. Other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	\$ 456,206,122	\$ -	\$ 456,206,122
e. Total gain (loss) from operations	\$ (1,382,503)	\$ -	\$ (1,382,503)

A. The Company wrote no Medicare business in 2023 and 2022.

Notes to Financial Statements

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

2023:

Name and Address of Managing General Agent or Third Party Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written
Delta Dental Plan of MI 4100 Okemos Rd. Okemos, MI 48864	38-1791480	Yes	Dental	C,CA,B,P,U	\$ 344,929,012

2022:

Name and Address of Managing General Agent or Third Party Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written
Delta Dental Plan of MI 4100 Okemos Rd. Okemos, MI 48864	38-1791480	Yes	Dental	C,CA,B,P,U	\$ 286,969,752

C - Claims Payment
 CA - Claims Adjustment
 R - Reinsurance Ceding
 B - Binding Authority
 P - Premium Collection
 U - Underwriting

20. Fair Value Measurements

A.

1. Fair Value Measurements at Reporting Date

Description	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Values (NAV) Included in Level 2
a. Assets at fair value					
Perpetual Preferred Stock					
Industrial & Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subs, and Affiliate	\$ -	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stock	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial & Misc	\$ 4,687,551	\$ -	\$ -	\$ 4,687,551	\$ -
Hybrid Securities	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subs, and Affiliate	\$ -	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ 4,687,551	\$ -	\$ -	\$ 4,687,551	\$ -
Common Stock					
Industrial & Misc	\$ 156,913,031	\$ -	\$ -	\$ 156,913,031	\$ -
Parent, Subs, and Affiliate	\$ -	\$ -	\$ -	\$ -	\$ -
Total Common Stocks	\$ 156,913,031	\$ -	\$ -	\$ 156,913,031	\$ -
Derivative assets					
Interest rate Contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Credit contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity futures contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity forward contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets					
Total assets at fair value	\$ 161,600,582	\$ -	\$ -	\$ 161,600,582	\$ -
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

2. None

3. None

Notes to Financial Statements

4. None
 5. None
 B. None.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Net Practicable (Carrying Value)
Bonds	\$104,295,092	\$105,881,816	\$ 4,687,551	\$ 99,607,541	\$ -	\$ -	\$ -
Common Stock	\$156,913,031	\$156,913,031	\$156,913,031	\$ -	\$ -	\$ -	\$ -
Redeemable Preferred Stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Short Term Bonds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mortgage Loans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

D. None.
 E. None.

21. Other Items

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

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

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

2. None.

3.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	OTTI Recognized
a. Residential mortgage-backed securities	\$ 281,011	\$ 286,404	\$ 275,367	\$ -
b. Commercial mortgage-backed securities	-	-	-	-
c. Collateralized debt obligations	-	-	-	-
d. Structured securities	-	-	-	-
e. Equity investments in SCA's	-	-	-	-
f. Other assets	-	-	-	-
g. Total	\$ 281,011	\$ 286,404	\$ 275,367	\$ -

G. Not applicable.
 H. Not applicable.
 I. Not applicable

22. Events Subsequent

Type I – Recognized Subsequent Events

None.

Type II – Nonrecognized Subsequent Events

None.

23. Reinsurance

The Company has no ceded reinsurance agreements.

Notes to Financial Statements

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

- A,B. The Company estimates accrued retrospective premium adjustments for a portion of its group dental insurance business through a claims paid development method and aggregate reserve factors based on premium and prior experience.
- C. The amount of net premiums written by the Company at December 31, 2023 and 2022 subject to retrospectively rating features were \$0 and \$0, respectively. These amounts represented 0.00% and 0.00% of total net premiums written by the Company in 2023 and 2022, respectively.
- D. Not applicable.
- E. Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2022 were \$10,396,156. As of December 31, 2023, \$8,970,616 had been paid for incurred claims and claim adjustment expense attributable to insured events of prior years. Remaining reserves for prior years are now \$125,089 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,300,451 favorable prior-year loss development since December 31, 2022 to December 31, 2023. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The business to which this relates does not include retrospectively rated policies, therefore there was no return premium accrued as a result of the prior year effects.

- B. Not applicable.

26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements in 2023 and 2022.

27. Structured Settlement

Not applicable.

28. Health Care Receivables

The Company reported no pharmaceutical rebate receivables or risk sharing receivables in 2023 and 2022.

29. Participating Policies

The Company did not have participating contracts in 2023 and 2022.

30. Premium Deficiency Reserves

Liability carried for premium deficiency reserves	\$ 0
Date of the most recent evaluation of this liability	12/31/2023
Was anticipated investment income utilized in the calculation?	Yes No <input checked="" type="checkbox"/> X

31. Anticipated Salvage and Subrogation

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

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

1.3 State Regulating?

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

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

Yes[X] No[]

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

2.2 If yes, date of change:

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

Yes[] No[X]

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

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

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

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

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

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

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

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

4.21 sales of new business?
 4.22 renewals?

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

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

Yes[] No[X]

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

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

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

6.2 If yes, give full information:

Yes[] No[X]

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

Yes[] No[X]

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

0.000%

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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

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

Yes[] No[X]

Yes[] No[X]

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[] No[X]

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Plante & Moran, PLLC 8181 E. Tufts Ave. Denver, CO 80237

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?

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?

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?

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

Yes[] No[X]

Yes[] No[X]

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

GENERAL INTERROGATORIES (Continued)

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?

Kevin Sule, ASA, MAAA 4100 Okemos Rd, Okemos, Michigan 48864 -employee

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

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

Yes[] No[X]

\$..... 0

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?

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

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

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

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

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

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]

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

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

c. Compliance with applicable governmental laws, rules and regulations;

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

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

Yes[] No[X]

14.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

Yes[] No[X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$..... 0

20.12 To stockholders not officers

\$..... 0

20.13 Trustees, supreme or grand (Fraternal only)

\$..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$..... 0

20.22 To stockholders not officers

\$..... 0

20.23 Trustees, supreme or grand (Fraternal only)

\$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]

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

21.21 Rented from others

\$..... 0

21.22 Borrowed from others

\$..... 0

21.23 Leased from others

\$..... 0

21.24 Other

\$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$..... 0

22.22 Amount paid as expenses

\$..... 0

22.23 Other amounts paid

\$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes[] No[X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....

INVESTMENT

25.01 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 25.03)	Yes[X] No[]
25.02 If no, give full and complete information, relating thereto	
25.03 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)	
25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$..... 0
25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.	\$..... 0
25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes[] No[] N/A[X]
25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes[] No[] N/A[X]
25.08 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[] N/A[X]
25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:	
25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$..... 0
25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$..... 0
25.093 Total payable for securities lending reported on the liability page.	\$..... 0
26.1 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 25.03).	Yes[X] No[]
26.2 If yes, state the amount thereof at December 31 of the current year:	
26.21 Subject to repurchase agreements	\$..... 0
26.22 Subject to reverse repurchase agreements	\$..... 0
26.23 Subject to dollar repurchase agreements	\$..... 0
26.24 Subject to reverse dollar repurchase agreements	\$..... 0
26.25 Placed under option agreements	\$..... 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$..... 0
26.27 FHLB Capital Stock	\$..... 0
26.28 On deposit with states	\$..... 166,885
26.29 On deposit with other regulatory bodies	\$..... 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$..... 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$..... 0
26.32 Other	\$..... 0
26.3 For category (26.26) provide the following:	

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

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes[] No[X]
27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes[] No[] N/A[X]
If no, attach a description with this statement.	
LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:	
27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?	Yes[] No[X]
27.4 If the response to 27.3 is yes, does the reporting entity utilize:	
27.41 Special Accounting Provision of SSAP No. 108	Yes[] No[X]
27.42 Permitted Accounting Practice	Yes[] No[X]
27.43 Other Accounting Guidance	Yes[] No[X]
27.5 By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:	Yes[] No[X]
- The reporting entity has obtained explicit approval from the domiciliary state.	
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.	
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated 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	
28.1 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]
28.2 If yes, state the amount thereof at December 31 of the current year.	\$..... 0
29. 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[]
29.01 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
US Bank	9380 Excelsior Blvd, Hopkins, MN 55343

29.02 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)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes[] No[X]
29.04 If yes, give full and complete information relating thereto:	

GENERAL INTERROGATORIES (Continued)

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

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

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

29.0597 For those firms/individuals listed in the table for Question 29.05, 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]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[] No[X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

30.1 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]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total

30.3 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
.....

31. 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 (+)
31.1 Bonds	105,881,816	104,295,092
31.2 Preferred stocks .....	.....	.....
31.3 Totals	105,881,816	104,295,092
		(1,586,724)

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

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

32.1 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]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[] No[] N/A[X]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

33.2 If no, list exceptions:

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

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

Has the reporting entity self-designated 5GI securities? Yes[] No[X]

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

GENERAL INTERROGATORIES (Continued)

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

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

36. 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]

37. 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 nonaffiliate, 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 37.a-37.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 [] N/A [X]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes [] No []

39.22 Immediately converted to U.S. dollars

Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....

OTHER

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

\$ 916,852

40.2 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
Delta Dental Plans Association	877,552

41.1 Amount of payments for legal expenses, if any?

\$ 505,130

41.2 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
Faegre Drinker Biddle	486,168

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$ 0

42.2 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
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	344,929,012	286,969,752
2.2 Premium Denominator	344,929,012	286,969,752
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	12,325,958	10,318,414
2.5 Reserve Denominator	12,325,958	10,318,414
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

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

Yes [] No [X]

3.2 If yes, give particulars:

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

Yes [X] No []

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

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

Not necessary, dental policies contain annual maximum benefit.

5.3 Maximum retained risk (see instructions):

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

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

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

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

Yes [X] No []

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	7,779
8.2 Number of providers at end of reporting year	.....	7,800

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	.....	125,317,012
9.22 Business with rate guarantees over 36 months	.....	57,616,972

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

Yes [] No [X]

10.2 If yes:

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

11.1 Is the reporting entity organized as:

Yes [] No [X]

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

Yes [] No [X]

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

Yes [X] No []

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

State of Ohio

11.4 If yes, show the amount required.

Yes [] No [X]

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

11.6 If the amount is calculated, show the calculation.

Required admitted assets = (110% of liabilities (\$37,381,677) = \$41,119,845 less liabilities (37,381,677) = \$3,738,168

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

1 Name of Service Area
State of Ohio

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

Yes [] No [X]

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

\$ 0 |

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

Yes [] No [X]

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

\$ 0 |

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

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

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

GENERAL INTERROGATORIES (Continued)

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

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

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

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

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

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

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

Yes[] No[X]

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	343,473,994	319,259,400	339,597,771	296,919,571	263,675,184
2. TOTAL Liabilities (Page 3, Line 24)	37,381,677	32,747,453	30,079,796	30,342,848	28,789,014
3. Statutory minimum capital and surplus requirement	3,738,168	3,274,745	3,007,980	3,034,285	2,878,901
4. TOTAL Capital and Surplus (Page 3, Line 33)	306,092,317	286,511,947	309,517,975	266,576,723	234,886,170
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	344,929,012	286,969,752	264,582,564	241,464,023	268,413,987
6. TOTAL Medical and Hospital Expenses (Line 18)	308,966,118	244,961,347	222,867,751	192,337,832	227,029,491
7. Claims adjustment expenses (Line 20)	11,431,211	8,534,079	6,842,140	3,152,233	1,682,612
8. TOTAL Administrative Expenses (Line 21)	28,386,515	21,931,090	21,732,381	34,761,669	27,700,151
9. Net underwriting gain (loss) (Line 24)	(3,854,832)	11,543,236	13,140,292	11,212,289	12,001,733
10. Net investment gain (loss) (Line 27)	7,546,263	5,125,278	26,504,223	15,525,501	6,923,497
11. TOTAL Other Income (Lines 28 plus 29)	(476,984)	(997,802)	(2,994,953)	(6,974,388)	(1,949,627)
12. Net income or (loss) (Line 32)	3,214,447	15,663,912	36,649,562	19,763,402	16,975,603
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	7,978,187	18,293,174	15,058,168	15,611,183	20,456,804
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	306,092,317	286,511,947	309,517,975	266,576,723	234,886,170
15. Authorized control level risk-based capital	25,415,759	22,392,527	25,610,814	22,804,835	18,674,702
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	1,111,436	932,303	854,269	841,568	928,017
17. TOTAL Members Months (Column 6, Line 7)	13,191,193	11,067,692	10,249,909	10,205,722	11,049,714
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)	89.6	85.4	84.2	79.7	84.6
20. Cost containment expenses	1.2	1.1	1.1	0.8	0.5
21. Other claims adjustment expenses	2.1	1.8	1.5	0.5	0.1
22. TOTAL Underwriting Deductions (Line 23)	101.1	96.0	95.0	95.4	95.5
23. TOTAL Underwriting Gain (Loss) (Line 24)	(1.1)	4.0	5.0	4.6	4.5
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	8,771,335	7,261,297	7,843,274	8,613,315	7,395,184
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	10,189,850	8,121,904	9,308,400	9,100,100	8,451,416
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)	40,639,505	42,546,790	44,718,385	44,914,639	41,624,340
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					
32. TOTAL of Above Lines 26 to 31	40,639,505	42,546,790	44,718,385	44,914,639	41,624,340
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama (AL)	N										
2. Alaska (AK)	N										
3. Arizona (AZ)	N										
4. Arkansas (AR)	N										
5. California (CA)	N										
6. Colorado (CO)	N										
7. Connecticut (CT)	N										
8. Delaware (DE)	N										
9. District of Columbia (DC)	N										
10. Florida (FL)	N										
11. Georgia (GA)	N										
12. Hawaii (HI)	N										
13. Idaho (ID)	N										
14. Illinois (IL)	N										
15. Indiana (IN)	N										
16. Iowa (IA)	N										
17. Kansas (KS)	N										
18. Kentucky (KY)	N										
19. Louisiana (LA)	N										
20. Maine (ME)	N										
21. Maryland (MD)	N										
22. Massachusetts (MA)	N										
23. Michigan (MI)	N										
24. Minnesota (MN)	N										
25. Mississippi (MS)	N										
26. Missouri (MO)	N										
27. Montana (MT)	N										
28. Nebraska (NE)	N										
29. Nevada (NV)	N										
30. New Hampshire (NH)	N										
31. New Jersey (NJ)	N										
32. New Mexico (NM)	N										
33. New York (NY)	N										
34. North Carolina (NC)	N										
35. North Dakota (ND)	N										
36. Ohio (OH)	L	344,929,012								344,929,012	
37. Oklahoma (OK)	N										
38. Oregon (OR)	N										
39. Pennsylvania (PA)	N										
40. Rhode Island (RI)	N										
41. South Carolina (SC)	N										
42. South Dakota (SD)	N										
43. Tennessee (TN)	N										
44. Texas (TX)	N										
45. Utah (UT)	N										
46. Vermont (VT)	N										
47. Virginia (VA)	N										
48. Washington (WA)	N										
49. West Virginia (WV)	N										
50. Wisconsin (WI)	N										
51. Wyoming (WY)	N										
52. American Samoa (AS)	N										
53. Guam (GU)	N										
54. Puerto Rico (PR)	N										
55. U.S. Virgin Islands (VI)	N										
56. Northern Mariana Islands (MP)	N										
57. Canada (CAN)	N										
58. Aggregate other alien (OT)	XXX										
59. Subtotal	XXX	344,929,012								344,929,012	
60. Reporting entity contributions for Employee Benefit Plans	XXX										
61. TOTAL (Direct Business)	XXX	344,929,012								344,929,012	

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

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

2. R - Registered - Non-domiciled RRGs

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

1

4. Q - Qualified - Qualified or accredited reinsurer

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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

