



## **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

## **Superior Dental Care, Inc.**

NAIC Group Code 0730 0730 NAIC Company Code 96280 Employer's ID Number 31-1119867  
Organized under the Laws of Ohio State of Domicile or Port of Entry OH

Licensed as business type: **Dental Service Corporation**

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 11/30/1984 Commenced Business 01/01/1986

Statutory Home Office \_\_\_\_\_, 100 American Road \_\_\_\_\_, Cleveland, OH, US 44144  
(Street and Number) \_\_\_\_\_, (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_ 100 American Road  
Cleveland, OH, US 44144 \_\_\_\_\_ (Street and Number)  
(City or Town, State, Country and Zip Code) \_\_\_\_\_ 216-687-7000  
(Area Code) (Telephone Number)

Mail Address 100 American Road, Cleveland, OH, US 44144  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records      100 American Road  
(Street and Number)  
Cleveland, OH, US 44144      216-687-7000  
(City or Town, State, Country and Zip Code)      (Area Code) (Telephone Number)

Internet Website Address www.SuperiorDental.com

## OFFICERS

CEO	Steven Craig Glass	Treasurer	Anthony Michael Helton
Secretary	Anthea Rena Daniels	President	Andrea Marie Hogben

**OTHER**

## **DIRECTORS OR TRUSTEES**

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Andrea Marie Hogben Anthony Michael Helton

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.

Steven Craig Glass  
CEO

Anthea Rena Daniels  
Secretary

Anthony Michael Helton  
Treasurer

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Exhibit 3 - Health Care Receivables

**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						3,510,000
0699999. Total amounts withheld						
0799999. Total claims unpaid						3,510,000
0899999 Accrued medical incentive pool and bonus amounts						

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

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## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Medical Mutual of Ohio .....		63,277	63,277	
0199999. Individually listed payables		63,277	63,277	0
0299999. Payables not individually listed		0		
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0399999 Total gross payables		63,277	63,277	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries.....	0	0.0		0.0		
3. All other providers.....	0	0.0		0.0		
4. Total capitation payments.....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service .....	1,195,410	2.7	XXX	XXX		1,195,410
6. Contractual fee payments .....	43,065,027	97.3	XXX	XXX		43,065,027
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments	44,260,438	100.0	XXX	XXX	0	44,260,438
13. TOTAL (Line 4 plus Line 12)	44,260,438	100%	XXX	XXX	0	44,260,438

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
99999999 Totals			XXX	XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	524,926		489,830	35,096	35,096	35,096
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	524,926	0	489,830	35,096	35,096	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Indiana			DURING THE YEAR 2023						NAIC Company Code	96280			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>															
1. Prior Year .....		498						498							
2. First Quarter .....		267						267							
3. Second Quarter .....		274						274							
4. Third Quarter .....		267						267							
5. Current Year		244						244							
6. Current Year Member Months		3,174						3,174							
<b>Total Member Ambulatory Encounters for Year:</b>															
7 Physician .....		0													
8. Non-Physician .....		0													
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0													
11. Number of Inpatient Admissions		0													
12. Health Premiums Written (b) .....		76,007						76,007							
13. Life Premiums Direct .....		0													
14. Property/Casualty Premiums Written .....		0													
15. Health Premiums Earned.....		76,007						76,007							
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services.....		46,573						46,573							
18. Amount Incurred for Provision of Health Care Services		48,057						48,057							

(a) For health business: number of persons insured under PPO managed care products .....

and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Kentucky			DURING THE YEAR 2023						NAIC Company Code	96280		
		1	2	3	4	5	6	7	8	9	10			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	7,321							7,321						
2. First Quarter .....	6,293							6,293						
3. Second Quarter .....	6,032							6,032						
4. Third Quarter .....	5,660							5,660						
5. Current Year	5,501							5,501						
6. Current Year Member Months	71,304							71,304						
<b>Total Member Ambulatory Encounters for Year:</b>														
7 Physician .....	0													
8. Non-Physician .....	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b) .....	1,667,753							1,667,753						
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	1,667,753							1,667,753						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	1,278,078							1,278,078						
18. Amount Incurred for Provision of Health Care Services	1,318,794							1,318,794						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2023						NAIC Company Code	96280		
		1	2	3	4	5	6	7	8	9	10			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	187,070					187,070								
2. First Quarter .....	192,454					192,454								
3. Second Quarter .....	193,702					193,702								
4. Third Quarter .....	195,203					195,203								
5. Current Year	195,626					195,626								
6. Current Year Member Months	2,327,899					2,327,899								
<b>Total Member Ambulatory Encounters for Year:</b>														
7 Physician .....	0													
8. Non-Physician .....	0													
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b) .....	56,057,962					56,057,962								
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	56,057,962					56,057,962								
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	42,935,786					42,935,786								
18. Amount Incurred for Provision of Health Care Services	44,303,587					44,303,587								

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Superior Dental Care, Inc.

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0730	BUSINESS IN THE STATE OF			Grand Total		DURING THE YEAR					2023		(NAIC Company Code)	96280	
		Comprehensive (Hospital & Medical)		4	5	6	7	9		10	11	12	13	14		
		2	3		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare							
		Total	Individual	Group												
<b>Total Members at end of:</b>																
1.	Prior Year .....	194,889	0	0	0	0	194,889	0	0	0	0	0	0	0	0	
2.	First Quarter .....	199,014	0	0	0	0	199,014	0	0	0	0	0	0	0	0	
3.	Second Quarter .....	200,008	0	0	0	0	200,008	0	0	0	0	0	0	0	0	
4.	Third Quarter .....	201,130	0	0	0	0	201,130	0	0	0	0	0	0	0	0	
5.	Current Year	201,371	0	0	0	0	201,371	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	2,402,377	0	0	0	0	2,402,377	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>																
7.	Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.	Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b) .....	57,801,721	0	0	0	0	57,801,721	0	0	0	0	0	0	0	0	
13.	Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned.....	57,801,721	0	0	0	0	57,801,721	0	0	0	0	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services.....	44,260,438	0	0	0	0	44,260,438	0	0	0	0	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	45,670,438	0	0	0	0	45,670,438	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

Schedule S - Part 6

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	23,726,410		23,726,410
2. Accident and health premiums due and unpaid (Line 15) .....	1,804,385		1,804,385
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX.	0	0
5. All other admitted assets (Balance) .....	497,078		497,078
6. Total assets (Line 28)	26,027,874	0	26,027,874
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	3,510,000		3,510,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	1,002,367		1,002,367
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	1,921,055		1,921,055
15. Total liabilities (Line 24) .....	6,433,423	0	6,433,423
16. Total capital and surplus (Line 33) .....	19,594,451	XXX	19,594,451
17. Total liabilities, capital and surplus (Line 34)	26,027,874	0	26,027,874
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL					
2. Alaska .....	AK					
3. Arizona .....	AZ					
4. Arkansas .....	AR					
5. California .....	CA					
6. Colorado .....	CO					
7. Connecticut .....	CT					
8. Delaware .....	DE					
9. District of Columbia .....	DC					
10. Florida .....	FL					
11. Georgia .....	GA					
12. Hawaii .....	HI					
13. Idaho .....	ID					
14. Illinois .....	IL					
15. Indiana .....	IN					
16. Iowa .....	IA					
17. Kansas .....	KS					
18. Kentucky .....	KY					
19. Louisiana .....	LA					
20. Maine .....	ME					
21. Maryland .....	MD					
22. Massachusetts .....	MA					
23. Michigan .....	MI					
24. Minnesota .....	MN					
25. Mississippi .....	MS					
26. Missouri .....	MO					
27. Montana .....	MT					
28. Nebraska .....						
29. Nevada .....	N					
30. New Hampshire .....	NH					
31. New Jersey .....	NJ					
32. New Mexico .....	NM					
33. New York .....	NY					
34. North Carolina .....	NC					
35. North Dakota .....	ND					
36. Ohio .....	OH					
37. Oklahoma .....	OK					
38. Oregon .....	OR					
39. Pennsylvania .....	PA					
40. Rhode Island .....	RI					
41. South Carolina .....	SC					
42. South Dakota .....	SD					
43. Tennessee .....	TN					
44. Texas .....	TX					
45. Utah .....	UT					
46. Vermont .....	VT					
47. Virginia .....	VA					
48. Washington .....	WA					
49. West Virginia .....	WV					
50. Wisconsin .....	WI					
51. Wyoming .....	WY					
52. American Samoa .....	AS					
53. Guam .....	GU					
54. Puerto Rico .....	PR					
55. U.S. Virgin Islands .....	VI					
56. Northern Mariana Islands .....	MP					
57. Canada .....	CAN					
58. Aggregate Other Alien .....	OT					
59. Total .....						

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## SCHEDULE Y

## **PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.

## SCHEDULE Y

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Superior Dental Care, Inc.  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Responses

**MARCH FILING**

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES

**APRIL FILING**

5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

**JUNE FILING**

8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

**SUPPLEMENTAL FILINGS**

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO

**APRIL FILING**

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES

**AUGUST FILING**

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
10. The data for this supplement is not required to be filed.	
11. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
21. The data for this supplement is not required to be filed.	
22. The data for this supplement is not required to be filed.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 9 6 2 8 0 2 0 2 3 3 6 0 0 0 0 0 0
11. Life Supplement [Document Identifier 205]	 9 6 2 8 0 2 0 2 3 2 0 5 0 0 0 0 0
12. SIS Stockholder Information Supplement [Document Identifier 420]	 9 6 2 8 0 2 0 2 3 4 2 0 0 0 0 0 0
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	 9 6 2 8 0 2 0 2 3 3 7 1 0 0 0 0 0
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 9 6 2 8 0 2 0 2 3 3 6 5 0 0 0 0 0
15. Medicare Part D Coverage Supplement [Document Identifier 365]	 9 6 2 8 0 2 0 2 3 2 2 4 0 0 0 0 0
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 9 6 2 8 0 2 0 2 3 2 2 5 0 0 0 0 0
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 9 6 2 8 0 2 0 2 3 2 2 5 0 0 0 0 0

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

18. Relief from the Requirements for Audit Committees [Document Identifier 226]



19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]



20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

