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**ANNUAL STATEMENT**  
For the Year Ended DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
**DELTA DENTAL PLAN OF OHIO, INC.**

NAIC Group Code	0477 (Current Period)	0477 (Prior Period)	NAIC Company Code	54402	Employer's ID Number	31-0685339	
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		OH		
Country of Domicile		United States of America					
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>				
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>				
	Other <input checked="" type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>					
Incorporated/Organized	03/06/1960		Commenced Business	04/01/1964			
Statutory Home Office	5600 Blazer Pkwy., Suite 150 (Street and Number)		Dublin, OH, 43017 (City or Town, State, Country and Zip Code)				
Main Administrative Office	4100 Okemos Road (Street and Number)		Okemos, MI, 48864 (City or Town, State, Country and Zip Code)				
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)		(517)349-6000 (Area Code) (Telephone Number)				
Primary Location of Books and Records	4100 Okemos Road (Street and Number)		Lansing, MI, 48909-7916 (City or Town, State, Country and Zip Code)				
	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
Carole Simonetti Watkins	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  
Canise Yvette Wright-Bean, DMD  
Michael Scott Stull  
Carole Simonetti Watkins  
Poe Allison Timmons, CPA  
Mark Edward Bronson DDS #

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 \_\_\_\_\_, 2025

- 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[ ]

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(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) .....	115,688,478		115,688,478	105,881,816
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....	223,619,632		223,619,632	197,552,536
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 (\$....(3,953,323), Schedule E-Part 1), cash equivalents (\$....10,595,727, Schedule E-Part 2) and short-term investments (\$.....64,908, Schedule DA) .....	6,707,312		6,707,312	19,691,507
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) .....	346,015,422		346,015,422	323,125,859
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,151,359		1,151,359	966,403
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	8,024,808	39,989	7,984,819	4,013,302
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 .....	15,792,156	952	15,791,204	15,358,816
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) .....	244,161	244,161		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	9,534		9,534	9,614
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other-than-invested assets .....	1,294,885	1,042,694	252,191	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	372,532,325	1,327,796	371,204,529	343,473,994
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	372,532,325	1,327,796	371,204,529	343,473,994
<b>DETAILS OF WRITE-INS</b>				
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 .....	1,042,694	1,042,694		
2502. Miscellaneous receivable .....	252,191		252,191	
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,294,885	1,042,694	252,191	

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	9,503,312		9,503,312	12,144,900
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	188,149		188,149	185,666
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	246,321		246,321	181,058
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	1,648,926		1,648,926	3,629,012
9. General expenses due or accrued .....	5,064,789		5,064,789	5,032,327
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....	5,787,563		5,787,563	4,844,863
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 .....	4,218,663		4,218,663	4,902,279
16. Derivatives .....				
17. Payable for securities .....	295,357		295,357	544,970
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 .....	5,709,133		5,709,133	5,670,710
23. Aggregate write-ins for other liabilities (including \$.....275,776 current) .....	275,776		275,776	245,892
24. TOTAL Liabilities (Lines 1 to 23) .....	32,937,989		32,937,989	37,381,677
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	328,553,936	296,379,713
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	338,266,540	306,092,317
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	371,204,529	343,473,994
<b>DETAILS OF WRITE-INS</b>				
2301. Uninsured claims admin expense reserve .....		275,776		275,776
2302. Miscellaneous liability .....				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) .....	275,776		275,776	245,892
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	14,372,748	13,191,193
1. Member Months .....	XXX	14,372,748	13,191,193
2. Net premium income (including \$.....0 non-health premium income) .....	XXX	379,069,229	344,929,012
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	379,069,229	344,929,012
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			
10. Other professional services .....		340,011,910	308,966,118
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) .....		340,011,910	308,966,118
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		340,011,910	308,966,118
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....4,818,838 cost containment expenses .....		12,414,402	11,431,211
21. General administrative expenses .....		26,975,340	28,386,515
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) .....		379,401,652	348,783,844
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(332,423)	(3,854,832)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		8,660,304	7,840,930
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....		6,641,838	(294,667)
27. Net investment gains (losses) (Lines 25 plus 26) .....		15,302,142	7,546,263
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....		39,025	9,212
29. Aggregate write-ins for other income or expenses .....		(494,302)	(486,196)
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	14,514,442	3,214,447
31. Federal and foreign income taxes incurred .....	XXX	(6,800)	
32. Net income (loss) (Lines 30 minus 31) .....	XXX	14,521,242	3,214,447
<b>DETAILS OF WRITE-INS</b>			
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)	(500,000)
2902. Miscellaneous Income (Expense) .....		5,698	13,804
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....		(494,302)	(486,196)

# STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	306,092,317	286,511,947
34. Net income or (loss) from Line 32 .....	14,521,242	3,214,447
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	17,545,016	17,435,441
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	83,427	(1,136,240)
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 .....	24,538	66,722
48. Net change in capital and surplus (Lines 34 to 47) .....	32,174,223	19,580,370
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	338,266,540	306,092,317
<b>DETAILS OF WRITE-INS</b>		
4701. Other Surplus Charge .....	24,538	66,722
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) .....	24,538	66,722

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	373,185,191	345,325,930
2.	Net investment income .....	9,155,722	8,588,391
3.	Miscellaneous income .....	5,699	13,804
4.	TOTAL (Lines 1 through 3) .....	382,346,612	353,928,125
5.	Benefit and loss related payments .....	342,653,498	307,011,068
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	40,358,083	38,932,070
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	(6,800)	6,800
10.	TOTAL (Lines 5 through 9) .....	383,004,781	345,949,938
11.	Net cash from operations (Line 4 minus Line 10) .....	(658,169)	7,978,187
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	66,092,879	111,425,208
12.2	Stocks .....	32,760,950	66,782,727
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....	24,538	
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	98,878,367	178,207,935
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	76,865,107	118,031,105
13.2	Stocks .....	34,382,139	69,508,900
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....	249,613	1,949,154
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	111,496,859	189,489,159
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) .....	(12,618,492)	(11,281,224)
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	292,466	(214,209)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	292,466	(214,209)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(12,984,195)	(3,517,246)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	19,691,507	23,208,753
19.2	End of year (Line 18 plus Line 19.1) .....	6,707,312	19,691,507

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

20.0001	.....	.....	.....
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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 .....	2,340,282	.....	.....	2,340,282
5. Dental only .....	376,728,947	.....	.....	376,728,947
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) .....	379,069,229	.....	.....	379,069,229
14. Life .....	.....	.....	.....	.....
15. Property/casualty .....	.....	.....	.....	.....
16. TOTALS (Lines 13 to 15) .....	379,069,229	.....	.....	379,069,229

# 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	342,653,498					1,604,864	341,048,634							
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	342,653,498					1,604,864	341,048,634							
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	9,503,312					72,000	9,431,312							
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	9,503,312					72,000	9,431,312							
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	12,144,900					39,000	12,105,900							
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	12,144,900					39,000	12,105,900							
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	340,011,910					1,637,864	338,374,046							
12.2 Reinsurance assumed														
12.3 Reinsurance ceded														
12.4 Net	340,011,910					1,637,864	338,374,046							
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	1,813,446				32,400	1,781,046								
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	1,813,446				32,400	1,781,046								
2. Incurred but Unreported:														
2.1 Direct	7,689,866				39,600	7,650,266								
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	7,689,866				39,600	7,650,266								
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	9,503,312				72,000	9,431,312								
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	9,503,312				72,000	9,431,312								

## 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 .....	40,585	1,564,279		72,000	40,585	39,000
5. Dental only .....	10,789,607	330,259,027	131,000	9,300,312	10,920,607	12,105,900
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) .....	10,830,192	331,823,306	131,000	9,372,312	10,961,192	12,144,900
14. Healthcare receivables (a) .....						
15. Other non-health .....						
16. Medical incentive pools and bonus amounts .....						
17. TOTALS (Lines 13 - 14 + 15 + 16) .....	10,830,192	331,823,306	131,000	9,372,312	10,961,192	12,144,900

(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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	8,293	8,458	8,458	8,458	8,458
2. 2020 .....	183,681	191,103	191,359	191,359	191,359
3. 2021 .....	XXX	216,467	223,589	223,728	223,728
4. 2022 .....	XXX	XXX	235,771	244,280	244,404
5. 2023 .....	XXX	XXX	XXX	298,363	309,070
6. 2024 .....	XXX	XXX	XXX	XXX	331,823

## 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	(487)	(487)	(487)	(487)	(487)
2. 2020 .....	192,825	191,359	191,359	191,359	191,359
3. 2021 .....	XXX	224,333	223,728	223,728	223,728
4. 2022 .....	XXX	XXX	245,822	244,404	244,404
5. 2023 .....	XXX	XXX	XXX	310,384	309,201
6. 2024 .....	XXX	XXX	XXX	XXX	341,195

## 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. 2020 .....	241,464	191,359	3,175	1.659	194,534	80.564			194,534	80.564
2. 2021 .....	264,583	223,728	6,846	3.060	230,574	87.146			230,574	87.146
3. 2022 .....	286,970	244,404	8,841	3.617	253,245	88.248			253,245	88.248
4. 2023 .....	344,929	309,070	11,503	3.722	320,573	92.939	131	2	320,706	92.977
5. 2024 .....	379,069	331,823	11,573	3.488	343,396	90.589	9,372	186	352,954	93.111

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	8,293	8,458	8,458	8,458	8,458
2. 2020 .....	183,681	191,103	191,359	191,359	191,359
3. 2021 .....	XXX	216,467	223,589	223,728	223,728
4. 2022 .....	XXX	XXX	235,684	244,182	244,306
5. 2023 .....	XXX	XXX	XXX	297,740	308,406
6. 2024 .....	XXX	XXX	XXX	XXX	330,259

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	(487)	(487)	(487)	(487)	(487)
2. 2020 .....	192,825	191,359	191,359	191,359	191,359
3. 2021 .....	XXX	224,333	223,728	223,728	223,728
4. 2022 .....	XXX	XXX	245,735	244,306	244,306
5. 2023 .....	XXX	XXX	XXX	309,722	308,537
6. 2024 .....	XXX	XXX	XXX	XXX	339,559

**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. 2020 .....	241,464	191,359	3,175	1.659	194,534	80.564			194,534	80.564
2. 2021 .....	264,583	223,728	6,846	3.060	230,574	87.146			230,574	87.146
3. 2022 .....	286,790	244,306	8,835	3.616	253,141	88.267			253,141	88.267
4. 2023 .....	343,868	308,406	11,469	3.719	319,875	93.023	131	2	320,008	93.061
5. 2024 .....	376,729	330,259	11,501	3.482	341,760	90.718	9,300	186	351,246	93.236

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021 .....	XXX	.....	.....	.....	.....
4. 2022 .....	XXX	XXX	.....	87	98
5. 2023 .....	XXX	XXX	XXX	.....	623
6. 2024 .....	XXX	XXX	XXX	XXX	1,564

**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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021 .....	XXX	.....	.....	.....	.....
4. 2022 .....	XXX	XXX	.....	87	98
5. 2023 .....	XXX	XXX	XXX	.....	662
6. 2024 .....	XXX	XXX	XXX	XXX	1,636

**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. 2020 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2021 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2022 .....	180	98	6	6.122	104	57.778	.....	.....	104	57.778
4. 2023 .....	1,061	664	34	5.120	698	65.787	.....	.....	698	65.787
5. 2024 .....	2,340	1,564	72	4.604	1,636	69.915	72	.....	1,708	72.991

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 .....	246,321					246,321						
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) .....	246,321					246,321						
7.	Reinsurance ceded .....												
8.	TOTALS (Net) (Page 3, Line 4) .....	246,321					246,321						
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) .....												
<b>DETAILS OF WRITE-INS</b>													
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)			571,716		571,716
2. Salaries, wages and other benefits	3,984,822	6,195,903	14,401,553	830,006	25,412,284
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			10,383,027		10,383,027
4. Legal fees and expenses			6,242		6,242
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	764,220	1,029	650,653		1,415,902
7. Traveling expenses	33,015	22,329	639,349	3,775	698,468
8. Marketing and advertising	120	1,479	1,675,003	1,909	1,678,511
9. Postage, express and telephone	48,999	1,418,232	192,789	2,241	1,662,261
10. Printing and office supplies		106,401	120,511	854	227,766
11. Occupancy, depreciation and amortization			339,063	9,421	348,484
12. Equipment	157,178	320,291	193,151	35,467	706,087
13. Cost or depreciation of EDP equipment and software	2,509,703	3,139,697	2,241,806	98,210	7,989,416
14. Outsourced services including EDP, claims, and other services	2,354,919	6,677,320	1,827,435		10,859,674
15. Boards, bureaus and association fees	11,724	11,914	931,045		954,683
16. Insurance, except on real estate			409,737		409,737
17. Collection and bank service charges		12,407	612,079		624,486
18. Group service and administration fees					
19. Reimbursements by uninsured plans	(5,854,261)	(10,591,815)	(14,371,908)		(30,817,984)
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses			385,635	4,751	390,386
22. Real estate taxes			3,055		3,055
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			3,274,838		3,274,838
23.3 Regulatory authority licenses and fees	1,665	3,771	37,527		42,963
23.4 Payroll taxes	284,252	266,002	1,084,598	46,152	1,681,004
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	522,482	10,604	1,366,436		1,899,522
26. TOTAL Expenses Incurred (Lines 1 to 25)	4,818,838	7,595,564	26,975,340	1,032,786	(a) 40,422,528
27. Less expenses unpaid December 31, current year	73,033	115,116	5,064,789		5,252,938
28. Add expenses unpaid December 31, prior year	66,607	119,059	5,032,327		5,217,993
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)	4,812,412	7,599,507	26,942,878	1,032,786	40,387,583

**DETAILS OF WRITE-INS**

2501. Miscellaneous Expense	521,841	115	1,099,884		1,621,840
2502. Contribution & Community Affairs	641		266,552		267,193
2503. Extraordinary Non-Operating Expense		10,489			10,489
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	522,482	10,604	1,366,436		1,899,522

(a) Includes management fees of \$.....52,571,711 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) .....	1,077,559	1,224,141
1.1 Bonds exempt from U.S. tax .....	(a) .....		
1.2 Other bonds (unaffiliated) .....	(a) .....	3,743,875	3,739,741
1.3 Bonds of affiliates .....	(a) .....		
2.1 Preferred stocks (unaffiliated) .....	(b) .....		
2.11 Preferred stocks of affiliates .....	(b) .....		
2.2 Common stocks (unaffiliated) .....		3,731,466	3,717,230
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) .....	953,050	1,011,978
7. Derivative instruments .....	(f) .....		
8. Other invested assets .....			
9. Aggregate write-ins for investment income .....			
10. TOTAL gross investment income .....		9,505,950	9,693,090
11. Investment expenses .....	(g) .....	1,032,786	
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) .....			1,032,786
17. Net Investment income (Line 10 minus Line 16) .....			8,660,304

## 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 \$.....566,773 accrual of discount less \$.....(1,273,286) amortization of premium and less \$.....426,010 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....0 accrual of discount less \$.....(26) amortization of premium and less \$.....1,138 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 .....	(130,836)		(130,836)	14,014	
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....	(219,787)		(219,787)	51,385	
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....	6,992,461		6,992,461	19,331,475	
2.21 Common stocks of affiliates .....				(1,851,611)	
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....				(247)	
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. TOTAL Capital gains (losses) .....	6,641,838		6,641,838	17,545,016	

## 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 .....	39,989	42,291	2,302
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 .....	952	6,257	5,305
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 .....	244,161	269,862	25,701
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 .....	1,042,694	1,092,813	50,119
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,327,796	1,411,223	83,427
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. TOTAL (Lines 26 and 27) .....	1,327,796	1,411,223	83,427
<b>DETAILS OF WRITE-INS</b>			
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 .....	1,042,694	1,092,813	50,119
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) .....	1,042,694	1,092,813	50,119

## 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 .....	1,111,436	1,191,019	1,194,289	1,205,697	1,203,568	14,372,748
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. TOTAL .....	1,111,436	1,191,019	1,194,289	1,205,697	1,203,568	14,372,748
<b>DETAILS OF WRITE-INS</b>						
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 #	12/31/2024	12/31/2023
Net Income, OH				\$ 14,521,242	\$ 3,214,447
Effect of OH prescribed practices					
Effect of OH permitted practices					
Net Income, NAIC SAP				\$ 14,521,242	\$ 3,214,447
Description	SSAP#	F/S Page	F/S Line #	12/31/2024	12/31/2023
Statutory Surplus, OH				\$ 338,266,540	\$ 306,092,317
Effect of OH prescribed practices					
Effect of OH permitted practices					
Policy Surplus, NAIC SAP				\$ 338,266,540	\$ 306,092,317

### 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, 2024 and 2023.
- (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, 2024 and 2023.
- (9) No derivatives are held as of December 31, 2024 and 2023.
- (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 2024 and 2023.

# 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 2024 and 2023.

### **4. Discontinued Operations**

The Company had no discontinued operations during the fiscal years ending December 31, 2024 and 2023.

### **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 Category	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	165,862	166,885	(1,023)	-	165,862	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	165,862	166,885	(1,023)	-	165,862	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 admitted assets.

# **Notes to Financial Statements**

B. Not applicable.

## **7. Investment Income**

A&B. No due and accrued income was excluded from surplus in 2024 and 2023.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued	
Interest Income Due and Accrued	Amount
1. Gross	\$ 1,151,359
2. Nonadmitted	\$ -
3. Admitted	\$ 1,151,359
D. The aggregate deferred interest.	
Aggregate Deferred Interest	Amount
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 2024 and 2023.

## **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 \$6,800 and \$0 in 2024 and 2023, 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 2024 and 2023 was \$49,428,392 and \$47,296,948 respectively.
- C. Not applicable.
- D. At December 31, 2024, the Company recorded an amount due to DDPMI of \$3,759,298. At December 31, 2023, the Company recorded an amount due to DDPMI of \$4,516,666. 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 2024 and 2023.
- 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, 2024 and 2023. 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 2024 and 2023.
- C. Not applicable.
- D. At December 31, 2024 and 2023, 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 2024 and 2023.
- F. No guarantees or undertakings took place during fiscal years 2024 and 2023.

## Notes to Financial Statements

G&H. The Company owns 4.2% of the outstanding Renaissance Holding common stock as of December 31, 2024 and 2023. 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, 2024 and 2023, respectively.

- I. The book value of the Renaissance Holding stock represents 1.7% and 1.9% of the Company's admitted assets at 2024 and 2023, 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	Percentage 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%	\$ 6,456,569	\$ 6,456,569	\$ -
The 4100 Group, Inc	25%	\$ 32,328,325	\$ 32,328,325	\$ -
		\$ -	\$ -	\$ -
Total SSAP No.97 8b(ii) Entities	XXX	\$ 38,784,894	\$ 38,784,894	\$ -
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	6/14/2024	\$ 6,656,052	Y	No	I
The 4100 Group, Inc	S2	6/14/2024	\$ 33,983,453	Y	No	I
Total SSAP No.97 8b(ii) Entities	XXX	XXX	\$ 40,639,505	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.

**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, 2024 and 2023. 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 2024 and 2023.

## **Notes to Financial Statements**

- C. Not applicable.
  - D. At December 31, 2024 and 2023, 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 2024 and 2023.
  - F. No guarantees or undertakings took place during fiscal years 2024 and 2023.
- G&H. The Company owns 25% of the outstanding 4100 Group common stock as of December 31, 2024 and 2023. 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, 2024.
- I. The book value of the 4100 Group stock represents 8.7% and 9.9% of the Company's admitted assets at 2024 and 2023, respectively.
  - 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 \$500,000 to DDF in 2024 and 2023, respectively.
  - C. Not applicable.
  - D. At December 31, 2024 and 2023, the Company reported no amounts due from or to DDF.
  - E. No management agreement or service contract existed between the Company and DDF in 2024 and 2023.
  - F. No guarantees or undertakings took place during fiscal years 2024 and 2023.
  - 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

### 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 2024 and 2023.
- C. Not applicable.
- D. At December 31, 2024 and 2023, 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 2024 and 2023.

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.

## **Notes to Financial Statements**

### 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 2024 and 2023 was \$2,181,306 and \$1,941,297 respectively.
- C. Not applicable.
- D. At December 31, 2024, an amount of \$206,676 was reported as due to Renaissance America. At December 31, 2023, the Company reported \$165,539 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 2024 and 2023.
- 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 2024 and 2023, the Company paid RCIM \$962,013 and \$876,223 for these services.
- C. Not applicable.
- D. The Company reported amounts of \$250,829 and \$216,849 due to RCIM at December 31, 2024 and 2023, respectively.
- E. RCIM provides investment management services to the Company.
- F. No guarantees or undertakings took place during fiscal years 2024 and 2023.
- 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.

### **11. Debt**

The Company carried no debt on its books at December 31, 2024 and 2023.

### **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, 2024 and 2023 was \$38,261,306 and \$20,716,290, 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.

# **Notes to Financial Statements**

## **14. Liabilities, Contingencies and Assessments**

A-E. None.

F. All Other Contingencies

Beginning on October 11, 2019, multiple putative class action antitrust lawsuits were filed against Delta Dental Plans Association ("DDPA"), DeltaUSA, and the thirty-nine Delta Dental Member Companies, including Delta Dental Plan of Ohio (collectively, the "Delta Dental Defendants"). These lawsuits were consolidated in the U.S. District Court for the Northern District of Illinois. The plaintiffs in these lawsuits, a collection of different dental providers, allege that numerous DDPA rules and practices violate the Sherman Antitrust Act, and seek damages on behalf of a putative class of dental providers that provided dental goods or services within the United States to Delta Dental subscribers from 2015 through the present. The parties have agreed to participate in mediation in the first quarter of 2025. Briefing is underway on issues such as class certification, standard of review, and qualification of experts. No trial date has been set. The Delta Dental Defendants have denied all substantive allegations in the complaint. 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 operating leases for office space, expiring in 2035. Total rental expense under the lease agreements was approximately \$240,000 for the year ended December 31, 2024.
2. At December 31, 2024, the minimum aggregate rental commitments are as follows:

Year Ending December 31,	Operating Leases
2025	\$ 237,853
2026	\$ 231,483
2027	\$ 107,128
2028	\$ 109,446
2029	\$ 111,833
Thereafter	\$ 665,499
<b>Total</b>	<b>\$ 1,463,242</b>

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 2024 and 2023.

## **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.

## **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.

## Notes to Financial Statements

### 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 2024 and 2023:

**2024**

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 545,236,456	\$ -	\$ 545,236,456
b. Gross administrative fees accrued	\$ 30,817,984	\$ -	\$ 30,817,984
c. Other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
d. Gross expenses incurred (claims and administrative)	<u>\$ 577,517,295</u>	\$ -	\$ 577,517,295
e. Total gain (loss) from operations	<u>\$ (1,462,855)</u>	\$ -	\$ (1,462,855)

**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)	<u>\$ 516,299,646</u>	\$ -	\$ 516,299,646
e. Total gain (loss) from operations	<u>\$ (2,903,294)</u>	\$ -	\$ (2,903,294)

A. The Company wrote no Medicare business in 2024 and 2023.

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

**2024:**

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	\$ 379,069,229

# Notes to Financial Statements

**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

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
<b>a. Assets at fair value</b>					
Perpetual Preferred Stock					
Industrial & Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subs, and Affiliate	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Perpetual Preferred Stocks</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Bonds					
U.S Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial & Misc	\$ 2,787,819	\$ -	\$ -	\$ 2,787,819	\$ -
Hybrid Securities	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subs, and Affiliate	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Bonds</b>	<b>\$ 2,787,819</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,787,819</b>	<b>\$ -</b>
Common Stock					
Industrial & Misc	\$ 184,831,738	\$ -	\$ -	\$ 184,831,738	\$ -
Parent, Subs, and Affiliate	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Common Stocks</b>	<b>\$ 184,831,738</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 184,831,738</b>	<b>\$ -</b>
Derivative assets					
Interest rate Contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Credit contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity futures contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity forward contracts	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Derivatives</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Separate account assets					
<b>Total assets at fair value</b>	<b>\$ 187,619,557</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 187,619,557</b>	<b>\$ -</b>
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total liabilities at fair value</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

2. None

3. None

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	\$ 112,160,194	\$ 115,688,478	\$ 2,787,819	\$ 109,372,375	\$ -	\$ -	\$ -
Common Stock	\$ 184,831,738	\$ 184,831,738	\$ 184,831,738	\$ -	\$ -	\$ -	\$ -
Redeemable Preferred Stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Short Term Bonds	\$ 64,908	\$ 64,908	\$ -	\$ 64,908	\$ -	\$ -	\$ -
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.

## **Notes to Financial Statements**

### **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	\$ 150,449	\$ 152,784	\$ 148,774	\$ -
b. Commercial mortgage-backed securities	-	-	-	-
c. Collateralized debt obligations	-	-	-	-
d. Structured securities	-	-	-	-
e. Equity investments in SCA's	-	-	-	-
f. Other assets	-	-	-	-
g. Total	\$ 150,449	\$ 152,784	\$ 148,774	\$ -

- 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.

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

The Company did not underwrite any risk business subject to retrospective premium adjustments in 2024 and 2023.

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

A. Reserves as of December 31, 2023 were \$12,330,566. As of December 31, 2024, \$11,207,808 had been paid for incurred claims and claim adjustment expense attributable to insured events of prior years. Remaining reserves for prior years are now \$133,613 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$989,145 favorable prior-year loss development since December 31, 2023 to December 31, 2024. 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 2024 and 2023.

### **27. Structured Settlement**

Not applicable.

### **28. Health Care Receivables**

The Company reported no pharmaceutical rebate receivables or risk sharing receivables in 2024 and 2023.

## **Notes to Financial Statements**

### **29. Participating Policies**

The Company did not have participating contracts in 2024 and 2023.

### **30. Premium Deficiency Reserves**

Liability carried for premium deficiency reserves	\$ 0
Date of the most recent evaluation of this liability	12/31/2024
Was anticipated investment income utilized in the calculation?	Yes      No <input checked="" type="checkbox"/>

### **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 Departments 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[X] No[ ] N/A[ ]

- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?
- 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? Yes[ ] No[X]
- 12.11 Name of real estate holding company  
12.12 Number of parcels involved  
12.13 Total book/adjusted carrying value  
\$..... 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?  
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  
13.3 Have there been any changes made to any of the trust indentures during the year?  
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:  
14.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]  
14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]  
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

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

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  
20.12 To stockholders not officers  
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  
20.22 To stockholders not officers  
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  
21.22 Borrowed from others  
21.23 Leased from others  
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  
22.22 Amount paid as expenses  
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[X] No[ ]  
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.
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- 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?
- 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.
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.
- 25.093 Total payable for securities lending reported on the liability page.
- 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
- 26.22 Subject to reverse repurchase agreements
- 26.23 Subject to dollar repurchase agreements
- 26.24 Subject to reverse dollar repurchase agreements
- 26.25 Placed under option agreements
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock
- 26.27 FHLB Capital Stock
- 26.28 On deposit with states
- 26.29 On deposit with other regulatory bodies
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements
- 26.32 Other

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? If no, attach a description with this statement. Yes[ ] No[ ] N/A[X]
- 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. This includes both primary and sub-advisors. 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 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
	1 Statement (Admitted) Value	2 Fair Value
31.1 Bonds .....	115,753,386 .....	112,225,102 .....
31.2 Preferred stocks .....	.....	.....
31.3 Totals .....	115,753,386 .....	112,225,102 .....
		(3,528,284) .....

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 of 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]

**GENERAL INTERROGATORIES (Continued)**

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

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?

\$ ..... 981,751

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 .....	940,151

41.1 Amount of payments for legal expenses, if any?

\$ ..... 907,160

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
Delta Dental Plans Association .....	513,509
Faegre Drinker Biddle .....	393,651

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 .....	379,069,229	344,929,012
2.2 Premium Denominator .....	379,069,229	344,929,012
2.3 Premium Ratio (2.1 / 2.2) .....	100.000	100.000
2.4 Reserve Numerator .....	9,749,633	12,325,958
2.5 Reserve Denominator .....	9,749,633	12,325,958
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	.....	7,800
8.2 Number of providers at end of reporting year	.....	7,904

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	.....	142,515,552
9.22 Business with rate guarantees over 36 months	.....	39,548,924

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?

Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation.

Required admitted assets = (110% of liabilities (\$32,937,989) = \$36,231,788 less liabilities (32,937,989) = \$3,293,799

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, 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  
15.3 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 2024	2 2023	3 2022	4 2021	5 2020
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28)	371,204,529	343,473,994	319,259,400	339,597,771	296,919,571
2. TOTAL Liabilities (Page 3, Line 24)	32,937,989	37,381,677	32,747,453	30,079,796	30,342,848
3. Statutory minimum capital and surplus requirement	3,293,799	3,738,168	3,274,745	3,007,980	3,034,285
4. TOTAL Capital and Surplus (Page 3, Line 33)	338,266,540	306,092,317	286,511,947	309,517,975	266,576,723
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8)	379,069,229	344,929,012	286,969,752	264,582,564	241,464,023
6. TOTAL Medical and Hospital Expenses (Line 18)	340,011,910	308,966,118	244,961,347	222,867,751	192,337,832
7. Claims adjustment expenses (Line 20)	12,414,402	11,431,211	8,534,079	6,842,140	3,152,233
8. TOTAL Administrative Expenses (Line 21)	26,975,340	28,386,515	21,931,090	21,732,381	34,761,669
9. Net underwriting gain (loss) (Line 24)	(332,423)	(3,854,832)	11,543,236	13,140,292	11,212,289
10. Net investment gain (loss) (Line 27)	15,302,142	7,546,263	5,125,278	26,504,223	15,525,501
11. TOTAL Other Income (Lines 28 plus 29)	(455,277)	(476,984)	(997,802)	(2,994,953)	(6,974,388)
12. Net income or (loss) (Line 32)	14,521,242	3,214,447	15,663,912	36,649,562	19,763,402
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	(658,169)	7,978,187	18,293,174	15,058,168	15,611,183
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital	338,266,540	306,092,317	286,511,947	309,517,975	266,576,723
15. Authorized control level risk-based capital	27,842,270	25,415,759	22,392,527	25,610,814	22,804,835
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7)	1,203,568	1,111,436	932,303	854,269	841,568
17. TOTAL Members Months (Column 6, Line 7)	14,372,748	13,191,193	11,067,692	10,249,909	10,205,722
<b>OPERATING PERCENTAGE (Page 4)</b>					
(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)	89.7	89.6	85.4	84.2	79.7
20. Cost containment expenses	1.3	1.2	1.1	1.1	0.8
21. Other claims adjustment expenses	2.0	2.1	1.8	1.5	0.5
22. TOTAL Underwriting Deductions (Line 23)	100.1	101.1	96.0	95.0	95.4
23. TOTAL Underwriting Gain (Loss) (Line 24)	(0.1)	(1.1)	4.0	5.0	4.6
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	10,961,192	8,771,335	7,261,297	7,843,274	8,613,315
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	12,144,900	10,189,850	8,121,904	9,308,400	9,100,100
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
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)	38,787,894	40,639,505	42,546,790	44,718,385	44,914,639
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	38,787,894	40,639,505	42,546,790	44,718,385	44,914,639
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 .....	379,069,229	.....	.....	.....	.....	.....	.....	379,069,229	.....	
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 .....	379,069,229	.....	.....	.....	.....	.....	.....	379,069,229	.....	
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
61. TOTAL (Direct Business) .....	XXX .....	379,069,229	.....	.....	.....	.....	.....	.....	379,069,229	.....	

**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 states, 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**

