



47092201720100101

2017

Document Code: 201

QUARTERLY STATEMENT
AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
Alpha Dental of New Mexico, Inc.

NAIC Group Code 2479, 2479; NAIC Company Code 47092; Employer's ID Number 33-0279230
Organized under the Laws of New Mexico; State of Domicile or Port of Entry NM
Country of Domicile United States of America
Licensed as business type: Life, Accident & Health [ ], Dental Service Corporation [ ], Other [X]
Property/Casualty [ ], Vision Service Corporation [ ], Is HMO Federally Qualified? Yes [ ] No [X] N/A [ ]
Hospital, Medical & Dental Service or Indemnity [ ], Health Maintenance Organization [ ]
Incorporated/Organized 10/06/1987; Commenced Business 09/01/1988
Statutory Home Office 325 Paseo de Peralta, Santa Fe, New Mexico 87501
Main Administrative Office 100 First Street, San Francisco, CA, 94105
Mail Address 100 First Street, San Francisco, CA, 94105
Primary Location of Books and Records 100 First Street, San Francisco, CA, 94105
Internet Website Address N/A
Statutory Statement Contact Deborah Tadlock, dtadlock@delta.org

OFFICERS

Table with 2 columns: Name, Title. Rows: Belinda Martinez (President), Michael James Castro (Treasurer), Karen Lynn Robinson (Secretary), Anthony Scott Barth (Chair)

OTHERS

Alicia F. Weber, Assistant Treasurer

Ashley C. Singer, Assistant Secretary

DIRECTORS OR TRUSTEES

Anthony Scott Barth
Michael James Castro
Kevin L. Jackson
Nilesh C. Patel
John M. Yamamoto DDS

Casey Lake
Celina H. Hall
Kelley G. Ryals, DDS
Sharon Flores

State of California
County of San Francisco

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 lines for Belinda Martinez (President), Michael James Castro (Treasurer), and Karen Lynn Robinson (Secretary)

Subscribed and sworn to before me this \_\_\_ day of \_\_\_ 2017

(Notary Public Signature)

a. Is this an original filing? Yes[X] No [ ]
b. If no: 1. State the amendment number 0
2. Date filed
3. Number of pages attached 0



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**OF THE CONDITION AND AFFAIRS OF THE**  
**Alpha Dental of New Mexico, Inc.**

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	(current period)	(prior period)				
Organized under the Laws of	<u>New Mexico</u>			State of Domicile or Port of Entry	<u>NM</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	Life, Accident & Health [ ]	Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]			
	Dental Service Corporation [ ]	Vision Service Corporation [ ]	Health Maintenance Organization [ ]			
	Other [X]	Is HMO Federally Qualified? Yes [ ] No[X] N/A [ ]				
Incorporated/Organized	<u>10/06/1987</u>	Commenced Business	<u>09/01/1988</u>			
Statutory Home Office	<u>325 Paseo de Peralta</u>			<u>Santa Fe, New Mexico 87501</u>		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>100 First Street</u>					
	(Street and Number)					
	<u>San Francisco, CA, 94105</u>			<u>(415)974-8675</u>		
	(City or Town, State, Country and Zip Code)			(Area Code)(Telephone Number)		
Mail Address	<u>100 First Street</u>			<u>San Francisco, CA, 94105</u>		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>100 First Street</u>					
	(Street and Number)					
	<u>San Francisco, CA, 94105</u>			<u>(415)974-8675</u>		
	(City or Town, State, Country and Zip Code)			(Area Code)(Telephone Number)		
Internet Website Address	<u>N/A</u>					
Statutory Statement Contact	<u>Deborah Tadlock</u>			<u>(415)974-8675</u>		
	(Name)			(Area Code)(Telephone Number)(Extension)		
	<u>dtadlock@delta.org</u>			<u>(415)972-8464</u>		
	(E-Mail Address)			(Fax Number)		

**OFFICERS**

Name	Title
Belinda Martinez	President
Michael James Castro	Treasurer
Karen Lynn Robinson	Secretary
Anthony Scott Barth	Chair

**OTHERS**

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(Signature)	(Signature)	(Signature)
<u>Belinda Martinez</u>	<u>Michael James Castro</u>	<u>Karen Lynn Robinson</u>
(Printed Name)	(Printed Name)	(Printed Name)
<u>1.</u>	<u>2.</u>	<u>3.</u>
<u>President</u>	<u>Treasurer</u>	<u>Secretary</u>
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2017

(Notary Public Signature)

a. Is this an original filing? Yes[X] No [ ]

b. If no: 1. State the amendment number 0

2. Date filed \_\_\_\_\_

3. Number of pages attached 0

*See attached notary certificate*

**JURAT**

CA Government Code 8202-compliant

**See Attached Document**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

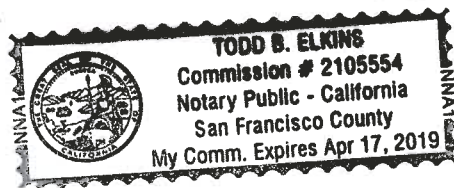
State of California  
County of San Francisco


Subscribed and sworn to before me on this 11th day of April, 2017 by

Belinda Martinez, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and

Karen L. Robinson, proved to me on the basis of satisfactory evidence to be the person who appeared before me, and

Michael J. Castro, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Signature   
Signature of Notary Public

**Further Description of Any Attached Document**

Title or Type of Document: Quarterly Statement as of March 31, 2017 of the Condition and Affairs of the Alpha Dental of New Mexico, Inc.

Document Date: April 11, 2017

Number of Pages: 1

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	209,095		209,095	209,427
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
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 (\$.....238,056), cash equivalents (\$.....0) and short-term investments (\$.....0) .....	238,056		238,056	237,818
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	447,151		447,151	447,245
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,325		1,325	1,826
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,968		1,968	893
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 .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....	68	68		
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	17,719		17,719	19,748
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other-than-invested assets .....	2,209	2,049	160	550
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	470,440	2,117	468,323	470,262
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	470,440	2,117	468,323	470,262
<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. Prepays .....	1,658	1,658		
2502. Misc receivables .....	551	391	160	550
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	2,209	2,049	160	550

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	31,515	1,485	33,000	31,000
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....		1,000	1,000	1,000
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....				
9. General expenses due or accrued .....		50,854	50,854	53,177
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....		1,847	1,847	9,587
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....		642	642	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....		6,415	6,415	4,645
16. Derivatives .....				
17. Payable for securities .....				
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 .....				
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....		357	357	385
24. Total liabilities (Lines 1 to 23) .....	31,515	62,600	94,115	99,794
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X	1,000	1,000
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	352,966	352,966
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	20,242	16,502
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	374,208	370,468
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	468,323	470,262
<b>DETAILS OF WRITE-INS</b>				
2301. Escheatable funds .....		357	357	385
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....		357	357	385
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	4,714	4,875	18,789
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	77,777	74,792	298,384
3. Change in unearned premium reserves and reserves for rate credits .....	X X X			
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X			
5. Risk revenue .....	X X X			
6. Aggregate write-ins for other health care related revenues .....	X X X			
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	77,777	74,792	298,384
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....				
10. Other professional services .....		53,856	47,855	217,525
11. Outside referrals .....				294
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) .....		53,856	47,855	217,819
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....		53,856	47,855	217,819
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses .....				
21. General administrative expenses .....	19,978	19,978	15,052	61,021
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) .....	19,978	73,834	62,907	278,840
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	3,943	11,885	19,544
25. Net investment income earned .....		1,334	1,341	5,346
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		1,334	1,341	5,346
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			(66)	(187)
29. Aggregate write-ins for other income or expenses .....				232
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	5,277	13,160	24,935
31. Federal and foreign income taxes incurred .....	X X X	1,847	4,606	8,727
32. Net income (loss) (Lines 30 minus 31) .....	X X X	3,430	8,554	16,208
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
0602. ....	X X X			
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X			
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
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. Miscellaneous income/expense .....				232
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				232

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	370,468	356,679	356,679
34. Net income or (loss) from Line 32 .....	3,430	8,554	16,208
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			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	310	(1,425)	(2,419)
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 .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	3,740	7,129	13,789
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	374,208	363,808	370,468
<b>DETAILS OF WRITE-INS</b>			
4701. Rounding Adjustment .....			
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) .....			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	76,702	71,628	298,317
2. Net investment income .....	2,167	2,167	6,664
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	78,869	73,795	304,981
5. Benefit and loss related payments .....	51,856	45,855	222,819
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	22,301	11,662	50,340
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	9,587	4,606	11,595
10. TOTAL (Lines 5 through 9) .....	83,744	62,123	284,754
11. Net cash from operations (Line 4 minus Line 10) .....	(4,875)	11,672	20,227
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....			
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<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) .....	5,113	(12,956)	(2,986)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	5,113	(12,956)	(2,986)
<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) .....	238	(1,284)	17,241
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	237,818	220,577	220,577
19.2 End of period (Line 18 plus Line 19.1) .....	238,056	219,293	237,818

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

20.0001				
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1,576					1,576				
2. First Quarter .....	1,598					1,598				
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	4,714					4,714				
Total Member Ambulatory Encounters for Period:										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (a) .....	77,777					77,777				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	77,777					77,777				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	51,856					51,856				
18. Amount Incurred for Provision of Health Care Services .....	53,856					53,856				

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

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

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....						
0499999 Subtotals .....						
0599999 Unreported claims and other claim reserves .....						33,000
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						33,000
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....						
2. Medicare Supplement .....						
3. Dental only .....	22,103	29,753	10,456	22,544	32,559	31,000
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	22,103	29,753	10,456	22,544	32,559	31,000
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	22,103	29,753	10,456	22,544	32,559	31,000

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

## Notes to Financial Statement

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of Alpha Dental of New Mexico, Inc. (the Company) have been prepared in conformity with the accounting practices prescribed by the National Association of Insurance Commissioners (NAIC) and the New Mexico Office of Superintendent of Insurance.

The New Mexico Office of Superintendent of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of New Mexico for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the New Mexico Insurance Law. The NAIC *Accounting Practices and Procedures* (AP&P) has been adopted as a component of prescribed or permitted practices by the State of New Mexico. The Superintendent of Insurance has the right to permit other specific practices that deviate from prescribed practices. There are no reconciling items between NAIC AP&P and practices prescribed and permitted by the State of New Mexico in the current period.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Mexico is shown below:

		<u>State of Domicile</u>	2017	2016
<u>NET INCOME</u>				
(1)	Company state basis (Page 4, Line 32, Columns 2 & 4)	<u>NM</u>	\$ <u>3,430</u>	\$ <u>16,208</u>
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	<u>NM</u>	<u>-</u>	<u>-</u>
(3)	State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property	<u>NM</u>	<u>-</u>	<u>-</u>
(4)	NAIC SAP (1-2-3=4)	<u>NM</u>	\$ <u>3,430</u>	\$ <u>16,208</u>
<u>SURPLUS</u>				
(5)	Company state basis (Page 3, Line 33, Columns 3 & 4)	<u>NM</u>	\$ <u>374,208</u>	\$ <u>370,468</u>
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	<u>NM</u>	<u>-</u>	<u>-</u>
(7)	State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	<u>NM</u>	<u>-</u>	<u>-</u>
(8)	NAIC SAP (5-6-7=8)	<u>NM</u>	\$ <u>374,208</u>	\$ <u>370,468</u>

#### 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 and reinsurance 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.

Receivables from subscribers which are older than ninety days are not admitted assets for statutory accounting purposes and are charged against accumulated surplus. As of March 31, 2017 this amount was \$0. Deferred tax asset, prepaid income tax, prepaid sales incentives and miscellaneous provider receivables amounting to \$2,117 have been treated as non-admitted.

Certain expenses and liabilities relating to providers are covered as a result of "hold harmless" terms contained in the provider contracts.

In addition, the Company uses the following accounting policies:

- (1) For the purposes of reporting cash flows, cash and cash equivalents include cash in bank and temporary and short-term funds. Cash and cash equivalents include investments with maturities of three months or less and short-term funds, which when purchased, are due to mature within one year. Short-term investments are stated at amortized cost.
- (2) Bonds and stocks are valued in accordance with valuations prescribed by the NAIC. Generally, bonds are carried at cost, adjusted where appropriate for amortization of premium or accrual of discount computed using the scientific (constant yield) interest method.

## Notes to Financial Statement

### 1. Summary of Significant Accounting Policies (continued)

- (3) Common stocks and mutual funds are carried at market values recognized by the NAIC with the net unrealized gain or loss included in unassigned funds. Realized investment gains and losses are reported in the statutory statements of operations, based upon the specific identification method of securities sold.
- (4) The Company does not currently own preferred stocks.
- (5) The Company does not issue mortgage loans on real estate.
- (6) The Company does not own loan-backed securities.
- (7) The Company does not have investments in SCA entities.
- (8) The Company does not have investments in joint ventures, partnerships or limited liability companies.
- (9) The Company does not have investments in derivatives.
- (10) The Company does not have a premium deficiency reserve.
- (11) The liability for claims is for services rendered which have been reported to the Company and are unpaid at statement date as well as provisions for claims incurred but not reported at the statement date. The liability for reported claims is based on approved and preauthorized claims unpaid at period-end. The liability for claims incurred but not reported is calculated in accordance with formulas established by management and certified at year-end by an enrolled actuary. Management believes that the liabilities for unpaid claims and claims adjustment expenses are adequate to cover the ultimate net costs of claims to date, but the liability is necessarily based on estimates, and the amount ultimately paid may be more or less than such estimates. These liabilities are subject to continuing review by management and changes in estimates are reflected in current earnings.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company does not have a pharmaceutical rebate receivable.

### 2. Accounting Changes and Corrections of Errors

The Company has made no correction of errors or experienced accounting changes in the period of this report.

### 3. Business Combinations and Goodwill

The Company has not experienced any business combinations or goodwill transactions during the period of this report.

### 4. Discontinued Operations

This is not applicable to the Company.

### 5. Investments

- A. The Company has not invested in mortgage loans.
- B. The Company has not been involved in debt restructuring.
- C. The Company has not been involved in reverse mortgages.
- D. The Company has not invested in any loan-backed securities.
- E. The Company has not been involved in repurchase agreements and/or securities lending transactions.
- F. The Company has not invested in real estate.
- G. The Company has not invested in low-income housing tax credits (LIHTC).
- H. The Company does not have restricted assets (including pledged).
- I. The Company does not have working capital finance investments.
- J. The Company does not have offsetting assets and liabilities.
- K. The company has not invested in structured notes.

## Notes to Financial Statement

### 6. Joint Ventures, Partnerships and Limited Liability Companies

This is not applicable to the Company.

### 7. Investment Income

No due and accrued investment income was excluded from investment income.

### 8. Derivative Instruments

The Company has not invested in any derivative instruments.

### 9. Income Taxes

A. The components of the net deferred tax asset/(liability) are as follows:

1.	Description	03/31/2017			12/31/2016			Change		
		1 Ordinary	2 Capital	3 (Col. 1 + 2) Total	4 Ordinary	5 Capital	6 (Col. 4 + 5) Total	7 (Col. 1 - 4) Ordinary	8 (Col. 2 - 5) Capital	9 (Col. 7 + 8) Total
a.	Gross Deferred Tax Assets	68	-	68	68	-	68	-	-	-
b.	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
c.	Adjusted Gross Deferred Tax Assets (1a - 1b)	68	-	68	68	-	68	-	-	-
d.	Deferred Tax Assets Non-admitted	68	-	68	68	-	68	-	-	-
e.	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	-	-	-	-	-	-	-	-	-
f.	Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	-	-	-	-	-	-	-	-	-

(2) The Company does not have any deferred tax asset admission for the current year or prior year, therefore this is not applicable to the Company.

(2) The Company does not have any deferred tax asset admission for the current year or prior year, therefore this is not applicable to the Company.

(3) The Company does not have any deferred tax asset admission for the current year or prior year, therefore this is not applicable to the Company.

B. The Company does not have any deferred tax liabilities.

C. Current income taxes incurred consist of the following major components:

	Description	1 12/31/2016	2 12/31/2016	3 (Col. 1 - 2) Change
1.	Current Income Tax			
a.	Federal	1,847	8,727	(6,880)
b.	Foreign	-	-	-
c.	Subtotal	1,847	8,727	(6,880)
d.	Federal income tax on net capital gains	-	-	-
e.	Utilization of capital loss carry-forwards	-	-	-
f.	Other	-	800	(800)
g.	Federal and foreign income taxes incurred	1,847	8,727	6,880
2.	Deferred Tax Assets:			
a.	Ordinary			
1.	Discounting of unpaid losses	-	-	-
2.	Unearned premium reserve	-	-	-
3.	Policyholder reserves	-	-	-
4.	Investments	-	-	-
5.	Deferred acquisition costs	-	-	-
6.	Policyholder dividends accrual	-	-	-
7.	Fixed assets	-	-	-
8.	Compensation and benefits accrual	-	-	-
9.	Pension accrual	-	-	-
10.	Receivables - nonadmitted	-	-	-
11.	Net operating loss carry-forward	-	-	-
12.	Tax credit carry-forward	-	-	-
13.	Other (including items < 5% of total ordinary tax assets)	68	68	-
99.	Subtotal	68	68	-
b.	Statutory valuation allowance adjustment	-	-	-
c.	Nonadmitted	68	68	-
d.	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	-	-	-

## Notes to Financial Statement

## 9. Income Taxes (continued)

	Description	1 03/31/2017	2 12/31/2016	3 (Col. 1 – 2) Change
e.	Capital:			
1.	Investments	-	-	-
2.	Net capital loss carry-forward	-	-	-
3.	Real estate	-	-	-
4.	Other (including items < 5% of total capital tax assets)	-	-	-
99.	Subtotal	-	-	-
f.	Statutory valuation allowance adjustment	-	-	-
g.	Nonadmitted	-	-	-
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)	-	-	-
i.	Admitted deferred tax assets (2d + 2h)	-	-	-
3.	Deferred Tax Liabilities:			
a.	Ordinary			
1.	Investments	-	-	-
2.	Fixed assets	-	-	-
3.	Deferred and uncollected premium	-	-	-
4.	Policyholder reserves	-	-	-
5.	Other (including items < 5% of total ordinary tax liabilities)	-	-	-
99.	Subtotal	-	-	-
b.	Capital:			
1.	Investments	-	-	-
2.	Real estate	-	-	-
3.	Other (including items < 5% of total capital tax liabilities)	-	-	-
99.	Subtotal	-	-	-
c.	Deferred tax liabilities (3a99 + 3b99)	-	-	-
4.	Net deferred tax assets/liabilities (2i – 3c)	-	-	-

D. This is not applicable to this company.

E. (1) This is not applicable to the company

(2) This is not applicable to the company.

(3) This is not applicable to the company.

F. (1) The following represents the listing of entities with which the Company files a consolidated federal income tax return: DDC Insurance Holdings, Inc., Dentegra Insurance Company, Dentegra Insurance Company of New England, Delta Dental Insurance Company, Alpha Dental of Nevada, Inc., Alpha Dental of Utah, Inc., Alpha Dental of Arizona, Inc., and Alpha Dental of New Mexico, Inc.

(2) The Company is included in a consolidated federal income tax return with its parent company, DDC Insurance Holdings, Inc. (DDCIH), and its subsidiaries. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to the federal income taxes.

G. This is not applicable to the company.

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

A. Alpha Dental of New Mexico, Inc., a New Mexico corporation, administers and underwrites prepaid dental care programs under agreements with employers and panel providers. Alpha Dental of New Mexico, Inc. is a wholly owned subsidiary of DDC Insurance Holding Company. Alpha Dental of New Mexico, Inc.'s principal place of business and current books and records are maintained in San Francisco, California.

The Company is a member of a group of related entities under common control. These entities provide services to each other and charge fees for those services and the Company's financial position and results of operations might be different if it was operated as a stand-alone entity.

B. The Company does not have any detail transactions other than described in (A.) above and (D.) and (F.) below.

C. Upon approval from the Department of Insurance and with an effective date of April 1, 2016, the Company amended the Administrative Service Agreement ("Agreement") with Delta Dental Insurance Company ("DDIC") originally entered into on January 1, 2007. The amendments to the Agreement include clarification of certain functions and the calculation of compensation. Compensation was previously based on a percentage of premium and it now a third party administration fee based on the number of enrollees.

D. By separate agreements not included in (F.) below, the Company also had amounts due from parent, subsidiaries and affiliates \$17,719 and amounts due to parent, subsidiaries and affiliates of \$6,415 as of March 31, 2017. Related party (affiliate) transactions are normally settled on a monthly basis through an intercompany cash transfer.

## Notes to Financial Statement

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (continued)

- E. This is not applicable to the Company.
- F. Under the terms of a management agreement contract, DDC provides management services to the Company. Net expenses incurred for these services as of March 31, 2017 was \$6,351.
- G. The Company's operations are not affected by the nature of relationships.
- H. The Company does not deduct any amounts for investments in an upstream company.
- I. The Company has no investment in an SCA entity.
- J. The Company has no investment in an SCA entity.
- K. The Company has no investment in a foreign insurance subsidiary.
- L. The Company has no investment in a downstream noninsurance holding company.

### 11. Debt

This is not applicable to the Company.

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

- A. The Company does not have a Defined Benefit Plan.
- B. This is not applicable to the Company.
- C. This is not applicable to the Company.
- D. This is not applicable to the Company.
- E. The Company does not have a defined contribution plan.
- F. The Company does not have a Multiemployer Plan.
- G. The Company does not have a Consolidated/Holding Company Plan.
- H. This is not applicable to the Company.
- I. This is not applicable to the Company.

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

- (1) The Company has 1,000 shares of common stock authorized, issued and outstanding with a par value of \$1 per share.
- (2) The Company has no shares of preferred stock.
- (3) The Company does not pay any dividends.
- (4) The Company does not pay any ordinary or extraordinary dividends.
- (5) The Company does not pay any dividends.
- (6) The Company has no restrictions on unassigned surplus.
- (7) The Company is not a mutual or similarly organized entity.
- (8) The Company holds no shares of stock.
- (9) The Company has no special surplus funds.
- (10) The Company has no unassigned surplus that is represented or reduced by cumulative unrealized gains and losses.
- (11) The Company has no surplus notes.
- (12) The Company has not done a quasi-reorganization.
- (13) The Company has not done a quasi-reorganization.



## Notes to Financial Statement

### 14. Liabilities, Contingencies and Assessments

- A. The Company does not have any commitments or contingent commitments.
- B. The Company has not been advised of any assessments that could have a material financial effect.
- C. The Company has no gain contingencies.
- D. The Company has no claims related to extra contractual obligation and bad faith losses stemming from law suits.
- E. The Company has no joint and several liabilities.
- F. The Company has no assets that it considers to be impaired or other loss contingencies.

### 15. Leases

- A. The Company does not have any leases.
- B. The Company does not have any lessor leases.

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

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

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

The Company has not sold, transferred or serviced financial assets or extinguished liabilities.

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

- A. The Company does not have any ASO plans.
- B. The Company does not have any ASC plans.
- C. The Company does not have any Medicare or similarly structured cost based reimbursement contracts.

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

The Company does not have a direct premium that is produced by managing agents or third party administrators.

### 20. Fair Value Measurements

- A. The Company does not have any assets or liabilities measured at fair value.
- B. This is not applicable to the Company.
- C. This is not applicable to the Company.
- D. This is not applicable to the Company.

### 21. Other Items

- A. The Company does not have any extraordinary items to report.
- B. The Company does not have any troubled debt restructuring to report.
- C. The Company does not have any other disclosures and unusual items to report.
- D. The Company does not have any business interruption insurance recoveries.
- E. The Company has not been involved in state transferable tax credits.
- F. The Company does not have any subprime-mortgage-related risk exposure.
- G. The Company does not have any retained assets accounts for beneficiaries.

## Notes to Financial Statement

### 22. Events Subsequent

In accordance with section 9010 of the Affordable Care Act (ACA), health insurers are subject to an annual assessment based on the amount of the net premiums written during the preceding calendar year, subject to certain thresholds. The Company is exempt from the annual assessment as written premiums were less than the required threshold for the period ending March 31, 2017.

	Current Year	Prior Year	
A. ACA fee assessment payable for the upcoming year	\$ 0	\$ 0	
B. ACA fee assessment paid	\$ 0	\$ 0	
C. Premium written subject to ACA 9010 assessment	\$ 0	\$ 0	
D. Total Adjusted Capital before surplus adjustment	\$ 0		
E. Authorized Control Level before surplus adjustment	\$ 0		
F. Total Adjusted Capital after surplus adjustment	\$ 0		
G. Authorized Control Level after surplus adjustment	\$ 0		
H. Would reporting the ACA assessment as of March 31, 2017, have triggered an RBC action level?			NO

There were no events occurring subsequent to March 31, 2017 that may have a material effect on the financial condition of the Company.

### 23. Reinsurance

- A. The Company does not have any ceded reinsurance, therefore all answers in this section are no and/or not applicable to the Company.
- B. The Company has no uncollectible reinsurance.
- C. The Company has no commutation of ceded reinsurance.
- D. The Company does not cede to certified reinsurer.

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

This is not applicable to the Company.

### 25. Changes in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$31,000. As of March 31, 2017 \$22,103 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$10,456 as a result of re-estimation of unpaid claims and claim adjustment. Therefore, there has been a \$1,559 unfavorable prior-year development since December 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The reserves as of March 31, 2017 are at \$33,000.

### 26. Intercompany Pooling Arrangements

This is not applicable to the Company.

### 27. Structured Settlements

This is not applicable to the Company.

### 28. Health Care Receivables

- A. The Company has no pharmaceutical rebate receivables.
- B. The Company has no risk sharing receivables.

### 29. Participating Policies

This is not applicable to the Company.

## Notes to Financial Statement

**30. Premium Deficiency Reserve**

- |   |   |
|---|---|
| (1) Liability carried for premium deficiency reserves               | \$0   |
| (2) Date of the most recent evaluation of the liability             | <u>03/31/2017</u>   |
| (3) Was anticipated investment income utilized in this calculation? | Yes <input type="radio"/> No <input checked="" type="radio"/> |

**31. Anticipated Salvage and Subrogation**

The Company does not anticipate salvage and subrogation.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 4.2 If yes, provide the name of 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
.....	.....	.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[X] N/A[ ]  
If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2015 .....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2015 .....
- 6.3 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). ..... 01/12/2013 .....
- 6.4 By what department or departments?  
New Mexico Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 17,719

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
  
- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$..... 0

## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No[X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No[X]

15.2 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]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ ..... 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ ..... 0
16.3 Total payable for securities lending reported on the liability page	\$ ..... 0

17. 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 [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Wells Fargo .....	5525, Tryon St. Charlotte, NC 28202 .....

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No[X]

17.4 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No[X]

17.6 For those firms or individuals listed in the table for 17.5 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

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

18.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 69.000%
1.2 A&H cost containment percent	..... 0.000%
1.3 A&H expense percent excluding cost containment expenses	..... 26.000%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>NONE</b>								

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
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) .....	L	77,777						77,777	
33. New York (NY) .....	N								
34. North Carolina (NC) .....	N								
35. North Dakota (ND) .....	N								
36. Ohio (OH) .....	N								
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) .....	X X X								
59. Subtotal .....	X X X	77,777						77,777	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X								
61. Total (Direct Business) .....	(a) 1	77,777						77,777	
<b>DETAILS OF WRITE-INS</b>									
58001. ....	X X X								
58002. ....	X X X								
58003. ....	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

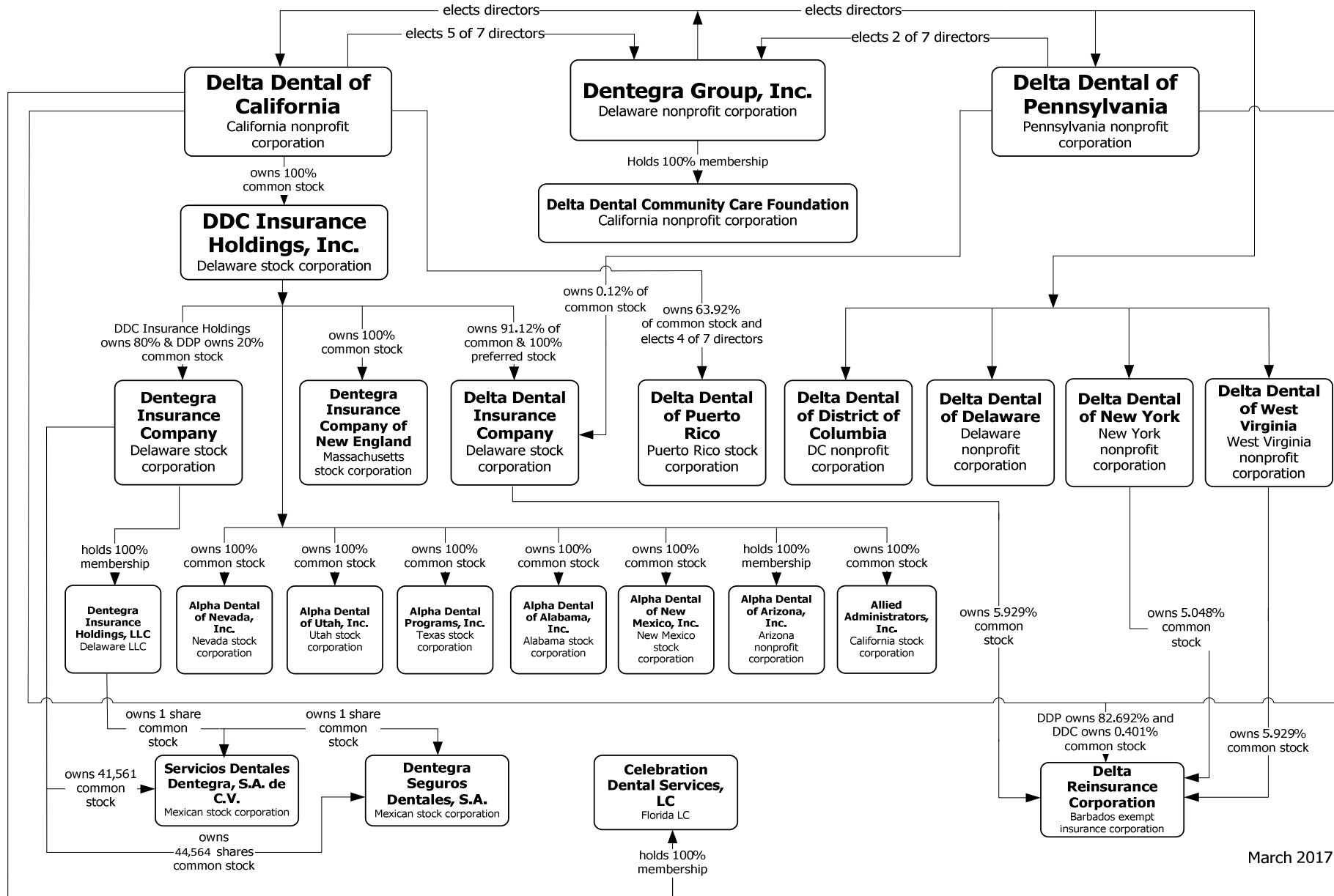


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

#### Insurance Holding Company System of Delta Dental of California



Q15

March 2017

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
2479	Dentegra Group, Inc	00000	943386049	943386049			Dentegra Group, Inc	DE	OTH	Delta Dental of California	Board of Directors, Management		Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	941461312	941461312			Delta Dental of California	CA	UIP				Delta Dental of California	N	
2479	Dentegra Group, Inc	54798	231667011	231667011			Delta Dental of Pennsylvania	PA	IA	Dentegra Group, Inc	Board of Directors		Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	000000000	000000000			DDC Insurance Holdings	DE	UDP	Delta Dental of California	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	371570764	371570764			Delta Dental Community Care Foundation	CA	NIA	Dentegra Group, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	73474	751233841	751233841			Dentegra Insurance Company	DE	IA	DDC Insurance Holdings, Inc	Ownership	80.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	12210	300318743	300318743			Dentegra Insurance Company of New England	MA	IA	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	81396	942761537	942761537			Delta Dental Insurance Company	DE	IA	DDC Insurance Holdings, Inc	Ownership	91.1	Delta Dental of California	N	
2479	Dentegra Group, Inc	47085	660436769	660436769			Delta Dental of Puerto Rico	PR	IA	Delta Dental of California	Ownership, Board of Directors	63.9	Delta Dental of California	N	0000001
2479	Dentegra Group, Inc	11132	510228088	510228088			Delta Dental of Delaware	DE	IA	Dentegra Group, Inc	Board of Directors		Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	521479587	521479587			Delta Dental of District of Columbia	DC	IA	Dentegra Group, Inc	Board of Directors		Delta Dental of California	N	
2479	Dentegra Group, Inc	12329	550523124	550523124			Delta Dental of West Virginia	WV	IA	Dentegra Group, Inc	Board of Directors		Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	205627794	205627794			Dentegra Insurance Holdings, LLC	DE	NIA	Dentegra Insurance Company	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	95778	880244893	880244893			Alpha Dental of Nevada, Inc	NV	IA	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	11174	860672505	860672505			Alpha Dental of Utah, Inc	UT	IA	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	95163	742447512	742447512			Alpha Dental Programs, Inc	TX	IA	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	10765	630796079	630796079			Alpha Dental of AL, Inc	AL	IA	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	47092	330279230	330279230			Alpha Dental of NM, Inc	NM	RE	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	95366	800175937	800175937			Alpha Dental of AZ, Inc	AZ	IA	DDC Insurance Holdings, Inc	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000					Servicios Dentales Dentegra, S.A. de C.V.	MEX	NIA	Dentegra Insurance Company	Ownership	98.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000					Dentegra Seguros Dentales, S.A.	MEX	IA	Dentegra Insurance Company	Ownership	99.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	593410497	593410497			Celebration Dental Services, LC	FL	NIA	Delta Dental of California	Ownership	100.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	943277375	943277375			PACA Management, LLC	DE	NIA	Delta Dental of California	Ownership	50.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	980096711	980096711			Delta Reinsurance Corporation	BRB	IA	Delta Dental of Pennsylvania	Ownership	82.7	Delta Dental of California	N	
2479	Dentegra Group, Inc	73474	751233841	751233841			Dentegra Insurance Company	DE	IA	Delta Dental of Pennsylvania	Ownership	20.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	81396	942761537	942761537			Delta Dental Insurance Company	DE	IA	Delta Dental of Pennsylvania	Ownership	0.1	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000					Servicios Dentales Dentegra, S.A. de C.V.	MEX	NIA	Dentegra Insurance Holdings, LLC	Ownership	2.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000					Dentegra Seguros Dentales, S.A.	MEX	NIA	Dentegra Insurance Holdings, LLC	Ownership	1.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	943277375	943277375			PACA Management, LLC	DE	NIA	Delta Dental of Pennsylvania	Ownership	50.0	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	980096711	980096711			Delta Reinsurance Corporation	BRB	IA	Delta Dental Insurance Company	Ownership	5.9	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	980096711	980096711			Delta Reinsurance Corporation	BRB	IA	Delta Dental of West Virginia	Ownership	5.9	Delta Dental of California	N	
2479	Dentegra Group, Inc	00000	980096711	980096711			Delta Reinsurance Corporation	BRB	UIP	Delta Dental of California	Ownership	0.4	Delta Dental of California	N	
2479	Dentegra Group, Inc	55263	111980218	111980218			Delta Dental of New York	NY	IA	Dentegra Group, Inc	Board of Directors		Delta Dental of California	N	
2479	Dentegra Group, Inc	55263	980096711	980096711			Delta Reinsurance Corporation	BRB	IA	Delta Dental of New York	Ownership	5.0	Delta Dental of California	N	

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Asterisk	Explanation
0000001	1 - Delta Dental of California elects 4 of the 7 directors

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**RESPONSE**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



47092201736500001

2017

Document Code: 365



**SCHEDULE A - VERIFICATION****Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other-than-temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

**NONE****SCHEDULE B - VERIFICATION****Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest point .....		
9. Total foreign exchange change in book value/recorded investment .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**NONE****SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	209,427	210,745
2. Cost of bonds and stocks acquired .....		
3. Accrual of discount .....	25	101
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
7. Deduct amortization of premium .....	357	1,419
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	209,095	209,427
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	209,095	209,427

## SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	178,275			(264)	178,011			178,275
2. NAIC 2 (a) .....	31,152			(68)	31,084			31,152
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	209,427			(332)	209,095			209,427
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	209,427			(332)	209,095			209,427

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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**SI03 Schedule DA Part 1 ..... NONE**

**SI03 Schedule DA Verification ..... NONE**

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SI08 Schedule E - Verification (Cash Equivalents) ..... NONE**

<b>E01 Schedule A Part 2</b> .....	<b>NONE</b>
<b>E01 Schedule A Part 3</b> .....	<b>NONE</b>
<b>E02 Schedule B Part 2</b> .....	<b>NONE</b>
<b>E02 Schedule B Part 3</b> .....	<b>NONE</b>
<b>E03 Schedule BA Part 2</b> .....	<b>NONE</b>
<b>E03 Schedule BA Part 3</b> .....	<b>NONE</b>
<b>E04 Schedule D Part 3</b> .....	<b>NONE</b>
<b>E05 Schedule D Part 4</b> .....	<b>NONE</b>
<b>E06 Schedule DB Part A Section 1</b> .....	<b>NONE</b>
<b>E07 Schedule DB Part B Section 1</b> .....	<b>NONE</b>
<b>E08 Schedule DB Part D Section 1</b> .....	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b> .....	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b> .....	<b>NONE</b>
<b>E10 Schedule DL - Part 1 - Securities Lending Collateral Assets</b> .....	<b>NONE</b>
<b>E11 Schedule DL - Part 2 - Securities Lending Collateral Assets</b> .....	<b>NONE</b>



**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>								
Wells Fargo Bank .....					215,587	241,428	238,056	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....	X X X	X X X						X X X
0199999 Totals - Open Depositories .....	X X X	X X X			215,587	241,428	238,056	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....	X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....	X X X	X X X						X X X
0399999 Total Cash On Deposit .....	X X X	X X X			215,587	241,428	238,056	X X X
0499999 Cash in Company's Office .....	X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....	X X X	X X X			215,587	241,428	238,056	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>NONE</b>							
8699999 Total - Cash Equivalents .....							



## MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 2479

NAIC Company Code: 47092

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....		X X X		X X X	
2. Earned Premiums .....		X X X		X X X	X X X
3. Claims Paid .....		X X X		X X X	
4. Claims Incurred .....		X X X		X X X	X X X
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	X X X		X X X		
6. Aggregate Policy Reserves - change .....		X X X		X X X	X X X
7. Expenses Paid .....		X X X		X X X	
8. Expenses Incurred .....		X X X		X X X	X X X
9. Underwriting Gain or Loss .....		X X X		X X X	X X X
10. Cash Flow Results .....	X X X	X X X	X X X	X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

QAS07

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	77,777			77,777						
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....										XXX
4. Risk revenue .....										XXX
5. Aggregate write-ins for other health care related revenues .....										XXX
6. Aggregate write-ins for other non-health care related revenues .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6) .....	77,777			77,777						
8. Hospital/medical benefits .....										XXX
9. Other professional services .....	53,562			53,562						XXX
10. Outside referrals .....	294			294						XXX
11. Emergency room and out-of-area .....										XXX
12. Prescription drugs .....										XXX
13. Aggregate write-ins for other hospital and medical .....										XXX
14. Incentive pool, withhold adjustments and bonus amounts .....										XXX
15. Subtotal (Lines 8 to 14) .....	53,856			53,856						XXX
16. Net reinsurance recoveries .....										XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	53,856			53,856						XXX
18. Non-health claims (net) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....0 cost containment expenses .....										
20. General administrative expenses .....	19,978			19,978						
21. Increase in reserves for accident and health contracts .....										XXX
22. Increase in reserves for life contracts .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. TOTAL Underwriting Deductions (Lines 17 to 22) .....	73,834			73,834						
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	3,943			3,943						
<b>DETAILS OF WRITE-INS</b>										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										XXX

# Statement of Actuarial Opinion

# Amended Statement Cover

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**QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION  
(HEALTH)**

Name of Insurer Alpha Dental of New Mexico, Inc.

Date \_\_\_\_\_ FEIN 33-0279230  
 NAIC Group # 2479 NAIC Company # 47092

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

	QTR. 1	QTR. 2	QTR. 3
A01. Is this the first time you've submitted this filing? (Y/N) .....	N/A .....	N/A .....	N/A .....
A02. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N) .	N/A .....	N/A .....	N/A .....
A03. Is this being re-filed due to changes to the data originally filed? (Y/N) .....	N/A .....	N/A .....	N/A .....
A04. Other? (Y/N) .....	N/A .....	N/A .....	N/A .....
(If "yes" attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: N/A

Phone:

Address: N/A,

D. Software Vendor: FIS iWORKS, LLC  
 Version: 2017.Q.0

E. Have material validation failures been addressed in the explanation file? Yes[ ] No[X]

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2017 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name):

(version number):

(Signed) \_\_\_\_\_

Type Name and Title:

**Prior Period Data for Non-required Crosschecks**

Prior Period Statement Location	1 Amount
1. 2016 Annual, Page 2, Assets, Line 01, Column 3 .....	209,427
2. 2016 Annual, Page 2, Assets, Line 05, Column 1 .....	237,818
3. 2016 Annual, Page 2, Assets, Line 12, Column 3 .....	447,245
4. 2016 Annual, Page 2, Assets, Line 28, Column 3 .....	470,262
5. 2016 Annual, Page 3, Liabilities, Line 34, Column 3 .....	470,262
6. 2016 Annual, Page 5, Cash Flow, Line 19.2, Column 1 .....	237,818
7. 2016 Annual, Page 29, Five-Year Historical Data, Line 26, Column 1 .....	
8. 2016 Annual, Page 29, Five-Year Historical Data, Line 27, Column 1 .....	
9. 2016 Annual, Page 29, Five-Year Historical Data, Line 28, Column 1 .....	
10. 2016 Annual, Page 29, Five-Year Historical Data, Line 29, Column 1 .....	
11. 2016 Annual, Page 29, Five-Year Historical Data, Line 30, Column 1 .....	
12. 2016 Annual, Page 29, Five-Year Historical Data, Line 31, Column 1 .....	
13. 2016 Annual, Page 29, Five-Year Historical Data, Line 32, Column 1 .....	
14. 2016 Annual, Page SI02, Schedule A Verification, Line 09, Column 2 .....	
15. 2016 Annual, Page SI02, Schedule B Verification, Line 11, Column 2 .....	
16. 2016 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2 .....	
17. 2016 Annual, Page SI03, Schedule D Verification, Line 10, Column 2 .....	209,427
18. 2016 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.1, Column 7 .....	178,275
19. 2016 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.2, Column 7 .....	31,152
20. 2016 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.3, Column 7 .....	
21. 2016 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.4, Column 7 .....	
22. 2016 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.5, Column 7 .....	
23. 2016 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.6, Column 7 .....	
24. 2016 Annual, Page SI10, Schedule DA Verification, Line 02, Column 1 .....	
25. 2016 Annual, Page SI10, Schedule DA Verification, Line 05, Column 1 .....	
26. 2016 Annual, Page SI10, Schedule DA Verification, Line 06, Column 1 .....	
27. 2016 Annual, Page SI11, Schedule DB Part A Verification, Line 09, Column 2 .....	
28. 2016 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4 .....	
29. 2016 Annual, Page SI15, Schedule E Verification, Line 10, Column 1 .....	
30. 2016 Annual, Page E17, Schedule DA Part 1, Line 9199999, Column 8 .....	