

QUARTERLY STATEMENT
OF THE
Alpha Dental of New Mexico, Inc.

of
Santa Fe
in the state of
New Mexico

TO THE
Insurance Department
OF THE STATE OF
New Mexico

FOR THE QUARTER ENDED
JUNE 30, 2018

2018



47092201820100102

2018

Document Code: 201

QUARTERLY STATEMENT AS OF JUNE 30, 2018 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
(current period) (prior period)

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 [] 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 10/06/1987 Commenced Business 09/01/1988

Statutory Home Office 325 Paseo de Peralta , Santa Fe, NM, 87501
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 560 Mission Street, Suite 1300
(Street and Number)

San Francisco, CA, 94105 415-974-8675
(City or Town, State, Country and Zip Code) (Area Code)(Telephone Number)

Mail Address 560 Mission Street, Suite 1300 , San Francisco, CA, 94105
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 560 Mission Street, Suite 1300
(Street and Number)

San Francisco, CA, 94105 415-974-8675
(City or Town, State, Country and Zip Code) (Area Code)(Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Deborah Ann Tadlock (415)974-8675
(Name) (Area Code)(Telephone Number)(Extension)

dtadlock@delta.org (415)972-8464
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Belinda Martinez	Chair/President
Alicia Frias Weber	Treasurer
Karen Lynn Robinson	Secretary

OTHERS

Ashley C. Singer, Assistant Secretary
 Michael G. Hankinson Esq., EVP/Chief Legal Officer, Chief Compliance Officer
 Nilesh C. Patel, EVP, Chief Operations Officer

Athony S. Barth, Chief Executive Officer
 Michael J. Castro, EVP, Chief Financial Officer

DIRECTORS OR TRUSTEES

Belinda Martinez
 Melissa Fullerton
 John M. Yamamoto DDS
 Celinda A. Hall
 Sharon Flores

Kathleen Craig DDS, MS
 Alicia Frias Weber
 Casey Lake
 Kelley G. Ryals DDS

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)	(Signature)	(Signature)
Belinda Martinez	Alicia Frias Weber	Karen Lynn Robinson
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chair/President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

 day of 2018

(Notary Public Signature)

See Attached attached

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

CALIFORNIA JURAT WITH AFFIANT STATEMENT

Government Code § 8202

See Attached Document

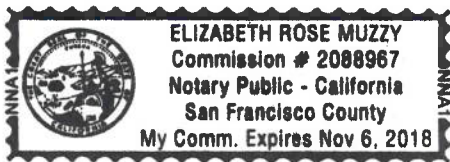
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 11th day of July, 2018, by

- (1) **Belinda Martinez**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.
- (2) **Karen L. Robinson**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.
- (3) **Alicia Frias Weber**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Elizabeth R. Muzzy
Signature of Notary Public

Description of Attached Document

Title or Type of Document: Quarterly Statement as of June 30, 2018 of the condition and affairs of Alpha Dental of New Mexico, Inc.

Document Date: No Date

Number of Pages: Two (2)

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	182,388		182,388	208,072
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 (\$.....281,521), cash equivalents (\$.....0) and short-term investments (\$.....0)	281,521		281,521	212,431
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)	463,909		463,909	420,503
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,818		1,818	1,826
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,982	568	1,414	1,176
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	115	115		
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	1,022		1,022	40,192
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	2,514	2,514		17
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	471,360	3,197	468,163	463,714
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	471,360	3,197	468,163	463,714
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepays	2,206	2,206		
2502. Miscellaneous receivables	308	308		17
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,514	2,514		17

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	37,245	1,755	39,000	29,000
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		30,635	30,635	28,218
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))		900	900	11,104
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				5
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates		3,190	3,190	2,515
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)		36	36	47
24. Total liabilities (Lines 1 to 23)	37,245	37,516	74,761	71,889
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	39,436	37,859
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 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	393,402	391,825
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	468,163	463,714
DETAILS OF WRITE-INS				
2301. Escheatable funds		36	36	47
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)		36	36	47
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	10,077	9,434	18,660
2. Net premium income (including \$.....0 non-health premium income)	X X X	168,178	156,494	308,544
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	168,178	156,494	308,544
Hospital and Medical:				
9. Hospital/medical benefits		133,692	110,628	211,546
10. Other professional services				
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)		133,692	110,628	211,546
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		133,692	110,628	211,546
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses				
21. General administrative expenses		32,766	36,796	70,593
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)		166,458	147,424	282,139
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,720	9,070	26,405
25. Net investment income earned		2,639	2,664	5,309
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		2,639	2,664	5,309
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses		(71)		(341)
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	4,288	11,734	31,373
31. Federal and foreign income taxes incurred	X X X	900	3,951	11,057
32. Net income (loss) (Lines 30 minus 31)	X X X	3,388	7,783	20,316
DETAILS OF WRITE-INS				
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)		(71)		(341)
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)		(71)		(341)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	391,825	370,468	370,468
34. Net income or (loss) from Line 32	3,388	7,783	20,316
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	(1,811)	(1,887)	1,041
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)	1,577	5,896	21,357
49. Capital and surplus end of reporting period (Line 33 plus 48)	393,402	376,364	391,825
DETAILS OF WRITE-INS			
4701.			
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
Cash from Operations			
1. Premiums collected net of reinsurance	167,372	155,422	308,261
2. Net investment income	3,331	3,332	6,664
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	170,703	158,754	314,925
5. Benefit and loss related payments	123,692	98,628	213,546
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	30,420	66,510	95,893
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	11,104	9,587	9,587
10. TOTAL (Lines 5 through 9)	165,216	174,725	319,026
11. Net cash from operations (Line 4 minus Line 10)	5,487	(15,971)	(4,101)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	25,000		
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)	25,000		
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)	25,000		
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	38,603	(17,254)	(21,286)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	38,603	(17,254)	(21,286)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	69,090	(33,225)	(25,387)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	212,431	237,818	237,818
19.2 End of period (Line 18 plus Line 19.1)	281,521	204,593	212,431

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	1,573					1,573				
2. First Quarter	1,684					1,684				
3. Second Quarter	1,649					1,649				
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	10,077					10,077				
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)	168,178					168,178				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	168,178					168,178				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	123,692					123,692				
18. Amount Incurred for Provision of Health Care Services	133,692					133,692				

(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
Claims unpaid (Reported)						
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,235		572		835	3,642
0499999 Subtotals	2,235		572		835	3,642
0599999 Unreported claims and other claim reserves						35,358
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						39,000
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	26,567	97,125	3,648	35,352	30,215	29,000
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)	26,567	97,125	3,648	35,352	30,215	29,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	26,567	97,125	3,648	35,352	30,215	29,000

(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>	2018	2017
<u>NET INCOME</u>			
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	<u>NM</u>	\$ <u>3,388</u>	\$ <u>20,316</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>3,388</u>	\$ <u>20,316</u>
<u>SURPLUS</u>			
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	<u>NM</u>	\$ <u>393,402</u>	\$ <u>391,825</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>393,402</u>	\$ <u>391,825</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 June 30, 2018 this amount was \$568. Deferred tax asset, prepaid income tax, prepaid sales incentives and miscellaneous provider receivables amounting to \$2,629 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 any pharmaceutical rebate receivables.

D. The Company has no going concern.

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 been involved in repurchase agreements transactions accounted for as secured borrowing.
- G. The Company has not been involved in reverse repurchase agreements.
- H. The Company has not entered in any repurchase agreements transactions accounted for as a sale.
- I. The Company has not been involved in reverse repurchase agreements transactions accounted for as a sale.
- J. The Company has not invested in real estate.

Notes to Financial Statement

5. Investments (continued)

- K. The Company has not invested in low-income housing tax credits (LIHTC).
- L. The Company does not have restricted assets (including pledged).
- M. The Company does not have working capital finance investments.
- N. The Company does not have offsetting assets and liabilities.
- O. The company has not invested in structured notes.
- P. The Company has not invested in 5* securities.
- Q. The Company has not been involved in short sales.
- R. The Company has not paid any prepayment penalty and acceleration fees.

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	06/30/2018			12/31/2017			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	115	-	115	115	-	115	-	-	-
b.	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
c.	Adjusted Gross Deferred Tax Assets (1a - 1b)	115	-	115	115	-	115	-	-	-
d.	Deferred Tax Assets Non-admitted	115	-	115	115	-	115	-	-	-
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.

Notes to Financial Statement

9. Income Taxes (continued)

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

	Description	1 06/30/2018	2 12/31/2017	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	900	11,057	(10,157)
b.	Foreign	-	-	-
c.	Subtotal	900	11,057	(10,157)
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	900	11,857	(10,957)
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)	115	115	-
99.	Subtotal	115	115	-
b.	Statutory valuation allowance adjustment	-	-	-
c.	Nonadmitted	115	115	-
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	-	-	-
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.

Notes to Financial Statement

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. There have been no changes in terms of intercompany arrangements.

D.

E. By separate agreements not included in (F.) below, the Company also had amounts due from parent, subsidiaries and affiliates \$1,022 and amounts due to parent, subsidiaries and affiliates of \$3,190 as of June 30, 2018. Related party (affiliate) transactions are normally settled on a monthly basis through an intercompany cash transfer.

F. This is not applicable to the Company.

G. Under the terms of a management agreement contract, DDC provides management services to the Company. Net expenses incurred for these services as of June 30, 2018 was \$13,785.

H. The Company's operations are not affected by the nature of relationships.

I. The Company does not deduct any amounts for investments in an upstream company.

J. The Company has no investment in an SCA entity.

K. The Company has no investment in an SCA entity.

L. The Company has no investment in a foreign insurance subsidiary.

M. The Company has no investment in a downstream noninsurance holding company.

N. The Company has no investment in an SCA entity.

O. The Company has no investment in insurance SCAs.

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.

Notes to Financial Statement

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

- (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.

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.

Notes to Financial Statement

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.
- H. The Company does not have insurance-linked securities contracts.

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 June 30, 2018.

	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 June 30, 2018, have triggered an RBC action level?				NO

There were no events occurring subsequent to June 30, 2018 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, 2017 were \$29,000. As of June 30, 2018 \$26,567 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,648 as a result of re-estimation of unpaid claims and claim adjustment. Therefore, there has been a \$1,215 unfavorable prior-year development since December 31, 2017. The increase 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 June 30, 2018 are at \$39,000.

26. Intercompany Pooling Arrangements

This is not applicable to the Company.

Notes to Financial Statement

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.

30. Premium Deficiency Reserve

(1) Liability carried for premium deficiency reserves	\$0
(2) Date of the most recent evaluation of the liability	<u>06/30/2018</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:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 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).06/12/2017.....
- 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
..... No No No No

- 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: \$..... 1,022

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

- 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:

GENERAL INTERROGATORIES (Continued)

	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
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.

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 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 Securities, LLC	P.O. Box 5120, Sioux Falls, SD 57117-5120

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
 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

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

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 No
 18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes No

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 79.000% |
| 1.2 A&H cost containment percent | 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 18.000% |
| 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 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 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] |

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
NONE								

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	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	168,178						168,178	
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	168,178						168,178	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	168,178						168,178	
DETAILS OF WRITE-INS									
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								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

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

1

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

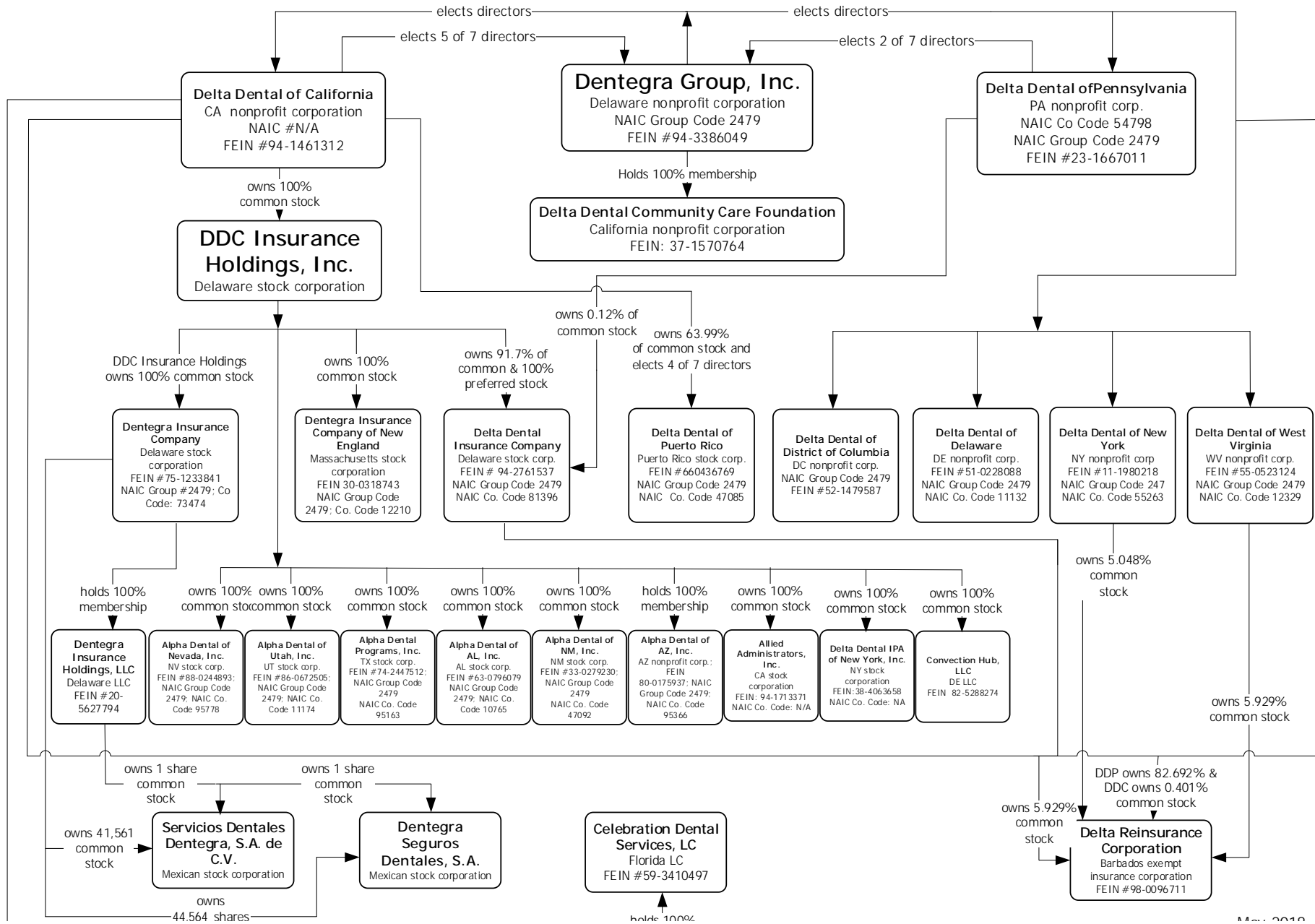
56

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

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	100.0	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	64.0	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	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	

916

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



47092201836500002

2018

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION**Real Estate**

	1	2
	Year To Date	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	2
	Year To Date	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 points		
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	2
	Year To Date	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	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	208,072	209,427
2. Cost of bonds and stocks acquired		
3. Accrual of discount	52	103
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	25,000	
7. Deduct amortization of premium	736	1,458
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	182,388	208,072
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	182,388	208,072

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
BONDS								
1. NAIC 1 (a)	161,559		25,000	(242)	161,559	136,317		161,802
2. NAIC 2 (a)	46,171			(100)	46,171	46,071		46,270
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	207,730		25,000	(342)	207,730	182,388		208,072
PREFERRED STOCK								
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	207,730		25,000	(342)	207,730	182,388		208,072

(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

QS102

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

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

E04 Schedule D Part 3 NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
Bonds - Industrial and Miscellaneous (Unaffiliated)																							
166764AE0	CHEVRON CORP		06/24/2018	Maturity @ 100.00	X X X	25,000	25,000	25,102	25,010		(10)		(10)		25,000					215	06/24/2018	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	25,000	25,000	25,102	25,010		(10)		(10)		25,000					215	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	25,000	25,000	25,102	25,010		(10)		(10)		25,000					215	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	25,000	25,000	25,102	25,010		(10)		(10)		25,000					215	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	25,000	X X X	25,102	25,010		(10)		(10)		25,000					215	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

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	
open depositories								
Wells Fargo					206,979	251,060	281,521	X X X
0199998 Deposits in0 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			206,979	251,060	281,521	X X X
0299998 Deposits in0 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			206,979	251,060	281,521	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			206,979	251,060	281,521	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div style="border: 1px solid black; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">N O N E</div>								
8899999 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)	NONE		X X X		
6. Aggregate Policy Reserves - change				X X X	X X X
7. Expenses Paid				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	168,178			168,178						
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)	168,178			168,178						
8. Hospital/medical benefits	133,692			133,692						XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs										XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts										XXX
15. Subtotal (Lines 8 to 14)	133,692			133,692						XXX
16. Net reinsurance recoveries										XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	133,692			133,692						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	32,766			32,766						
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)	166,458			166,458						
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,720			1,720						
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

Statement of Actuarial Opinion

NONE

Amended Statement Cover

NONE

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8

Prior Period Data for Non-required Crosschecks

Prior Period Statement Location	1 Amount
1. 2017 Annual, Page 2, Assets, Line 01, Column 3	208,072
2. 2017 Annual, Page 2, Assets, Line 05, Column 1	212,431
3. 2017 Annual, Page 2, Assets, Line 12, Column 3	420,503
4. 2017 Annual, Page 2, Assets, Line 28, Column 3	463,714
5. 2017 Annual, Page 3, Liabilities, Line 34, Column 3	463,714
6. 2017 Annual, Page 5, Cash Flow, Line 19.2, Column 1	212,431
7. 2017 Annual, Page 29, Five-Year Historical Data, Line 26, Column 1	
8. 2017 Annual, Page 29, Five-Year Historical Data, Line 27, Column 1	
9. 2017 Annual, Page 29, Five-Year Historical Data, Line 28, Column 1	
10. 2017 Annual, Page 29, Five-Year Historical Data, Line 29, Column 1	
11. 2017 Annual, Page 29, Five-Year Historical Data, Line 30, Column 1	
12. 2017 Annual, Page 29, Five-Year Historical Data, Line 31, Column 1	
13. 2017 Annual, Page 29, Five-Year Historical Data, Line 32, Column 1	
14. 2017 Annual, Page SI02, Schedule A Verification, Line 09, Column 2	
15. 2017 Annual, Page SI02, Schedule B Verification, Line 11, Column 2	
16. 2017 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2	
17. 2017 Annual, Page SI03, Schedule D Verification, Line 10, Column 2	208,072
18. 2017 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.1, Column 7	161,802
19. 2017 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.2, Column 7	46,270
20. 2017 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.3, Column 7	
21. 2017 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.4, Column 7	
22. 2017 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.5, Column 7	
23. 2017 Annual, Page SI07, Schedule D Part 1A Section 1, Line 10.6, Column 7	
24. 2017 Annual, Page SI10, Schedule DA Verification, Line 02, Column 1	
25. 2017 Annual, Page SI10, Schedule DA Verification, Line 05, Column 1	
26. 2017 Annual, Page SI10, Schedule DA Verification, Line 06, Column 1	
27. 2017 Annual, Page SI11, Schedule DB Part A Verification, Line 09, Column 2	
28. 2017 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4	
29. 2017 Annual, Page SI15, Schedule E Verification, Line 10, Column 1	
30. 2017 Annual, Page E17, Schedule DA Part 1, Line 9199999, Column 7	