

ANNUAL 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 Year Ending
DECEMBER 31, 2017

2017



ANNUAL STATEMENT

For the Year Ending December 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
(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 100 First Street
(Street and Number)

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

Mail Address 100 First Street , 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 100 First Street
(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 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	Anthony S. Barth, Chief Executive Officer #
Michael G. Hankinson Esq., EVP/Chief Legal Officer, Chief Compliance Officer	Michael J. Castro, EVP, Chief Financial Officer #
Nilesh C. Patel, EVP, Chief Operations Officer #	

DIRECTORS OR TRUSTEES

Belinda Martinez #	Kathleen Criag DDS, MS #
Melissa Fullerton #	Alicia Frias Weber #
John M. Yamamoto DDS	Casey Lake
Celinda A. 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.

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

Subscribed and sworn to before me this _____ day of _____, 2018

(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

CALIFORNIA JURAT WITH AFFIANT STATEMENT

Government Code § 8202

See Attached Document

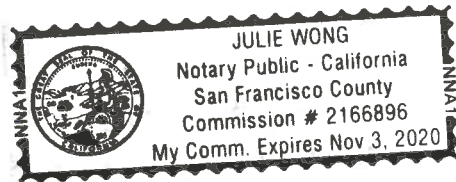
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.


State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 29th day of January, 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.





Signature of Notary Public

Description of Attached Document

Title or Type of Document: Annual Statement for the year ending December 31, 2017 of the condition and affairs of Alpha Dental of New Mexico, Inc.

Document Date: January 29, 2018

Number of Pages: One (1)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	208,072		208,072	209,427
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (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 (\$.....212,431, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	212,431		212,431	237,818
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	420,503		420,503	447,245
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,826		1,826	1,826
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,176		1,176	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	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 adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	40,192		40,192	19,748
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	1,288	1,271	17	550
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	465,100	1,386	463,714	470,262
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	465,100	1,386	463,714	470,262
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	964	964		
2502. Miscellaneous receivables	324	307	17	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)	1,288	1,271	17	550

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	27,695	1,305	29,000	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 reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued		28,218	28,218	53,177
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))		11,104	11,104	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		5	5	
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates		2,515	2,515	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)		47	47	385
24. TOTAL Liabilities (Lines 1 to 23)	27,695	44,194	71,889	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	37,859	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	391,825	370,468
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	463,714	470,262
DETAILS OF WRITE-INS				
2301. Escheatable funds		47	47	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)		47	47	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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	18,660	18,789
2. Net premium income (including \$.....0 non-health premium income)	X X X	308,544	298,384
3. Change in unearned premium reserves and reserve 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	308,544	298,384
Hospital and Medical:			
9. Hospital/medical benefits		211,546	
10. Other professional services			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)		211,546	217,819
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		211,546	217,819
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....0 cost containment expenses			
21. General administrative expenses		70,593	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)		282,139	278,840
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	26,405	19,544
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		5,309	5,346
26. Net realized capital gains (losses) less capital gains tax of \$.....0			
27. Net investment gains (losses) (Lines 25 plus 26)		5,309	5,346
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			(187)
29. Aggregate write-ins for other income or expenses		(341)	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	31,373	24,935
31. Federal and foreign income taxes incurred	X X X	11,057	8,727
32. Net income (loss) (Lines 30 minus 31)	X X X	20,316	16,208
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 (Line 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)		(341)	232
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		(341)	232

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	370,468	356,679
34. Net income or (loss) from Line 32	20,316	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	1,041	(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)	21,357	13,789
49. Capital and surplus end of reporting year (Line 33 plus 48)	391,825	370,468
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	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	308,261	298,317
2.	Net investment income	6,664	6,664
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	314,925	304,981
5.	Benefit and loss related payments	213,546	222,819
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	95,893	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	11,595
10.	TOTAL (Lines 5 through 9)	319,026	284,754
11.	Net cash from operations (Line 4 minus Line 10)	(4,101)	20,227
Cash from Investments			
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 (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
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)	(21,286)	(2,986)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(21,286)	(2,986)
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)	(25,387)	17,241
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	237,818	220,577
19.2	End of year (Line 18 plus Line 19.1)	212,431	237,818

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

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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	308,544			308,544						
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										X X X
4. Risk revenue										X X X
5. Aggregate write-ins for other health care related revenues										X X X
6. Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. TOTAL Revenues (Lines 1 to 6)	308,544			308,544						
8. Hospital/medical benefits	211,546			211,546						X X X
9. Other professional services										X X X
10. Outside referrals										X X X
11. Emergency room and out-of-area										X X X
12. Prescription drugs										X X X
13. Aggregate write-ins for other hospital and medical										X X X
14. Incentive pool, withhold adjustments and bonus amounts										X X X
15. Subtotal (Lines 8 to 14)	211,546			211,546						X X X
16. Net reinsurance recoveries										X X X
17. TOTAL Hospital and Medical (Lines 15 minus 16)	211,546			211,546						X X X
18. Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19. Claims adjustment expenses including \$.....0 cost containment expenses										
20. General administrative expenses	70,593			70,593						
21. Increase in reserves for accident and health contracts										X X X
22. Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	282,139			282,139						
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	26,405			26,405						
DETAILS OF WRITE-INS										
0501.										X X X
0502.										X X X
0503.										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page										X X X
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.										X X X
1302.										X X X
1303.										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page										X X X
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only	308,544	.....	.....	308,544
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 through 8)	308,544	.....	.....	308,544
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11)	308,544	.....	.....	308,544

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	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. Payments during the year:										
1.1 Direct	213,546			213,546						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	213,546			213,546						
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	29,000			29,000						
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	29,000			29,000						
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	31,000			31,000						
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	31,000			31,000						
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	211,546			211,546						
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	211,546			211,546						
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (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. Reported in Process of Adjustment:										
1.1 Direct	8,198			8,198						
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	8,198			8,198						
2. Incurred but Unreported:										
2.1 Direct	20,802			20,802						
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	20,802			20,802						
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	29,000			29,000						
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	29,000			29,000						

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business						
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	30,509	183,037	720	28,280	31,229	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)	30,509	183,037	720	28,280	31,229	31,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	30,509	183,037	720	28,280	31,229	31,000

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

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	125	125	125	125	125
2. 2013	27	27	27	27	27
3. 2014	X X X	41	41	41	41
4. 2015	X X X	X X X	217	217	217
5. 2016	X X X	X X X	X X X	210	240
6. 2017	X X X	X X X	X X X	X X X	183

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	125	125	125	125	125
2. 2013	27	27	27	27	27
3. 2014	X X X	41	41	41	41
4. 2015	X X X	X X X	218	217	217
5. 2016	X X X	X X X	X X X	214	241
6. 2017	X X X	X X X	X X X	X X X	211

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2013	63	27			27	42.857			27	42.857
2. 2014	351	41			41	11.681			41	11.681
3. 2015	315	217			217	68.889			217	68.889
4. 2016	298	240	0	0.130	240	80.642	1		241	80.977
5. 2017	309	183	2	0.922	185	59.769	28	1	214	69.154

12 Total

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE

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

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE

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

Dental Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	125	125	125	125	125
2.	2013	27	27	27	27	27
3.	2014	X X X	41	41	41	41
4.	2015	X X X	X X X	217	217	217
5.	2016	X X X	X X X	X X X	210	240
6.	2017	X X X	X X X	X X X	X X X	183

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	125	125	125	125	125
2.	2013	27	27	27	27	27
3.	2014	X X X	41	41	41	41
4.	2015	X X X	X X X	218	217	217
5.	2016	X X X	X X X	X X X	214	241
6.	2017	X X X	X X X	X X X	X X X	211

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2013	63	27			27	42.857			27	42.857
2. 2014	351	41			41	11.681			41	11.681
3. 2015	315	217			217	68.889			217	68.889
4. 2016	298	240	0	0.130	240	80.642	1		241	80.977
5. 2017	309	183	2	0.922	185	59.769	28	1	214	69.154

12 Dental Only

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

- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

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

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

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

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

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

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

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

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

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

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

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

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

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

- 13 Underwriting Invest Exh Pt 2D - A & H Reserve NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			907		907
2. Salaries, wages and other benefits			12,975		12,975
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			4,712		4,712
4. Legal fees and expenses			1,878		1,878
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			11,805		11,805
7. Traveling expenses			288		288
8. Marketing and advertising			553		553
9. Postage, express and telephone			739		739
10. Printing and office supplies			276		276
11. Occupancy, depreciation and amortization			1,192		1,192
12. Equipment			1,738		1,738
13. Cost or depreciation of EDP equipment and software			2,863		2,863
14. Outsourced services including EDP, claims, and other services			1,642		1,642
15. Boards, bureaus and association fees			1,918		1,918
16. Insurance, except on real estate			330		330
17. Collection and bank service charges			9,559		9,559
18. Group service and administration fees			134		134
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes			18		18
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			800		800
23.2 State premium taxes			12,351		12,351
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes			532		532
23.5 Other (excluding federal income and real estate taxes)			3,246		3,246
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			137		137
26. TOTAL Expenses Incurred (Lines 1 to 25)			70,593		(a) 70,593
27. Less expenses unpaid December 31, current year		1,000	28,218		29,218
28. Add expenses unpaid December 31, prior year		1,000	53,177		54,177
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)			95,552		95,552
DETAILS OF WRITE-INS					
2501. Miscellaneous expenses			137		137
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			137		137

(a) Includes management fees of \$.....25,150 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	5,309	5,309
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL Gross investment income	5,309	5,309
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. TOTAL Deductions (Lines 11 through 15)		
17. Net Investment income (Line 10 minus Line 16)		5,309

DETAILS OF WRITE-INS

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

- (a) Includes \$.....103 accrual of discount less \$.....1,458 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)					

NONE

DETAILS OF WRITE-INS

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

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Invested income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset	115	68	(47)
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets	1,271	2,359	1,088
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,386	2,427	1,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	1,386	2,427	1,041
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	964	2,359	1,395
2502. Miscellaneous receivables	307		(307)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,271	2,359	1,088

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	1,576	1,598	1,553	1,537	1,573	18,660
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	1,576	1,598	1,553	1,537	1,573	18,660
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
Group Subscribers:						
.....	1,176					1,176
0299997 Subtotal - Group Subscribers:	1,176					1,176
0299998 Premiums due and unpaid not individually listed						
0299999 TOTAL Group	1,176					1,176
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,176					1,176

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
.....	7,162			1,036		8,198
0199999 Total - Individually Listed Claims Unpaid	7,162			1,036		8,198
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	7,162			1,036		8,198
0599999 Unreported claims and other claim reserves						20,802
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						29,000
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Delta Dental of California	34,660					34,660	
Delta Dental Insurance Company	5,308					5,308	
Alpha Dental Programs, Inc.	17					17	
Delta Dental of Pennsylvania	27					27	
Delta Dental of New York	180					180	
0199999 Total - Individually listed receivables	40,192					40,192	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	40,192					40,192	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Delta Dental of California	Miscellaneous	2,120	2,120	
Delta Dental Insurance Company	Miscellaneous	49	49	
Alpha Dental Programs, Inc	Miscellaneous	260	260	
Alpha Dental of Arizona, Inc.	Miscellaneous	28	28	
Delta Dental of Pennsylvania	Miscellaneous	4	4	
Delta Dental of New York	Miscellaneous	1	1	
Dentegra Insurace Company	Miscellaneous	53	53	
0199999 Total - Individually Listed Payables	X X X	2,515	2,515	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	2,515	2,515	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers			18,660	1,186.268		
4. TOTAL Capitation Payments			18,660	1,186.268		
Other Payments:						
5. Fee-for-service	213,546	100.000	X X X	X X X	213,546	
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	213,546	100.000	X X X	X X X	213,546	
13. TOTAL (Line 4 plus Line 12)	213,546	100.000	X X X	X X X	213,546	

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	N O N E					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						

Notes to Financial Statements

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:

	State of Domicile	2017	2016
<u>NET INCOME</u>			
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	NM	\$ 20,316	\$ 16,208
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	NM	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property	NM	-	-
(4) NAIC SAP (1-2-3=4)	NM	\$ 20,316	\$ 16,208
<u>SURPLUS</u>			
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	NM	\$ 391,825	\$ 370,468
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	NM	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	NM	-	-
(8) NAIC SAP (5-6-7=8)	NM	\$ 391,825	\$ 370,468

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 December 31, 2017 this amount was \$0. Deferred tax asset, prepaid income tax, prepaid sales incentives and miscellaneous provider receivables amounting to \$1,386 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 Statements

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 Statements

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	12/31/2017			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	115	-	115	68	-	68	47	-	47
b.	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
c.	Adjusted Gross Deferred Tax Assets (1a - 1b)	115	-	115	68	-	68	47	-	47
d.	Deferred Tax Assets Non-admitted	115	-	115	68	-	68	47	-	47
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 Statements

9. Income Taxes (continued)

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

	Description	1 12/31/2017	2 12/31/2016	3 (Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	11,057	8,727	2,330
b.	Foreign	-	-	-
c.	Subtotal	11,057	8,727	2,330
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	11,857	9,527	2,330
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	68	47
99.	Subtotal	115	68	47
b.	Statutory valuation allowance adjustment	-	-	-
c.	Nonadmitted	115	68	47
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 Statements

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 \$40,192 and amounts due to parent, subsidiaries and affiliates of \$2,515 as of December 31, 2017. 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 December 31, 2017 was \$25,150.

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 Statements

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 Statements

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 December 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 December 31, 2017, have triggered an RBC action level? NO				

There were no events occurring subsequent to December 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 December 31, 2017 \$30,509 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$720 as a result of re-estimation of unpaid claims and claim adjustment. Therefore, there has been a \$229 unfavorable prior-year development since December 31, 2016. 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 December 31, 2017 are at \$29,000.

26. Intercompany Pooling Arrangements

This is not applicable to the Company.

Notes to Financial Statements

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>12/31/2017</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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
- 1.3 State Regulating? New Mexico
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/12/2017
- 3.4 By what department or departments?
New Mexico Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[] No[] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes[] No[X]
- 4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[] No[X]
- 4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 6.2 If yes, give full information: _____
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes, 0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
ARMANINO LLP, 12657 ALCOSTA BLVD, SUITE 500, SAN RAMON, 94583-4427
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain: _____
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

GENERAL INTERROGATORIES (Continued)

DAVID RUBADUE, CBIZ, 5450 FRANTZ ROAD, SUITE 300, DUBLIN, OHIO 43016

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
 12.11 Name of real estate holding company
 12.12 Number of parcels involved 0
 12.13 Total book/adjusted carrying value \$ 0
 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No N/A
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes No N/A
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes No
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes No
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes No
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers \$ 0
 20.12 To stockholders not officers \$ 0
 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers \$ 0
 20.22 To stockholders not officers \$ 0
 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others \$ 0
 21.22 Borrowed from others \$ 0
 21.23 Leased from others \$ 0
 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes No
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment \$ 0
 22.22 Amount paid as expenses \$ 0
 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 40,192

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes No
 24.02 If no, give full and complete information, relating thereto
 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No N/A
 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A

GENERAL INTERROGATORIES (Continued)

- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes[] No[] N/A[X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 24.103 Total payable for securities lending reported on the liability page. \$ 0

- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[] No[X]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ 0
- 25.22 Subject to reverse repurchase agreements \$ 0
- 25.23 Subject to dollar repurchase agreements \$ 0
- 25.24 Subject to reverse dollar repurchase agreements \$ 0
- 25.25 Placed under option agreements \$ 0
- 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 25.27 FHLB Capital Stock \$ 0
- 25.28 On deposit with states \$ 0
- 25.29 On deposit with other regulatory bodies \$ 0
- 25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
- 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Wells Fargo Securities, LLC	P.O. Box 5120, Sioux Falls, SD 57117-5120

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes[] No[X]
- 28.04 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

- 28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[] No[X]
- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[] No[X]
- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES (Continued)

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes No

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	208,072	210,008	1,936
30.2 Preferred stocks			
30.3 Totals	208,072	210,008	1,936

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

The company utilized Clearwater Analytics, LLC and Custodians for all securities.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes No

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes No N/A

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes No

32.2 If no, list exceptions:

33. By self-designation 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

OTHER

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

\$ 0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for legal expenses, if any?

\$ 0

35.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

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

\$ 0

36.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	308,544	298,384
2.2 Premium Denominator	308,544	298,384
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	29,000	31,000
2.5 Reserve Denominator	29,000	31,000
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes No
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes No
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No N/A
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
- 5.31 Comprehensive Medical \$ 0
- 5.32 Medical Only \$ 0
- 5.33 Medicare Supplement \$ 0
- 5.34 Dental & Vision \$ 0
- 5.35 Other Limited Benefit Plan \$ 0
- 5.36 Other \$ 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
None
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes No
- 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 21
- 8.2 Number of providers at end of reporting year 20
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months 0
- 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ 0
- 10.22 Amount actually paid for year bonuses \$ 0
- 10.23 Maximum amount payable withholds \$ 0
- 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes No
- 11.13 An Individual Practice Association (IPA), or, Yes No
- 11.14 A Mixed Model (combination of above)? Yes No
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
- 11.4 If yes, show the amount required. \$ 0
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation.
- 12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
New Mexico

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ 0
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

GENERAL INTERROGATORIES (Continued)

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

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

15.1 Direct Premium Written	\$	0
15.2 Total incurred claims	\$	0
15.2 Number of covered lives		0

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

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	463,714	470,262	452,238	451,135	325,780
2. TOTAL Liabilities (Page 3, Line 24)	71,889	99,794	95,559	117,457	35,042
3. Statutory minimum capital and surplus requirement					
4. TOTAL Capital and Surplus (Page 3, Line 33)	391,825	370,468	356,679	333,678	290,738
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	308,544	298,384	315,358	350,956	63,811
6. TOTAL Medical and Hospital Expenses (Line 18)	211,546	217,819	221,289	217,462	40,773
7. Claims adjustment expenses (Line 20)			(1,813)	1,782	334
8. TOTAL Administrative Expenses (Line 21)	70,593	61,021	65,521	70,332	19,466
9. Net underwriting gain (loss) (Line 24)	26,405	19,544	30,361	61,480	3,238
10. Net investment gain (loss) (Line 27)	5,309	5,346	5,054	4,574	4,192
11. TOTAL Other Income (Lines 28 plus 29)	(341)	45	(19)		
12. Net income or (loss) (Line 32)	20,316	16,208	23,008	42,935	4,829
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(4,101)	20,227	29,502	86,541	(3,551)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	391,825	370,468	356,679	333,678	290,738
15. Authorized control level risk-based capital	25,112	25,071	25,072	29,175	25,015
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	1,573	1,576	1,563	1,858	491
17. TOTAL Members Months (Column 6, Line 7)	18,660	18,789	19,547	20,509	3,619
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	68.6	73.0	70.2	62.0	65.0
20. Cost containment expenses					
21. Other claims adjustment expenses				0.5	0.5
22. TOTAL Underwriting Deductions (Line 23)	91.4	93.5	90.4	82.5	96.5
23. TOTAL Underwriting Gain (Loss) (Line 24)	8.6	6.5	9.6	17.5	5.2
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	31,229	31,337	37,759	12,681	4,378
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	31,000	36,000	34,000	9,800	2,300
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 2479

BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR

NAIC Company Code 47092

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 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	1,553					1,553				
4. Third Quarter	1,537					1,537				
5. Current Year	1,573					1,573				
6. Current Year Member Months	18,660					18,660				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	308,544					308,544				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	308,544					308,544				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	213,546					213,546				
18. Amount Incurred for Provision of Health Care Services	211,546					211,546				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 2479

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 47092

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 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	1,553					1,553				
4. Third Quarter	1,537					1,537				
5. Current Year	1,573					1,573				
6. Current Year Member Months	18,660					18,660				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	308,544					308,544				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	308,544					308,544				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	213,546					213,546				
18. Amount Incurred for Provision of Health Care Services	211,546					211,546				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

33 Schedule S - Part 3 - Section 2 NONE

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

36 Schedule S - Part 6 NONE

37 Schedule S - Part 7 NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & 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	308,544						308,544	
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	308,544						308,544	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. TOTAL (Direct Business)	(a) ... 1	308,544						308,544	
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								

(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.
Explanation of basis of allocation by state, premiums by state, etc.:

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

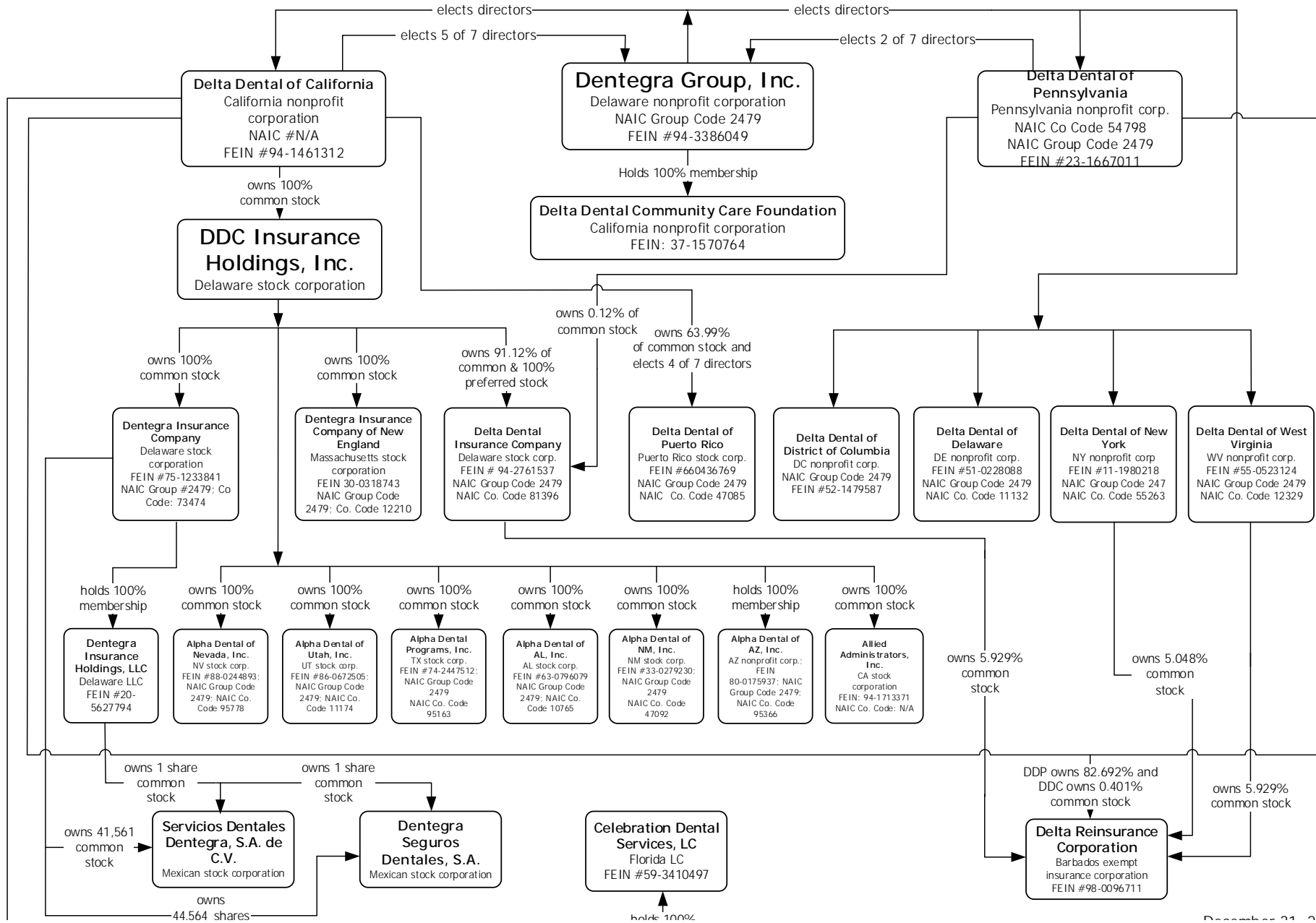
NONE

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



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	

41

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
10765	63-0796079	ALPHA DENTAL OF ALABAMA, INC					(27,211)				(27,211)	
95366	80-0175937	ALPHA DENTAL OF ARIZONA, INC					(222,031)				(222,031)	
95778	88-0244893	ALPHA DENTAL OF NV INC					(259,632)	(5,872)			(265,504)	
47092	33-0279230	ALPHA DENTAL OF NEW MEXICO, INC					(25,150)				(25,150)	
11174	86-0672505	ALPHA DENTAL OF UTAH, INC					(105,762)				(105,762)	
95163	74-2447512	ALPHA DENTAL PROGRAMS, INC					(4,630,247)				(4,630,247)	
81396	94-2761537	DELTA DENTAL INSURANCE COMPANY	1,480,000				(11,551,895)	(15,952,414)			(26,024,309)	8,603,593
00000	94-1461312	DELTA DENTAL OF CALIFORNIA	100,000	(10,000,000)			20,949,972	35,106,049			46,156,021	(36,165,741)
11132	51-0228088	DELTA DENTAL OF DELAWARE						(902,231)			(902,231)	3,634,873
54798	23-1667011	DELTA DENTAL OF PENNSYLVANIA	20,640,000				(1,218,204)				19,421,796	
47085	68-0652604	DELTA DENTAL PLAN OF PR INC					(610,608)	(801,516)			(1,412,124)	934,572
12329	55-0523124	DELTA DENTAL OF W VA	1,480,000					(1,592,849)			(112,849)	2,373,301
00000	98-0096711	DELTA REINSURANCE CORPORATION	(24,960,000)					3,594,443			(21,365,557)	(6,008,174)
73474	75-1233841	DENTEGRA INS CO		10,000,000			(1,532,058)	(18,978,995)			(10,511,053)	26,439,607
12210	30-0318743	DENTEGRA INS CO OF NEW ENGLAND						(466,615)			(466,615)	187,969
00000	94-3277375	PACA MANAGEMENT, LLC										
55263	11-1980218	DELTA DENTAL OF NY	1,260,000				(767,174)				492,826	
00000	52-1479587	DELTA DENTAL OF THE DISTRICT OF COLUMBIA										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

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

APRIL FILING

- | | |
|--|----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | No |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|-----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



47092201721100000

2017

Document Code: 211

Supplemental Health Care Exhibit



47092201721600000

2017

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



47092201721700000

2017

Document Code: 217

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities						
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or Guaranteed by GNMA						
1.512 Issued or Guaranteed by FNMA and FHLMC						
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	208,072	49.482	208,072		208,072	49.482
2.2 Unaffiliated Non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments						
11. Other invested assets	212,431	50.518	212,431		212,431	50.518
12. TOTAL Invested assets	420,503	100.000	420,503		420,503	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 6)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Current year change in encumbrances:		
3.1 TOTALS, Part 1, Column 13		
3.2 TOTALS, Part 3, Column 11		
4. TOTAL gain (loss) on disposals, Part 3, Column 18		
5. Deduct amounts received on disposals, Part 3, Column 15		
6. TOTAL foreign exchange change in book/adjusted	NONE	
6.1 TOTALS, Part 1, Column 15		
6.2 TOTALS, Part 3, Column 13		
7. Deduct current year's other-than-temporary impairment recognized:		
7.1 TOTALS, Part 1, Column 12		
7.2 TOTALS, Part 3, Column 10		
8. Deduct current year's depreciation:		
8.1 TOTALS, Part 1, Column 11		
8.2 TOTALS, Part 3, Column 9		
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 (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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 (Part 2, Column 7)		
2.2 Additional investment made after acquisition (Part 2, Column 8)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 12		
3.2 TOTALS, Part 3, Column 11		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 9		
5.2 TOTALS, Part 3, Column 8		
6. TOTAL gain (loss) on disposals, Part 3, Column 18		
7. Deduct amounts received on disposals, Part 3, Column 15	NONE	
8. Deduct amortization of premium and mortgage interest		
9. TOTAL foreign exchange change in book value/recorded interest		
9.1 TOTALS, Part 1, Column 13		
9.2 TOTALS, Part 3, Column 13		
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 TOTALS, Part 1, Column 11		
10.2 TOTALS, Part 3, Column 10		
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 (Lines 11 plus 12)		
14. Deduct total nonadmitted amounts		
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Capitalized deferred interest and other:		
3.1 TOTALS, Part 1, Column 16		
3.2 TOTALS, Part 3, Column 12		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 TOTALS, Part 1, Column 13		
5.2 TOTALS, Part 3, Column 9		
6. TOTAL gain (loss) on disposals, Part 3, Column 19		
7. Deduct amounts received on disposals, Part 3, Column 18		
8. Deduct amortization of premium and depreciation		
9. TOTAL foreign exchange change in book/adjusted carrying value:		
9.1 TOTALS, Part 1, Column 17		
9.2 TOTALS, Part 3, Column 14		
10. Deduct current year's other-than-temporary impairment recognized:		
10.1 TOTALS, Part 1, Column 15		
10.2 TOTALS, Part 3, Column 11		
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)		

N O N E

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year		209,427
2. Cost of bonds and stocks acquired, Part 3, Column 7		
3. Accrual of Discount		103
4. Unrealized valuation increase (decrease):		
4.1 Part 1, Column 12		
4.2 Part 2, Section 1, Column 15		
4.3 Part 2, Section 2, Column 13		
4.4 Part 4, Column 11		
5. TOTAL gain (loss) on disposals, Part 4, Column 19		
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		
7. Deduct amortization of premium		1,458
8. TOTAL foreign exchange change in book/adjusted carrying value:		
8.1 Part 1, Column 15		
8.2 Part 2, Section 1, Column 19		
8.3 Part 2, Section 2, Column 16		
8.4 Part 4, Column 15		
9. Deduct current year's other-than-temporary impairment recognized:		
9.1 Part 1, Column 14		
9.2 Part 2, Section 1, Column 17		
9.3 Part 2, Section 2, Column 14		
9.4 Part 4, Column 13		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		208,072
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		208,072

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States .....	.....	.....	.....	.....
	2. Canada .....	.....	.....	.....	.....
	3. Other Countries .....	.....	.....	.....	.....
	4. TOTALS .....	.....	.....	.....	.....
U.S. States, Territories and Possessions (Direct and guaranteed)	5. TOTALS .....	.....	.....	.....	.....
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. TOTALS .....	.....	.....	.....	.....
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. TOTALS .....	.....	.....	.....	.....
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States	208,072	210,008	215,949	205,000
	9. Canada .....	.....	.....	.....	.....
	10. Other Countries .....	.....	.....	.....	.....
	11. TOTALS	208,072	210,008	215,949	205,000
Parent, Subsidiaries and Affiliates	12. TOTALS .....	.....	.....	.....	.....
	13. TOTAL Bonds	208,072	210,008	215,949	205,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States .....	.....	.....	.....	.....
	15. Canada .....	.....	.....	.....	.....
	16. Other Countries .....	.....	.....	.....	.....
	17. TOTALS .....	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	18. TOTALS .....	.....	.....	.....	.....
	19. TOTAL Preferred Stocks .....	.....	.....	.....	.....
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States .....	.....	.....	.....	.....
	21. Canada .....	.....	.....	.....	.....
	22. Other Countries .....	.....	.....	.....	.....
	23. TOTALS .....	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	24. TOTALS .....	.....	.....	.....	.....
	25. TOTAL Common Stocks .....	.....	.....	.....	.....
	26. TOTAL Stocks .....	.....	.....	.....	.....
	27. TOTAL Bonds and Stocks	208,072	210,008	215,949	.....

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 10.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1						XXX						
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 TOTALS						XXX						
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 TOTALS						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 TOTALS						XXX						
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 TOTALS						XXX						
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 TOTALS						XXX						

S105

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Column 7 as a % of Line 10.7	Total From Column 7 Prior Year	% From Column 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	40,492	121,310				X X X	161,802	77.76	178,275	85.13	146,543	15,259
6.2 NAIC 2		46,270				X X X	46,270	22.24	31,152	14.87	46,270	
6.3 NAIC 3						X X X						
6.4 NAIC 4						X X X						
6.5 NAIC 5						X X X						
6.6 NAIC 6						X X X						
6.7 TOTALS	40,492	167,580				X X X	208,072	100.00	209,427	100.00	192,813	15,259
7. Hybrid Securities												
7.1 NAIC 1						X X X						
7.2 NAIC 2						X X X						
7.3 NAIC 3						X X X						
7.4 NAIC 4						X X X						
7.5 NAIC 5						X X X						
7.6 NAIC 6						X X X						
7.7 TOTALS						X X X						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						X X X						
8.2 NAIC 2						X X X						
8.3 NAIC 3						X X X						
8.4 NAIC 4						X X X						
8.5 NAIC 5						X X X						
8.6 NAIC 6						X X X						
8.7 TOTALS						X X X						
9. SVO Identified Funds												
9.1 NAIC 1	X X X	X X X	X X X	X X X	X X X							
9.2 NAIC 2	X X X	X X X	X X X	X X X	X X X							
9.3 NAIC 3	X X X	X X X	X X X	X X X	X X X							
9.4 NAIC 4	X X X	X X X	X X X	X X X	X X X							
9.5 NAIC 5	X X X	X X X	X X X	X X X	X X X							
9.6 NAIC 6	X X X	X X X	X X X	X X X	X X X							
9.7 TOTALS	X X X	X X X	X X X	X X X	X X X							

901S

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.7	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 40,492	121,310					161,802	77.76	X X X	X X X	146,543	15,259
10.2 NAIC 2	(d)	46,270					46,270	22.24	X X X	X X X	46,270	
10.3 NAIC 3	(d)								X X X	X X X		
10.4 NAIC 4	(d)								X X X	X X X		
10.5 NAIC 5	(d)						(c)		X X X	X X X		
10.6 NAIC 6	(d)						(c)		X X X	X X X		
10.7 TOTALS	40,492	167,580					(b) 208,072	100.00	X X X	X X X	192,813	15,259
10.8 Line 10.7 as a % of Column 7	19.46	80.54					100.00	X X X	X X X	X X X	92.67	7.33
11. Total Bonds Prior Year												
11.1 NAIC 1		178,275					X X X	X X X	178,275	85.13	162,949	15,326
11.2 NAIC 2		31,152					X X X	X X X	31,152	14.87	31,152	
11.3 NAIC 3							X X X	X X X				
11.4 NAIC 4							X X X	X X X				
11.5 NAIC 5							X X X	X X X	(c)			
11.6 NAIC 6							X X X	X X X	(c)			
11.7 TOTALS		209,427					X X X	X X X	(b) 209,427	100.00	194,101	15,326
11.8 Line 11.7 as a % of Col. 9		100.00					X X X	X X X	100.00	X X X	92.68	7.32
12. Total Publicly Traded Bonds												
12.1 NAIC 1	40,492	106,051					146,543	70.43	162,949	77.81	146,543	X X X
12.2 NAIC 2		46,270					46,270	22.24	31,152	14.87	46,270	X X X
12.3 NAIC 3												X X X
12.4 NAIC 4												X X X
12.5 NAIC 5												X X X
12.6 NAIC 6												X X X
12.7 TOTALS	40,492	152,321					192,813	92.67	194,101	92.68	192,813	X X X
12.8 Line 12.7 as a % of Col. 7	21.00	79.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	19.46	73.21					92.67	X X X	X X X	X X X	92.67	X X X
13. Total Privately Placed Bonds												
13.1 NAIC 1		15,259					15,259	7.33	15,326	7.32	X X X	15,259
13.2 NAIC 2											X X X	
13.3 NAIC 3											X X X	
13.4 NAIC 4											X X X	
13.5 NAIC 5											X X X	
13.6 NAIC 6											X X X	
13.7 TOTALS		15,259					15,259	7.33	15,326	7.32	X X X	15,259
13.8 Line 13.7 as a % of Col. 7		100.00					100.00	X X X	X X X	X X X	X X X	100.00
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10		7.33					7.33	X X X	X X X	X X X	X X X	7.33

S107

(a) Includes \$.....15,259 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) 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.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
Distribution by Type												
1. U.S. Governments												
1.1 Issuer Obligations						X X X						
1.2 Residential Mortgage-Backed Securities						X X X						
1.3 Commercial Mortgage-Backed Securities						X X X						
1.4 Other Loan-Backed and Structured Securities						X X X						
1.5 TOTALS						X X X						
2. All Other Governments												
2.1 Issuer Obligations						X X X						
2.2 Residential Mortgage-Backed Securities						X X X						
2.3 Commercial Mortgage-Backed Securities						X X X						
2.4 Other Loan-Backed and Structured Securities						X X X						
2.5 TOTALS						X X X						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						X X X						
3.2 Residential Mortgage-Backed Securities						X X X						
3.3 Commercial Mortgage-Backed Securities						X X X						
3.4 Other Loan-Backed and Structured Securities						X X X						
3.5 TOTALS						X X X						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						X X X						
4.2 Residential Mortgage-Backed Securities						X X X						
4.3 Commercial Mortgage-Backed Securities						X X X						
4.4 Other Loan-Backed and Structured Securities						X X X						
4.5 TOTALS						X X X						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations						X X X						
5.2 Residential Mortgage-Backed Securities						X X X						
5.3 Commercial Mortgage-Backed Securities						X X X						
5.4 Other Loan-Backed and Structured Securities						X X X						
5.5 TOTALS						X X X						
6. Industrial and Miscellaneous												
6.1 Issuer Obligations	40,492	167,580				X X X	208,072	100.00	209,427	100.00	192,813	15,259
6.2 Residential Mortgage-Backed Securities						X X X						
6.3 Commercial Mortgage-Backed Securities						X X X						
6.4 Other Loan-Backed and Structured Securities						X X X						
6.5 TOTALS	40,492	167,580				X X X	208,072	100.00	209,427	100.00	192,813	15,259
7. Hybrid Securities												
7.1 Issuer Obligations						X X X						
7.2 Residential Mortgage-Backed Securities						X X X						
7.3 Commercial Mortgage-Backed Securities						X X X						
7.4 Other Loan-Backed and Structured Securities						X X X						
7.5 TOTALS						X X X						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						X X X						
8.2 Residential Mortgage-Backed Securities						X X X						
8.3 Commercial Mortgage-Backed Securities						X X X						
8.4 Other Loan-Backed and Structured Securities						X X X						
8.5 TOTALS						X X X						

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Column 7 as a % of Line 10.6	9 Total From Column 7 Prior Year	10 % From Column 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
Distribution by Type												
9. SVO Identified Funds												
9.1 Exchange Traded Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.2 Bond Mutual Funds - as Identified by the SVO	X X X	X X X	X X X	X X X	X X X							
9.3 TOTALS	X X X	X X X	X X X	X X X	X X X							
10. Total Bonds Current Year												
10.1 Issuer Obligations	40,492	167,580				X X X	208,072	100.00	X X X	X X X	192,813	15,259
10.2 Residential Mortgage-Backed Securities						X X X			X X X	X X X		
10.3 Commercial Mortgage-Backed Securities						X X X			X X X	X X X		
10.4 Other Loan-Backed and Structured Securities						X X X			X X X	X X X		
10.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X				X X X	X X X		
10.6 TOTALS	40,492	167,580					208,072	100.00	X X X	X X X	192,813	15,259
10.7 Line 10.6 as a % of Col. 7	19.46	80.54					100.00	X X X	X X X	X X X	92.67	7.33
11. Total Bonds Prior Year												
11.1 Issuer Obligations		209,427				X X X	X X X	X X X	209,427	100.00	194,101	15,326
11.2 Residential Mortgage-Backed Securities						X X X	X X X	X X X				
11.3 Commercial Mortgage-Backed Securities						X X X	X X X	X X X				
11.4 Other Loan-Backed and Structured Securities						X X X	X X X	X X X				
11.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X		X X X	X X X				
11.6 TOTALS		209,427					X X X	X X X	209,427	100.00	194,101	15,326
11.7 Line 11.6 as a % of Col. 9		100.00					X X X	X X X	100.00	X X X	92.68	7.32
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	40,492	152,321				X X X	192,813	92.67	194,101	92.68	192,813	X X X
12.2 Residential Mortgage-Backed Securities						X X X						X X X
12.3 Commercial Mortgage-Backed Securities						X X X						X X X
12.4 Other Loan-Backed and Structured Securities						X X X						X X X
12.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X							X X X
12.6 TOTALS	40,492	152,321					192,813	92.67	194,101	92.68	192,813	X X X
12.7 Line 12.6 as a % of Col. 7	21.00	79.00					100.00	X X X	X X X	X X X	100.00	X X X
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	19.46	73.21					92.67	X X X	X X X	X X X	92.67	X X X
13. Total Privately Placed Bonds												
13.1 Issuer Obligations		15,259				X X X	15,259	7.33	15,326	7.32	X X X	15,259
13.2 Residential Mortgage-Backed Securities						X X X					X X X	
13.3 Commercial Mortgage-Backed Securities						X X X					X X X	
13.4 Other Loan-Backed and Structured Securities						X X X					X X X	
13.5 SVO-Designated Securities	X X X	X X X	X X X	X X X	X X X						X X X	
13.6 TOTALS		15,259					15,259	7.33	15,326	7.32	X X X	15,259
13.7 Line 13.6 as a % of Col. 7		100.00					100.00	X X X	X X X	X X X	X X X	100.00
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10		7.33					7.33	X X X	X X X	X X X	X X X	7.33

6015

SI10 Schedule DA - Verification NONE

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SI15 Schedule E - Part 2 - Verification NONE

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Disposed NONE

E04 Schedule B Part 1 - Mortgage Loans Owned NONE

E05 Schedule B Part 2 - Mortgage Loans Acquired NONE

E06 Schedule B Part 3 - Mortgage Loans Disposed NONE

E07 Schedule BA Part 1 - Long-Term Invested Assets Owned NONE

E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired NONE

E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed NONE

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Design- ation	7 Actual Cost	Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates	
		3 Code	4 F O R E I G N	5 Bond CHAR			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.	16 Rate of	17 Effective Rate of Interest	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Stated Contractual Maturity Date
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
00206RAX0	AT&T INC			1	2FE	16,287	105,5510	15,833	15,000	15,507		(140)		4,450	3,380	MN	85	668	12/06/2011	05/15/2021	
039483BB7	ARCHER-DANIELS-MIDLAND CO			1	1FE	16,905	106,4980	15,975	15,000	15,711		(212)		4,479	2,901	MS	224	672	12/06/2011	03/01/2021	
084670BC1	BERKSHIRE HATHAWAY INC				1FE	15,618	105,0320	15,755	15,000	15,254		(65)		3,750	3,250	FA	213	563	12/06/2011	08/15/2021	
14912L4D0	CATERPILLAR FINANCIAL SERVICES CORPORATI				1FE	19,066	103,8700	15,581	15,000	15,482		(631)		7,050	2,670	MS	267	1,058	12/06/2011	10/01/2018	
166764AE0	CHEVRON CORP			1,2	1FE	25,101	100,0060	25,002	25,000	25,010		(26)		1,718	1,611	JD	8	430	06/17/2014	06/24/2018	
191216AT7	COCA-COLA CO			1	1FE	15,634	103,4020	15,510	15,000	15,259		(66)		3,300	2,800	MS	165	495	12/06/2011	09/01/2021	
22160KAG0	COSTCO WHOLESALE CORP			1	1FE	24,810	99,3890	24,847	25,000	24,907		43		1,750	1,930	FA	165	438	09/08/2015	02/15/2020	
24422ERH4	JOHN DEERE CAPITAL CORP				1FE	15,358	102,5410	15,381	15,000	15,150		(37)		3,150	2,870	AO	100	473	12/06/2011	10/15/2021	
459200HA2	INTERNATIONAL BUSINESS MACHINES CORP			1	1FE	15,285	101,4350	15,215	15,000	15,119		(29)		2,900	2,680	MN	73	435	12/06/2011	11/01/2021	
579780AH0	MCCORMICK & CO INC			1,2	2FE	16,030	103,6830	15,552	15,000	15,396		(113)		3,900	3,050	JJ	270	585	12/06/2011	07/15/2021	
58013MEJ9	MCDONALDS CORP			1	2FE	16,154	103,0230	15,453	15,000	15,367		(138)		3,500	2,500	JJ	242	525	12/06/2011	07/15/2020	
88579YAG6	3M CO			1	1FE	19,701	99,5180	19,904	20,000	19,910		61		1,625	1,941	JD	14	325	06/17/2014	06/15/2019	
3299999	Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations					215,949	X X X	210,008	205,000	208,072		(1,353)		X X X	X X X	X X X	1,826	6,664	X X X	X X X	
3899999	Subtotal - Industrial & Miscellaneous (Unaffiliated)					215,949	X X X	210,008	205,000	208,072		(1,353)		X X X	X X X	X X X	1,826	6,664	X X X	X X X	
7799999	Subtotals - Issuer Obligations					215,949	X X X	210,008	205,000	208,072		(1,353)		X X X	X X X	X X X	1,826	6,664	X X X	X X X	
8399999	Grand Total - Bonds					215,949	X X X	210,008	205,000	208,072		(1,353)		X X X	X X X	X X X	1,826	6,664	X X X	X X X	

E11	Schedule D - Part 2 Sn 1 Prfrd Stocks Owned	NONE
E12	Schedule D - Part 2 Sn 2 Common Stocks Owned	NONE
E13	Schedule D - Part 3 LT Bonds/Stock Acquired	NONE
E14	Schedule D - Part 4 LT Bonds/Stock Disposed	NONE
E15	Schedule D - Part 5 LT Bonds/Stocks Acquired/Disp	NONE
E16	Schedule D - Part 6 Sn 1	NONE
E16	Schedule D - Part 6 Sn 2	NONE
E17	Schedule DA - Part 1 Short-Term Investments Owned	NONE
E18	Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open	NONE
E19	Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term.	NONE
E20	Schedule DB - Part B Sn 1 Futures Contracts Open	NONE
E21	Schedule DB - Part B Sn 2 Futures Contracts Terminated	NONE
E22	Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments	NONE
E23	Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity	NONE
E23	Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity	NONE
E24	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E25	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
open depositories						
Wells Fargo Bank					212,431	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
0199999 Totals - Open Depositories		X X X			212,431	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
0299999 Totals - Suspended Depositories		X X X				X X X
0399999 Total Cash On Deposit		X X X			212,431	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X		X X X
0599999 Total Cash		X X X			212,431	X X X

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	215,587	4. April	238,782	7. July	224,365	10. October	202,224
2. February	241,428	5. May	212,452	8. August	226,924	11. November	211,535
3. March	238,056	6. June	204,593	9. September	209,529	12. December	212,431

E27 Schedule E - Part 2 - Cash Equivalents NONE

E28 Schedule E - Part 3 Special Deposits NONE



SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended DECEMBER 31, 2017
(To be filed by March 1)

PART 1 - INTERROGATORIES

1. Is the reporting insurer is a member of a group of insurers or other holding company system? Yes[X] No[]
 If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes[] No[X]
 or 2) allocation to each insurer: Yes[X] No[]

2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes[] No[X]

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes[] No[X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
1. Anthony Barth, Chief Executive Officer	2017	39	133					11	183
	2016	43	162					2	207
	2015	38	44					1	83
2. Michael Castro, Chief Financial Officer	2017	19	41					5	65
	2016	19	71					2	92
	2015	24	30					1	55
3. Belinda Martinez, Chief Sales & Marketing Officer	2017	17	37					3	57
	2016	17	47					2	66
	2015	20	18					1	39
4. Nilesh C Patel, Chief Operations Officer	2017	17	36					2	55
	2016	17	44					1	62
	2015	17	17					1	35
5. Michael Hankinson Esq, Chief Legal Officer and Chief Compliance Officer	2017	15	33					5	53
	2016	16	51					4	71
	2015	24	21					1	46
6. Srihari Makkala, Chief Information Officer	2017	2	13					30	45
	2016	11	22					1	34
	2015	13	8						21
7. Rick Doering, Chief HR Officer	2017	14	27					4	45
	2016	14	39					1	54
	2015	16	15					1	32
8. Alicia Weber, Senior Vice President of Finance	2017	13	23					2	38
	2016	14	39					1	54
	2015	16	16					1	33
9. Kevin Jackson, Senior Vice President of Strategy	2017	13	21					2	36
	2016	11	27					1	39
	2015	12	9						21
10. Joseph Ruiz, Group Vice President of Government Programs	2017	11	11					1	23
	2016	10	13					4	27
	2015	11	5						16

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		

PART 4 NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

Supp13 SIS Title NONE

Supp14 SIS Financial Reporting NONE

Supp15 SIS Inform. - Management and Directors NONE

Supp16 SIS Statement Beneficial Ownership NONE



Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 2479

(To be Filed By March 1)

NAIC Company Code: 47092

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. TOTAL Premiums		X X X		X X X	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		NONE		X X X	
7.12 Without Reinsurance Coverage		NONE		X X X	
7.2 Supplemental Benefits		NONE		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. TOTAL Claims		X X X		X X X	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid		X X X		X X X	
15. Expenses Incurred		X X X		X X X	X X X
16. Underwriting Gain/Loss		X X X		X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	



Statement of Actuarial Opinion

12/31/2017

This Opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed wording with Additional Wording		<input type="checkbox"/> Revised Wording
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed wording with Additional Wording		<input type="checkbox"/> Revised Wording
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed wording with Additional Wording		<input type="checkbox"/> Revised Wording
Opinion Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed wording with Additional Wording		<input type="checkbox"/> Revised Wording
Relevant Comments				<input type="checkbox"/> Revised Wording
<input type="checkbox"/>	The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

I, David S. Rubadue, Consultant, am associated with the firm CBIZ, Inc. I am a member of the American Academy of Actuaries and have been retained by Alpha Dental of New Mexico, Inc. to render an opinion with regard to loss reserves, actuarial liabilities, and related items. I was appointed on July 27, 2017 in accordance with the requirement of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2017.

- | | | |
|----|----------|--|
| A. | \$29,000 | Claims Unpaid (Page 3, Line 1); |
| B. | \$0 | Accrued medical incentive pool and bonus payments (Page 3, Line 2); |
| C. | \$1,000 | Unpaid claims adjustment expenses (Page 3, Line 3); |
| D. | \$0 | Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves, and additional policy reserves from the Underwriting and investment Exhibit - Part 2D; |
| E. | \$0 | Aggregate life policy reserves (Page 3, Line 5); |
| F. | \$0 | Property/casualty unearned premium reserves (Page 3, Line 6); |
| G. | \$0 | Aggregate health claim reserves (Page 3, Line 7); |
| H. | \$0 | Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and |

I. \$0 Specified actuarial items presented as assets in the annual statement, as follows:

1. Not Applicable

In forming my opinion on items A, B, C, D, E, F, G, H and I above I relied upon data prepared by Alicia Weber, Senior Vice President, Finance as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- a) Are in accordance with the accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- b) Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- c) Meet the requirements of the Insurance Laws and regulations of the State of New Mexico and are at least as great as the minimum aggregate amounts required by any state;
- d) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- e) Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year end; and
- f) Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit - Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations and analysis used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.



David S. Rubadue, FSA, MAAA, CLU

CBIZ, Inc.
5450 Frantz Road, Suite 300
Dublin, OH 43016

Telephone: (614) 551-9081
E-Mail: Drubadue@cbiz.com

18-Feb-18

February 20, 2018

Mr. David Rubadue, FSAA, MAAA
CBIZ Benefits & Insurance Services, Inc.
5450 Frantz Road, Suite 300
Dublin, Ohio, 43016

Dear Mr. David Rubadue:

I, Alicia Weber, Senior Vice President - Finance, of Alpha Dental of New Mexico, Inc. hereby affirm that the listings and summaries of claims, exposures and other relevant data as of December 31, 2017 were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete and prepared on a basis consistent with comparable data of December 31, 2016. I further affirm that line of business classifications, claim incurrals dates, claim payment dates, development intervals, reinsurance data are, to the best of my knowledge and belief, accurately stated and compiled on a basis consistent with the comparable data at December 31, 2016.

I further affirm that to the best of my knowledge and belief Alpha Dental of New Mexico, Inc. has no obligations or commitments at December 31, 2017 relating to dental insurance business with respect to which reserves and liabilities are included in the following line items of page 3 of Alpha Dental of New Mexico, Inc.'s 2017 Annual Statement.

Unpaid Claims (Line 1)
Accrued Medical Incentive Pool and Bonus Payments (Line 2)
Unpaid Claim Adjustment Expense (Line 3)
Aggregate Health Policy Reserves (Line 4)
Aggregate Health Claim Reserves (Line 7)
Premiums Received in Advance (Line 8)

P.O. Box 3370
Cerritos, CA 90703

100 First Street
San Francisco, CA 94105
Telephone: 800-422-4234

In New Mexico, DeltaCare[®] USA is underwritten by Alpha Dental of New Mexico, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

All other liabilities, including:

- General expenses due or accrued (Line 9)
- Ceded reinsurance premiums payable (Line 11)
- Amounts withheld or retained for the account of others (Line 12)
- Amounts due to parent, subs and affiliates (Line 15)
- Liability for amounts held under uninsured plans (Line 20)
- Aggregate write-ins for other liabilities (Line 21)

Sincerely,



Alicia Weber
Senior Vice President – Finance

APPR01 Appr. from St of Dom for Relief related to the 5-Yr Rotation of Lead Audit NONE

APPR02 Appr. from St of Dom for Relief related to the 1-Yr Cooling Off Period NONE

APPR03 Appr. from St of Dom for Relief related to the Req. for Audit Comm. NONE

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14

Amended Explanation Page

N O N E

Prior Period Data for Non-required Crosschecks

Prior Period Statement Location	1 Amount
1. 2016 Annual, Page 2, Assets, Line 05, Column 1	237,818
2. 2016 Annual, Page 2, Assets, Line 28, Column 3	470,262
3. 2016 Annual, Page 3, Liabilities, Line 01, Column 3	31,000
4. 2016 Annual, Page 3, Liabilities, Line 02, Column 3	
5. 2016 Annual, Page 3, Liabilities, Line 04, Column 3	
6. 2016 Annual, Page 3, Liabilities, Line 07, Column 3	
7. 2016 Annual, Page 4, Statement of Revenue and Expenses, Line 02, Column 2	298,384
8. 2016 Annual, Page 5, Statement of Revenue and Expenses (cont.), Line 49, Column 1	370,468
9. 2016 Annual, Page 8, Underwriting & Investment Exhibit - Part 1, Line 12, Column 1	298,384
10. 2016 Annual, Page 31, Schedule S Part 1 Section 2, Line 0799999, Column 7	
11. 2016 Annual, Page 31, Schedule S Part 1 Section 2, Line 1099999, Column 7	
12. 2016 Annual, Page SI02, Schedule A Verification, Line 09, Column 2	
13. 2016 Annual, Page SI02, Schedule B Verification, Line 11, Column 2	
14. 2016 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2	
15. 2016 Annual, Page SI03, Schedule D Verification, Line 10, Column 2	209,427
16. 2016 Annual, Page SI11, Schedule DB Part A Verification, Line 09, Column 2	
17. 2016 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4	
18. 2016 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 9	
19. 2016 Annual, Page SI13, Schedule DB Part C, Section 2, Line 07, Column 10	
20. 2016 Annual, Page E17, Schedule DA Part 1, Line 9199999, Column 8	
21. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 15	
22. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 17	
23. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 18	
24. 2016 Annual, Page E20, Schedule DB Part B, Section 1, Line 1449999, Column 19	
25. 2016 Annual, Page E27, Schedule E Part 2, Line 8699999, Column 6	
26. 2016 Annual, Page Supp29, Schedule S Part 1 Section 1, Line 0799999, Column 9	
27. 2016 Annual, Page Supp29, Schedule S Part 1 Section 1, Line 1099999, Column 9	
28. 2016 Annual, Page Supp80, Supplemental Health Care Exhibit - Part 1 (Grand Total), Line 05.5, Col. 15	