



QUARTERLY STATEMENT
AS OF MARCH 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Delta Dental Plan of New Mexico, Inc.

NAIC Group Code 0477 (Current Period), 0477 (Prior Period) NAIC Company Code 47287 Employer's ID Number 85-0224562

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[X] Vision Service Corporation[] Health Maintenance Organization[]
 Other[] Is HMO Federally Qualified? Yes[] No[] N/A[X]

Incorporated/Organized 05/01/1971 Commenced Business 05/01/1971

Statutory Home Office 2500 Louisiana Blvd. NE, Suite 600, Albuquerque, NM, 87110
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2500 Louisiana Blvd. NE, Suite 600
 (Street and Number)
Albuquerque, NM, 87110 (City or Town, State, Country and Zip Code)
(505)883-4777 (Area Code) (Telephone Number)

Mail Address 2500 Louisiana Blvd. NE, Suite 600, Albuquerque, NM, 87110
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2500 Louisiana Blvd. NE, Suite 600
 (Street and Number)
Albuquerque, NM, 87110 (City or Town, State, Country and Zip Code)
(505)883-4777 (Area Code) (Telephone Number)

Internet Web Site Address deltadentalnm.com

Statutory Statement Contact Glenn R. Simon, CPA, CGMA (Name)
gsimon@deltadentalmi.com (E-Mail Address)
(517)347-5405 (Area Code)(Telephone Number)(Extension)
(517)347-5125 (Fax Number)

OFFICERS

Name	Title	
Edward Joseph Lopez, Jr.	President & CEO	
Amy Lyn Basel, CPA, CGMA	CFO	#
Michael Wallace Blomker	Secretary/Treasurer	
Robert Lee Simmons	Chairperson	
James Dean Trujillo, CPA	Vice Chairperson	
JoLou Trujillo-Ottino	VP Sales & Marketing	
Stephen Benard Christ	Immediate Past Chairperson	

OTHERS

DIRECTORS OR TRUSTEES

Louis Volk, III
 David James Martinez, DDS
 Robert Lee Simmons
 Michael Wallace Blomker
 Ralph Edward McElmurry, DDS
 James Dean Trujillo
 Christine Nielsen Nathe, RDH, MS
 Stephen Benard Christ

State of Michigan
 County of Eaton ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 _____ (Signature) Edward Joseph Lopez, Jr. _____ (Printed Name) 1. President & CEO _____ (Title)	 _____ (Signature) Amy Lyn Basel, CPA, CGMA _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) _____ (Printed Name) 3. _____ (Title)
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Subscribed and sworn to before me this 8th day of May, 2018

(Notary Public Signature)

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





ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	26,755,210		26,755,210	25,235,377
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	15,993,317		15,993,317	15,192,341
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....644,700), cash equivalents (\$.....3,781,759) and short-term investments (\$.....148,283)	4,574,742		4,574,742	6,742,436
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	200,000		200,000	171,180
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	173,875		173,875	237,987
12. Subtotals, cash and invested assets (Lines 1 to 11)	47,697,144		47,697,144	47,579,321
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	117,480		117,480	94,836
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	302,551		302,551	390,686
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	2,934,176		2,934,176	2,567,616
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	22,299		22,299	23,710
21. Furniture and equipment, including health care delivery assets (\$.....0)	109,849	109,849		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				828
25. Aggregate write-ins for other-than-invested assets	138,346	138,346		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	51,321,845	248,195	51,073,650	50,656,997
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	51,321,845	248,195	51,073,650	50,656,997
DETAILS OF WRITE-INS				
1101. Restricted deferred compensation trust	173,875		173,875	237,987
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)	173,875		173,875	237,987
2501. Prepaid expense	138,346	138,346		
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)	138,346	138,346		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	1,012,000		1,012,000	1,216,039
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	50,556		50,556	39,197
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	84,810		84,810	50,800
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	407,118		407,118	273,483
9. General expenses due or accrued	1,155,357		1,155,357	1,417,395
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	99,664		99,664	66,024
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	377,967		377,967	312,711
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	441,200		441,200	468,100
23. Aggregate write-ins for other liabilities (including \$.....78,499 current)	78,499		78,499	64,242
24. Total liabilities (Lines 1 to 23)	3,707,171		3,707,171	3,907,991
25. Aggregate write-ins for special surplus funds	X X X	X X X		73,337
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
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	251,258	200,986
31. Unassigned funds (surplus)	X X X	X X X	47,115,221	46,474,683
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	47,366,479	46,749,006
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	51,073,650	50,656,997
DETAILS OF WRITE-INS				
2301. Uninsured claim admin fee reserve	78,499		78,499	64,242
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)	78,499		78,499	64,242
2501. 2018 ACA Fees	X X X	X X X		73,337
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		73,337
3001. Statutory reserve	X X X	X X X	251,258	200,986
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	251,258	200,986

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	376,488	349,167	1,416,417
2. Net premium income (including \$.....0 non-health premium income)	X X X	11,503,522	10,674,994	43,432,184
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X	3,765	4,201	12,834
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	11,507,287	10,679,195	43,445,018
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services		9,277,267	8,875,834	33,509,636
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		9,277,267	8,875,834	33,509,636
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		9,277,267	8,875,834	33,509,636
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....32,899 cost containment expenses		221,604	336,475	993,689
21. General administrative expenses		1,411,851	1,277,517	6,279,903
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)		10,910,722	10,489,826	40,783,228
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	596,565	189,369	2,661,790
25. Net investment income earned		252,370	175,915	736,632
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(36,540)	8,199	436,301
27. Net investment gains or (losses) (Lines 25 plus 26)		215,830	184,114	1,172,933
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			(183)	(871)
29. Aggregate write-ins for other income or expenses		(830)	392	12,823
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	811,565	373,692	3,846,675
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	811,565	373,692	3,846,675
DETAILS OF WRITE-INS				
0601. Dental Access Card	X X X	3,765	4,201	12,834
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	3,765	4,201	12,834
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Miscellaneous Income		(830)	392	12,823
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		(830)	392	12,823

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	46,749,006	41,642,149	41,642,149
34. Net income or (loss) from Line 32	811,565	373,692	3,846,675
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	(268,745)	501,868	1,181,936
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	74,653	(169,383)	78,246
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)	617,473	706,177	5,106,857
49. Capital and surplus end of reporting period (Line 33 plus 48)	47,366,479	42,348,326	46,749,006
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	11,759,306	11,169,236	42,799,475
2. Net investment income	207,258	180,109	902,889
3. Miscellaneous income	(828)	391	12,823
4. TOTAL (Lines 1 to 3)	11,965,736	11,349,736	43,715,187
5. Benefit and loss related payments	9,481,306	8,967,832	33,618,695
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	2,194,316	2,327,541	7,001,531
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)	11,675,622	11,295,373	40,620,226
11. Net cash from operations (Line 4 minus Line 10)	290,114	54,363	3,094,961
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,260,856	4,727,798	10,043,597
12.2 Stocks		60,292	3,872,842
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets	64,112	89,707	27,642
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)	3,324,968	4,877,797	13,944,081
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,908,986	5,128,861	12,757,330
13.2 Stocks	955,497	31,177	2,597,741
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets	28,820	3,879	54,067
13.6 Miscellaneous applications			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	5,893,303	5,163,917	15,409,138
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(2,568,335)	(286,120)	(1,465,057)
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)	110,527	(68,697)	169,307
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	110,527	(68,697)	169,307
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)	(2,167,694)	(300,454)	1,799,211
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,742,436	4,943,225	4,943,225
19.2 End of period (Line 18 plus Line 19.1)	4,574,742	4,642,771	6,742,436

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

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	119,661					119,661				
2. First Quarter	125,592					125,592				
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	376,488					376,488				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	11,503,522					11,503,522				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,503,522					11,503,522				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	9,481,307					9,481,307				
18. Amount Incurred for Provision of Health Care Services	9,277,267					9,277,267				

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	144,210	6,679	911			151,800
0499999 Subtotals	144,210	6,679	911			151,800
0599999 Unreported claims and other claim reserves						860,200
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						1,012,000
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only	983,028	8,498,279	78,100	933,900	1,061,128	1,216,039
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)	983,028	8,498,279	78,100	933,900	1,061,128	1,216,039
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	983,028	8,498,279	78,100	933,900	1,061,128	1,216,039

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Delta Dental Plan of New Mexico (the Company) are presented on the basis of accounting practices prescribed or permitted by the State of New Mexico Insurance Department in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*.

The State of New Mexico Insurance Department 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, for determining its solvency under the New Mexico Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures manual* has been adopted as a component of prescribed or permitted practices by the state of New Mexico. The state has not adopted any accounting practices that differ from those found in NAIC SAP with regards to completion of Delta Dental Plan of New Mexico's financial statements.

Description	SSAP#	F/S Page	F/S Line #	3/31/2018	12/31/2017
Net Income, NM				\$811,565	\$3,846,675
Effect of NM prescribed practices				-	-
Effect of NM permitted practices				-	-
Net income, NAIC SAP				\$811,565	\$3,846,675
Description	SSAP#	F/S Page	F/S Line #	3/31/2018	12/31/2017
Statutory Surplus, NM				\$47,366,479	\$46,749,006
Effect of NM prescribed practices				-	-
Effect of NM permitted practices				-	-
Policyholders Surplus, NAIC SAP				\$47,366,479	\$46,749,006

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Common stocks are recorded at market value.
- (4) Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) No mortgage loans on real estate are held as of March 31, 2018 and 2017.
- (6) Loan backed securities are stated at amortized cost. The retrospective adjustment method is used to value MBS's and the scientific interest method is used to value CMO's.
- (7) The Company carries its investment in a non-insurance affiliate at the audited GAAP equity basis adjusted to a statutory equity basis.
- (8) The Company has no ownership interest in joint ventures, partnership or limited liability companies as of March 31, 2018 and 2017.
- (9) No derivatives are held as of March 31, 2018 and 2017.
- (10) Not applicable.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Not applicable

C. Going Concern

None

Notes to Financial Statement

2. Accounting Changes and Corrections of Errors

The Company had no accounting changes or correction of errors during fiscal years 2018 and 2017.

3. Business Combinations and Goodwill

The Company had no goodwill on its books and no business combinations occurred during 2018 and 2017.

4. Discontinued Operations

The Company had no discontinued operations during the fiscal years ending March 31, 2018 and 2017.

5. Investments

- A. The Company owned no mortgage loans.
- B. The Company had no investments in restructured debt.
- C. The Company had no investments in reverse mortgages.
- D. The Company had no investments in loan backed securities that are recorded at other-than-temporarily impaired values.
- E. The Company had no repurchase agreements or securities lending agreements.
- F. The Company does not have investments in real estate.
- G. None.
- H. None.
- I. None.
- J. None.
- K. None.
- L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitt ed Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitte d) Restricted	7 Admitted Restricted to Total Admitted Asset (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reserve repurchase agreement							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reserve repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with state	251,258	200,986	50,272	-	251,258	0.49%	0.49%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 251,258	\$ 200,986	\$ 50,272	\$ -	\$ 251,258	0.49%	0.49%

2,3 & 4 – Not applicable

M-R. Not applicable.

Notes to Financial Statement

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in joint ventures, partnerships or limited liability companies.

7. Investment Income

No due and accrued income was excluded from surplus in 2018 and 2017.

8. Derivative Instruments

The Company held no derivative instruments in 2018 and 2017.

9. Income Taxes

The Company is exempt from federal income taxes under provisions of Section 501(c) (4) of the Internal Revenue.

10. Information Concerning Parent, Subsidiaries and Affiliates

No change.

11. Debt

No change.

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

No Change.

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

No change.

14. Contingencies

No change.

15. Leases

No change.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No change.

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

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfer or servicing of Financial Assets.
- C. The Company was not involved in any wash sales during the periods presented in these statements.

18. Gains or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

No change.

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

No change.

Notes to Financial Statement

20. Fair Value Measurements

A.

1. Fair Value Measurements at Reporting Date

Description	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Values (NAV) Included in Level 2
a. Assets at fair value					
Perpetual Preferred stock					
Industrial & Misc	\$0	\$0	\$0	\$0	\$0
Parent, Subs, and Affiliate	0	0	0	\$0	\$0
Total Perpetual Preferred Stocks	\$0	\$0	\$0	\$0	\$0
Bonds					
U.S. Governments	\$0	\$3,087,572	\$0	\$3,087,572	\$0
Industrial & Misc	0	23,437,467	0	23,437,467	0
Hybrid Securities	0	0	0	0	0
Parent, Subs, and Affiliate	0	0	0	0	0
Total Bonds	\$0	\$26,525,039	\$0	\$26,525,039	\$0
Common stock					
Industrial & Misc	\$11,560,975	\$0	\$0	\$11,560,975	\$0
Parent, Subs, and Affiliate	0	0	0	0	0
Total Common Stocks	\$11,560,975	\$0	\$0	\$11,560,975	\$0
Derivative assets					
Interest rate contracts	\$0	\$0	\$0	\$0	\$0
Foreign exchange contracts	0	0	0	0	0
Credit contracts	0	0	0	0	0
Commodity futures contracts	0	0	0	0	0
Commodity forward contracts	0	0	0	0	0
Total Derivatives	\$0	\$0	\$0	\$0	\$0
Separate account assets	\$0	\$0	\$0	\$0	\$0
Total assets at fair value	\$11,560,975	\$26,525,039	\$0	\$38,086,014	\$0
b. Liabilities at fair value					
Derivative liabilities	\$0	\$0	\$0	\$0	\$0
Total liabilities at fair value	\$0	\$0	\$0	\$0	\$0

2. None
3. None
4. None
5. None

- B. None
- C. None
- D. None

21. Other Items

- A. The Company had no extraordinary items.
- B. The Company had no troubled debt restructuring.
- C. The Company had no unusual items to disclose.
- D. Not applicable.
- E. The Company has no state tax credits available
- F. The Company has no Subprime Mortgage related risk exposure.
- G. Not applicable.
- H. Not applicable

22. Events Subsequent

The Company has no events subsequent to March 31, 2018, that may have a material effect on these financial statements.

23. Reinsurance

The Company has no ceded reinsurance agreements.

Notes to Financial Statement

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

The Company did not underwrite any risk business subject to retrospective premium adjustments in 2018 and 2017.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$1,255,236. In March 31, 2018, \$1,022,225 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Remaining reserves for prior years are now \$78,100 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$154,911 favorable prior-year loss development since March 31, 2018 to December 31, 2017. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The business to which this relates does not include retrospectively rated policies, therefore there was no return premium accrued as a result of the prior year effects.

26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements during 2018 and 2017.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

The Company reported no pharmaceutical rebate receivables or risk sharing receivables in 2018 and 2017.

29. Participating Policies

The Company did not have participating contracts in 2017 and 2018.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	3/31/2018
3. Was anticipated investment income utilized in the calculation?	Yes No X

31. Anticipated Salvage and Subrogation

No change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes: Yes[] No[X]
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Yes[] No[X]

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2016.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2016.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).02/07/2018.....
- 6.4 By what department or departments?
New Mexico Office of Superintendent of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$..... 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock	4,432,997	4,432,343
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other	200,000	200,000
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	4,632,997	4,632,343
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian Address
Bank of America/Merrill Lynch	135 S. LaSalle St. Chicago, IL 60603

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
ClearArc Capital	U
McDonnell Investment Management, LLC	U
Merrill Lynch	U
Michael S. Gilmore	I
Thomas M. Prichard	I
Laura L. Czelada	I
Goran M. Jukovic	I

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

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

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104650	ClearArc Capital	n/a	SEC	NO
166176	McDonnell Investment Management	n/a	SEC	NO
142558	Merrill Lynch	n/a	SEC	NO

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

18.2 If no, list exceptions:

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 81.000% |
| 1.2 A&H cost containment percent | 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 12.000% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[] No[X] |

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

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	State, Etc.	Active Status (a)	Direct Business Only							
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	L	11,503,522						11,503,522	
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	11,503,522						11,503,522	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X	11,503,522						11,503,522	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above - Not allowed to write business in the state

1

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

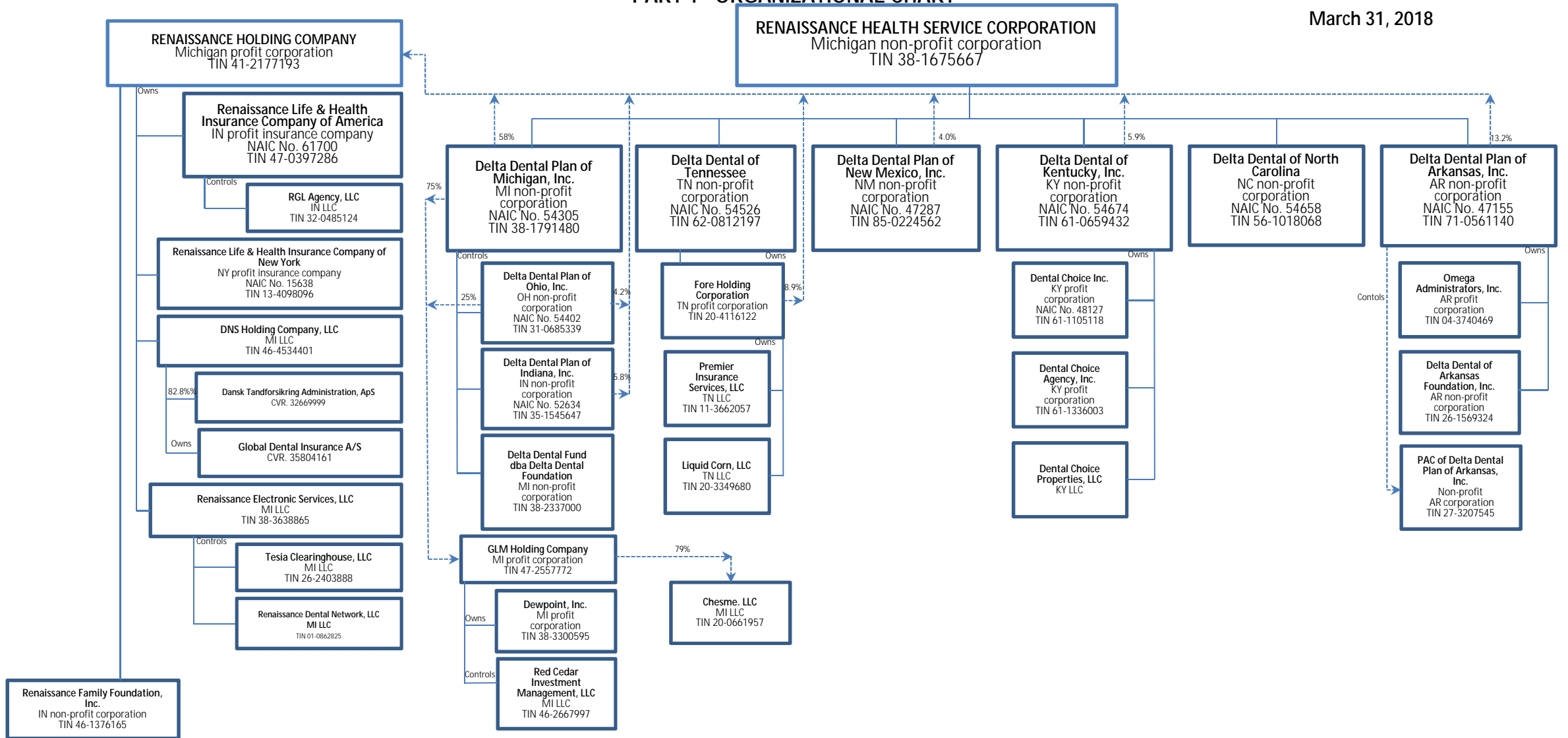
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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ORGANIZATIONAL CHART
March 31, 2018



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)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					N	
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	58.0	Renaissance Health Service Corporation	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	4.2	Renaissance Health Service Corporation	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	5.8	Renaissance Health Service Corporation	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	8.9	Renaissance Health Service Corporation	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	5.9	Renaissance Health Service Corporation	Y	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	4.0	Renaissance Health Service Corporation	N	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	13.2	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	
		0	32-0485124				RGL Agency, LLC	IN	NIA	Renaissance Life & Health Insurance Company of America	Ownership	100.0	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Life & Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	
		0	46-4534401				DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	
		0	32669999				Dansk Tandforsikring Administration ApS	DK	NIA	DNS Holding Company, LLC	Ownership	82.8	Renaissance Health Service Corporation	N	
		0	35804161				Global Dental Company A/S	DK	NIA	DNS Holding Company, LLC	Ownership	100.0	Renaissance Health Service Corporation	N	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation	N	
		0	38-3638865				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	N	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporation	N	
		0	46-2667997				Red Cedar Investment Management, LLC	MI	NIA	GLM Holding Company	Board of Directors		Renaissance Health Service Corporation	N	
		0	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	75.0	Renaissance Health Service Corporation	Y	
		0	47-2557772				GLM Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	25.0	Renaissance Health Service Corporation	Y	
		0	38-3300595				Dewpoint, Inc.	MI	NIA	GLM Holding Company	Ownership	100.0	Renaissance Health Service Corporation	N	

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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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing 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)	*
477	Renaissance Health Service Corporation	545260	62-0812197 20-4116122				Delta Dental of Tennessee Fore Holding Corporation	TN	IA	Renaissance Health Service Corporation	Board of Directors	100.0	Renaissance Health Service Corporation	N	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	Y	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	RE	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	546740	61-0659432 61-1336003				Delta Dental of Kentucky, Inc. Dental Choice Agency, Inc.	KY	IA	Renaissance Health Service Corporation Delta Dental of Kentucky, Inc.	Board of Directors Ownership	100.0	Renaissance Health Service Corporation	N	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	N	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporation	N	
477	Renaissance Health Service Corporation	471550	71-0561140 04-3740469				Delta Dental Plan of Arkansas, Inc. Omega Administrators, Inc.	AR	IA	Renaissance Health Service Corporation Delta Dental Plan of Arkansas, Inc.	Board of Directors Ownership	100.0	Renaissance Health Service Corporation	N	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	NIA	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporation	N	

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Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



47287201836500001

2018

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2018** OF THE **Delta Dental Plan of New Mexico, Inc.**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	200,000	300,000
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		100,000
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	200,000	200,000
12. Deduct total nonadmitted amounts		28,820
13. Statement value at end of current period (Line 11 minus Line 12)	200,000	171,180

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	40,427,718	37,534,209
2. Cost of bonds and stocks acquired	5,864,483	15,355,071
3. Accrual of discount	57,430	29,461
4. Unrealized valuation increase (decrease)	(268,745)	1,181,936
5. Total gain (loss) on disposals	(36,540)	436,301
6. Deduct consideration for bonds and stocks disposed of	3,260,856	13,916,439
7. Deduct amortization of premium	34,963	192,821
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	42,748,527	40,427,718
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	42,748,527	40,427,718

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	20,112,667	4,791,187	2,892,520	(133,073)	21,878,261			20,112,667
2. NAIC 2 (a)	4,084,038	440,723	102,591	11,349	4,433,519			4,084,038
3. NAIC 3 (a)		75,000		(178)	74,822			
4. NAIC 4 (a)	1,188,550		415,620	(6,269)	766,661			1,188,550
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	25,385,255	5,306,910	3,410,731	(128,171)	27,153,263			25,385,255
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	25,385,255	5,306,910	3,410,731	(128,171)	27,153,263			25,385,255

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....398,052; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	148,283	X X X	148,154		

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		2,716,004
2. Cost of short-term investments acquired	207,416	1,310,846
3. Accrual of discount	139	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(6)	
6. Deduct consideration received on disposals	59,266	4,026,850
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	148,283	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	148,283	

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	4,856,233	.....
2.	Cost of cash equivalents acquired	6,772,483	4,856,212
3.	Accrual of discount	234	21
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals	7,847,191	.....
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	3,781,759	4,856,233
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11)	3,781,759	4,856,233

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
38379KRY6	GNMA REMIC TRUST 2015-86		02/23/2018	BETZOLD BERG & NUSSBAUM INC	X X X	64,095		685	1
38379UGS9	GNMA REMIC TRUST 2016-34		02/21/2018	PERSHING	X X X	31,780		288	1
912810FT0	UNITED STATES TREAS BDS		03/08/2018	NOMURA SECURITIES	X X X	133,255	110,000	301	1
912810QY7	UNITED STATES TREAS BDS		03/29/2018	MERRILL LYNCH	X X X	71,687	75,000	763	1
912810RW0	UNITED STATES TREAS BDS		03/20/2018	VARIOUS	X X X	192,733	195,000	143	1
912810RX8	UNITED STATES TREAS BDS		03/08/2018	VARIOUS	X X X	151,133	155,000	1,402	1
9128282J8	UNITED STATES TREAS NTS		01/29/2018	DEUTSCHE BANC ALEX BROWN	X X X	44,235	45,000	30	1
9128283F5	UNITED STATES TREAS NTS		03/23/2018	VARIOUS	X X X	446,312	470,000	3,175	1
9128283Q1	UNITED STATES TREAS NTS		03/08/2018	UBS WARBURG LLC	X X X	450,244	455,000	1,118	1
9128283U2	UNITED STATES TREAS NTS		03/08/2018	VARIOUS	X X X	504,435	510,000	941	1
9128283V0	UNITED STATES TREAS NTS		03/08/2018	VARIOUS	X X X	427,150	435,000	801	1
912828V49	UNITED STATES TREAS NTS		03/08/2018	VARIOUS	X X X	98,811	100,000	47	1
912828XW5	UNITED STATES TREAS NTS		02/05/2018	VARIOUS	X X X	97,294	100,000	373	1
9128283S7	UNITED STATES TREAS NTS DTD 809		03/08/2018	VARIOUS	X X X	328,594	330,000	572	1
0599999	Subtotal - Bonds - U.S. Governments				X X X	3,041,758	2,980,000	10,639	X X X
Bonds - U.S. Special Revenue, Special Assessment									
3135G0ZR7	FEDERAL NATL MTG ASSN		03/01/2018	MERRILL LYNCH	X X X	49,164	50,000	638	1
3137B7N21	FHLMC SERIES K-036		03/22/2018	PERSHING	X X X	45,942	1,313,761	722	1
31418CS47	FNMA PASS-THRU LNG 30 YEAR		03/02/2018	MIZUHO SECURITIES	X X X	54,288	54,396	63	1
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	149,394	1,418,157	1,423	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00440EAV9	ACE INA HLDG INC		01/03/2018	PERSHING	X X X	15,320	15,000	87	1FE
02007MAG5	ALLY AUTO RECV TR 2018-1		01/25/2018	MERRILL LYNCH	X X X	99,990	100,000		1FE
023135AQ9	AMAZON COM INC		02/06/2018	BROWNSTONE INVESTMENT GROUP LLC	X X X	28,776	25,000	217	1FE
023135BA3	AMAZON COM INC 144A		01/03/2018	CITIGROUP	X X X	5,012	5,000	58	1FE
038222AL9	APPLIED MATLS INC		01/03/2018	MERRILL LYNCH	X X X	5,074	5,000	43	1FE
040104MF5	ARGENT SECS INC 2004-W11		03/12/2018	PERSHING	X X X	55,000	54,880	65	FMR
00206REM0	AT&T INC		01/03/2018	CREDIT SUISSE 1ST BOSTON	X X X	30,110	30,000	481	2FE
06051GGK9	BANK AMER CORP		01/05/2018	UBS WARBURG LLC	X X X	55,034	55,000	330	1FE
09659QAD9	BMW VEH OWNER TR 2018-A		01/23/2018	MERRILL LYNCH	X X X	99,999	100,000		1FE
225458M54	CSFB TRUST 2005-CF1		02/07/2018	SOUTHWEST	X X X	36,932	36,903	35	FMR
35105DAC5	FOURSIGHT CAP AUTO RECV 2018-1		03/13/2018	JP MORGAN SECURITIES INC	X X X	99,979	100,000		1FE
302570AX4	FPL GROUP CAP INC		03/14/2018	PERSHING	X X X	53,933	55,000	6	2FE
437084QV1	HOME EQUITY ASSET TR 2005-9		03/13/2018	SOUTHWEST	X X X	121,570	121,438	112	FMR
45254NFY8	IMPAC CMB TR 2003-11		01/29/2018	SOUTHWEST	X X X	14,390	14,835	6	FMR
46641YAA1	JP MORGAN MTG TR 2014-2 144A		03/22/2018	KGS ALPHA CAPTIAL MARKETS LLC	X X X	75,542	76,245	159	FMR
70069FCW5	PARK PLACE SECS 2004-MHQ1		03/13/2018	SOUTHWEST	X X X	76,070	75,903	98	FMR
74432QBD6	PRUDENTIAL FINL INC MTNS BOOK		02/01/2018	MERRILL LYNCH	X X X	88,902	65,000	730	1FE
759351AE9	REINSURANCE GROUP AMER INC		03/14/2018	PERSHING	X X X	20,012	20,000	3	2FE
81745DAG6	SEQUOIA MTG TR 2013-9		03/19/2018	GUGGENHEIM CAPITAL MARKETS LLC	X X X	88,213	88,964	173	FMR
822582AM4	SHELL INTERNATIONAL FIN BV SR		01/04/2018	BARCLAYS CAPITAL INC	X X X	26,135	25,000	313	1FE
885220DC4	THORNBURG MTG TR 2003-2		03/09/2018	CITIGROUP	X X X	76,778	76,538	73	FMR
88947EAN0	TOLL BROS FIN CORP SR NT 4.375		03/13/2018	MERRILL LYNCH	X X X	75,000	75,000	1,367	3FE
05565QCP1	BP CAP MKTS P L C	C	01/19/2018	MERRILL LYNCH	X X X	78,437	75,000	1,295	1FE
822582BY7	SHELL INTERNATIONAL FIN BV	C	01/29/2018	MORGAN STANLEY CO	X X X	54,960	55,000	796	1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	1,381,168	1,350,706	6,447	X X X
Bonds - Hybrid Securities									
064058AD2	BANK NEW YORK MELLON CORP		03/14/2018	PERSHING	X X X	25,607	25,000	296	2UFE

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SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
808513AP0	CHARLES SCHWAB E FLT		03/14/2018	BAIRD, ROBERT W. & CO	X X X	25,275	25,000	48	2FE
46625HKK5	JPMORGAN CHASE & CO		03/14/2018	RBC CAPITAL MARKETS LLC	X X X	20,575	20,000	398	2FE
4899999	Subtotal - Bonds - Hybrid Securities				X X X	71,457	70,000	742	X X X
Bonds - SVO Identified Funds									
92203J407	VANGUARD CHARLOTTE FDS		03/07/2018	MERRILL LYNCH	4,889.000	265,212			2
8199999	Subtotal - Bonds - SVO Identified Funds				X X X	265,212			X X X
8399997	Subtotal - Bonds - Part 3				X X X	4,908,989	5,818,864	19,251	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	4,908,989	5,818,864	19,251	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
Common Stocks - Mutual Funds									
057071409	BAIRD SHORT TERM BOND FUND		03/23/2018	DIVIDEND REINVESTMENT	927.114	8,885	X X X		U
233203827	DFA INVT DIMENSIONS GROUP INC		03/07/2018	Bank of America	1,269.680	50,000	X X X		U
233203843	DFA INVT DIMENSIONS GROUP INC		03/07/2018	Bank of America	2,752.546	100,000	X X X		U
256210105	DODGE & COX INCOME FD		03/26/2018	DIVIDEND REINVESTMENT	602.544	8,104	X X X		U
464287614	ISHARES TR RUSSELL 1000 GROWTH IND		03/07/2018	MERRILL LYNCH	1,024.000	145,120	X X X		L
808524409	SCHWAB STRATEGIC TR		03/07/2018	MERRILL LYNCH	1,007.000	55,070	X X X		L
808524201	SCHWAB US LARGE_CAP		03/07/2018	MERRILL LYNCH	4,283.000	280,049	X X X		L
922908785	VANGAURD SMALL CAP VALUE INDEX		03/21/2018	DIVIDEND REINVESTMENT	29.986	953	X X X		U
921921300	VANGUARD FENWAY FDS		03/15/2018	VARIOUS	740.785	57,290	X X X		U
922908850	VANGUARD INDEX FDS		03/21/2018	DIVIDEND REINVESTMENT	1,263.441	52,514	X X X		U
922908819	VANGUARD SMALL CAP GROWTH INDEX		03/21/2018	DIVIDEND REINVESTMENT	7.109	338	X X X		U
921909784	VANGUARD STAR FD		03/23/2018	Bank of America	712.937	87,254	X X X		U
921946406	VANGUARD WHITEHALL FDS INC		03/07/2018	MERRILL LYNCH	645.000	54,969	X X X		L
97717W307	WISDOMTREE TR		03/07/2018	MERRILL LYNCH	605.000	54,952	X X X		L
9299999	Subtotal - Common Stocks - Mutual Funds				X X X	955,498	X X X		X X X
9799997	Subtotal - Common Stocks - Part 3				X X X	955,498	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	955,498	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	955,498	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	5,864,487	X X X	19,251	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues9.

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SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
8199999	Subtotal - Bonds - SVO Identified Funds				XXX	399,804		415,620	407,155	8,465			8,465		415,620		(15,816)	(15,816)	3,301	XXX	XXX	
8399997	Subtotal - Bonds - Part 4				XXX	3,260,860		3,304,113	2,019,992	8,465	(1,664)		6,801		3,297,394		(36,534)	(36,534)	26,144	XXX	XXX	
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX	3,260,860		3,304,113	2,019,992	8,465	(1,664)		6,801		3,297,394		(36,534)	(36,534)	26,144	XXX	XXX	
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Subtotal - Preferred Stocks				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	3,260,860	XXX	3,304,113	2,019,992	8,465	(1,664)		6,801		3,297,394		(36,534)	(36,534)	26,144	XXX	XXX	

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

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

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

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

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

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

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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Bank of America Admin	Chicago, IL					(126,961)	(69,814)	(82,521)	X X X
Bank of America General Claims	Chicago, IL					(1,063,780)	(997,736)	(843,837)	X X X
Bank of America State NM Claims	Chicago, IL					(273,128)	(271,443)	(225,642)	X X X
Bank of America Sandia Labs Claims	Chicago, IL					(254,946)	(261,990)	(208,797)	X X X
Bank of America Control Account	Chicago, IL					3,827,309	3,574,156	2,003,690	X X X
Bank of America Gen Grps Receipts	Chicago, IL							(67)	X X X
Bank of America Individual Receipts	Chicago, IL					3,687	377	1,874	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X			2,112,181	1,973,550	644,700	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X			2,112,181	1,973,550	644,700	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X			2,112,181	1,973,550	644,700	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Cusip	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Bonds - U.S. Governments - Issuer Obligations								
	UNITED STATES TREAS NTS		03/01/2018	0.750	04/30/2018	149,904	472	103
	UNITED STATES TREAS NTS		03/29/2018	0.875	05/31/2018	99,866	293	7
0199999	Subtotals - Bonds - U.S. Governments - Issuer Obligations					249,770	765	110
0599999	Subtotals - Bonds - U.S. Governments					249,770	765	110
7799999	Subtotals - Bonds - Total Bonds - Issuer Obligations					249,770	765	110
7899999	Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999	Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999	Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999	Subtotals - Bonds - SVO Identified Funds							
8399999	Subtotals - Bonds - Total Bonds					249,770	765	110
8499999	Subtotals - Sweep Accounts							
Exempt Money Market Mutual Funds - as Identified by SVO								
316175108	FIDELITY INSTL GOVT FUND		03/29/2018	0.250	X X X	3,353,699	801	12,687
8599999	Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO					3,353,699	801	12,687
8699999	Subtotals - All Other Money Market Mutual Funds							
Other Cash Equivalents								
	BBIF MONEY FUND		03/31/2018	0.000		178,290		357
8799999	Subtotals - Other Cash Equivalents					178,290		357
8899999	Total - Cash Equivalents					3,781,759	1,566	13,154

QE13

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