



52632200620100100

ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2006
OF THE CONDITION AND AFFAIRS OF THE
ALTUS DENTAL INSURANCE CO., INC.

NAIC Group Code 1571 (Current Period) 1571 (Prior Period) NAIC Company Code 52632 Employer's ID Number 05-0153223

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry RHODE ISLAND

Country of Domicile UNITED STATES OF AMERICA

Licensed as business type: Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO Federally Qualified? YES [] NO []

Incorporated/Organized: August 1, 2000 Commenced Business: September 1, 2001

Statutory Home Office: 10 CHARLES STREET PROVIDENCE, RI 02904

Main Administrative Office: 10 CHARLES STREET PROVIDENCE, RI 02904 401-752-6000

Mail Address: 10 CHARLES STREET PROVIDENCE, RI 02904

Primary Location of Books and Records: 10 CHARLES STREET PROVIDENCE, RI 02904 877-223-0588

Internet Website Address: www.altusdental.com

Statutory Statement Contact: GEORGE J. BEDARD 877-223-0588
gbedard@altusdental.com 401-457-7260

Policyowner Relations Contact: 10 CHARLES STREET PROVIDENCE, RI 02904 877-223-0588

OFFICERS

Table with 2 columns: Name, Title. Rows include JOSEPH A. NAGLE (PRESIDENT), KATHRYN M. SHANLEY (SECRETARY), RICHARD A. FRITZ (TREASURER).

Vice-Presidents

Table with 4 columns: Name, Title, Name, Title. Rows include GREGORY L. DUBUC (VP - UNDERWRITING), KATHRYN M. SHANLEY (VP - EXTERNAL AFFAIRS), JOSEPH PERRONI (VP - SALES), RICHARD A. FRITZ (VP - FINANCE), STEPHEN J. SPERANDIO (VP - OPERATIONS/ADMINISTRATION).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Rows include EDWARD ALMON (MARIA M. ASCIOLLA, DMD), VINCENT DELNERO (DAVID DUFFY), SANDRA PARRILLO (STEPHEN J. PUERINI, DMD), PATRICIA A. SULLIVAN (LEONARD C. TADDEI, DMD), PHILLIP C. BARNER, DDS, DONALD IANNAZZI, EDWIN SANTOS, FRED K. BUTLER, WILLIAM A. MEKRUT, KARL SHERRY.

State of Rhode Island
County of Providence 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) JOSEPH A. NAGLE (Signature) KATHRYN M. SHANLEY (Signature) RICHARD A. FRITZ
(Printed Name) (Printed Name) (Printed Name)
1. PRESIDENT 2. SECRETARY 3. TREASURER
(Title) (Title) (Title)

Subscribed and sworn to before me this 28th day of February, 2007

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

Pamela B. Butera
My commission expires 8/24/10

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
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
0399999 Aggregate accounts not individually listed - covered	431,261	105,726	61,914	31,976	91,943	722,820
0499999 Subtotals	431,261	105,726	61,914	31,976	91,943	722,820
0799999 Total claims unpaid						722,820
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
DELTA DENTAL OF RHODE ISLAND		109,675	(4,316)	113,991
ALTUS DENTAL INC		199,108	(80,619)	279,727
ALTUS SYSTEMS		75,172	(36,323)	111,495
0199999 Individually listed payable		383,955	(121,258)	505,213
0399999 Total gross payables		383,955	(121,258)	505,213

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	12,936,568	100.00	X X X	X X X	8,173,074	4,763,494
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	12,936,568	100.00	X X X	X X X	8,173,074	4,763,494
13. Total (Line 4 plus Line 12)	12,936,568	100%	X X X	X X X	8,173,074	4,763,494

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT, AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies		NONE				
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code: 1571

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2006

NAIC Company Code 52632

	1 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 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
	2 Individual	3 Group										
	Total											
Total Members at end of:												
1. Prior Year	39,173				39,173							
2. First Quarter	51,036				51,036							
3. Second Quarter	51,757				51,757							
4. Third Quarter	57,085				57,085							
5. Current Year	57,156				57,156							
6. Current Year Member Months	649,232				649,232							
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												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned	16,094,054				16,094,054							
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services	12,936,568				12,936,568							
18. Amount Incurred for Provision of Health Care Services	13,077,968				13,077,968							

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(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code: 1571

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2006

NAIC Company Code 52632

	1 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 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
	2 Individual	3 Group										
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
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												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. (LOCATION)

NAIC Group Code: 1571

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2006

NAIC Company Code 52632

	1 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 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
	2 Individual	3 Group										
	Total											
Total Members at end of:												
1. Prior Year	39,173				39,173							
2. First Quarter	51,036				51,036							
3. Second Quarter	51,757				51,757							
4. Third Quarter	57,085				57,085							
5. Current Year	57,156				57,156							
6. Current Year Member Months	649,232				649,232							
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												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned	16,094,054				16,094,054							
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services	12,936,568				12,936,568							
18. Amount Incurred for Provision of Health Care Services	13,077,968				13,077,968							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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**SCHEDULE A - VERIFICATION BETWEEN YEARS
Real Estate**

1. Book/adjusted carrying value, December 31, prior year	_____
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	_____
2.2 Totals, Part 3, Column 7	_____
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	_____
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14	_____
4.2 Totals, Part 3, Column 9	_____
5. Total profit (loss) on sales, Part 3, Column 14	NONE
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	_____
6.2 Totals, Part 3, Column 8	_____
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	_____
8. Book/adjusted carrying value at the end of current period	_____
9. Total valuation allowance	_____
10. Subtotal (Lines 8 plus 9)	_____
11. Total nonadmitted amounts	_____
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets Column)	_____

**SCHEDULE B - VERIFICATION BETWEEN YEARS
Mortgage Loans**

1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	_____
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	_____
2.2 Additional investment made after acquisitions	_____
3. Accrual of discount and mortgage interest points and commitment fees	_____
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	NONE
6. Amounts paid on account or in full during the year	_____
7. Amortization of premium	_____
8. Increase (decrease) by foreign exchange adjustment	_____
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	_____
10. Total valuation allowance	_____
11. Subtotal (Lines 9 plus 10)	_____
12. Total nonadmitted amounts	_____
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets Column)	_____

**SCHEDULE BA - VERIFICATION BETWEEN YEARS
Long-Term Invested Assets**

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	_____
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	_____
2.2 Additional investment made after acquisitions	_____
3. Accrual of discount	_____
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	NONE
6. Amounts paid on account or in full during the year	_____
7. Amortization of premium	_____
8. Increase (decrease) by foreign exchange adjustment	_____
9. Book/adjusted carrying value of long-term invested assets at end of current period	_____
10. Total valuation allowance	_____
11. Subtotal (Lines 9 plus 10)	_____
12. Total nonadmitted amounts	_____
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	_____

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

Quality Rating per the 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 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1	494,345	2,814,323				3,308,668	56.783	3,808,643	65.155	3,308,668	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	494,345	2,814,323				3,308,668	56.783	3,808,643	65.155	3,308,668	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

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

Quality Rating per the 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 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	991,661	1,526,560				2,518,221	43.217	2,036,858	34.845	2,518,221	
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals	991,661	1,526,560				2,518,221	43.217	2,036,858	34.845	2,518,221	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

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

Quality Rating per the 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 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	1,486,006	4,340,883				5,826,889	100.000	X X X	X X X	5,826,889	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 Totals	1,486,006	4,340,883				(b) 5,826,889	100.000	X X X	X X X	5,826,889	
10.8 Line 10.7 as a % of Col. 6	25.503	74.497				100.000	X X X	X X X	X X X	100.000	
11. Total Bonds Prior Year											
11.1 Class 1	1,508,587	4,336,914				X X X	X X X	5,845,501	100.000	5,845,501	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 Totals	1,508,587	4,336,914				X X X	X X X	(b) 5,845,501	100.000	5,845,501	
11.8 Line 11.7 as a % of Col. 8	25.808	74.192				X X X	X X X	100.000	X X X	100.000	
12. Total Publicly Traded Bonds											
12.1 Class 1	1,486,006	4,340,883				5,826,889	100.000	5,845,501	100.000	5,826,889	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 Totals	1,486,006	4,340,883				5,826,889	100.000	5,845,501	100.000	5,826,889	X X X
12.8 Line 12.7 as a % of Col. 6	25.503	74.497				100.000	X X X	X X X	X X X	100.000	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	25.503	74.497				100.000	X X X	X X X	X X X	100.000	X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$ _____ 0 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.

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

Distribution by Type		1	2	3	4	5	6	7	8	9	10	11
		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	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
	1.1 Issuer Obligations	494,345					494,345	8.484	505,848	8.654	494,345	
	1.2 Single Class Mortgage-Backed/Asset-Backed Securities		2,814,323				2,814,323	48.299	3,302,795	56.501	2,814,323	
	1.7 Totals	494,345	2,814,323				3,308,668	56.783	3,808,643	65.155	3,308,668	
2.	All Other Governments, Schedules D & DA (Group 2)											
	2.1 Issuer Obligations											
	2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
	2.3 Defined											
	2.4 Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
	2.5 Defined											
	2.6 Other											
	2.7 Totals											
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
	3.1 Issuer Obligations											
	3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
	3.3 Defined											
	3.4 Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
	3.5 Defined											
	3.6 Other											
	3.7 Totals											
4.	Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
	4.1 Issuer Obligations											
	4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
	4.3 Defined											
	4.4 Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
	4.5 Defined											
	4.6 Other											
	4.7 Totals											
5.	Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
	5.1 Issuer Obligations											
	5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
	5.3 Defined											
	5.4 Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
	5.5 Defined											
	5.6 Other											
	5.7 Totals											

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

Distribution by Type	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 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	991,661	1,526,560				2,518,221	43.217	2,036,858	34.845	2,518,245	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
7.5 Defined											
7.6 Other											
7.7 Totals	991,661	1,526,560				2,518,221	43.217	2,036,858	34.845	2,518,245	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
9.5 Defined											
9.6 Other											
9.7 Totals											

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

Distribution by Type	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 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	1,486,006	1,526,560				3,012,566	51.701	X X X	X X X	3,012,590	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES		2,814,323				2,814,323	48.299	X X X	X X X	2,814,323	
10.3 Defined								X X X	X X X		
10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES								X X X	X X X		
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 Totals	1,486,006	4,340,883				5,826,889	100.000	X X X	X X X	5,826,913	
10.8 Line 10.7 as a % of Col. 6	25.503	74.497				100.000	X X X	X X X	X X X	100.000	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	1,009,187	1,533,519				X X X	X X X	2,542,706	43.499	2,542,706	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	499,400	2,803,395				X X X	X X X	3,302,795	56.501	3,302,795	
11.3 Defined						X X X	X X X				
11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						X X X	X X X				
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 Totals	1,508,587	4,336,914				X X X	X X X	5,845,501	100.000	5,845,501	
11.8 Line 11.7 as a % of Col. 8	25.808	74.192				X X X	X X X	100.000	X X X	100.000	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	1,486,006	1,526,560				3,012,566	51.701	2,542,706	43.499	3,012,566	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES		2,814,323				2,814,323	48.299	3,302,795	56.501	2,814,323	X X X
12.3 Defined											X X X
12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											X X X
12.5 Defined											X X X
12.6 Other											X X X
12.7 Totals	1,486,006	4,340,883				5,826,889	100.000	5,845,501	100.000	5,826,889	X X X
12.8 Line 12.7 as a % of Col. 6	25.503	74.497				100.000	X X X	X X X	X X X	100.000	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	25.503	74.497				100.000	X X X	X X X	X X X	100.000	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										X X X	
13.3 Defined										X X X	
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES										X X X	
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short - Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	503,339	503,339			
2. Cost of short-term investments acquired	493,932	481,678		12,254	
3. Increase (decrease) by adjustment	(2,926)	(2,926)			
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments	500,000	500,000			
7. Book/adjusted carrying value, current year	494,345	482,091		12,254	
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	494,345	482,091		12,254	
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	494,345	482,091		12,254	
12. Income collected during year	12,640	12,640			
13. Income earned during year	6,910	6,910			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: _____

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Owned

1. Book value, December 31, prior year (Line 8, prior year)	_____
2. Cost/Option Premium (Section 2, Column 7)	_____
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	_____
4. Gain/(Loss) on Termination:	
4.1 Recognized (Sec. 3, Column 14)	_____
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	_____
5. Consideration Received on Terminations (Section 3, Column 12)	_____
6. Used to Adjust Basis on Open Contracts (Sec. 1, Column 13)	_____
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1 Recognized	_____
7.2 Used to Adjust Basis of Hedged Item	_____
8. Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	=====

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Written

1. Book value, December 31, prior year (Line 8, prior year)	_____
2. Consideration received (Section 2, Column 7)	_____
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	_____
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14)	_____
4.2 Used to Adjust Basis (Section 3, Column 15)	_____
5. Consideration Paid on Terminations (Section 3, Column 12)	_____
6. Used to Adjust Basis on Open Contracts (Section 1, Column 13)	_____
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1 Recognized	_____
7.2 Used to Adjust Basis	_____
8. Book value, December 31, Current Year	=====

NONE

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS
Swaps and Forwards

1.	Book value, December 31, prior year (Line 8, prior year)	_____	_____
2.	Cost or (Consideration Received) (Section 2, Column 7)	_____	_____
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	_____	_____
4.	Gain/(Loss) on Termination:		
4.1	Recognized (Section 3, Column 14)	_____	_____
4.2	Used to Adjust Basis of Hedged Item (Section 3, Column 15)	NONE	_____
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)	_____	_____
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)	_____	_____
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
7.1	Recognized	_____	_____
7.2	Used to Adjust Basis of Hedged Item	_____	_____
8.	Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	_____	=====

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS
Futures Contracts and Insurance Futures Contracts

1.	Book value, December 31, prior year (Line 8, prior year)	_____	_____
2.	Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)	_____	_____
3.1	Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)	_____	_____
3.2	Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10)	_____	_____
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	_____	_____
4.2	Less:		
4.21	Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	_____	_____
4.22	Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)	NONE	_____
4.3	Subtotal (Line 4.1 minus Line 4.2)	_____	_____
5.1	Net Additions to Cash Deposits (Section 2, Column 7)	_____	_____
5.2	Less: Net Reductions to Cash Deposits (Section 3, Column 9)	_____	_____
6.	Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	_____	_____
7.	Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:		
7.1	Recognized	_____	_____
7.2	Used to Adjust Basis of Hedged Item	_____	_____
8.	Book value, December 31, current year (Lines 6 + 7.1 + 7.2)	_____	=====

SCHEDULE DB - PART E - VERIFICATION
Statement Value and Fair Value of Open Contracts

1.	Part A, Section 1, Column 10	_____	Statement Value
2.	Part B, Section 1, Column 10	_____	
3.	Part C, Section 1, Column 10	_____	
4.	Part D, Section 1, Column 9 - 12	_____	
5.	Lines (1) - (2) + (3) + (4)	_____	
6.	Part E, Section 1, Column 4	_____	
7.	Part E, Section 1, Column 5	_____	
8.	Lines (5) - (6) - (7)	NONE	=====
9.	Part A, Section 1, Column 11	_____	Fair Value
10.	Part B, Section 1, Column 11	_____	
11.	Part C, Section 1, Column 11	_____	
12.	Part D, Section 1, Column 9	_____	
13.	Lines (9) - (10) + (11) + (12)	_____	
14.	Part E, Section 1, Column 7	_____	
15.	Part E, Section 1, Column 8	_____	
16.	Lines (13) - (14) - (15)	_____	=====

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1	2	3	4	5	Derivative Instruments Open		Cash Instrument(s) Held				
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
					NONE						

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SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replicated Asset Statement Value	X X X		X X X	NONE	X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of
December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
NONE						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
NONE												

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8
NONE													

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2006	2 2005	3 2004	4 2003	5 2002
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	6,048,305		6,048,305
2. Accident and health premiums due and unpaid (Line 13)	250,341		250,341
3. Amounts recoverable from reinsurers (Line 14.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	67,967		67,967
6. Total assets (Line 26)	6,366,613		6,366,613
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	722,820		722,820
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	241,030		241,030
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	598,589		598,589
12. Total liabilities (Line 22)	1,562,439		1,562,439
13. Total capital and surplus (Line 31)	4,804,174	X X X	4,804,174
14. Total liabilities, capital and surplus (Line 32)	6,366,613		6,366,613
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

**SCHEDULE T - PART 2
INTERSTATE COMPACT PRODUCTS - EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	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. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT					
59. Totals						

NONE

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	Federal 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/ (Disbursements) 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)
52632	05-0153223	ALTUS DENTAL INSURANCE COMPANY INC.					579,618				579,618	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(579,618)				(579,618)	
52632	05-0153223	ALTUS DENTAL INSURANCE COMPANY INC.					416,349				416,349	
00000	05-0502611	ALTUS SYSTEMS, INC					(416,349)				(416,349)	
52632	05-0153223	ALTUS DENTAL INSURANCE COMPANY INC.					1,064,271				1,064,271	
00002	05-0502912	ALTUS DENTAL INC.					(1,064,271)				(1,064,271)	
9999999	Control Totals								X X X			

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	<u>Responses</u>
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 Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will the 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

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.

MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the the state of domicile and the NAIC by March 1?	No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No

Explanation:

Bar code:

