



52632200720100100

**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2007**  
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** 05-0513223

**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  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  
(Street and Number) (City, State and Zip Code)

**Main Administrative Office:** 10 CHARLES STREET PROVIDENCE, RI 02904 877-223-0577  
(Street and Number) (City, State and Zip Code) (Area Code)(Telephone Number)

**Mail Address:** 10 CHARLES STREET PROVIDENCE, RI 02904  
(Street and Number) (City, State and Zip Code)

**Primary Location of Books and Records:** 10 CHARLES STREET PROVIDENCE, RI 02904 877-223-0588  
(Street and Number) (City, State and Zip Code) (Area Code)(Telephone Number)

**Internet Website Address:** www.altusdental.com

**Statutory Statement Contact:** GEORGE J. BEDARD (Name) 877-223-0577 (Area Code)(Telephone Number)(Extension)  
gbedard@altusdental.com 401-457-7260 (Fax Number)  
(E-Mail Address)

**OFFICERS**

	Name	Title
1.	JOSEPH A. NAGLE	PRESIDENT
2.	KATHRYN M. SHANLEY	SECRETARY
3.	RICHARD A. FRITZ	TREASURER

**Vice-Presidents**

Name	Title	Name	Title
RICHARD A. FRITZ	VP - FINANCE	KATHRYN M. SHANLEY	VP - EXTERNAL AFFAIRS
STEPHEN J. SPERANDIO	VP - OPERATIONS/ADMINISTRATION	JOSEPH PERRONI	VP - SALES

**DIRECTORS OR TRUSTEES**

EDWARD ALMON	MARIA M. ASCIOLLA, DMD	PHILLIP C. BARNER, DDS	FRED K. BUTLER
VINCENT DELNERO	DAVID DUFFY	ALMON C. HALL	DONALD IANNAZZI
WILLIAM A. MEKRUT	SANDRA PARRILLO	EDWIN SANTOS	KARL SHERRY
PATRICIA A. SULLIVAN	LEONARD C. TADDEI, DMD	VANESSA TOLEDO-VICKERS	

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  
(Printed Name)  
1.  
PRESIDENT  
(Title)

(Signature)  
KATHRYN M. SHANLEY  
(Printed Name)  
2.  
SECRETARY  
(Title)

(Signature)  
RICHARD A. FRITZ  
(Printed Name)  
3.  
TREASURER  
(Title)

Subscribed and sworn to before me this  
29th day of February, 2008

a. Is this an original filing? YES  NO   
b. If no: 1. State the amendment number .....  
2. Date filed .....  
3. Number of pages attached .....



**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
BEVERLY PUBLIC SCHOOLS	22,683	(2,564)		28,991		49,110
CITY OF ATTLEBORO	70,257	6				70,263
PEABODY PUBLIC SCHOOLS	29,164	634	255			30,053
0299997 Group subscriber subtotal	122,104	(1,924)	255	28,991		149,426
0299998 Premiums due and unpaid not individually listed	136,831	33,198	6,091	(33,762)		142,358
0299999 Total group	258,935	31,274	6,346	(4,771)		291,784
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	258,935	31,274	6,346	(4,771)		291,784

**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
<b>NONE</b>						

**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	431,193	83,980	46,318	28,294	98,595	688,380
0499999 Subtotals	431,193	83,980	46,318	28,294	98,595	688,380
0799999 Total claims unpaid						688,380
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		85,117	(52,403)	137,520
ALTUS DENTAL INC		678,518	(129,614)	808,132
ALTUS SYSTEMS		426,163	94,505	331,658
0199999 Individually listed payable		1,189,798	(87,512)	1,277,310
0399999 Total gross payables		1,189,798	(87,512)	1,277,310

**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	13,985,228	100.00	X X X	X X X	8,707,675	5,277,553
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	13,985,228	100.00	X X X	X X X	8,707,675	5,277,553
13. Total (Line 4 plus Line 12)	13,985,228	100%	X X X	X X X	8,707,675	5,277,553

**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
<b>NONE</b>					

**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		<b>NONE</b>					
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 2007**

NAIC Company Code 52632

	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	57,156					57,156				
2. First Quarter	59,017					59,017				
3. Second Quarter	60,315					60,315				
4. Third Quarter	52,538					52,538				
5. Current Year	52,905					52,905				
6. Current Year Member Months	670,748					670,748				
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	17,556,565					17,556,565				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	17,597,322					17,597,322				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	13,985,227					13,985,227				
18. Amount Incurred for Provision of Health Care Services	13,950,787					13,950,787				

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

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



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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 2007**

NAIC Company Code 52632

	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										
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 (b)										
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 .....

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

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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 2007**

NAIC Company Code 52632

	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	57,156					57,156				
2. First Quarter	59,017					59,017				
3. Second Quarter	60,315					60,315				
4. Third Quarter	52,538					52,538				
5. Current Year	52,905					52,905				
6. Current Year Member Months	670,748					670,748				
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	17,556,565					17,556,565				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	17,597,322					17,597,322				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	13,985,227					13,985,227				
18. Amount Incurred for Provision of Health Care Services	13,950,787					13,950,787				

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

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

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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 8	_____
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 10	_____
5. Total profit (loss) on sales, Part 3, Column 15	<b>NONE</b>
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	_____
6.2 Totals, Part 3, Column 9	_____
7. Amounts received on sales, Part 3, Column 12 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	<b>NONE</b>
5. Total profit (loss) on sale	_____
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	<b>NONE</b>
5. Total profit (loss) on sale	_____
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		2,025,719				2,025,719	34.571	3,308,668	56.783	2,025,719	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals		2,025,719				2,025,719	34.571	3,308,668	56.783	2,025,719	
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	2,533,055	1,300,844				3,833,899	65.429	2,518,221	43.217	3,833,899	
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals	2,533,055	1,300,844				3,833,899	65.429	2,518,221	43.217	3,833,899	
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)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	2,533,055	3,326,563				5,859,618	100.000	X X X	X X X	5,859,618	
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	2,533,055	3,326,563				(b) 5,859,618	100.000	X X X	X X X	5,859,618	
10.8 Line 10.7 as a % of Col. 6	43.229	56.771				100.000	X X X	X X X	X X X	100.000	
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	1,486,006	4,340,883				X X X	X X X	5,826,889	100.000	5,826,889	
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	1,486,006	4,340,883				X X X	X X X	(b) 5,826,889	100.000	5,826,889	
11.8 Line 11.7 as a % of Col. 8	25.503	74.497				X X X	X X X	100.000	X X X	100.000	
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1	2,533,055	3,326,563				5,859,618	100.000	5,826,889	100.000	5,859,618	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	2,533,055	3,326,563				5,859,618	100.000	5,826,889	100.000	5,859,618	X X X
12.8 Line 12.7 as a % of Col. 6	43.229	56.771				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	43.229	56.771				100.000	X X X	X X X	X X X	100.000	X X X
<b>13. Total Privately Placed Bonds</b>											
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 (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	2,533,055	1,300,844				3,833,899	65.429	2,518,221	43.217	3,833,899	
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	2,533,055	1,300,844				3,833,899	65.429	2,518,221	43.217	3,833,899	
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	2,533,055	1,300,844				3,833,899	65.429	X X X	X X X	3,833,899	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities		2,025,719				2,025,719	34.571	X X X	X X X	2,025,719	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 Totals	2,533,055	3,326,563				5,859,618	100.000	X X X	X X X	5,859,618	
10.8 Line 10.7 as a % of Col. 6	43.229	56.771				100.000	X X X	X X X	X X X	100.000	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	1,486,006	1,526,560				X X X	X X X	3,012,566	51.701	3,012,566	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities		2,814,323				X X X	X X X	2,814,323	48.299	2,814,323	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 Totals	1,486,006	4,340,883				X X X	X X X	5,826,889	100.000	5,826,889	
11.8 Line 11.7 as a % of Col. 8	25.503	74.497				X X X	X X X	100.000	X X X	100.000	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	2,533,055	1,300,844				3,833,899	65.429	3,012,566	51.701	3,833,899	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities		2,025,719				2,025,719	34.571	2,814,323	48.299	2,025,719	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined											X X X
12.6 Other											X X X
12.7 Totals	2,533,055	3,326,563				5,859,618	100.000	5,826,889	100.000	5,859,618	X X X
12.8 Line 12.7 as a % of Col. 6	43.229	56.771				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	43.229	56.771				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										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
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	494,345	482,091		12,254	
2. Cost of short-term investments acquired	494,545	494,545			
3. Increase (decrease) by adjustment	535,634	21,825		513,809	
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	1,024,524	498,461		526,063	
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	1,024,524	498,461		526,063	
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	1,024,524	498,461		526,063	
12. Income collected during year	42,361	34,875		7,486	
13. Income earned during year	47,244	39,758		7,486	

(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)	<b>NONE</b>	_____
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)	<b>NONE</b>	_____
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)	<b>NONE</b>	
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
					<b>NONE</b>						

**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	<b>NONE</b>	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
<b>NONE</b>											

**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
<b>NONE</b>						

**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		
<b>NONE</b>												

**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
<b>NONE</b>													

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

	1 2007	2 2006	3 2005	4 2004	5 2003
<b>A. OPERATIONS ITEMS</b>					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
<b>B. BALANCE SHEET ITEMS</b>					
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					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	5,714,217		5,714,217
2. Accident and health premiums due and unpaid (Line 13) .....	291,785		291,785
3. Amounts recoverable from reinsurers (Line 14.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	59,848		59,848
6. Total assets (Line 26) .....	6,065,850		6,065,850
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	688,380		688,380
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 8) .....	241,717		241,717
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	1,435,768		1,435,768
13. Total liabilities (Line 22) .....	2,365,865		2,365,865
14. Total capital and surplus (Line 31) .....	3,699,985	X X X	3,699,985
15. Total liabilities, capital and surplus (Line 32) .....	6,065,850		6,065,850
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. 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					598,089				598,089	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(598,089)				(598,089)	
52632	05-0153223	ALTUS DENTAL INSURANCE COMPANY INC					417,941				417,941	
00000	05-0502611	ALTUS SYSTEMS INC					(417,941)				(417,941)	
52632	05-0153223	ALTUS DENTAL INSURANCE COMPANY INC					1,045,047				1,045,047	
00002	05-0502912	ALTUS DENTAL INC					(1,045,047)				(1,045,047)	
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>
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	Yes
2. Will an actuarial opinion be filed by March 1? .....	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	Yes
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
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.

<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC 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:**



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