



55301200920100100

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

DELTA DENTAL OF RHODE ISLAND

NAIC Group Code 1571 1571 NAIC Company Code 55301 Employer's ID Number 05-0296998
(Current Period) (Prior Period)

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

Incorporated/Organized: October 22, 1959 Commenced Business: April 1, 1966

Statutory Home Office: 10 CHARLES STREET, PROVIDENCE, RI 02904
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office: 10 CHARLES STREET
(Street and Number)
PROVIDENCE, RI 02904 401-752-6000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address: 10 CHARLES STREET, PROVIDENCE, RI 02904
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records: 10 CHARLES STREET PROVIDENCE, RI 02904 401-752-6000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address: www.deltadentalri.com

Statutory Statement Contact: GEORGE J. BEDARD 401-752-6000
(Name) (Area Code) (Telephone Number) (Extension)
gbedard@deltadentalri.com 401-752-6070
(E-Mail Address) (Fax Number)

OFFICERS

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

VICE-PRESIDENTS

Name	Title	Name	Title
<u>RICHARD A. FRITZ</u>	<u>VP. - FINANCE</u>	<u>KATHRYN M. SHANLEY</u>	<u>VP. - EXTERNAL AFFAIRS</u>
<u>ANGELO PEZZULLO</u>	<u>VP. - SALES</u>	<u>STEPHEN J. SPERANDIO</u>	<u>VP. - OPERATIONS/ADMINISTRATION</u>
<u>GEORGE CALAT</u>	<u>VP. - UNDERWRITING</u>		

DIRECTORS OR TRUSTEES

<u>EDWARD ALMON</u>	<u>FRED K. BUTLER</u>	<u>A. THOMAS CORREIA DDS</u>	<u>DAVID A. DUFFY</u>
<u>ALMON C. HALL</u>	<u>DONALD S. IANNAZZI</u>	<u>STEVEN J. ISSA</u>	<u>JAMES F. McMANUS DDS</u>
<u>WILLIAM A. MEKRUT</u>	<u>SANDRA G. PARRILLO</u>	<u>CINDY REED #</u>	<u>EDWIN J. SANTOS</u>
<u>PATRICIA A. SULLIVAN</u>	<u>ALEC TAYLOR #</u>	<u>VANESSA TOLEDO-VICKERS</u>	

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) <u>JOSEPH A. NAGLE</u> (Printed Name) 1. PRESIDENT (Title)	(Signature) <u>KATHRYN M. SHANLEY</u> (Printed Name) 2. SECRETARY (Title)	(Signature) <u>RICHARD A. FRITZ</u> (Printed Name) 3. TREASURER (Title)
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Subscribed and sworn to before me this
26th day of FEBRUARY, 2010

a. Is this an original filing? [X] Yes [] 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						
079999 Gross Health Care Receivables						

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
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered	3,798,943	596,157	291,620	141,705	354,075	5,182,500
0399999 Aggregate accounts not individually listed - covered						
0499999 Subtotals	3,798,943	596,157	291,620	141,705	354,075	5,182,500
0799999 Total claims unpaid						5,182,500

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
PARK ROW ASSOCIATES, INC.	AFFILIATE	251,715	(1,058,797)	1,310,512
THE ALTUS GROUP, INC.	AFFILIATE	2,449,637	1,230,556	1,219,081
0199999 Individually listed payable		2,701,352	171,759	2,529,593
0299999 Payables not individually listed				
0399999 Total gross payables		2,701,352	171,759	2,529,593

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	1,831,850		1,519,535		312,315	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	1,175,730		869,155		306,575	
6. Total	3,007,580		2,388,690		618,890	



55301200943040100

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 2009

NAIC Company Code 55301

29 RI

	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	325,838					325,838				
2. First Quarter	318,752					318,752				
3. Second Quarter	319,195					319,195				
4. Third Quarter	307,111					307,111				
5. Current Year	306,190					306,190				
6. Current Year Member Months	3,753,539					3,753,539				
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)	110,282,356					110,282,356				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	108,939,822					108,939,822				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	90,865,858					90,865,858				
18. Amount Incurred for Provision of Health Care Services	90,854,850					90,854,850				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

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



55301200943059100

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 2009

NAIC Company Code 55301

29,GT

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

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999	Totals										
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												
1599999 Totals												

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													
1199999 Total (General Account & Separate Accounts combined)													

SCHEDULE S – PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1	2	3	4	5
	2009	2008	2007	2006	2005
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)			
2. Accident and health premiums due and unpaid (Line 13)			
3. Amounts recoverable from reinsurers (Line 14.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)			
6. Total assets (Line 26)			
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
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)			
13. Total liabilities (Line 22)	NONE		
14. Total capital and surplus (Line 31)		X X X	
15. Total liabilities, capital and surplus (Line 32)			
NET CREDIT FOR CEDED REINSURANCE			
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 – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

States, Etc.		Direct Business Only					6 Totals
		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	
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	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 Parents, 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)
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					36,325				36,325	
00000	05-0476063	PARK ROW ASSOCIATES, INC.					(36,325)				(36,325)	
00000	05-0502611	ALTUS SYSTEMS, INC.					5,217,949				5,217,949	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(5,217,949)				(5,217,949)	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					969,380				969,380	
52632	05-0513223	ALTUS DENTAL INSURANCE CO., INC.					(969,380)				(969,380)	
00000	00-0000000	STRATEGIC INVESTMENT FUNDS					179,000				179,000	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(179,000)				(179,000)	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					60,770				60,770	
00000	03-0396397	ALTUS REALTY COMPANY					(60,770)				(60,770)	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					74,904				74,904	
00000	05-0502612	ALTUS DENTAL, INC.					(74,904)				(74,904)	
00000	05-0502612	ALTUS DENTAL, INC.					(90,970)				(90,970)	
52632	05-0513223	ALTUS DENTAL INSURANCE CO., INC.					90,970				90,970	
00000	05-0476063	PARK ROW ASSOCIATES, INC.					49,545				49,545	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(49,545)				(49,545)	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(2,449,637)				(2,449,637)	
00000	05-0502610	THE ALTUS GROUP, INC.					2,449,637				2,449,637	
00000	05-0502611	ALTUS SYSTEMS, INC.					2,334				2,334	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(2,334)				(2,334)	
9999999	Control Totals									XXX		

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.

Responses

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

The following supplemental reports are required to be filed as part of your annual 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

- | | |
|--|----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |

APRIL FILING

- | | |
|---|----|
| 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | NO |
| 19. 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:



5530120093600000



5530120092050000



5530120092070000



5530120094200000



5530120093710000



5530120093700000



5530120093650000



5530120093300000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



55301200921100000



55301200921300000

OVERFLOW PAGE FOR WRITE-INS

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