

ANNUAL STATEMENT

For the Year Ended December 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

ALTUS DENTAL INSURANCE CO., INC.

NAIC Group Code	1571	1571	NAIC Company Code	52632	Employer's ID Nu	mber05-0	513223
(C	urrent Period)	(Prior Period)					
Organized under the Laws of	RHODE ISLA	AND	, Stat	e of Domicile or Port of	of Entry RI		
Country of Domicile	US						
Licensed as business type:	Life, Acci	dent & Health [X] Property/Casua	ilty [] Hospital, Medical	& Dental Service or Ind	emnity []
	Dental Se	ervice Corporation [] Vision Service	Corporation [] Health Maintenan	ce Organization	[]
	Other] Is HMO Federal	ly Qualified? Yes	s [] No []	-	
Incorporated/Organized		August 1, 2	· -	•	ed Business	September 1, 200	1
Statutory Home Office	10 CHARLES STRE	•			PROVIDENCE, RI, US	•	·
	TO OTH WELLO OTTE		d Number)	,		n, State, Country and Zip Co	ode)
Main Administrative Office	10 CHARLES	S STREET					
				(Street and Number	er)		
	PROVIDENC				877-223-0577		
		(City or Town, State	e, Country and Zip Code)	(Are	ea Code) (Telephone N	lumber)	
Mail Address 10 CHA	ARLES STREET			<u> </u>	PROVIDENCE, RI, US		
		(Street and Number o	,		` *	n, State, Country and Zip Co	,
Primary Location of Books a	nd Records	10 CHARLES STREE			IDENCE, RI, US 02904 vn, State, Country and Zip C	877-223-0	
latamat Wali Otta Addinasa		•	eet and Number)	(City or Tov	vn, State, Country and Zip C	ode) (Area Code) (Telep	none Number)
Internet Web Site Address	www.altusdental						
Statutory Statement Contact	GEORGE J.	BEDARD	(Name)	/Are	877-223-0577 ea Code) (Telephone N	Number) (Extension)	
			(Name)	(AIE	ea Code) (Telephone r	, , ,	
	gbedard@ali	tusdental.com	Mail Address)			401-457-7260 (Fax Number)	
		(L-11	*			(i ax ivuilibei)	
			OFFIC	ERS			
		Name			Title		
1.	JOSEPH A. NA			PRESIDENT			
2.	MELISSA GEN			ASSISTANT SE	CRETARY		
3.	RICHARD A. FF	RITZ		TREASURER			
			\#05 PDE0	IDENTO			
			VICE-PRES	IDENTS			
Name		,	Title		Name	Т	itle
RICHARD A. FRITZ		VP & CFO		JOSEPH PERRONI		VP - SALES	
THOMAS CHASE		VP - CHIEF OPERATIN	NG OFFICER	BLAINE CARROLL		VP - STRATEGIC INIT	TATIVES
			_		_		
			DIRECTORS OF	TRUSTEES			
JULIE G. DUFFY		THOMAS P. ENRIGHT		FRANCIS J. FLYNN		WILLIAM G. FOULKES	9
		EDWARD O. HANDY I		JOSEPH J. MARCAU	DELE		
JONATHAN W. HALL MARK A. PAULHUS				JAMES V. ROSATI	NELE	LINDA R. McGOLDRIG	<u> </u>
		CYNTHIA S. REED			VIOVEDO	JOHN T. RUGGEIRI	
EDWIN J. SANTOS #		MARK A. SHAW #		VANESSA TOLEDO-	VICKERS		
	 .						
				-			
State of RHODE ISLAN	ND						
County of PROVIDENCE	ss						
The officers of this reporting enti-	hy boing duly owern	and dances and say the	at thou are the described offi	acro of acid reporting ont	ity and that on the reporting	a pariad stated above, all s	f the herein described
The officers of this reporting enti-		•	=		-	- :	
assets were the absolute proper	-			•		=	
explanations therein contained, a					•		- :
and of its income and deductions	-		•			-	· ·
to the extent that: (1) state law r		=	·	-	- :	=	
knowledge and belief, respective	-	•	-			•	
(except for formatting differences	due to electronic filir	ng) of the enclosed staten	nent. The electronic filing ma	y be requested by various	s regulators in lieu of or in a	ddition to the enclosed state	ement.
					<u></u>		
(Signa	iture)		(Signa	iture)		(Signature)	
JOSEPH A	·		MELISSA	•		RICHARD A. FRIT	Z
(Printed			(Printed			(Printed Name)	
1	,		2			3.	
PRESI			ASSISTANT S			TREASURER	
(Tit			(Tit			(Title)	
(110	-1		(111)	-,		(1100)	
Subscribed and sworn to (or affirm	med) hefore me this o	on this					
·							
26th day of FEBRUAR	11	_ , 2018, by			المادة والمادات	filing?	[V]Vaa []N -
					a. Is this an original	•	[X]Yes []No
VDIOTEN MEIZOOO						the amendment number	
KRISTEN MEIZOSO					2. Date		
My commission expires 8/1/20					3. Numb	per of pages attached	

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
					1	
TOWN OF STOUGHTON	40,888				818	
TOWN OF WEBSTER	13,556				271	
COUNTY CORRECTIONAL OFFICERS ASSOCIATION TOWN OF HOLLISTON	17,567 30,035				351 601	
CITY OF BEVERLY	63,101	973			1,311	
CITY OF PEABODY	89,748	913	14,021		7,403	
CITY OF LYNN	113,263	62,725	288	(387	5,130	429,893
0299997 Group subscriber subtotal	368,158	63,698	14,309	(387)	15,885	429,893
0299998 Premiums due and unpaid not individually listed	18,705	(15,434)	1,540	153	2,460	2,504
0299999 Total group	386,863	48,264	15,849	(234	18,345	432,397
Ozasasa Total group	300,003	40,204	15,049	(234)	10,343	432,391
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	386,863	48,264	15,849	(234)	18,345	432,397

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EXHIBIT 3 – HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
					1	
					1	
					1	
					1	
					l	
		() NI —				
		ONE				
••••••					1	
					1	
					1	
					1	
••••••••••••••••••••••••						
		1	1		1	
0799999 Gross Health Care Receivables						

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Rec as of December 3		5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables		-				
Claim overpayment receivables						
Loans and advances to providers		N()N				
Capitation arrangement receivables		1101	-			
5. Risk sharing receivables6. Other health care receivables						
7. Total (Lines 1 through 6)						

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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

Aging Analysis of Unpaid Claims

		, igg / i.i.a) o o. opaa. o.			,	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered	1,178,485	241,278	128,698	69,412	178,057	1,795
0399999 Aggregate accounts not individually listed - covered						
		211.2-2				
499999 Subtotals	1,178,485	241,278	128,698	69,412	178,057	1,795
799999 Total claims unpaid		I				1,795

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 2 3		3	4	5	6	Adm	itted
·	_		·			7	8
	4 22 2	04 00 5		0 00 0			
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
					1		
			NONE				
			INCINE				
0399999 Total gross amounts receivable					1		

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
DELTA DENTAL OF RHODE ISLAND	ULTIMATE PARENT	262,771	(192,761)	455,53
DELTA DENTAL OF RHODE ISLAND ALTUS GROUP	DIRECT PARENT	715,250	715,250	400,00
ALTUS DENTAL, INC	SUBSIDIARY OF THE ALTUS GROUP	438,854	(151,070)	589,92
ALTUS SYSTEMS, INC	SUBSIDIARY OF THE ALTUS GROUP SUBSIDIARY OF THE ALTUS GROUP	261,920	(80,125)	342,04
0199999 Individually listed payable		1,678,795	291,294	1,387,50
0299999 Payables not individually listed				
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
	[1	1	

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				I		
2. Intermediaries						
3. All other providers						
Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	44,968,983	100.000	XXX	XXX	34,356,303	10,612,680
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			l XXX	XXX		
9. Non-contingent salaries			XXX	l XXX	1	
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	44,968,983	100.000	XXX	XXX	34,356,303	10,612,680
13. Total (Line 4 plus Line 12)	44,968,983	100.000	XXX	XXX	34,356,303	10,612,680

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Average Monthly Paid Capitation		Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
			Accumulated	Book Value Less	Assets Not	Net Admitted
Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures		NOI				
Pharmaceuticals and surgical supplies		N()N				
Durable medical equipment		1101				
Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation	1	2.

(LOCATION)

NAIC Group Code 1571

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2017

NAIC Company Code 52632

	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefits Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	136,741					136,741				
2. First Quarter	137,308					137,308				
	138,103					138,103				
4. Third Quarter	144,335					144,335				
5. Current Year	144,266					144,266				
عدد 6. Current Year Member Months	1,689,350					1,689,350				
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)	61,130,887					61,130,887				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned						61,150,982				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	44,968,983					44,968,983				
18. Amount Incurred for Provision of										
Health Care Services	45,182,763					45,182,763				

(a)	For health business: number of persons insured under PPO managed care products	$\underline{0}$ 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.	



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 2017

NAIC Company Code 52632

	1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefits Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	136,741					136,741				
2. First Quarter						137,308				
Second Quarter	138,103					138,103				
4. Third Quarter	144,335					144,335				
5. Current Year	144,266					144,266				
دی 6. Current Year Member Months	1,689,350					1,689,350				
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)	61,130,887					61,130,887				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
	61,150,982					61,150,982				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	44,968,983					44,968,983				[
18. Amount Incurred for Provision of										
Health Care Services	45,182,763					45,182,763				

(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.		

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	2 ID	3 Effective	4 Name of	5 Domiciliary	6 Type of Reinsurance	7	8 Unearned	9 Reserve Liability Other Than For Unearned	10 Reinsurance Payable on Paid and Unpaid	11 Modified Coinsurance	12 Funds Withheld Under
Code	Number	Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Losses	Reserve	Coinsurance
				NON							
						1					
9999999	Totals			_							

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
'		3		3		,
NAIC			Name of Company			
Company Code	ID	Effective	of	Domiciliary Jurisdiction	Paid	Unpaid Losses
Code	Number	Date	Company	Jurisdiction	Losses	Losses
		I				
		1				
			······································			
			NONE			
					l	I
[
9999999	Totals	1	<u> </u>	L		
0000000	. 0 1010				l	ı

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10 Reserve Credit	Outstandi	ng Surplus elief	13	14	
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	11 12 Current Prior Year Year		Modified Coinsurance Reserve	Funds Withheld Under Coinsurance	
					NON									
														
9999999	Totals	L	1	I		XXX								

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
						$N \cap N$								
9999999	Totals								XXX					

)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
1			1		
				N ()N	
			1		
			1		
-					

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	- I	2	4	- 5	6	7	Ω	0	10	11	12	13	14	15				Collateral	-			23	24	25	26
'		'	٠	4	3	"	'	0	3	10	11	12	13	14	13	16	17	18	19	20	21	22	Percent of	24	25	20
ŀ						•								ł	Dollar	10	''	10	13	20	21	22	Collateral	Percent Credit	Amount of	Liability for
												Total		ł	Amount of							ŀ	Provided for	Allowed on Net	Credit Allowed	Reinsurance
								Percent				Recoverable/		Net	Collateral					Funds		Total	Net	Obligation	for Net	with Certified
İ						Certified	Effective	Collateral		Paid and		Reserve		Obligation	Required			Issuing or		Deposited		Collateral	Obligation	Subject	Obligation	Reinsurers Due
NAIC					•	Reinsurer	Date of	Required		Unpaid		Credit		Subject to	for Full			Confirming		by and		Provided	Subject to	to Collateral	Subject to	to Collateral
Comp-				Name	•	Rating (1	Certified	for Full	Reserve	Losses		Taken	Miscellaneous	Collateral	Credit	Multiple	Letters	Bank	†	Withheld		(Col. 16 +	Collateral	(Col. 23 / Col. 8,	Collateral	Deficiency
any	ID	Effe	ective	of	Domiciliary	through	Reinsurer	Credit (0%	Credit	Recoverable	Other	(Col. 9 +	Balances	(Col. 12 -	(Col. 14 x	Beneficiary	of	Reference	Trust	from		17 + 19 +	(Col. 22 /	not to exceed	(Col. 14 x	(Col. 14 -
Code	Numbe	r Da	ate	Reinsurer	Jurisdiction	n 6)	Rating	- 100%)	Taken	(Debit)	Debits	10 + 11)	(credit)	13)	Col. 8)	Trust	Credit	Number (a)	Agreement	Reinsurers	Other	20 + 21)	Col. 14)	100%)	Col. 24)	Col. 25)
						1						1							1							
						1													1							
												1														
																	l : : : : :									
												1														
						1						<u> </u>	. <u>.</u> <u>.</u>	<u>_</u>												
0000000	T-4-1-						V V V	V V V								-	-	V V V					V V V	VVV		
9999999	lotals						XXX	XXX										XXX					XXX	XXX		

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			N()N+	
			ITOITE	

SCHEDULE S – PART 6

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

		1	2	3	4	5
		2017	2016	2015	2014	2013
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					
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
	Reinsurance recoverable on paid losses	1				
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
٦	UNAUTHORIZED REINSURANCE					
0.	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13	•					
1/	Funds deposited by and withheld from (F) Letters of credit (L)					
15	Trust agreements (T)	NO	$N \vdash \cdots$			
	0(1) (0)					
10.	Other (O)					
D.	REINSURANCE WITH CERTIFIED REINSURERS					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S – PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	One hand invested assets (I in a 40)			
	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			
4.	Net credit for ceded reinsurance	XXX		
	All other admitted assets (Balance)			
	Total assets (Line 28)			
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
	Claims unpaid (Line 1)			
	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 19, first inset amount			
	plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified			
	Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)			
	Total liabilities (Line 24)			
16.	All other liabilities (Balance) Total liabilities (Line 24) Total capital and surplus (Line 33) Total liabilities, capital and surplus (Line 34)	NONE	XXX	
	Total liabilities, capital and surplus (Line 34)	ITOIL		
	NET OPENIT FOR OFFICE PENALUPANCE			
40	NET CREDIT FOR CEDED REINSURANCE			
	Claims unpaid			
	Accrued medical incentive pool			
	Premiums received in advance			
	Reinsurance recoverable on paid losses			
	Other ceded reinsurance recoverables			
	Total ceded reinsurance recoverables			
	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.				
29.	Other ceded reinsurance payables/offsets			
30.	Total ceded reinsurance payables/offsets			
31.	Total net credit for ceded reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only						
		1	2	3	4	5	6	
		Life	Annuities	Disability Income	Long-Term Care			
		(Group and	(Group and	(Group and	(Group and	Deposit-Type		
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals	
1.	Alabama AL							
	Alaska AK							
	Arizona AZ							
	Arkansas AR AR							
	California CA							
	Colorado CO							
	Connecticut CT Delaware DE							
	District of Columbia DC							
	Florida FL							
	Georgia GA							
	Hawaii HI							
13.	ldaho ID							
14.	Illinois IL							
	Indiana IN							
16.								
	Kansas KS							
	Kentucky KY							
	Louisiana LA							
	Maine ME Maryland MD							
	Massachusetts MA		NIA					
	Michigan MI		NO	NH				
	Minnesota MN							
	Mississippi MS							
	Missouri MO							
27.	Montana MT							
	Nebraska NE							
29.	Nevada NV NV							
	New Hampshire NH							
	New Jersey NJ							
	New Mexico NM							
	New York NY North Carolina NC							
	North Carolina NC North Dakota ND							
36.								
	Oklahoma OK							
38.	Oregon OR							
	Pennsylvania PA							
40.	Rhode Island RI							
	South Carolina SC							
42.	South Dakota SD							
	Tennessee TN							
44.	Texas TX							
45.	Utah UT							
	Vermont VT							
47. 18	Virginia VA Washington WA							
	Washington WA West Virginia WV							
	Wisconsin WI							
	Wyoming WY							
	American Samoa AS							
53.	Guam GU							
	Puerto Rico PR							
	U.S. Virgin Islands VI							
	Northern Mariana Islands MP							
	Canada CAN							
	Aggregate Other Alien OT							
59.	Totals							

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Gro Co	•	NAIC Com- pany Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		00000	05-0502610				THE ALTUS GROUP, INC.	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS		DELTA DENTAL OF RHODE ISLAN		
			05-0502611				ALTUS SYSTEMS. INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
1			05-0502612				ALTUS DENTAL, INC.	MA	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
			46-5627174		1		ALTUS VENTURES, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
1571	DELTA DENTAL OF RHODE ISLAND		05-0296998		1		DELTA DENTAL OF RHODE ISLAND	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
1571	DELTA DENTAL OF RHODE ISLAND	52632	05-0513223				ALTUS DENTAL INSURANCE CO., INC.	RI	RE	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
		00000	03-0396397		[:::::		ALTUS REALTY, INC.	RI	NIA	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	1
		00000	81-4567207				FIRST CIRCLE, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
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Asterik	Explanation
	NONE
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SCHEDULE Y

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

4	1 0		4	F		7	1 0		140	10	40
'	2	3	4	5	6 Purchases.	7	8	9	10 11	12	13
					Sales or	Income/			Any Other		
					Exchanges of	(Disbursements)			Material		Reinsurance
		Names of			Loans,	Incurred in			Activity Not		Recoverable/
		Insurers			Securities,	Connection with	Management	Income/	in the		(Payable) on
		and			Real Estate,	Guarantees or	Agreements	(Disbursements)	Ordinary		Losses and/or
NAIC		Parent,			Mortgage Loans	Undertakings for	and	Incurred Under	Course of the		Reserve Credit
Company	ID	Subsidiaries	Shareholder	Capital	or Other	the Benefit of	Service	Reinsurance	Insurer's		Taken/
Code	Number	or Affiliates	Dividends	Contributions	Investments	any Affiliate(s)	Contracts	Agreements	* Business	Totals	(Liability)
52632	05-0513223	ALTUS DENTALINSURANCE COMPANY, INC.					(5,707,418)		5,458,658	(248,760)	
		DELTA DENTAL OF RHODE ISLAND					2,258,123		(2,117,352)	140,771	
0	05-0502611	ALTUS SYSTEMS, INC.					1,374,440		(1,333,926)	40,514	
0	05-0502612	ALTUS DENTAL, INC.					2,074,855		(2,164,222)	(89,367)	
Ů	05-0502610	THE ALTUS GROUP, INC.							156,842	156,842	
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0000000	Control Totals								VVV		
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.

	MARCH FILING	Responses
1	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.		YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.		159
_	APRIL FILING	V50
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.		YEŞ
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.		VE0
	of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
type code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company doe 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 "New will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION wing the interrogatory questions.	IONE" report and a bar
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	
12.		NO
12. 13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life	NO NO
12. 13. 14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with	NO NO NO
12. 13. 14.	Will schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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 NO NO
12. 13. 14. 15.	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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit	NO NO NO NO
12. 13. 14. 15. 16.	Will schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA	NO NO NO NO NO NO NO
12. 13. 14. 15. 16. 17.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO NO NO NO NO NO NO NO
12. 13. 14. 15. 16. 17.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO NO NO NO NO NO NO NO
12. 13. 14. 15. 16. 17.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? APRIL FILING	NO NO NO NO NO NO NO NO
12. 13. 14. 15. 16. 17.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO NO NO NO NO NO NO NO NO
12. 13. 14. 15. 16. 17. 18. 20.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so,	NO
12. 13. 14. 15. 16. 17. 18. 20. 21. 22.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? 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? 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? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of	NO N

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 12:	NA	
Explanation 13:	NA	
Explanation 14:	NA	
Explanation 15:	NA .	
Explanation 16:	NA	
F -1	NA	
Explanation 17:	NA	
Explanation 18:	NA	
Explanation 19:	NA	
Evalenation 20.	NA	
Explanation 20:	NA	
Explanation 21:	NA	
Explanation 22:	NA	
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Explanation 23:	NA	
Explanation 24:	NA	
Bar Code	:	
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	52632201736000000	52632201720500000
	52632201720700000	52632201742000000
	52632201737100000	52632201737000000
	52632201736500000	52632201722400000
	52632201722500000	52632201722600000
	52632201730600000	52632201721100000
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