

#### ANNUAL STATEMENT

For the Year Ended December 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

	AL	TUS DENTAL INSUR	RANCE CO.	, INC.		
NAIC Group Code 1571	1571	NAIC Company Code	5263		Employer's ID Number	05-0513223
(Current Perio	, , , ,			_		
•	HODE ISLAND	, State o	of Domicile or	Port of Ent	iry Ri	
Country of Domicile US						
Licensed as business type:	life, Accident & Health [X	[] Property/Casualty	/	[]	Hospital, Medical & Dental Se	rvice or Indemnity [ ]
E C	Dental Service Corporation [	] Vision Service Co	orporation	[]	Health Maintenance Organiza	tion []
0	Other [	] Is HMO Federally	Qualified?	Yes [ ]	No [ ]	
Incorporated/Organized	August 1, 20	00	Com	menced B	usiness Sept	ember 1, 2001
Statutory Home Office 10 CHARL	ES STREET		,	PR	OVIDENCE, RI, US 02904	
	(Street and	Number)			(City or Town, State, Count	ry and Zip Code)
Main Administrative Office 10	CHARLES STREET		(0) 1 1			
			(Street and	,	077 000 0577	
PF	City or Town, State	Country and Zip Code)		(Area Co	877-223-0577 de) (Telephone Number)	
Mail Address 10 CHARLES STF					OVIDENCE, RI, US 02904	
	(Street and Number or F	P.O. Box)	,		(City or Town, State, Count	try and Zip Code)
Primary Location of Books and Record	IS 10 CHARLES STREET	·		PROVIDEN	CE, RI, US 02904	877-223-0577
		et and Number)	(City	or Town, St	ate, Country and Zip Code) (Area	Code) (Telephone Number)
Internet Web Site Addresswww.a	Itusdental.com					
Statutory Statement Contact GE	EORGE J. BEDARD				-223-0577	
	(1	Name)		(Area Co	de) (Telephone Number) (	(Extension)
gb	edard@altusdental.com	1 A L L			401-457-72	
	(E-Ma	ail Address)			(Fax Num	per)
		OFFICE	RS			
	Name				Title	
1. JOSEPH R PERRONI			PRESIDE			
2. MELISSA GENNARI				NT SECRET	TARY	
3. RICHARD A. FRITZ			TREASU	KEK		
		VICE-PRESID	FNTS			
Name	т	itle		Nam	٥	Title
RICHARD A. FRITZ	VP & CFO		THOMAS CHA			OPERATING OFFICER
BLAINE CARROLL	VP - STRATEGIC INITIATIVE	ES	WENDY DUNC			MARKETING OFFICER
JAMES KINNEY	VP - SALES					
		DIRECTORS OR T				
ELIZABETH CATUCCI #	JULIE G. DUFFY		THOMAS P. EN			S J. FLYNN
JONATHAN W. HALL	PETER C. HAYES	·	STEVEN J. ISS		JUNIOR	
COLIN P. KANE	MARK A. PAULHUS		HEATHER A. P		JAMES \	/. ROSATI
JOHN T. RUGGEIRI	EDWIN J. SANTOS		MARK A. SHAV	V		
		<u> </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) JOSEPH R PERRONI (Printed Name) 1.	(Signature) MELISSA GENNARI (Printed Name) 2.	(Signature) RICHARD A. FRITZ (Printed Name) 3.
PRESIDENT	ASSISTANT SECRETARY	TREASURER
(Title)	(Title)	(Title)
Subscribed and sworn to (or affirmed) before me this on this		
_25th day ofFEBRUARY, 2022, by		
		a. Is this an original filing? [X] Yes [] No
		b. If no: 1. State the amendment number
KELLY COTOIA		2. Date filed
My commission expires 8/7/25		3. Number 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:						
TOWN OF STOUGHTON	48,455				969	47,48
CITY OF PEABODY	22,651				453	22,19
MINUTEMAN VOCATIONAL TECHNICAL SCHOOL	12,726	4,714			490	16,950
TOWN OF WEBSTER		26,046	775		1,612	25,208
TOWN OF UXBRIDGE	25,086				502	24,585
CITY OF SALEM RETIRED TEACHERS	7,221			6,790	6,934	7,076
TOWN OF MARBLEHEAD	30,138	30,129			2,109	58,15
COUNTY CORRECTIONAL OFFICERS ASSOCIATION	16,412 7,385				328	16,084
ATLAS DISTRIBUTING FAMILY HEALTH CENTER	16,705				334	16,37
CITY OF BEVERLY	44,831	36,993	25,338	5,167	18,049	94,280
CITY OF PEABODY	42,777	21,991	20,000	0,101	1.955	62,813
CITY OF SALEM RETIREE PLAN	9,109			8,894	9,076	9,076
CITY OF LYNN	7,249	7,878	7,352	6,473	9,952	18,999
MASS HEALTH CONNECTOR	74,567				1,491	73,076
0299997 Group subscriber subtotal	365,312	127,751	33,465	27,324	54,402	499,596
0299998 Premiums due and unpaid not individually listed	125,723	21,136	16,641	18,257	28,027	153.584
	120,720	21,130				
0299999 Total group	491,035	148,887	50,106	45,581	82,429	653,180
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)	491,035	148,887	50,106	45,581	82,429	653,180

## 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
	· · · · · · · · · · · · · · · · · · ·					
	· · · · · · · · · · · · · · · · · · ·	ONE				
	· · · · · · · · · · · · · · · · · · ·					
799999 Gross Health Care Receivables						

Annual Statement for the year 2021 of the ALTUS DENTAL INSURANCE CO., INC.

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

		Health Care Receivables Collected or Offset During the Year		ceivables Accrued	5	6
	or Offset Dur	ing the Year	as of December	31 of Current Year		
	1	2	3	4	Health Care	Estimated Health Care
	On Amounts Accrued		On Amounts Accrued		Receivables from	Receivables Accrued as
	Prior to January 1 of	On Amounts Accrued	December 31 of	On Amounts Accrued	Prior Years	of December 31 of
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Cols. 1 + 3)	Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables						
3. Loans and advances to providers		<b>NI()</b>				
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. 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

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						
	4 440 020	057 700	404.070	424.000	252.005	0.450.40
0399999 Aggregate accounts not individually listed - covered	1,418,832	357,736	191,978	131,229	353,685	2,453,46
0499999 Subtotals	1,418,832	357,736	191,978	131,229	353,685	2,453,46
0799999 Total claims unpaid						2,453,46
· · · · · · · · · · · · · · · · · · ·						,,
•••••••••••••••••••••••••••••••••••••••						
				1		
				1		

# EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	ted
						7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
DELTA DENTAL OF RHODE ISLAND	3,682,001	338,230	313,967	1,851,854		4,334,199	1,851,8
0199999 Individually listed receivables	3,682,001		313,967	1,851,854		4,334,199	1,851,8
0299999 Receivables not individually listed							
000000 Table and the set of the	0.000.001	000.000	040.007	4.054.054		4 00 4 400	1.051
0399999 Total gross amounts receivable	3,682,001	338,230	313,967	1,851,854		4,334,199	1,85

# EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
		040.000	(040 500)	4.004
LTUS GROUP LTUS DENTAL, INC	DIRECT PARENT SUBSIDIARY OF THE ALTUS GROUP	949,238 58,755	(942,590) (1,430,499)	1,891 1,489
LIUS DENTAL, INC LTUS SYSTEMS, INC	SUBSIDIART OF THE ALTUS GROUP	56,755 410,010	(1,430,499) (383,706)	793
		410,010	(303,700,	13.
199999 Individually listed payable		1,418,003	(2,756,795)	4,17
299999 Payables not individually listed				
	•••			
•••••••••••••••••••••••••••••••••••••••				
		1		1
	1	1		1
399999 Total gross payables		1,418,003	(2,756,795)	4,1

#### 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					1	
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	59,389,513	100.000	XXX XXX	XXX	43,473,124	15,916,389
<ol> <li>Contraction ree payments</li> <li>Bonus/withhold arrangements – fee-for-service</li> <li>Bonus/withhold arrangements – contractual fee payments</li> </ol>	]		XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements	]		XXX	XXX		
<ol> <li>All other payments</li> <li>Total other payments</li> </ol>			XXX	XXX		
12. Total other payments	59,389,513	100.000	XXX	XXX	43,473,124	15,916,389
13. Total (Line 4 plus Line 12)	59,389,513	100.000	XXX	XXX	43,473,124	15,916,389

#### **EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		· · · · · · · · · · · · · · · · · · ·			
99999999 Totals			XXX	XXX	XXX

# EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. MASSACHUSETTS

Report for: 1. Corporation ALTTUS DENTAL INSURANCE CO. INC.

(LOCATION)

NAIC Group Code 1571

#### **BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2021**

NAIC Company Code 52632

	1	Comprehensive (H	lospital & 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	168,811					168,811				
2. First Quarter	168,222					168,222				
3. Second Quarter						169,368				
4. Third Quarter	179,477					179,477				
5. Current Year	182,321					182,321				
ی 6. Current Year Member Months	2,084,359					2,084,359				
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)	78,475,039					78,475,039				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	79,218,090					79,218,090				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	59,389,653					59,389,653				
18. Amount Incurred for Provision of										
Health Care Services	59,593,513					59,593,513				

(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.



(LOCATION)

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation ALTTUS DENTAL INSURANCE CO. INC.

. . . . . . . . . . . . . . . . .

2. MASSACHUSETTS

NAIC Group Code 1571

#### BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2021

NAIC Company Code 52632

	1	Comprehensive (H	lospital & 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	168,811					168,811				
2. First Quarter	168,222					168,222				
3. Second Quarter						169,368				
4. Third Quarter	470 477					179,477				
5. Current Year	182,321					182,321				
6. Current Year Member Months	2,084,359					2,084,359				
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)	78,475,039					78,475,039				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	79,218,090					79,218,090				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	59,389,653					59,389,653				
18. Amount Incurred for Provision of										
Health Care Services	59,593,513					59,593,513				

(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 Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
				· · <b> </b> · · · · · · · · · · · · <b>b</b> · <b>f</b> · <b>/</b>	<b>N</b> • <b>N</b> • <b>I</b> • <b>F</b> == • • • •							
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99999999	Tatala				I	XXX						

# **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
NAIC			Name			
Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
			NONE			
			·····			
			·····	· · · · · · · · · · · · · · · · · · ·		
9999999	Totals	. <u></u>				

## 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 Domiciliary Jurisdiction	6	7	8	9	10 Reserve Credit	Outstandi	ing Surplus elief	13	14
NAIC Company ID Code Number	Effective Date			Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	11 Current Year	12 Prior Year	Modified V Coinsurance	Funds Withheld Under Coinsurance
				NON								
9999999 Totals					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
							· · · · · · · · · · · · · · ·							
							• • • • • • • • • • • • • • • • • • •							
							<b>-</b>							
99999999	Totals								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
			1		

# **SCHEDULE S - PART 5**

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

1	2		3		4	5		6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
																		16	17	18	19	20	21	22	Percent of			
																	Dollar								Collateral	Percent Credit	Amount of	Liability for
														Total			Amount of		I						Provided for	Allowed on Net	Credit Allowed	Reinsurance
										Percent				Recoverable/		Net	Collateral					Funds		Total	Net	Obligation	for Net	with Certified
							Ce	ertified	Effective	Collateral		Paid and		Reserve		Obligation	Required			Issuing or		Deposited		Collateral	Obligation	Subject	Obligation	Reinsurers D
NAIC							Rei	insurer	Date of	Required		Unpaid		Credit		Subject to	for Full			Confirming		by and		Provided	Subject to	to Collateral	Subject to	to Collateral
Comp-					Name		Ra	iting (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	Eff	ective		of	Domic	iliary th	rough	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	Number	r   C	Date	I	Reinsurer	Jurisd	iction	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)
				• • • • • • • • •																								
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		·   · ·																										
9999999	Totals								XXX	ХХХ		1		1			1		t	XXX				1	ХХХ	XXX		1

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
				••••••

(a)

# SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(\$000 OMITTED)

		1	2	3	4	5
		2021	2020	2019	2018	2017
Α.	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 due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
C.	UNAUTHORIZED REINSURANCE					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)		<u>    .                                </u>			
14.	Letters of credit (L)					
	Trust agreements (T)	NO				
	Other (O)		· · · · · · · · · · · · · · · · · · ·			
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17	Multiple Beneficiary Trust					
	Funds deposited by and withheld from (F)					
	Letters of credit (L)					
	Trust agreements (T)					
20.	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)
1	ASSETS (Page 2, Col. 3) Cash and invested assets (Line 12)			
	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			
	Net credit for ceded reinsurance			
	All other admitted assets (Balance)			
	Total assets (Line 28)			
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			
	Accrued medical incentive pool and bonus payments (Line 2)			
	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.	Total capital and surplus (Line 33)	NONE	XXX	
17.	Total liabilities, capital and surplus (Line 34)			
	Claims unpaid			
	Accrued medical incentive pool			
	Premiums received in advance			
	Reinsurance recoverable on paid losses			
			-	
	Total ceded reinsurance recoverables			
	Premiums receivable			
20.	Funds held under reinsurance treaties with authorized			
26	and unauthorized reinsurers Unauthorized reinsurance			
26.				
27.	Funds held under reinsurance treaties with Certified Reinsurers			
28.	Other and ad minaurance neurobles/offects			
29. 30.	Other ceded reinsurance payables/offsets Total ceded reinsurance payables/offsets		1	
1	Total reded reinsurance payables/offsets		1	
<u> </u>			J	

# **SCHEDULE T - PART 2**

#### INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

				Direct Bus	siness Only		
	States, Etc.	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						
	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						
	Florida FL						
	Georgia GA						
	Hawaii HI						
13. 14.	Idaho ID IL						
14. 15.							
15. 16.							
	lowa IA Kansas KS						
	Kentucky KY						
	Louisiana LA						
20.	Maino ME						
	Mondond						
	Massachusetts MA						
	Michigan MI		NO				
	Minnesota MN						
24. 25.	Mississippi MS						
20. 26.	Missouri MO						
20.	Montana MT						
	Nebraska NE						
	Nevada NV						
30.							
	New Jersey NJ						
	New Mexico NM						
	New York NY						
	North Carolina NC						
	North Dakota ND						
	Ohio OH						
37.	Oklahoma OK						
	Oregon OR						
	Pennsylvania PA						
	Rhode Island RI						
	South Carolina SC						
42.	South Dakota SD						
	Tennessee TN						
44.	Texas TX						
	Utah UT						
46.	Vermont VT						
47.	Virginia VA						
48.	Washington WA						
	West Virginia WV						
	Wisconsin WI						
51.	Wyoming WY						
	American Samoa AS						
53.	Guam GU						
	Puerto Rico PR						
	U.S. Virgin Islands VI						
56.	Northern Mariana Islands MP						
57.	Canada CAN						
E 0	Aggregate Other Alien OT						
50.							

SCHEDULE Y	
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM	

1	0	2	4	5	6	7	0	0	10	11	10	12	14	15	16
1	2	3	4	5	0	. /	0	9	10	11	12	13	14	15	10
						Name of					Type of Control				
						Securities					(Ownership,	If Control			
		NAIC				Exchange if					Board,	is		Is an SCA	
		Com-				Publicly	Names of		Relationship to		Management,	Ownership		Filing	
Group		pany	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	СІК	International)	Or Affiliates	Location	Entity	(Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
									,	(		, ereeninge		()	
		00000	05-0502610				THE ALTUS GROUP, INC.	RI	ÚDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	YES	
		00000	05-0502611				ALTUS SYSTEMS. INC.	Ŕ	NIA	THE ALTUS GROUP. INC.	BOARD OF DIRECTORS		DELTA DENTAL OF RHODE ISLAN	NO	
		00000	05-0502612				ÁLTÚS DENTAL, INC.	MA	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS		DELTA DENTAL OF RHODE ISLAN	NO	
		00000	46-5627174				ALTUS VENTURES, INC.	Ŕ	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
1571	DELTA DENTAL OF RHODE ISLAND	55301	05-0296998				DELTA DENTAL OF RHODE ISLAND	Ŕ	ÚDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS		DELTA DENTAL OF RHODE ISLAN	NO	
1571	DELTA DENTAL OF RHODE ISLAND	52632	05-0513223		1		ALTUS DENTAL INSURANCE CO., INC.	RI	RE	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	03-0396397		1		ÁLTÚS RÉALTÝ, INC.	RI	ŃIÁ	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	81-4567207				FIRST CIRCLE, INC	Ŕ	ŃIÁ	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	83-2724654				FIRST CIRCLE REALTY, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	

Asterik	Explanation
4	

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# SCHEDULE Y

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

1	2	3	4	5	6 Purchases.	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	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)
0 52632 55301 00000 00000 00000	0 05-0513223 05-0296998 05-0502611 05-0502612 05-0502610	ALTUS DENTAL INS CO INC TRANSACTIONS: ALTUS DENTALINSURANCE COMPANY, INC. DELTA DENTAL OF RHODE ISLAND ALTUS SYSTEMS, INC. ALTUS DENTAL, INC. THE ALTUS GROUP, INC.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		(9,144,630) 3,976,236 2,543,064 2,625,330	· · · · · · · · · · · · · · · · · · ·		6,469,661 (813,022) (2,591,487) (2,050,916) (1,014,236)	(2,674,969) 3,163,214 (48,423) 574,414 (1,014,236)	· · · · · · · · · · · · · · · · · · ·
0 55301 00000 52632 00000 00000	0 05-0296998 05-0502611 05-0513223 05-0502612 03-0396397	DELTA DENTASL OF RI TRANSACTIONS: DELTA DENTAL OF RHODE ISLAND ALTUS STYSTEMS, INC. ALTUS DENTAL INSURANCE CO., INC. ALTUS DENTAL, INC. ALTUS REALTY, INC.		· · · · · · · · · · · · · · · · · · ·			(1,312,654) 5,288,890 (3,976,236)			1,478,055 (3,084,210) 813,022 1,348,032 (986,119)	165,401 2,204,680 (3,163,214) 1,348,032 (986,119)	· · · · · · · · · · · · · · · · · · ·
00000 00000 00000	46-5627174 81-4567207 83-2724654	ALTUS VENTURES, INC FIRST CIRCLE, INC. FIRST CIRCLE REALTY, INC.			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · ·	(349,738) 492,594 288,364	(349,738) 492,594 288,364	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
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										·		
9999999	Control Totals								XXX			

#### SCHEDULE Y

#### PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8	
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\Affiliation of Column 5 Ove Column 6 (Yes/No)	
ALTUS DENTALINSURANCE COMPANY, INC.	ALTUS DENTALINSURANCE COMPANY, INC.		YES	DELTA DENTAL OF RHODE ISLAND				
DELTA DENTAL OF RHODE ISLAND	DELTA DENTAL OF RHODE ISLAND		YES	DELTA DENTAL OF RHODE ISLAND				
			120					
					1	1		

# 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 statement filing, if your company is engaged in the type of business covered by the supplement. 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO			
13.	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			
14.	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			
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO			
16.	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?	NO			
17.	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			
18.	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			
	APRIL FILING				
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO			
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO			
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be files with the state of domicile and the NAIC by April 1?	NO			
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO			
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO			
	AUGUST FILING				

24.	Will Mana	agement's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO			
Explanatio	n 10:	N/A				

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 11:	N/A
Explanation 12:	N/A
·	
Explanation 13:	N/A
Explanation 14:	N/A
Evaluation 15	N1/A
Explanation 15:	Ν/Α
Explanation 16:	N/A
Explanation 17:	N/A
Explanation 18:	N/A
Explanation 19:	N/A
Evaluation 20:	
Explanation 20:	N/A
Explanation 21:	N/A
Explanation 22:	N/A
Explanation 23:	N/A
Explanation 24:	N/A
	·····

Bar Code:





SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES





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