



55301202320100100

# ANNUAL STATEMENT

For the Year Ended December 31, 2023  
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 RI

Country of Domicile USA

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

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

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

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

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

Primary Location of Books and Records 10 CHARLES STREET PROVIDENCE, RI, US 02904 877-223-0577  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address deltadentalri.com

Statutory Statement Contact DUANE EASTER 877-223-0577  
(Name) (Area Code) (Telephone Number) (Extension)  
deaster@deltadentalri.com 401-457-7260  
(E-Mail Address) (Fax Number)

### OFFICERS

	Name	Title
1.	<u>JOSEPH R. PERRONI</u>	<u>PRESIDENT</u>
2.	<u>MELISSA GENNARI</u>	<u>ASSISTANT SECRETARY</u>
3.	<u>RICHARD A. FRITZ</u>	<u>TREASURER</u>

### VICE-PRESIDENTS

Name	Title	Name	Title
<u>RICHARD A. FRITZ</u>	<u>VP &amp; CFO</u>	<u>THOMAS CHASE</u>	<u>VP - CHIEF OPERATING OFFICER</u>
<u>BLAINE CARROLL</u>	<u>VP - STRATEGIC INITIATIVES</u>	<u>MICHELLE MUSCATELLO #</u>	<u>VP - COMMUNICATIONS &amp; EXTERNAL AFFAI</u>
<u>JAMES KINNEY</u>	<u>VP - SALES</u>	<u>ELLEN HENDRIX</u>	<u>VP - UNDERWRITING&amp;INS RISK SERVICE</u>

### DIRECTORS OR TRUSTEES

<u>ELIZABETH CATUCCI</u>	<u>THOMAS P. ENRIGHT</u>	<u>CHRISTINE GADBOIS</u>	<u>JONATHAN W. HALL</u>
<u>PETER C. HAYES</u>	<u>STEVEN J. ISSA</u>	<u>JUNIOR JABBIE</u>	<u>COLIN P. KANE</u>
<u>MARK A. PAULHUS</u>	<u>HEATHER A. PROVINO</u>	<u>JAMES V. ROSATI</u>	<u>JOHN T. RUGGEIRI</u>
<u>MICHAEL F. SABITONI #</u>	<u>EDWIN J. SANTOS</u>	<u>MARK A. SHAW</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.  
PRESIDENT  
(Title)

(Signature)  
MELISSA GENNARI  
(Printed Name)  
2.  
ASSISTANT SECRETARY  
(Title)

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

Subscribed and sworn to (or affirmed) before me this on this  
21st day of FEBRUARY, 2024, by

KELLY COTOIA  
My commission expires 8/7/25

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

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
LUXURY BRAND HOLDINGS INC	12,283	634			277	12,640
TECHNIC, INC.	13,404			1,136	268	14,272
EAST SIDE SERVICE CENTER	11,493				230	11,263
DANIELE INTERNATIONAL INC	16,431				329	16,102
UNIVERSITY OF RHODE ISLAND	18,652	30,726	25,476	38,878	1,909	111,823
0299997 Group subscriber subtotal	72,263	31,360	25,476	40,014	3,013	166,100
0299998 Premiums due and unpaid not individually listed	485,624	359,529	416,798	78,296	322,611	1,017,636
0299999 Total group	557,887	390,889	442,274	118,310	325,624	1,183,736
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)	557,887	390,889	442,274	118,310	325,624	1,183,736

### EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>NONE</b>						
079999 Gross Health Care Receivables						

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

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

NONE

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



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

1 Name of Affiliates	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
ALTUS SYSTEMS, INC.							
ALTUS DENTAL, INC.	(12,923)	(602,307)	103,218	2,805,705	2,293,694		
ALTUS GROUP, INC.							
ALTUS DENTAL INSURANCE COMPANY, INC.	198,132	(244,746)	(249,815)	780,015		(296,429)	780,015
ALTUS REALTY, INC.							
ALTUS VENTURES, INC.		500,000			500,000		
FIRST CIRCLE, INC.	(47,345)	52,900			5,555		
FIRST CIRCLE REALTY, INC.							
0199999 Individually listed receivables	137,864	(294,153)	(146,597)	3,585,720	2,799,249	(296,429)	780,015
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	137,864	(294,153)	(146,597)	3,585,720	2,799,249	(296,429)	780,015

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
ALTUS SYSTEMS, INC.	AFFILIATE	1,230,598	813,472	417,126
ALTUS REALTY, INC.	AFFILIATE	409,795	(747,448)	1,157,244
FIRST CIRCLE REALTY, INC.	AFFILIATE	94,161	539	93,621
0199999 Individually listed payable		1,734,554	66,563	1,667,991
0299999 Payables not individually listed				
0399999 Total gross payables		1,734,554	66,563	1,667,991

### EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	44,576,846	100.000	XXX	XXX	42,303,427	2,273,419
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	44,576,846	100.000	XXX	XXX	42,303,427	2,273,419
13. Total (Line 4 plus Line 12)	44,576,846	100.000	XXX	XXX	42,303,427	2,273,419

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

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



### EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,884,394		2,665,871		218,523	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	3,456,349	3,323,647			132,702	
6. Total	6,340,743	3,323,647	2,665,871		351,225	



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

Report for: 1. Corporation

2.

(LOCATION)

NAIC Group Code 1571

**BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2023**

NAIC Company Code 55301

30 RI

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	139,937				3,167	136,770								
2. First Quarter	144,687				7,235	137,452								
3. Second Quarter	144,453				7,832	136,621								
4. Third Quarter	147,888				10,100	137,788								
5. Current Year	150,188				11,541	138,647								
6. Current Year Member Months	1,751,582				104,325	1,647,257								
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)	59,491,875				649,966	58,841,909								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	59,492,756				649,966	58,842,790								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	44,576,845				383,838	44,193,007								
18. Amount Incurred for Provision of Health Care Services	44,518,445				405,688	44,112,757								

(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.



55301202343059100

**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 2023**

NAIC Company Code 55301

30 GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	139,937				3,167	136,770								
2. First Quarter	144,687				7,235	137,452								
3. Second Quarter	144,453				7,832	136,621								
4. Third Quarter	147,888				10,100	137,788								
5. Current Year	150,188				11,541	138,647								
6. Current Year Member Months	1,751,582				104,325	1,647,257								
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)	59,491,875				649,966	58,841,909								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	59,492,756				649,966	58,842,790								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	44,576,845				383,838	44,193,007								
18. Amount Incurred for Provision of Health Care Services	44,518,445				405,688	44,112,757								

(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>NONE</b>												
999999	Totals					XXX						

## SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>NONE</b>						
<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>999999</span> <span>Totals</span> </div>						

### 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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>NONE</b>													
999999 Totals						X X X							

### SCHEDULE S - PART 4

#### Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 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 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
<b>NONE</b>														
9999999 Totals									XXX					

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(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
<b>NONE</b>				

**SCHEDULE S - PART 5**

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

1 NAIC Comp- any Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)															
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreement	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)														
<b>NONE</b>																																							
9999999 Totals								XXX	XXX										XXX				XXX	XXX															

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(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
<b>NONE</b>				



## SCHEDULE S – PART 6

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

	1	2	3	4	5
	2023	2022	2021	2020	2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

NONE

## SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)			
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)			
6. Total assets (Line 28)			
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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 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)			
15. Total liabilities (Line 24)			
16. Total capital and surplus (Line 33)	<b>NONE</b>	X X X	
17. Total liabilities, capital and surplus (Line 34)			
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
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 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
States, Etc.							
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	CAN						
58. Aggregate Other Alien	OT						
59. Totals							

**NONE**

## 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
Group Code	Group Name	NAIC Company 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? (Yes/No)	*
1571	ALTUS DENTAL INSURANCE COMPANY, INC.	00000 00000 00000 52632	03-0396397 05-0502610 05-0502611 05-0502612 05-0513223				ALTUS REALTY COMPANY, INC. THE ALTUS GROUP, INC. ALTUS SYSTEMS, INC. ALTUS DENTAL, INC. ALTUS DENTAL INSURANCE COMPANY, INC.	RI RI RI MA RI	DS DS DS DS IA	DELTA DENTAL OF RHODE ISLAND DELTA DENTAL OF RHODE ISLAND THE ALTUS GROUP, INC. THE ALTUS GROUP, INC. THE ALTUS GROUP, INC.	BOARD OF DIRECTORS BOARD OF DIRECTORS BOARD OF DIRECTORS BOARD OF DIRECTORS BOARD OF DIRECTORS	100.000 100.000 100.000 100.000 100.000	DELTA DENTAL OF RI DELTA DENTAL OF RI DELTA DENTAL OF RI DELTA DENTAL OF RI DELTA DENTAL OF RI	NO YES NO NO NO	
1571	DELTA DENTAL OF RHODE ISLAND	00000 55301 00000 00000	46-5627174 05-0526998 81-4567207 83-2724654				ALTUS VENTURES, INC. DELTA DENTAL OF RHODE ISLAND FIRST CIRCLE, INC. FIRST CIRCLE REALTY, INC.	RI RI RI RI	DS RE DS DS	THE ALTUS GROUP, INC. DELTA DENTAL OF RHODE ISLAND THE ALTUS GROUP, INC. THE ALTUS GROUP, INC.	BOARD OF DIRECTORS BOARD OF DIRECTORS BOARD OF DIRECTORS BOARD OF DIRECTORS	100.000 100.000 100.000 100.000	DELTA DENTAL OF RI DELTA DENTAL OF RI DELTA DENTAL OF RI DELTA DENTAL OF RI	NO NO NO NO	

Asterik	Explanation
<div style="font-size: 48pt; font-weight: bold;">NONE</div>	

## 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	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
0	0	DELTA DENTAL OF RI TRANSACTIONS:										
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					(178,029)			731,222	553,193	
00000	05-0502611	ALTUS STYSTEMS, INC.					4,994,374			(5,478,556)	(484,182)	
52632	05-0513223	ALTUS DENTAL INSURANCE CO., INC.					(4,816,345)			5,608,358	792,013	
00000	05-0502612	ALTUS DENTAL, INC.								110,549	110,549	
00000	03-0396397	ALTUS REALTY, INC.								(725,975)	(725,975)	
00000	46-5627174	ALTUS VENTURES, INC.								500,000	500,000	
00000	81-4567207	FIRST CIRCLE, INC.								(734,428)	(734,428)	
00000	83-2724654	FIRST CIRCLE REALTY, INC.								(11,170)	(11,170)	
0	0	ALTUS DENTAL INS CO INC TRANSACTIONS:										
52632	05-0513223	ALTUS DENTALINSURANCE COMPANY, INC.					(10,648,632)			10,180,364	(468,268)	
55301	05-0296998	DELTA DENTAL OF RHODE ISLAND					4,816,345			(5,608,358)	(792,013)	
00000	05-0502611	ALTUS SYSTEMS, INC.					2,821,102			(1,881,004)	940,098	
00000	05-0502612	ALTUS DENTAL, INC.					3,011,185			(2,971,332)	39,853	
00000	05-0502610	THE ALTUS GROUP, INC.								280,330	280,330	
9999999	Control Totals								XXX			



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

### REQUIRED FILINGS

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
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

### SUPPLEMENTAL FILINGS

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.

<b>MARCH FILING</b>	
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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAI by March 1?	NO
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2) be files 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
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanation 10: N/A

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 11: N/A
- Explanation 12: N/A
- Explanation 13: N/A
- Explanation 14: N/A
- Explanation 15: N/A
- Explanation 16: N/A
- Explanation 17: N/A
- Explanation 18: N/A
- Explanation 19: N/A
- Explanation 20: N/A
- Explanation 21: N/A
- Explanation 22: N/A
- Explanation 23: N/A
- Explanation 24: N/A

**Bar Code:**



5530120233600000



55301202320500000



55301202320700000



55301202342000000



55301202337100000



55301202337000000



55301202336500000



55301202322400000



55301202322500000



55301202322600000



55301202330600000



55301202321100000



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**



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