QUARTERLY STATEMENT

OF THE

| | DELTA DENTAL | _ |
|-----------------|-----------------|---|
| | OF RHODE ISLAND | |
| of | PROVIDENCE | |
| in the state of | RHODE ISLAND | |

TO THE

Insurance Department

OF THE

STATE OF

STATE OF RHODE ISLAND

FOR THE QUARTER ENDED

March 31, 2024

HEALTH

2024



QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

| | | DELTA DENTAL OF | RHODE ISLAND | | | |
|--|---|---|---------------------------------|---|------------------------------------|---------------------------------------|
| | 1571 , 1571 | NAIC Company Co | | Emp | loyer's ID Number | 05-0296998 |
| , | ent Period) (Prior Perio | od) | | | | |
| Organized under the Laws of | RHODE ISLAND | , | State of D | omicile or Port of Entry | RI | |
| Country of Domicile Licensed as business type: | US Life, Accident and Health | Property/Casua | lty [| 1 Hospital, Medical 8 | & Dental Service or Inde | emnity [] |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Dental Service Corporation | | | | | [] |
| | Other | [] Is HMO Federal | • | s[]No[] | | |
| Incorporated/Organized | | ctober 22, 1959 | Co | mmenced Business | April 1, 196 | i6 |
| Statutory Home Office | 10 CHARLES STREET | treet and Number) | , | PROVIDENCE, RI US | 02904 State, Country and Zip Co | odo) |
| Main Administrative Office | 10 CHARLES STREET | nicet and Number) | | (Oity of Town, | otate, Country and Zip oc | ue) |
| | | | (Street and Number | er) | | |
| | PROVIDENCE, RI US | 02904 vn, State, Country and Zip Code) | // | 877-223-0577 ea Code) (Telephone Nu | , mak a r\ | |
| Mail Address 10 CH | (City of Tow HARLES STREET | m, State, Country and Zip Code) | (AIE | ea Code) (Telephone Nu PROVIDENCE, RI US | 02904 | |
| iviali Addiess 10 Cit | | umber or P.O. Box) | , | | State, Country and Zip Co | ode) |
| Primary Location of Books and | Records 10 CH | ARLES STREET | | IDENCE, RI US 02904 | 877-223-0 | |
| latamat Walasita Addasa | 1.10 1. 4.12 | (Street and Number) | (City or Tov | wn, State, Country and Zip Co | de) (Area Code) (Telep | hone Number) |
| Internet Website Address Statutory Statement Contact | deltadentalri.com DUANE EASTER | | | 877-223-0577 | | |
| otatutory otatement contact | DOANE EASTER | (Name) | (Are | ea Code) (Telephone Nu | umber) (Extension) | |
| | deaster@deltadentalri. | | | | 401-457-7260 | |
| | | (E-Mail Address) | | | (Fax Number) | |
| | | OFFIC | ERS | | | |
| | Nam | ne | | Title | | |
| 1. 2. | JOSEPH R. PERRONI | | PRESIDENT ASSISTANT SE | CDETADY | | |
| 2. – 3. | MELISSA GENNARI RICHARD A. FRITZ | | TREASURER | CRETART | | |
| ŭ. <u>-</u> | 11010101071111112 | VICE-PRES | | | | |
| Name | | Title | | Name | Т | itle |
| RICHARD A. FRITZ | VP & CFO | 1100 | THOMAS CHASE | Hame | VP - CHIEF OPERATI | |
| BLAINE CARROLL | VP - STRATEG | IC INITIATIVES | MICHELLE MUSCAT | ELLO | VP - COMMUN ICATIO | |
| JAMES KINNEY | VP - SALES | | ELLEN HENDRIX | | VP - UNDERWRITING | &INS RISK SERVICE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | DIRECTORS OF | TRUSTEES | | | |
| ELIZABETH CATUCCI | THOMAS P. EN | | CHRISTINE GADBOI | IS | JONATHAN W. HALL | |
| PETER C. HAYES | STEVEN J. ISS | | JUNIOR JABBIE | | COLIN P. KANE | |
| MARK A. PAULHUS MICHAEL F. SABITONI | HEATHER A. P EDWIN J. SAN | | JAMES V. ROSATI MARK A. SHAW | | JOHN T. RUGGEIRI | |
| WICHALL I . SADITONI | LDWIN 3. OAN | 100 | WAIN A. OHAW | | | |
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| | | | - | | | |
| State of RHODE ISLAND | | | | | | |
| | | | | | | |
| County of PROVIDENCE | SS | | | | | |
| | | | | | | |
| The officers of this reporting entity I | being duly sworn, each depose and | say that they are the described offi | cers of said reporting ent | tity, and that on the reporting | period stated above, all o | f the herein described |
| assets were the absolute property | of the said reporting entity, free and | d clear from any liens or claims the | reon, except as herein st | tated, and that this statemen | t, together with related ex | hibits, schedules and |
| • | exed or referred to, is a full and true | | | • | • • • | • . |
| | erefrom for the period ended, and ha | • | | | - | · · · · · · · · · · · · · · · · · · · |
| • • • | y differ; or, (2) that state rules or re Furthermore, the scope of this attest | - : | = | = : | = | |
| | ue to electronic filing) of the enclosed | • | | | • | |
| (| 3) | | , | | | |
| | | | | | | |
| | | | | | | |
| (Signatui | * | (Signa | , | | (Signature) | 7 |
| JOSEPH R. PE (Printed Na | | MELISSA (Printed | | | RICHARD A. FRIT (Printed Name) | |
| 1. | , | 2 | | | 3. | |
| PRESIDE | .NT | ASSISTANT S | | | TREASURER | |
| (Title) | | (Tit | le) | | (Title) | |
| | | | | | | |
| Subscribed and sworn to before me | | | | a. Is this an original fi | - | [X]Yes []No |
| 8th day of MAY | , 2024 | | | | he amendment number | |
| | | | | 2. Date fil | ed | |
| | | | | 3. Numbe | er of pages attached | |

KELLY COTOIA

My commission expires 8/7/25

ASSETS

| | | Current Statement Date | | | |
|------|--|------------------------|-----------------------|---|--|
| | | 1 | 2 | 3 | 4 |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| | Bonds Stocks: | 49,570,212 | | 49,570,212 | 53,405,075 |
| | 2.1 Preferred stocks2.2 Common stocks | 104,218,335 | | 104,218,335 | 101,940,559 |
| 3. | Mortgage loans on real estate: | | | | |
| | 3.1 First liens | | | | |
| | 3.2 Other than first liens | | | | |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less \$ 0 encumbrances) | | | | |
| | 4.2 Properties held for the production of income (less \$ | | | | |
| | 4.3 Properties held for sale (less \$ 0 encumbrances) | | | | |
| 5. | Cash (\$ 1,136,420), cash equivalents (\$ 4,781,817), and short-term | | | | |
| | investments (\$ 0) | | | 5,918,237 | 757,331 |
| | Contract loans (including \$ | | | | |
| 7. | Derivatives | 44.005.004 | | 44.005.004 | 44.450.000 |
| 8. | Other invested assets | 11,235,604 | | 11,235,604 | 11,150,926 |
| 9. | Receivables for securities | | | | |
| 10. | Securities lending reinvested collateral assets | | | | |
| 11. | Aggregate write-ins for invested assets | | | 470.040.200 | 407.053.004 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | | | 170,942,388 | 167,253,891 |
| | Title plants less \$ 0 charged off (for Title insurers only) | 440 404 | | 440 404 | 450.040 |
| 14. | Investment income due and accrued | 446,184 | | 446,184 | 450,819 |
| 15. | Premiums and considerations: | 040.700 | 404 474 | 000 204 | 4 402 720 |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 819,792 | 121,471 | 698,321 | 1,183,736 |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred | | | | |
| | and not yet due (including \$ 0 earned but unbilled premiums) | | | | |
| | 15.3 Accrued retrospective premiums (\$ 0) and contracts | | | | |
| 16 | subject to redetermination (\$ 0) Reinsurance: | | | | |
| 10. | 4C.4. Associate associately from a large | | | | |
| | | | | | |
| | 40.2 Otherwise the section is a section of the sect | | | | |
| 17. | Assessed as a strictly relative to surface and place | 2 247 220 | 70,204 | 3,147,024 | 2,858,947 |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | 10,204 | 0,141,024 | 2,000,047 |
| 18.2 | Net deferred tax asset | | | | |
| 19. | Guaranty funds receivable or on deposit | | | | |
| 20. | Electronic data processing equipment and software | 6,467,694 | 6,385,699 | 81,995 | 67,092 |
| 21. | Furniture and equipment, including health care delivery assets (\$ 0) | 325,130 | 325,130 | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | 3,351,276 | 2,969,761 | 381,515 | 483,587 |
| 24. | Health care (\$ 0) and other amounts receivable | | | [| |
| 25. | Aggregate write-ins for other-than-invested assets | 4,104,441 | 952,171 | 3,152,270 | 3,152,270 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and | | | | |
| | Protected Cell Accounts (Lines 12 to 25) | 189,674,133 | 10,824,436 | 178,849,697 | 175,450,342 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | Total (Lines 26 and 27) | 189,674,133 | 10,824,436 | 178,849,697 | 175,450,342 |

| DETAILS OF WRITE-IN LINES | | | | |
|---|-----------|---------|-----------|-----------|
| 1101. | | | | |
| 1102. A L A A L L | | | | |
| 1103 | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. STATE TAX CREDIT | 3,151,807 | | 3,151,807 | 3,151,807 |
| 2502. PREPAID EXPENSES AND OTHER ACCTS. REC. | 946,462 | 946,462 | | |
| 2503. RETROSPECTIVE PREMIUM ADJUSTMENTS | 5,709 | 5,709 | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 463 | | 463 | 463 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 4,104,441 | 952,171 | 3,152,270 | 3,152,270 |

LIABILITIES, CAPITAL AND SURPLUS

| | | | Current Period | | Prior Year |
|----------|---|--------------|----------------|-------------|-------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| | Claims unpaid (less \$ 0 reinsurance ceded) | 1,864,730 | | 1,864,730 | 1,474,850 |
| 2. 3. | | 100,691 | | 100,691 | 266,602 |
| 4. | Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act | | | | |
| 5. | Aggregate life policy reserves | | | | |
| 6. | | | | | |
| | Aggregate health claim reserves | | | | |
| | Premiums received in advance | 1,838,825 | | 1,838,825 | 1,781,468 |
| | General expenses due or accrued | 9,405,959 | | 9,405,959 | 7,615,324 |
| 10.1 | Current federal and foreign income tax payable and interest thereon | | | | |
| | (including \$ 0 on realized gains (losses)) | | | | |
| 10.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$ 0 current) and interest | | | | |
| | thereon \$ 0 (including \$ 0 current) | 784,362 | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | 784,362 | | 784,362 | 1,734,554 |
| | Derivatives | | | | |
| | Payable for securities | | | | |
| | Payable for securities lending | | | | |
| 19. | Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, | | | | |
| | \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers) | | | | |
| | Reinsurance in unauthorized and certified (\$ 0) companies | | | | |
| 21. | 3 | | | | |
| 22. | Liability for amounts held under uninsured plans | 612,574 | | 612,574 | 595,433 |
| 23. | Aggregate write-ins for other liabilities (including \$ 0 current) | 468,546 | | 468,546 | 468,546 |
| | Total liabilities (Lines 1 to 23) | 15,075,687 | | 15,075,687 | 13,936,777 |
| | Aggregate write-ins for special surplus funds | | XXX | | |
| 26. | Common capital stock | XXX | XXX | | |
| 27. | Preferred capital stock | | XXX | | |
| 28. | Gross paid in and contributed surplus | XXX | XXX | | |
| 29. | Surplus notes | XXX | XXX | | |
| 30. | Aggregate write-ins for other than special surplus funds | XXX | XXX | 83,200,655 | 78,288,532 |
| | Unassigned funds (surplus) | XXX | XXX | 80,573,355 | 83,225,033 |
| 32. | Less treasury stock, at cost: |] | | | |
| | 32.1 0 shares common (value included in Line 26 \$ 0) | XXX | XXX | | |
| | 32.2 0 shares preferred (value included in Line 27 \$ 0) | XXX | XXX | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 163,774,010 | 161,513,565 |
| | Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 178,849,697 | 175,450,342 |

| DETAILS OF WRITE-IN LINES | | | | |
|---|---------|-----|------------|------------|
| 2301. ADVANCE DEPOSITS | 468,546 | | 468,546 | 468,546 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 468,546 | | 468,546 | 468,546 |
| 2501. RESTRICTED RESERVES ACA ASSESSMENT | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | | |
| 3001. RESERVES FROM WHOLLY OWNED SUBSIDIARIES | XXX | XXX | 83,200,655 | 78,288,532 |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 83,200,655 | 78,288,532 |

STATEMENT OF REVENUE AND EXPENSES

| | | Curre | nt Year | Prior Year | Prior Year Ended |
|-------|--|-----------|------------|---|------------------|
| | | То | Date | To Date | December 31 |
| | | 1 | 2 | 3 | 4 |
| | | Uncovered | Total | Total | Total |
| 1. | Member Months | XXX | 497,950 | 431,655 | 1,751,582 |
| 2. | Net premium income (including \$ 0 non-health premium income) | XXX | 15,945,432 | 14,780,559 | 59,491,875 |
| 3. | Change in unearned premium reserves and reserve for rate credits | XXX | | | |
| 4. | Fee-for-service (net of \$ 0 medical expenses) | XXX | | | |
| 5. | Risk revenue | XXX | | | |
| 6. | Aggregate write-ins for other health care related revenues | XXX | | | |
| 7. | Aggregate write-ins for other non-health revenues | XXX | | | |
| | Total revenues (Lines 2 to 7) | XXX | 15,945,432 | 14,780,559 | 59,491,875 |
| Hosp | ital and Medical: | | | | |
| 9. | Hospital/medical benefits | | | | |
| | | | 12,127,111 | 11,839,772 | 44,518,445 |
| | Outside referrals | | 1 | | |
| 12. | Emergency room and out-of-area | | | | |
| | Prescription drugs | | | | |
| | Aggregate write-ins for other hospital and medical | | | | |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | | | |
| | Subtotal (Lines 9 to 15) | | 12,127,111 | 11,839,772 | 44,518,445 |
| Less | | | | 11,000,772 | , |
| 17. | Net reinsurance recoveries | | - | • | |
| 18. | Total hospital and medical (Lines 16 minus 17) | | 12,127,111 | 11,839,772 | 44,518,445 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$ 97,632 cost containment expenses | | 621,287 | 1,618,327 | 6,702,068 |
| 21. | General administrative expenses | | 3,205,675 | 1,850,027 | 9,250,121 |
| 22. | | | | | |
| | \$ 0 increase in reserves for life only) | | | | |
| 23. | Total underwriting deductions (Lines 18 through 22) | | 15,954,073 | 15,308,126 | 60,470,634 |
| | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (8,641) | (527,567) | (978,759 |
| 25. | Not investment income corned | | 906,142 | 1,018,680 | 3,626,021 |
| | Net realized capital gains (losses) less capital gains tax of \$ 0 | | | (158,649) | 106,760 |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | | 906,142 | 860,031 | 3,732,781 |
| | Net gain or (loss) from agents' or premium balances charged off [(amount | | 333,1.12 | 333,331 | 0,: 02,: 01 |
| | recovered \$ 0) (amount charged off \$ 0)] | | | | |
| 29. | Aggregate write-ins for other income or expenses | | 138 | 300 | (1,808,758 |
| | Net income or (loss) after capital gains tax and before all other federal income taxes | | 100 | 300 | (1,000,700 |
| . 50. | (Lines 24 plus 27 plus 29 plus 20) | XXX | 897,639 | 332,764 | 945,264 |
| 21 | Federal and foreign income taxes incurred | XXX | 091,009 | , | 1 |
| | Net income (loss) (Lines 30 minus 31) | | 897,639 | 332,764 | 0/15 26/ |
| 32. | iver income (1055) (Lines 30 millios 31) | XXX | 097,039 | JJZ,104 | 945,264 |

| DETAILS OF WRITE-IN LINES | | | | |
|---|---------|-----|-----|-------------|
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | ONE *** | | | |
| 0698. Summary of remaining write-ins for Line 06 from overflow page | | | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above) | XXX | | | |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | ONE XXX | | | |
| 0798. Summary of remaining write-ins for Line 07 from overflow page | XXX | | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above) | XXX | | | |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | ONE | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | | | | |
| 2901. GAIN ON PURCHASE ON RHODE ISLAND TAX CREDITS | | | | 190,942 |
| 2902. EXCISE TAX | | 138 | 300 | 300 |
| 2903. DONATIONS TO THE RI FOUNDATION | | | | (2,000,000) |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | | 138 | 300 | (1,808,758) |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| , | | 1 | 2 | 3 |
|-----|---|-------------------------|-----------------------|---------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| - | CAPITAL & SURPLUS ACCOUNT | | | |
| 33. | Capital and surplus prior reporting year | 161,513,565 | 158,367,034 | 158,367,034 |
| 34. | | 007.020 | 332,764 | 945,264 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$ 0 | | 555,583 | 5,838,514 |
| 37. | | | | |
| 38. | Change in net deferred income tax | | | |
| 39. | Change in nonadmitted assets | | 86,632 | (3,411,061) |
| 40. | Change in unauthorized and certified reinsurance | | | |
| 41. | | | | |
| 42. | Change in surplus notes | | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| | 44.1 Paid in44.2 Transferred from surplus (Stock Dividend) | | | |
| | 44.3 Transferred to surplus | | | |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | | | |
| | 45.2 Transferred to capital (Stock Dividend) | | | |
| | 45.3 Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | (220.054) | (483,533) | (226,186) |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 2,260,445 | 491,446 | 3,146,531 |
| 49. | | 163,774,010 | 158,858,480 | 161,513,565 |

| | DETAILS OF WRITE-IN LINES | | | |
|------|---|-----------|-----------|-----------|
| 4701 | . INCLUSION OF BAD DEBT RESERVE IN THE NON-ADMITTED ASSETS | (339,954) | (483,533) | (226,186) |
| 4702 | • | | | |
| 4703 | • | | | |
| 4798 | . Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799 | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | (339 954) | (483 533) | (226 186) |

CASH FLOW

| | l l | | | 3 |
|-----|---|-------------------------|-----------------------|---------------------------------|
| | Cash from Operations | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| 1 | Premiums collected net of reinsurance | 16,200,127 | 15,569,541 | 59,492,75 |
| 2. | Not investment income | 910,777 | 769,554 | 3,684,84 |
| | Miscellaneous income | | 703,004 | 190,94 |
| 4. | T-1-1/1 (| 17,110,904 | 16,339,095 | 63,368,5 |
| 5. | Benefit and loss related payments | 11.737.231 | 11,608,012 | 44,576,8 |
| | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| | Commissions, expenses paid and aggregate write-ins for deductions | 2,185,097 | 1,402,788 | 16,801,4 |
| | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses) | (138) | (300) | |
| 10. | Total (Lines 5 through 9) | 13,922,190 | 13,010,500 | 61,378,3 |
| | Net cash from operations (Line 4 minus Line 10) | 3,188,714 | 3,328,595 | 1,990,2 |
| | Cash from Investments | 5,100,111 | 0,020,000 | .,000,2 |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | 3,800,554 | 4,272,115 | 11,164,8 |
| | 12.2 Stocks | | 108,932 | 1,372,4 |
| | 12.3 Mortgage loans | | | |
| | 12.4 Real estate | | | |
| | 12.5 Other invested assets | | | |
| | 12.6 Net gains (or losses) on cash, cash equivalents and short-term investments | | | |
| | 12.7 Miscellaneous proceeds | | | |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 3,800,554 | 4,381,047 | 12,537,2 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | | 8,368,956 | 11,992,4 |
| | 13.2 Stocks | | 1,305,557 | 3,487,2 |
| | 13.3 Mortgage loans | | | |
| | 13.4 Real estate | | | |
| | 13.5 Other invested assets | 113,537 | 60,237 | 282,0 |
| | 13.6 Miscellaneous applications | | | |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 113,537 | 9,734,750 | 15,761,6 |
| 14. | Net increase (or decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 3,687,017 | (5,353,703) | (3,224,4 |
| | Cash from Financing and Miscellaneous Sources | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | | | |
| | 16.2 Capital and paid in surplus, less treasury stock | | | |
| | 16.3 Borrowed funds | | | |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| | 16.5 Dividends to stockholders | | | |
| | 16.6 Other cash provided (applied) | (1,714,825) | (1,719,663) | (6,340,8 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus | | | |
| | Line 16.5 plus Line 16.6) | (1,714,825) | (1,719,663) | (6,340,8 |
| | RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 5,160,906 | (3,744,771) | (7,574,9 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| | 19.1 Beginning of year | 757,331 | 8,332,313 | 8,332,3 |
| | 19.2 End of period (Line 18 plus Line 19.1) | 5,918,237 | 4,587,542 | 757,3 |
| _ | | | | |

| Note: Supplemental disclosures of cash flow information for non-cash transactions: | |
|--|--|
| 20.0001 | |
| 20.0002 | |
| 20,0003 | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|------------|------------------|---------------------|------------|---------|------------|-----------------|-------------|-----------|--------|------------|-------|--------|------------|
| | | 2 | 3 | | | | Federal | | | | | Long- | | |
| | | | | Medicare | Vision | Dental | Employees Healt | Title XVIII | Title XIX | Credit | Disability | Term | Other | Other Non- |
| | Total | Individual | Group | Supplement | Only | Only | Benefit Plan | Medicare | Medicaid | A&H | Income | Care | Health | Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 150,188 | l | | | 11,541 | 138,647 | | | | | | | | |
| 2. First Quarter | 166,540 | | | | 16,425 | 150,115 | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | | | |
| 4. Third Quarter | | l | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | | | |
| 6. Current Year Member Months | 497,950 | | | | 48,754 | 449,196 | | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | | | |
| g. Totals | | | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | | | |
| 12. Health Premiums Written (a) | 16,200,127 | | | | 250,402 | 15,949,725 | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | 15,945,432 | | | | 250,402 | 15,695,030 | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care S | | | | | 188,464 | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Car | | | | | 235,194 | 11,891,917 | | | | | | | | |

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

| 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 | | |
| | | <u> </u> | - | | | | | |
| Claims unpaid (Reported) | | | | | | | | |
| 0199999 Individually listed claims unpaid | | | | | | | | |
| 0299999 Aggregate accounts not individually listed - uncovered | | | | | | | | |
| 0299999 Aggregate accounts not individually listed - uncovered | | | | | | | | |
| 0399999 Aggregate accounts not individually listed - covered | 1,059,964 | 298,316 | 176,406 | 92,949 | 237,095 | 1,864,73 | | |
| 0499999 Subtotals | 1,059,964 | 298,316 | 176,406 | 92,949 | 237,095 | 1,864,73 | | |
| | , , | , | , | , | , | , , | | |
| 0599999 Unreported claims and other claim reserves | | | | | | | | |
| 0699999 Total amounts withheld | | | | | | | | |
| 1799999 Total claims unpaid | | | | | | 1,864,7 | | |
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| | | | | | | | | |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| | Claims Paid Y | ear to Date | Liability End of Cu | ırrent Quarter | 5 | 6 Estimated Claim | |
|---|--------------------|--------------------|---------------------|--------------------|--------------------|----------------------|--|
| | 1 | 2 | 3 | 4 | | | |
| Line | On Claims Incurred | On Claims Incurred | On Claims Unpaid | On Claims Incurred | Claims Incurred in | Reserve and Claim | |
| of | Prior to January 1 | During the | Dec. 31 of | During the | Prior Years | Liability Dec. 31 | |
| Business | of Current Year | Year | Prior Year | Year | (Columns 1 + 3) | of Prior Year | |
| Comprehensive (hospital and medical) individual | | | | | | | |
| Comprehensive (hospital and medical) group | | | | | | | |
| 3. Medicare Supplement | | | | | | | |
| 4. Vision only | 27,139 | 183,175 | 2,633 | 44,097 | 29,772 | 21,850 | |
| 5. Dental only | 1,027,121 | 10,499,796 | 327,411 | 1,490,589 | 1,354,532 | 1,453,00 | |
| 6. Federal Employees Health Benefits Plan | | | | | | | |
| 7. Title XVIII - Medicare | | | | | | | |
| 8. Title XIX - Medicaid | | | | | | | |
| 9. Credit A&H | | | | | | | |
| 10. Disability Income | | | | | | | |
| 11. Long-term care | | | | | | | |
| 12. Other health | | | | | | | |
| 13. Health subtotal (Lines 1 to 12) | 1,054,260 | 10,682,971 | 330,044 | 1,534,686 | 1,384,304 | 1,474,85 | |
| 14. Health care receivables (a) | | | | | | | |
| 15. Other non-health |] | | | | | | |
| 16. Medical incentive pools and bonus amounts | | | | | | | |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 1,054,260 | 10,682,971 | 330,044 | 1,534,686 | 1,384,304 | 1,474,85 | |

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTE 1 - - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices - No significant changes since the December 2023 annual filing.

| | NC | TES TO FINANCIAL STA | T | EME | EN ⁻ | ΓS | | |
|-----|--|--|------|---------|-----------------|--------|-----------------|-----------------|
| A. | Summary of Significant A Accounting Practices | ccounting Policies and Going Concern | | | | | | |
| NI | ET INCOME | | | | | | | |
| | | | | CC 4D # | F/S | F/S | 2024 | 2022 |
| (1) | DELTA DENTAL OF RHOL | DE ISLAND state basis (Page 4, Line 32, Columns 2 & 3) | \$ | SSAP# | | XXX | 2024 897,639 | 2023 945,264 |
| (2) | | that are an increase/(decrease) from NAIC SAP: | _ Ψ | | \ \ \ \ | XXX | 037,033 | 343,20 |
| | | | | | F/S | F/S | | |
| | De | tails of Depreciation of Fixed Assets | _ | SSAP# | Page | Line # | 2024 | 2023 |
| | | | + | | | | | |
| | Totals (Lines 01A0201 thr | ough 01A0225) | \$ | | | | | |
| (2) | Ctata Dawnittad Drasticas | shot are an increase //decreases from NAIC CAD. | | | | | | |
| (3) | State Permitted Practices | that are an increase/(decrease) from NAIC SAP: | | | F/S | F/S | | |
| | Details | of Depreciation of Home Office Property | | SSAP# | | | 2024 | 2023 |
| | | | | | | | | |
| | Totals (Lines 01A0301 thr | ough (1140325) | \$ | | | | | |
| | Totals (Ellies of A0301 till | 5ugn 6176323) | Ψ | | | | | |
| (4) | NAIC SAP | (1 - 2 - 3 = 4) | _ \$ | XXX | XXX | XXX | 897,639 | 945,264 |
| Q. | JRPLUS | | | | | | | |
| ٥, | 5KI 200 | | | | F/S | F/S | | |
| | | | | SSAP# | Page | Line # | 2024 | 2023 |
| (5) | DELTA DENTAL OF RHOD | DE ISLAND state basis (Page 3, Line 33, Columns 3 & 4) | \$ | XXX | xxx | xxx | 163,774,010 | 161,513,565 |
| (6) | State Prescribed Practices | that are an increase/(decrease)from NAIC SAP: | | | | | | |
| | | a Coodwill not Fixed Accets Not | | CC 4D # | F/S | F/S | 2024 | 2022 |
| | е | g., Goodwill, net, Fixed Assets, Net | Т | SSAP# | Page | Line # | 2024 | 2023 |
| | | | | | | | | |
| | Totals (Lines 01A0601 thr | ough 01A0625) | \$ | | | | | |
| (7) | State Permitted Practices | that are an increase/(decrease) from NAIC SAP: | | | | | | |
| (1) | Otate i emilited i ractices | inatare an increase/decrease/ non NAIO OAI. | | | F/S | F/S | | |
| | | Home Office Property | | SSAP# | Page | Line # | 2024 | 2023 |
| | | | - | | | | | |
| | Totals (Lines 01A0701 thr | ouah 01A0725) | \$ | | | | | |
| | . 3 20.0 (20.00 0 1) 0 1 0 1 | | ΙΨ | I | | | | l |
| (8) | NAIC SAP | (5 - 6 - 7 = 8) | \$ | XXX | XXX | XXX | 163,774,010 | 161,513,565 |

B. Use of Estimates in the Preparation of the Financial Statements - No significant changes since the December 2023 annual filing.

C. Accounting Policy

- 1. Short term investments are stated at cost.
- 2. Bonds are stated at amortized value using the constant yield / scientific method.
- 3. Common stocks in our investment portfolio are stated at market value.
- 4. Preferred stocks Not applicable.
- 5. Mortgage loans Not applicable.
- 6. Loan-backed securities are stated at amortized value using the constant yield / scientific method.
- 7. Investments in subsidiaries, controlled and affiliated entities, if any, would be reported using the equity method.
- 8. Joint ventures, partnerships and limited liability companies are valued based on quarterly and annual reports supplied by the joint ventures.
- 9. Derivatives Not applicable.
- 10. Investment income as a factor in the premium deficiency calculation Not applicable.
- 11. Liabilities for losses and loss/claim adjustment expenses are actuarially derived.

- 12. Change in capitalization policy No significant changes since the December 2023 annual filing.
- 13. Pharmaceutical rebate receivables Not applicable

D. Going Concern

Management continually evaluates the Company's ability to continue as a going concern. Presently, there are no conditions or events that raise substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 - - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable – There were no accounting changes or correction of errors during Q1 2024.

NOTE 3 - - BUSINESS COMBINATIONS AND GOODWILL

Not applicable – There were no business combinations and resulting goodwill during Q1 2024.

NOTE 4 - - DISCONTINUED OPERATIONS

Not applicable - The Company's financial results included no gains or losses from discontinued operations during Q1 2024.

NOTE 5 - - INVESTMENTS

The Company's bonds, common stock investments and Schedule BA investments represent all of the Company's statutory recorded investments as of March 31, 2024.

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not applicable.
- B. Debt Restructuring Not applicable.
- C. Reverse Mortgages Not applicable.
- D. Loan Backed Securities Stated at amortized cost.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not applicable.
- J. Real Estate No significant changes since the December 2023 annual filing.
- K. Low-Income Housing Tax Credits (LIHTC) The Company does utilize state tax credits, which may include low-income housing tax credits. See footnote number 21, where accounting for tax credits is addressed.
- L. Restricted Assets Not applicable.

- M. Working Capital Finance Investments Not applicable.
- N. Offsetting and Netting of Assets and Liabilities Not applicable.
- O. 5*GI Securities Not applicable.
- P. Short Sales Not applicable.
- Q. Prepayment Penalty and Acceleration Fees The Company did not collect any prepayment penalties or acceleration fees for the quarter ended March 31, 2024.
- R. Reporting Entity's Share of Qualified Cash Pool by Asset Type The Company does not have a reported balance in a qualified cash pool on line 8409999999 of Schedule E, Part 2 Not applicable.

NOTE 6 - - JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Admitted Assets None
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies None

NOTE 7 - - INVESTMENT INCOME

- A. Due and Accrued Income Excluded from Surplus None
- B. Total Amount Excluded There were no NAIC #3 rated bonds at March 31, 2024. No amounts were excluded.
- C. Gross, Non-admitted and Admitted Amounts:

NOTES TO FINANCIAL STATEMENTS

- 7. Investment Income
 - C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

| Interest Income Due and Accrued | Amount |
|---------------------------------|--------|
| 1. Gross | 446184 |
| 2. Nonadmitted | |
| 3. Admitted | 446184 |

- D. Aggregate Deferred Interest Not Applicable.
- E. Cumulative Amount of Paid in Kind Interest Not Applicable.

NOTE 8 - - DERIVATIVE INSTRUMENTS

Not applicable – The Company does not own any derivative instruments.

NOTE 9 - - INCOME TAXES

Delta Dental of Rhode Island is a not-for-profit corporation pursuant to Section 501(C)(4) of the Internal Revenue Code (IRC) and is exempt from federal income taxes under Section 501(a) of the IRC. Accordingly, no provision for income taxes has been made in the accompanying statutory financial statements.

Altus Realty Company is also a not-for-profit real estate holding corporation under Section 501(C)(2) of the IRC, and as such has made no provision for income taxes. In lieu of state income taxes, Delta Dental of Rhode Island pays a premium based tax to the State of Rhode Island.

The Company's other wholly owned subsidiary, The Altus Group, Inc., and its subsidiaries are for profit corporations. The Altus Group, Inc., including its subsidiaries Altus Dental, Inc., Altus Systems, Inc., Altus Dental Insurance Company, Inc., Altus Ventures, Inc., First Circle, Inc. and First Circle Realty, Inc. file consolidated federal and state tax returns. For the period ended December 31, 2023, the tax provision (benefit) of the Altus Group was \$415,850 and for the period ended March 31, 2024, the tax provision expense of the Altus Group was (\$247,060).

NOTE 10 - - INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

- A. The Nature of the Relationship Involved See section E below and Schedule Y.
- B. Description of Transactions See section E below and Schedule Y.
- C. Transactions with Related Parties Who Are Not Reported on Schedule Y Not applicable.
- D. At March 31, 2024 the Company has intercompany receivables and payables with/to the Altus Group, Inc. and other affiliates. The majority of these balances are related to allocated expenses and are settled on a monthly basis as long as there is sufficient cash available.

See Schedule Y of the 2023 Quarterly Statement – Part 2 – Summary of Insurers Transactions with any Affiliate.

DELTA DENTAL OF RHODE ISLAND INTERCOMPANY BALANCES MARCH 31, 2024.

Assets (Page 2, Line 23, Column 1)

| Account # | Description | Amount |
|---------------|---|-----------|
| 1214-0000-002 | A/R from Altus Dental, Inc. | 2,469,761 |
| 1214-0000-005 | A/R from Altus Dental Insurance Co., Inc. | 381,515 |
| 1214-0000-008 | A/R from Altus Ventures, Inc. | 500,000 |
| | Total | 3,351,276 |

Liabilities (Page 3, Line 15, Column 1)

| Account # | Description | Amount |
|---------------|----------------------------------|----------------|
| 1214-0000-001 | A/P to Altus System, Inc. | (465,568) |
| 1214-0000-006 | A/P to Altus Realty Company Inc. | 412,876 |
| 1214-0000-009 | A/P to First Circle, Inc. | 50,642 |
| 2166-0000-001 | A/R (A/P) with Altus System | 786,413 |
| | | <u>784,362</u> |

E. Delta Dental of RI (DDRI) and Altus Dental Insurance Company (ADIC) are allocated expenses from Altus Systems, Inc., a subsidiary within the Altus Group. Altus Systems (AS) is the company that employs the operations staff necessary to administer the dental business of both DDRI and Altus Dental Insurance Company. As a for-profit company, AS "sells" its dental related services to its sister and ultimate parent company at a 2% markup over its costs (to satisfy IRS requirements); therefore, AS generates net income on its dental operations. The allocations from Altus Systems are based on the Company's member enrollment levels as a percentage of total consolidated dental member enrollment.

The Parent Company's one dental insurance subsidiary, Altus Dental Insurance Company, is allocated expenses from three affiliated Companies, the ultimate Parent, Delta Dental of RI and

its two sister companies (Altus Systems, Inc. and Altus Dental, Inc.) within the Altus Group. The allocations from Delta and Altus Systems are based on the Company's member enrollment levels as a percentage of total consolidated dental member enrollment. Expenses from Altus Dental are based on the number of subscribers under contract by the Company. The main allocated expenses from each source are as follows:

- Expenses are allocated from Delta Dental (DDRI), for costs associated with a portion of consolidated expenses incurred by DDRI that should be spread between the two insurance companies. The main costs in this category would be rent, depreciation and payroll and fringes benefit costs for the various departments that service both insurance Companies, such as Underwriting and Finance.
- Altus Systems (AS) is the company that employs the operations staff necessary to administer the dental business of both DDRI and ADIC, such as claims processing and customer service.
- Altus Dental incurs costs related to: (1) advertising, (2) recruiting and servicing the provider network, and (3) sales and marketing activities. These costs are then allocated to Altus Dental Insurance Company based on the volume of subscriber dental contracts.

Altus Realty Company, a wholly owned subsidiary of the Company, is a non-profit real estate holding company that holds title to and manages the building at 10 Charles Street in Providence, RI. The Company (Delta Dental of Rhode Island) presently rents approximately one half of the existing space within this building. For the period ended December 31, 2023 and the period ended March 31, 2024, this entity reported total revenues of \$1,304,000 and \$501,121 and net income of \$44,000 and \$149,227, respectively.

The Altus Group, Inc. is a wholly owned subsidiary of the Company and was established as a for-profit entity in 1999 for the purpose of expanding the Company's offering of prepaid dental care coverage. For the period ended December 31,2023 and the period ended March 31, 2024, after elimination of intercompany transactions, The Altus Group, Inc., generated net income of \$1,609,000 and a net loss of \$929,420 respectively.

- F. Guarantees or Contingencies Not applicable.
- G. Nature of Relationships See section E above.
- H. The consolidated holding company maintains no upstream intermediate entities Not applicable.
- I. Investments in an SCA Entity that Exceeds 10% of Admitted Assets
 - (1) Name and Percentage Ownership of Each SCA Entity The Altus Group is a wholly owned subsidiary of Delta Dental of Rhode Island.
 - (2) Quoted Market Price The Altus Group files a Sub 2 filing with the SVO. This entity has reported a value of \$70,638,955 on Schedule D Part 6 as of December 31, 2023 and \$69,709,535 at March 31, 2024. This value was obtained using the equity method.
 - (3) Summarized Information for SCA Entities The required information for the Altus Group is disclosed in detail in Footnote 6 of the Audited Statutory Financial Statements of Delta Dental of Rhode Island for the year ended December 31, 2023.
 - (4) Material Effects of Conversions, Exercises or Contingent Issuances Not applicable.
 - (5) Changes in Valuation Methods Not applicable.
- J. Disclosures for Impaired SCA Entities Not applicable.

- K. Foreign Insurance Subsidiaries Not applicable.
- L. Investments in a Downstream Non-Insurance Holding Company Not applicable.
- M. Disclosures for all SCA Investments:

| NOTES TO FINANCIAL STATEMENTS |
|-------------------------------|
|-------------------------------|

| | | Percentage of SCA | | | |
|-----|--|----------------------|--------------|-----------------|-------------------|
| | SCA Entity | Ownership | Gross Amount | Admitted Amount | Nonadmitted Amour |
| | a. SSAP No. 97 8a Entities | | | | |
| | Total SSAP No. 97 8A Entities | XXX | | | |
| | b. SSAP No. 97 8b(ii) Entities | | | | |
|)1. | The Altus Group Inc. | 100.000% | 69,709,535 | 69,709,535 | |
| | Total SSAP No. 97 8b(ii) Entities | XXX | 69,709,535 | 69,709,535 | |
| | c. SSAP No. 97 8b(iii) Entities | | | | |
| | Total SSAP No. 97 8b(iii) Entities | XXX | | | |
| | d. SSAP No. 97 8b(iv) Entities | | | | |
| | Total SSAP No. 97 8b(iv) Entities | XXX | | | |
| | e. Total SSAP No. 97 8b Entities (except 8bi entities) (b + c + d) | XXX | 69,709,535 | 69,709,535 | |
| | f. Aggregate Total (a + e) | XXX | 69,709,535 | 69,709,535 | |

| (2) | NAIC Filing Response Information |
|-----|--|
| (-) | The section of the se |

| | 2015 (1) | Type of | | | NAIC Response | NAIC Disallowed Entities Valuation Method, Resubmission | |
|-----|--|----------|-------------------|----------------|------------------|--|---------|
| | SCA Entity | NAIC | Date of Filing to | NAIC Valuation | Received | Required | 0-4-** |
| | (Should be same entities as shown in M(1) above.) | Filing * | the NAIC | Amount | Y/N | Y/N | Code ** |
| | a. SSAP No. 97 8a Entities | | | | | | |
| | Total SSAP No. 97 8A Entities | XXX | XXX | | XXX | XXX | XXX |
| | b. SSAP No. 97 8b(ii) Entities | ,,,,, | 7,7,7 | | 7,7,7, | 7,7,7,7 | 7.7.7. |
| 01. | The Altus Group Inc. | S2 | 08/28/2023 | 69,445,858 | NO | NO | M |
| | Total SSAP No. 97 8b(ii) Entities | XXX | XXX | 69,445,858 | XXX | XXX | XXX |
| | c. SSAP No. 97 8b(iii) Entities | | | | | | |
| | Total SSAP No. 97 8b(iii) Entities | XXX | XXX | | XXX | XXX | XXX |
| | d. SSAP No. 97 8b(iii) Entities | ^^^ | ^^^ | | ^^^ | *** | ^^^ |
| | | | | | | | |
| | Total SSAP No. 97 8b(iv) Entities | XXX | XXX | | XXX | XXX | XXX |
| | e. Total SSAP No. 97 8b Entities (except 8bi entities) (b + c + d) | XXX | XXX | 69,445,858 | XXX | XXX | XXX |
| | f. Aggregate Total (a + e) | XXX | XXX | 69,445,858 | XXX | XXX | XXX |

- N. Investment in Insurance SCAs Not applicable.
- O. SCA and SSAP No. 48 Entity Loss Tracking Not applicable.

NOTE 11 - - DEBT

- A. Mortgage on Building Not applicable.
- B. FHLB Agreements Not applicable.

NOTE 12 -- RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plan

The Company maintains a noncontributory, defined contribution retirement plan. The plan covers all full-time employees who are 21 years of age and have completed three months of service to the Company.

Employees qualify for benefits upon normal retirement at age 65, or early retirement, which is met upon reaching age 60 and completion of five years of service. Vesting of contributions (made on behalf of each employee) begins at 20% after two years of service and increases 20% annually until full vesting occurs after six years of service. The Company's discretionary contributions to this plan, representing its full funding requirements, were \$337,000 for the period ended March 31, 2024 and \$1,183,000 for the period ended December 31, 2023.

B. Deferred Compensation Plans

Effective January 1, 1997, the Company established a 401(k) plan. Plan entry of employer contributions are the same as the defined contribution retirement plan described above. The Company's contribution to the plan is matching the first 1% of base compensation and 50% of additional contributions up to 6% of the base compensation that is contributed by each employee. Employer contributions vest 100% after two years of service. The Company's contributions to this plan were \$107,000 for the period ended March 31, 2024 and \$370,000 for the period ended December 31, 2023.

In 2004, the Company established a 457(b) Plan to provide deferred compensation for a select group of management. The Company contributed \$52,443 to the plan in 2023. There were no additional contributions made in Q1 2024.

In 2009, the Company established a 457(f) Plan to provide deferred compensation for a select group of management. The Company made no contributions to the plan in 2023 or in Q1 2024.

C. Postretirement Benefit Plans

The Company provides postretirement medical and dental benefits covering certain members of the board of directors who had served three full terms (9 years) as of April 1994. The Company accounts for postretirement benefits under the provisions of Statement of Statutory Accounting Principles (SSAP) No. 89, Accounting for Pensions, A - Replacement of SSAP No. 8. Actuary valuations were used to measure plan assets and obligations as of December 31, 2023 and 2022.

| | | 2023 | 2022 |
|--|-----|----------|----------|
| Accumulated post-retirement benefit obligation | \$ | 205,781 | 233,499 |
| Fair value of plan assets | | _ | |
| Funded status | \$ | 205,781 | 233,499 |
| Accrued post-retirement benefit cost recognized in accou | nts | | |
| payable and accrued expenses | \$ | 205,781 | 233,499 |
| Net periodic (benefit) cost | | (27,718) | <u>—</u> |
| Net benefits paid | | 41,000 | 41,000 |
| | | | |

The trend assumptions used in determining the accumulated postretirement benefit obligation were 4% for medical benefits and 3% for dental benefits. Trend assumptions have a significant effect on the amounts reported.

No amounts are recognized in reserves which have not yet been recognized as components of net periodic benefit cost as of December 31, 2023 and March 31, 2024, respectively. Net periodic benefit cost includes the transitional liability and net actuarial loss.

NOTE 13 - - CAPITAL AND SURPLUS, SHAREHOLDERS DIVIDENDS' RESTRICTIONS AND QUASI-REORGANIZATIONS

Not Applicable - Delta Dental of Rhode Island is a not-for-profit corporation and therefore has no shares of stock outstanding.

NOTE 14 - - LIABILITIES, CONTINGENCIES AND ASSESSMENTS

No significant changes since the December 2023 annual filing.

NOTE 15 - - LEASES

The Company maintains a lease obligation for all its office space through its subsidiary Altus Realty Company. The lease is maintained at market rates. In September 2023, the company completed a long-term lease renewal obligation with Altus Realty Company, commencing on April 1, 2024 and extending the terms of the lease until March 31, 2027, with an option to renew for an additional three years. The new base rent amount is \$899,668 annually.

NOTES TO FINANCIAL STATEMENTS

| 1 5. | | Leases. | | |
|-------------|-----|---|------|------------------|
| | (2) | | | |
| | a. | At January 1, 2025, the minimum aggregate rental comm | nitm | ents are |
| | | as follows: (Dollars in thousands) | | Operating Leases |
| | | | | |
| | | Year Ending December 31 Operating Leases | | |
| | | 2025 (as seen in Notes text) | \$ | 899,668 |
| | | 2026 (as seen in Notes text) | - \$ | 899,668 |
| | | 2027 (as seen in Notes text) | - \$ | |
| | | 2028 (as seen in Notes text) | - \$ | |
| | | 2029 (as seen in Notes text) | - \$ | |
| | | Thereafter | - \$ | |
| | | Total (sum of 1 through 6) | - \$ | 1 799 336 |

NOTE 16 - - INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not applicable - The Company maintains no financial instruments with off-balance sheet risk or any financial instruments with concentrations of credit risk.

NOTE 17 - - SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. Transfers of Receivables Reported as Sales Not applicable.
- B. Transfers & Servicing of Financial Assets Not applicable.
- C. Wash Sales Not applicable.

NOTE 18 - - GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

- A. ASO Plans Not applicable.
- B. ASC Plans The Plan is an ASC Administrator.

The Company's March 31, 2024 financial operations exclude approximately \$25,761,789 of revenues from such plans and there are no significant gains or losses related to such transactions.

NOTES TO FINANCIAL STATEMENTS

Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

| | ASO Plans: The gain from operations from Administrative Services Only (ASO) u | nin | ASO | Uninsured Portion of | |
|---|--|--------|--------------|----------------------|-----------|
| | plans and the uninsured portion of partially insured plans was as for | | | Partially Insured | Tota |
| | | 1101 0 | | | |
| | during 2024: (years as seen in Notes text) | | <u>Plans</u> | <u>Plans</u> | <u>AS</u> |
| | | | | | |
| a | Net reimburs for admin Exp (includ admin fees) in excess of actual | \$ | | | |
| | Tatal and all an income an area (in almaliate an at a field to a succeeding the second of the second | \$ | | | |
| b | . Total net other income or exp (includ interest paid to or rec from pla | Ψ | | | |
| b | Net gain or (loss) from operations (a + b) | \$ | | | |

| The gain from | operations from | Administrative | Services | Contract (ASC) |
|---------------|-----------------|----------------|-----------|----------------|
| The gain nom | operations nom | Administrative | OCI VICCO | Contract (ACC) |

18.

| plans and the uninsured portion of partially insured plans was as fo | llo۱ | Uninsured | Partially Insured | Total |
|--|--|--|---|--|
| during 2024: (years as seen in Notes text) | | <u>Plans</u> | <u>Plans</u> | <u>ASC</u> |
| Gross reimbursement for medical cost incurred | \$ | 24.132.601 | | 24,132,601 |
| Gross administrative fees accrued | | | | 1,629,188 |
| Other income or expenses (includ interest paid to or received from I | \$ | | | |
| Gross expenses incurred (claims and administrative) (a+b+c) | \$ | 25,761,789 | | 25,761,789 |
| Total net gain or loss from operations | \$ | 25,761,789 | | 25,761,789 |
| | during 2024: (years as seen in Notes text) Gross reimbursement for medical cost incurred Gross administrative fees accrued Other income or expenses (includ interest paid to or received from parts of the parts o | during 2024: (years as seen in Notes text) Gross reimbursement for medical cost incurred Gross administrative fees accrued Other income or expenses (includ interest paid to or received from \$ Gross expenses incurred (claims and administrative) (a+b+c) \$ | Gross reimbursement for medical cost incurred \$ 24,132,601 Gross administrative fees accrued \$ 1,629,188 Other income or expenses (includ interest paid to or received from Gross expenses incurred (claims and administrative) (a+b+c) \$ 25,761,789 | during 2024: (years as seen in Notes text) Plans Plans Plans Plans Plans Gross reimbursement for medical cost incurred Gross administrative fees accrued Other income or expenses (includ interest paid to or received from \$ Gross expenses incurred (claims and administrative) (a+b+c) \$ 25,761,789 |

ASC

Uninsured Portion of

NOTE 19 - - DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS

Not applicable - The Company maintains no relationships with managing general agents or third-party administrators.

NOTE 20 - - FAIR VALUE MEASUREMENTS

- A. The Company's valuation techniques are based on observable and unobservable pricing inputs. Observable inputs reflect market data obtained from independent sources based on trades of securities while unobservable inputs reflect the Company's market assumptions.
 - (1) Fair Value Measurement at Reporting Date

| 20. A. | Fair Value Measurements Inputs Used for Assets and Liabilities Measured at Fa | ~: - \ | /alua | | | | |
|-----------|---|--------|------------|-------------|-----------|-----------------|-------------|
| (1) | Fair Value Measurements at Reporting Date | all v | value | | | | |
| | (1) | | (2) | (3) | (4) | (6) | (7) |
| a. | Description Assets at fair Value | | (Level 1) | (Level 2) | (Level 3) | Net Asset Value | Total |
| u. | 7 Social atlan value | 7 | | | | | |
| 01. | Bonds - US Governments | \$ | | 564,619 | | | 564,619 |
| 02. | Bonds - Industrial and Misc | \$ | | 47,913,583 | | | 47,913,583 |
| 03. | Common Stock - Industrial and Misc | \$ | 21,854,964 | | | | 21,854,964 |
| 04. | Common Stock - Exchange Traded Funds | \$ | 12,653,835 | | | | 12,653,835 |
| 05. | Common Stock - Parent, Subsidiaries and Affiliates | \$ | | 69,709,535 | | | 69,709,535 |
| 06. | Investment in Altus Realty - Sch BA Assets | \$ | | 4,396,090 | | | 4,396,090 |
| 07. | Investment in Venture Funds - Sch BA Assets | \$ | | | 6,839,514 | | 6,839,514 |
| | Total assets at fair value | \$ | 34,508,799 | 122,583,827 | 6,839,514 | | 163,932,140 |

(2) Fair Value Measurements in Level 3

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
|-----|-----------------------------|-----------------|----------------|----------------|--------------|--------------|-----------|-----------|-------|-------------|------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | Total gains | Total gains | | | | | |
| | | Beginning | | | and (losses) | and (losses) | | | | | Ending |
| | | Balance at | Transfers in- | Transfers out | included in | included in | | | | | Balance at |
| | Assets: | 45,292 | to Level 3 (a) | of Level 3 (b) | Net income | Surplus | Purchases | Issuances | Sales | Settlements | 45,657 |
| | | | | | | | | | | | |
| 01. | Investment in Venture Funds | \$ 6,905,508 | | | (65,994) | | | | | | 6,839,514 |
| | | | | | | | | | | | |
| | Total | \$ 6,905,508 | | | (65,994) | | | | | | 6,839,514 |

- (3) Transfers between Levels Not applicable.
- (4) Description of Valuation Techniques:

Level 1 – Observable inputs in the form of quoted prices for identical instruments in active markets.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be derived from observable market data for substantially the full term of the assets or liabilities.

Level 3 – One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgement or estimation.

- (5) Disclosures for Derivative Assets and Liabilities Not applicable.
- B. Other Fair Value Disclosures None
- C. Aggregate Fair Value See table in A(1).
- D. Reasons Not Practical to Estimate Fair Value None
- E. Instruments Measured at Net Asset Value None

NOTE 21 - - OTHER ITEMS

- A. Unusual or infrequent items Not applicable.
- B. Troubled debt restructuring debtors Not applicable.
- C. Other Disclosures No significant changes since the December 2023 filing.
- D. Business Interruption Insurance Recoveries Not applicable.
- E. State Transferable and Non-transferable Tax Credits No significant changes since the December 2023 annual filing.
- F. Subprime-mortgage-related risk exposure Not applicable.
- G. Retained assets Not applicable.
- H. Insurance-Linked securities (ILS) Contracts Not applicable.
- I. Amount that could be realized on life insurance Not applicable.

NOTE 22 - - EVENTS SUBSEQUENT

Not applicable - The Company has no events subsequent to March 31, 2024 that would warrant disclosure.

NOTE 23 - - REINSURANCE

Not applicable - The Company does not utilize reinsurance arrangements.

NOTE 24 - - RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

Not applicable – The Company does not underwrite premiums that are subject to retrospective rating and holds no contracts subject to redetermination.

NOTE 25 - - CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

Loss reserves as of December 31, 2023 were \$1,474,850.

As of March 31, 2024, \$1,054,260 has been paid for claims incurred prior to January 1 of the current year.

Reserves remaining for prior years are now \$330,044 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on dental line of insurance. Therefore, there has been a \$90,546 favorable prior-year development since December 31, 2023 to March 31, 2024.

The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced no unfavorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

NOTE 26 - - INTERCOMPANY POOLING ARRANGEMENTS

Not applicable - The Company does not utilize intercompany pooling arrangements in its dental premium underwriting.

NOTE 27 -- STRUCTURED SETTLEMENTS

Not applicable - This note is not applicable to Health Entities.

NOTE 28-- HEALTH CARE RECEIVABLES

- A. Pharmaceutical Rebate Receivables Not Applicable.
- B. Rick Sharing Receivables Not Applicable.

NOTE 29 - - PARTICIPATING POLICIES

Not applicable - The Company does not underwrite any business that would result in group

accident or health participating policies.

NOTE 30 - - PREMIUM DEFICIENCY RESERVES

Not applicable - The Company performed an analysis for premium deficiency reserves as of March 31, 2024 which resulted in no additional liability for the period.

NOTE 31 - - ANTICIPATED SALVAGE AND SUBROGATION

Not applicable - The Company's liability for unpaid claims is actuarially determined based on an analysis of historical claims experience, modified for changes in enrollment, inflation and benefit coverage. This liability reflects no reductions for salvage and subrogation recoveries, which are recorded in the year of receipt.

PART 1 – COMMON INTERROGATORIES GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring the with the State of Domicile, as required by the Model Act? | Yes[]No[X] | | |
|-----|---|--------------------------------------|-------------------|------------------------|
| 1.2 | If yes, has the report been filed with the domiciliary state? | | Yes[]No[] | |
| 2.1 | Has any change been made during the year of this statement in the charte settlement of the reporting entity? | or deed of | Yes[]No[X] | |
| 2.2 | If yes, date of change: | | | |
| 3.1 | Is the reporting entity a member of an Insurance Holding Company System one or more of which is an insurer? | d persons, | Yes[X]No[] | |
| | If yes, complete Schedule Y, Parts 1 and 1A. | | | |
| 3.2 | Have there been any substantial changes in the organizational chart since | | Yes[]No[X] | |
| 3.3 | If the response to 3.2 is yes, provide a brief description of those changes. | | | |
| | | | | |
| 3.4 | Is the reporting entity publicly traded or a member of a publicly traded grou | ль | | Yes[]No[X] |
| 3.5 | If the response to 3.4 is yes, provide the CIK (Central Index Key) code issues | ued by the SEC for the entity/group | | |
| 4.1 | Has the reporting entity been a party to a merger or consolidation during the | he period covered by this statement | ? | Yes [] No [X] |
| 4.2 | If yes, provide the name of entity, NAIC Company Code, and state of dom entity that has ceased to exist as a result of the merger or consolidation. | on) for any | | |
| | 1 | 2 | 3 | |
| | Name of Entity | NAIC Company Code | State of Domicile | |
| | | | | |
| | If the reporting entity is subject to a management agreement, including this general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved? If yes, attach an explanation. | any significant changes regarding th | е | Yes[]No[]N/A[X] |
| | State as of what date the latest financial examination of the reporting entity | | | 12/31/2022 |
| 6.2 | State the as of date that the latest financial examination report became aver the reporting entity. This date should be the date of the examined balance completed or released. | | | 12/31/2022 |
| 6.3 | State as of what date the latest financial examination report became availate the state of domicile or the reporting entity. This is the release date or conot the date of the examination (balance sheet date). | · | | 03/26/2024 |
| 6.4 | By what department or departments? INSURANCE DIVISION, DEPARTMENT OF BUSINESS REGULATION, S | STATE OF RHODE ISLAND | | |
| | | | | |
| 6.5 | Have all financial statement adjustments within the latest financial examinable subsequent financial statement filed with Departments? | ation report been accounted for in a | ı | Yes [X] No [] N/A [] |
| 6.6 | Have all of the recommendations within the latest financial examination re | port been complied with? | | Yes [X] No [] N/A [] |
| 7.1 | Has this reporting entity had any Certificates of Authority, licenses or regis if applicable) suspended or revoked by any governmental entity during the | , , , | ation, | Yes[]No[X] |
| 7.2 | If yes, give full information | | | |
| | | | | |

| 8.1 | 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? | | | | | | | |
|-----|--|--|----------------|--------|--------|------------|-----|--|
| 8.2 | .2 If response to 8.1 is yes, please identify the name of the bank holding company. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8.3 | s the company affiliated with one or more banks, thrifts or securities | es firms? | | | | Yes[]No[| X] | |
| 8.4 | If response to 8.3 is yes, please provide below the names and loca | ation (city and state of the main offic | e) of any | | | | | |
| | affiliates regulated by a federal regulatory services agency [i.e. the Comptroller of the Currency (OCC), the Federal Deposit Insurance | | | | | | | |
| | Commission (SEC)] and identify the affiliate's primary federal regu | lator. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | Affiliate | Location | FD 0 | | - FD10 | 050 | | |
| | Name | (City, State) | FRB | OCC | FDIC | SEC | | |
| | | | | | | | | |
| | | | | | | | | |
| 9.1 | Are the senior officers (principal executive officer, principal financia | al officer, principal accounting office | r or controlle | er, or | | | | |
| | persons performing similar functions) of the reporting entity subject standards? | t to a code of ethics, which includes | the following | ng | | | | |
| | (a) Honest and ethical conduct, including the ethical handling of ac personal and professional relationships; | ctual or apparent conflicts of interest | between | | | | | |
| | (b) Full, fair, accurate, timely and understandable disclosure in the entity; | periodic reports required to be filed | by the repo | orting | | | | |
| | (c) Compliance with applicable governmental laws, rules, and regu | ulations; | | | | | | |
| | (d) The prompt internal reporting of violations to an appropriate pe (e) Accountability for adherence to the code. | rson or persons identified in the coo | le; and | | | Yes [X] No | [] | |
| .11 | If the response to 9.1 is No, please explain: | | | | | | | |
| | | | | | | | | |
| 9.2 | Has the code of ethics for senior managers been amended? | | | | | Yes[]No[| X] | |
| .21 | If the response to 9.2 is Yes, provide information related to amend | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 9.3 | Have any provisions of the code of ethics been waived for any of the | he specified officers? | | | | Yes[]No[| X] | |
| .31 | If the response to 9.3 is Yes, provide the nature of any waiver(s). | | | | | | | |
| .01 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | FINANCIAL | | | | | | |
| 0.1 | Does the reporting entity report any amounts due from parent, sub | sidiaries or affiliates on Page 2 of the | nis statemer | nt? | | Yes [X] No | [] | |
| 0.2 | If yes, indicate any amounts receivable from parent included in the | e Page 2 amount: | | | \$_ | | | |
| | | | | | | | | |
| | Management the state to be sale as the state of the state | INVESTMENT | | | | | | |
| ı.1 | Were any of the stocks, bonds, or other assets of the reporting ent otherwise made available for use by another person? (Exclude sec | | | | | Yes[]No[| X] | |
| 1.2 | If yes, give full and complete information relating thereto: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 12 | Amount of real estate and mortgages held in other invested assets | s in Schedule RA: | | | ¢ | | | |
| 14. | minount of real estate and mortgages held in other invested assets | o in Outeuule DA. | | | Φ_ | | | |
| 13. | Amount of real estate and mortgages held in short-term investmen | nts: | | | \$ | | | |

| .2 If yes, please | e complete the following: | | 1 | 2 | |
|--|---|---|--|--|----------------|
| | | | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value | |
| 14.21 E | | | | | - |
| | Preferred Stock | | | | - |
| | Common Stock | | | | - |
| | Short-Term Investments Mortgage Loans on Real Estate | | | | |
| | | | | | - |
| 14.27 T | Total Investment in Parent, Sub | | | | • |
| | (Subtotal Lines 14.21 to 14.26) | | \$ 78,167,210 | 77,456,901 | |
| | Total Investment in Parent inclu | | • | • | |
| 1 | 14.26 above | | \$ | \$ | - |
| 1 Has the repo | orting entity entered into any hed | dging transactions reported on | Schedule DB? | | Yes[]No[X] |
| - | comprehensive description of the adescription with this statemen | | e available to the domici | liary state? | Yes[]No[]N/A[X |
| 6. For the repor | rting entity's security lending pro | ogram, state the amount of the | following as of the curre | nt statement date: | |
| 16.1 T | Total fair value of reinvested col | lateral assets reported on Scho | edule DL, Parts 1 and 2 | | \$ |
| | Total book adjusted/carrying val | · | | DL, Parts 1 and 2 | \$ |
| 16.3 T | Total payable for securities lend | ing reported on the liability pag | je | | \$ |
| Custodial or 3 | with Section 1, III - General Exa Safekeeping Agreements of the ements that comply with the requ | NAIC Financial Condition Exa | aminers Handbook? | | Yes[X]No[] |
| complete the | e following: | | | | |
| complete the | e following: 1 | | | 2 | |
| complete the | | n(s) | | 2 Custodian Address | |
| CITIZENS | 1 Name of Custodian | ON | E CITIZENS PLAZA, PR BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 | |
| CITIZENS FIDELITY | 1 Name of Custodian S BANK | ON PO | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 | |
| CITIZENS FIDELITY 2 For all agrees | Name of Custodian S BANK 'BROKERAGE SERVICES LLC ements that do not comply with toname, location and a complete | he requirements of the NAIC F explanation: | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, | |
| CITIZENS FIDELITY | Name of Custodian BANK BROKERAGE SERVICES LLC Ements that do not comply with to name, location and a complete | he requirements of the NAIC F explanation: | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, | |
| CITIZENS FIDELITY 2 For all agrees | Name of Custodian S BANK 'BROKERAGE SERVICES LLC ements that do not comply with toname, location and a complete | he requirements of the NAIC F explanation: | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, | |
| CITIZENS FIDELITY 2 For all agree provide the r | Name of Custodian S BANK 'BROKERAGE SERVICES LLC ements that do not comply with toname, location and a complete | he requirements of the NAIC F explanation: 2 Location(s) | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, 3 Complete Explanation(s) | Vac I INa I VI |
| CITIZENS FIDELITY 2 For all agree provide the respective to the r | Name of Custodian BANK BROKERAGE SERVICES LLC ements that do not comply with to name, location and a complete 1 Name(s) | the requirements of the NAIC F explanation: 2 Location(s) me changes, in the custodian(s) | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, 3 Complete Explanation(s) | Yes[]No[X] |
| CITIZENS FIDELITY 2 For all agree provide the respective to the r | Name of Custodian BANK BROKERAGE SERVICES LLC Bements that do not comply with to name, location and a complete 1 Name(s) Deen any changes, including namely and complete information relations. | the requirements of the NAIC F explanation: 2 Location(s) me changes, in the custodian(s ating thereto: | BOX 770002 CINCINNA inancial Condition Exam s) identified in 17.1 during | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, 3 Complete Explanation(s) | Yes[]No[X] |
| CITIZENS FIDELITY 2.2 For all agreer provide the reprovide the reprovid | Name of Custodian BANK BROKERAGE SERVICES LLC Ements that do not comply with to name, location and a complete 1 Name(s) Deen any changes, including name | the requirements of the NAIC F explanation: 2 Location(s) me changes, in the custodian(s) | BOX 770002 CINCINNA | Custodian Address OVIDENCE, RI 02903 ATI, OH 45277-0074 iners Handbook, 3 Complete Explanation(s) | Yes[]No[X] |

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that have the authority to make investments decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["..that have acess to the investment accounts";"..handle securities"]

| 1 | 2 |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| RICHARD A. FRITZ | 1 |
| DUANE EASTER | I |
| | |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[]No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[]No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the

information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|----------------------|---------------|------------------|-----------------|-----------------------|
| Central Registration | Name of Firm | Legal Entity | | Investment Management |
| Depository Number | or Individual | Identifier (LEI) | Registered With | Agreement (IMA) Filed |
| | | | | |
| | | | | |
| | | | | |

| 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office | |
|--|----------------|
| been followed? | Yes [X] No [|
| 18.2 If no list exceptions: | |

18.2 If no, list exceptions:

| | |
|------|--|
| | |
| | |
| | |

- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 - Documentation necessary to permit a full credit analysis of the security does not exist a. or an NAIC CRP credit rating for an FE or PL security is not available.
 - Issuer or obligor is current on all contracted interest and principal payments.
 - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[]No[X]

- 20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 - The security was purchased prior to January 1, 2018. a.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. b.
 - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is C. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[]No[X]

- 21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 - The shares were purchased prior to January 1, 2019. a.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO C. prior to January 1, 2019.
 - The fund only or predominantly holds bonds in its portfolio. d.
 - The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC e. CRP in its legal capacity as an NRSRO.
 - The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[]No[X]

PART 2 - HEALTH

| 1. | Operating Percentages: | | |
|-----|---|------------|---------|
| | 1.1 A&H loss percent | | 76.67 % |
| | 1.2 A&H cost containment percent | | 0.61 % |
| | 1.3 A&H expense percent excluding cost containment expenses | | 23.39 % |
| 2.1 | Do you act as a custodian for health savings accounts? | Yes[]No[X] | |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ | |
| 2.3 | Do you act as an administrator for health savings accounts? | Yes[]No[X] | |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date. | \$ | |
| 3. | Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least two states? | Yes[]No[X] | |
| 3.1 | If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other | | |
| | than the state of the reporting entity? | Yes[]No[X] | |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------|--------------|-------------------|----------------------|-----------------------------|---------------------------------|---------------------------|----------------------|--|--|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Type of Reinsurer | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating |
| | | | | | | | | | |
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SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

| | 1 Direct Business Only | | | | | | | | | | |
|----------------|---|----------------|--------------|-------------|-----------|------------|---|-----------------------------|--------------|--|--------------|
| | | Activ | 2 Accident & | 3 | 4 | 5 | 6 Federal Employees Health Benefits | 7 Life & Annuity Premiums & | 8 Property / | 9 Total | 10 |
| | | Statu | Health | Medicare | Medicaid | CHIP Title | Program | Other | Casualty | Columns | Deposit-Type |
| | States, Etc. | (a) | Premiums | Title XVIII | Title XIX | XX1 | Premiums | Considerations | Premiums | 2 Through 8 | Contracts |
| | Alabama AL Alaska AK | N N | | | | | | | | | |
| | Arizona AZ | N. | | | | | | | | | |
| 4. | Arkansas AR | N | | | | | | | | | |
| | California CA | N. | | | | | | | | | |
| | Colorado CO Connecticut CT | N N | | | | | | | | | |
| | Delaware DE | N | | | | | | | | | |
| 9. | District of Columbia DC | N | | | | | | | | | |
| | Florida FL | N. | | | | | | | | | |
| | Georgia GA Hawaii HI | N N | | | | | | | | | |
| | Idaho ID | N. | | | | | | | | | |
| 14. | Illinois IL | N | | | | | | | | | |
| | Indiana IN | N | | | | | | | | | |
| | lowa IA Kansas KS | N N | | | | | | | | | |
| | Kentucky KY | N | | | | | | | | | |
| 19. | Louisiana LA | N | | | | | | | | | |
| | Maine ME | N. | | | | | | | | | |
| | Maryland MD Massachusetts MA | N N | | | | | | | | | |
| | Michigan MI | N | | | | | | | | | |
| | Minnesota MN | N | | | | | | | | | |
| | Mississippi MS | N. | | | | | | | | | |
| | Missouri MO Montana MT | N N | | | | | | | | | |
| | Nebraska NE | N. | | | | | | | | | |
| | Nevada NV | N | | | | | | | | | |
| | New Hampshire NH | N | | | | | | | | | |
| | New Jersey NJ New Mexico NM | N N | | | | | | | | | |
| | New York NY | N. | | | | | | | | | |
| 34. | North Carolina NC | N | | | | | | | | | |
| | North Dakota ND | N | | | | | | | | | |
| | Ohio OH OK | N N | | | | | | | | | |
| | Oregon OR | N N | | | | | | | | | |
| | Pennsylvania PA | N | | | | | | | | | |
| | Rhode Island RI | L | 15,945,432 | | | | | | | 15,945,432 | |
| | South Carolina SC South Dakota SD | N N | | | | | | | | | |
| | Tennessee TN | N N | | | | | | | | | |
| 44. | Texas TX | N | | | | | | | | | |
| | Utah UT | .N | | | | | | | | | |
| | Vermont VT Virginia VA | N N | | | | | | | | | |
| | Washington WA | N. | | | | | | | | | |
| | West Virginia WV | N | | | | | | | | | |
| | Wisconsin WI | .N | | | | | | | | | |
| | Wyoming WY American Samoa AS | N N | | | | | | | | | |
| | Guam GU | N | | | | | | | | | |
| | Puerto Rico PR | N | | | | | | | | | |
| | U.S. Virgin Islands VI | N _N | | | | | | | | | |
| | Northern Mariana Islands MP Canada CAN | N N | | | | | | | | | |
| | Aggregate other alien OT | XX | | <u></u> | <u> </u> | | | | | <u> </u> | |
| 59. | Subtotal | хх | 15,945,432 | | | | | | | 15,945,432 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | ХX | | | | | | | | | |
| <u>6</u> 1. | Totals (Direct Business) | XX | 15,945,432 | | | | | | | 15,945,432 | |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| 8001. | | ХХ | | | | | | | | | |
| 8002. | | XX | | | | | | | | | |
| 8003. 8998. | Summary of remaining write-ins for Line 58 | XX | | | 101 | | | | | | |
| | | ····· | | | | | | | | | |
| 8999. | Totals (Lines 58001 through 58003 plus 58 | | | | | | | | | | |

| (a) | Active Status Counts |
|-----|----------------------|

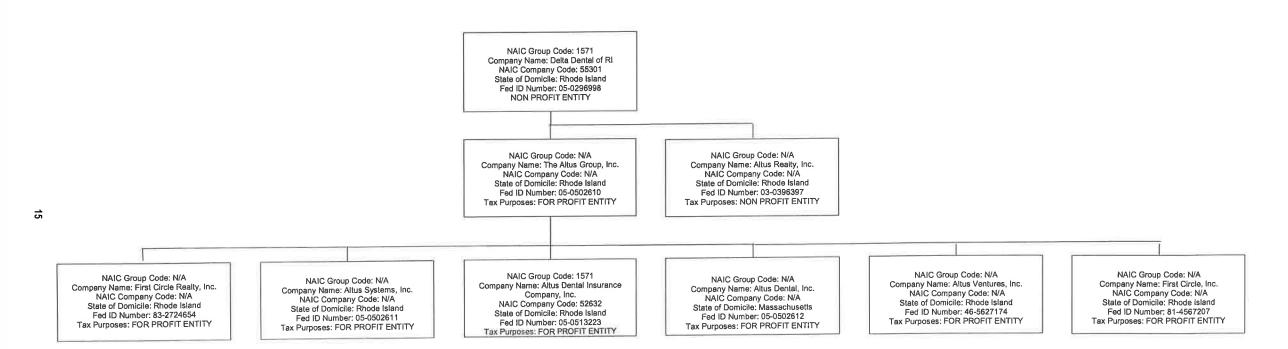
| 1. | L- | - Licensed | or Chartered | - Licensed insuran | ce carrier or domiciled RRG | 1 |
|----|----|------------|--------------|--------------------|-----------------------------|---|
| | | | | | | |

2. R - Registered - Non-domiciled RRGs

3. E – Eligible - Reporting entities eligble or approved to write surplus lines in the s

4. Q - Qualified - Qualified or accredited reinsurer

5. N – None of the above - Not allowed to write business in the state 56



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) | * |
| | · | | | | | | | | | | | | | + | |
| | | 00000 | 03-0396397 | | | | ALTUS REALTY COMPANY, INC. | | DS | DELTA DENTAL OF RHODE ISLAND | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | |
| | | 00000 | 05-0502610 | | | | THE ALTUS GROUP, INC. | RI | DS | DELTA DENTAL OF RHODE ISLAND | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | YES | |
| | | 00000 | 05-0502611 | | 1 | | ALTUS SYSTEMS, INC. | RI | DS | THE ALTUS GROUP, INC. | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | |
| | | 00000 | 05-0502612 | | | | ALTUS DENTAL, INC. | MA | DS | THE ALTUS GROUP, INC. | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | |
| 1571 | ALTUS DENTAL INSURANCE COMPANY, INC. | 52632 | 05-0513223 | | | | ALTUS DENTAL INSURANCE COMPANY, INC. | RI | IA | THE ALTUS GROUP, INC. | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | |
| | | 00000 | 46-5627174 | | 1 | 1 | ALTUS VENTURES, INC | RI | DS | THE ALTUS GROUP, INC. | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | |
| 1571 | DELTA DENTAL OF RHODE ISLAND | 55301 | 05-0526998 | | | | DELTA DENTAL OF RHODE ISLAND | RI | RE | DELTA DENTAL OF RHODE ISLAND | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | |
| | | 00000 | 81-4567207 | | | | FIRST CIRCLE, INC. | RI | DS | THE ALTUS GROUP, INC. | BOARD OF DIRECTORS | 100.000 | DELTA DENTAL OF RI | NO | 1 |
| | | 00000 | 83-2724654 | 1 | 1 | | FIRST CIRCLE REALTY, INC. | RI | DS | THE ALTUS GROUP, INC. | BOARD OF DIRECTORS | 100 000 | DELTA DENTAL OF RI | NO | 1 |

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| 6 | Asterik | Explanation |
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | | Response |
|--|--|----------|
| 1. Will the M | edicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| | AUGUST FILING | |
| and ele | e regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile ectronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be NO response resulting with a bar code is only appropriate in the 2nd quarter. | N/A |
| Explanation THE COMPA Explanation Explanation | ANY DOES NOT TRANSACT THIS TYPE OF BUSINESS. | |
| | | |
| Question 1 Explanation: | THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS. | |
| Bar Code: | | |
| | | |

OVERFLOW PAGE FOR WRITE-INS

Page 2 - Continuation

ASSETS

| | | Current Year | | | |
|--|--------|--------------|---------------|--------------|--|
| | 1 | 2 | 3 | 4 | |
| | | | | | |
| | | | Net Admitted | | |
| REMAINING WRITE-INS AGGREGATED AT LINE 25 | | Nonadmitted | Assets | Net Admitted | |
| FOR OTHER THAN INVESTED ASSETS | Assets | Assets | (Cols. 1 - 2) | Assets | |
| 2504. NET STATE AND FEDERAL TAX ADVANCES | 463 | | 463 | 463 | |
| 2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598) | 463 | | 463 | 463 | |

SCHEDULE A - VERIFICATION Real Estate

| | | 1 | 2 |
|-----|---|--------------|-------------------|
| | | | Prior Year |
| | | Year To Date | Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying value | | |
| 7. | Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying value Deduct current year's other-than-temporary impairment recognized | | |
| | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | | 1 | 2 |
|-----|---|--------------|-------------------|
| | | | Prior Year |
| | | Year To Date | Ended December 31 |
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | | | |
| 7. | Total gain (loss) on disposals Deduct amounts received on disposals Deduct amounts received on disposals | | |
| 8. | Total gain (loss) on disposals Deduct amounts received on disposals Deduct amortization of premium and mortgage interest points and commune of the community | | |
| 9. | Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. | Deduct current year's other-than-temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | | |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | | 1 | 2 Prior Year |
|-----|--|--------------|-------------------|
| | | Year To Date | Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 11,150,926 | 11,683,430 |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | 113,537 | 282,001 |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | (28,859) | (814,505) |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and depreciation | | |
| 9. | Total foreign exchange change in book/adjusted carrying value | | |
| 10. | Deduct current year's other-than-temporary impairment recognized | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | 11,235,604 | 11,150,926 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 11,235,604 | 11,150,926 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | | 1 | 2 |
|-----|---|--------------|-------------------|
| | | | Prior Year |
| | | Year To Date | Ended December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 155,345,635 | 146,005,493 |
| 2. | Cost of bonds and stocks acquired | | 15,479,669 |
| 3. | Accrual of discount | 61,340 | 212,433 |
| 4. | Unrealized valuation increase (decrease) | 2,278,486 | 6,454,219 |
| 5. | Total gain (loss) on disposals | | 184,031 |
| 6. | Deduct consideration for bonds and stocks disposed of | 3,800,554 | 12,537,258 |
| 7. | Deduct amortization of premium | 96,360 | 452,952 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. | | 153,788,547 | 155,345,635 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 153,788,547 | 155,345,635 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| | 1 Book/Adjusted Carrying Value Beginning | 2 Acquisitions During Current | 3 Dispositions During Current | 4 Non-Trading Activity During | 5 Book/Adjusted Carrying Value End of | 6 Book/Adjusted Carrying Value End of | 7 Book/Adjusted Carrying Value End of | 8 Book/Adjusted Carrying Value December 31 |
|-----------------------------------|---|-------------------------------|-------------------------------|-------------------------------------|--|--|--|---|
| NAIC Designation | of Current Quarter | Quarter | Quarter | Current Quarter | First Quarter | Second Quarter | Third Quarter | Prior Year |
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 39,534,066 | | 3,500,554 | (361,478) | 35,672,034 | | | 39,534,066 |
| 2. NAIC 2 (a) | 13,871,010 | | 300,000 | | | | | 13,871,010 |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 53,405,076 | | 3,800,554 | (34,310) | 49,570,212 | | | 53,405,076 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 53,405,076 | | 3,800,554 | (34,310) | 49,570,212 | | | 53,405,076 |

| a) | Book/Adjusted Carrying | Value column for the end o | the current reporting period | includes the following amou | int of short-term and cash | equivalent bonds by NAIC | designatio |
|----|------------------------|----------------------------|------------------------------|-----------------------------|----------------------------|--------------------------|------------|
| | NAIC 1 \$ | 0; NAIC 2 \$ | 0; NAIC 3 \$ | 0; NAIC 4 \$ | 0; NAIC 5 \$ | 0; NAIC 6 \$ | 0 |

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|------------|----------------|------|--------|--------------|------------------|
| | D 1/4 " 1 1 | | | Interest | Paid for Accrued |
| | Book/Adjusted | Par | Actual | Collected | Interest |
| | Carrying Value | Vale | Cost | Year To Date | Year To Date |
| 7709999999 | | | | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | | 1 | 2 |
|-----|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | 1,250,599 |
| 2. | Cost of short-term investments acquired | | |
| 3. | Accrual of discount | | 199 |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | (77,269) |
| 6. | Deduct consideration received on disposals | | 1,172,501 |
| 7. | Deduct amortization of premium | | 1,028 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | | |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | | |

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

| 1. | Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year) | |
|-----|--|--|
| 2. | Cost Paid/(Consideration Received) on additions | |
| 3. | Unrealized Valuation increase/(decrease) | |
| 4. | SSAP No. 108 adjustments | |
| 5. | Total gain (loss) on termination recognized | |
| 6. | Considerations received/(paid) on terminations | |
| 7. | Amortization | |
| 8. | Amortization Adjustment to the Book/Adjusted Carrying Value of hedged item Total foreign exchange change in Book/Adjusted Carrying Value | |
| 9. | Total foreign exonalings sharing an about durying value | |
| 10. | Book/Adjusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 + 5 - 6 + 7 + 8 + 9) | |
| 11. | Deduct nonadmitted assets | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | |
| | | |
| | SCHEDULE DB - PART B - VERIFICATION | |
| | Future Contracts | |
| 1. | Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year) | |
| 2. | Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column) | |
| 3.1 | Add: | |
| | Change in variation margin on open contracts - Highly Effective Hedges | |
| | 3.11 Section 1, Column 15, current year to date minus | |
| | 3.12 Section 1, Column 15, prior year | |
| | Change in variation margin on open contracts - All Other | |
| | 3.13 Section 1, Column 18, current year to date minus | |
| | 3.14 Section 1, Column 18, prior year | |
| 3.2 | Add: | |
| | Change in adjustment to basis of hedged item | |
| | 3.21 Section 1, Column 17, current year to date minus | |
| | 3.22 Section 1, Column 17, prior year | |
| | Change in amount recognized | |
| | 3.23 Section 1, Column 19, current year to date minus | |
| | 3.24 Section 1, Column 19, prior year plus | |
| | 3.25 SSAP No. 108 adjustments | |
| 3.3 | Subtotal (Line 3.1 minus Line 3.2) | |
| 4.1 | Cumulative variation margin on terminated contracts during the year | |
| 4.2 | Less: | |
| | 4.21 Amount used to adjust basis of hedged item | |
| | 4.22 Amount recognized | |
| | 4.23 SSAP No. 108 adjustments | |
| 4.3 | Subtotal (Line 4.1 minus Line 4.2) | |
| 5. | Dispositions gains (losses) on contracts terminated in prior year: | |
| | 5.1 Total gain (loss) recognized for terminations in prior year | |
| | 5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year | |
| 6. | Book/Adjusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2) | |
| 7. | Deduct total nonadmitted amounts | |
| 8. | Statement value at end of current period (Line 6 minus Line 7) | |

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

| | | Replicated (Sy | nthetic Asset) Ti | ransactions | | | | | | Components of | f the Replication (Sy | ynthetic Asset) Transactions | | | |
|--------|-------------|--|--------------------|---------------------------------|------------|----------------|---------------|-----------------|---------------------------------|---------------|-----------------------|------------------------------|----------------------------------|---------------------------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Derivative Inst | rument(s) Open | | | Cash Inst | rument(s) Held | | |
| | | NAIC | | | | | | 9 | 10 | 11 | 12 | 13 | 14 NAIC | 15 | 16 |
| Number | Description | Designation or Other Description | Notional Amount | Book/Adjusted Carrying Value | Fair Value | Effective Date | Maturity Date | Description | Book/Adjusted Carrying Value | Fair Value | CUSIP | Description | Designation or Other Description | Book/Adjusted Carrying Value | Fair Value |
| | | | | | | | | | | | | | | | |
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SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

| | | First C | Quarter | Second | Quarter | Third (| Quarter | Fourth | Quarter | Year t | o Date |
|----------|---|-----------------------------|--|------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|---|
| | | 1 Number of Positions | 2 Total Replication (Synthetic Asset) Transactions Statement Value | 3 Number of Positions | 4 Total Replication (Synthetic Asset) Transactions Statement Value | 5 Number of Positions | 6 Total Replication (Synthetic Asset) Transactions Statement Value | 7 Number of Positions | 8 Total Replication (Synthetic Asset) Transactions Statement Value | 9 Number of Positions | 10 Total Replication (Synthetic Asset) Transactions Statement Value |
| | oning Inventory Opened or Acquired Transactions Increases in Replication | | | | | | | | | | |
| 4. Less: | (Synthetic Asset) Transactions Statement Value Closed or Disposed of Transactions | xxx | | xxx | NO | XXX | | xxx | | xxx | |
| | Positions Disposed of for Failing Effectiveness Criteria | | | | NO | | | | | | |
| | Decreases in Replication (Synthetic Asset) Transactions Statement Value | XXX | | xxx | | XXX | | XXX | | xxx | |
| 7. Endir | ng Inventory | | | | | | | | | | |

SCHEDULE DB VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

| 2.3.4. | Part A, Section 1, Column 14 Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance Total (Line 1 plus Line 2) Part D, Section 1, Column 6 | |
|--|---|---------------|
| 5. | Part D, Section 1, Column 7 | |
| 6. | Part D, Section 1, Column 7 Total (Line 3 minus Line 4 minus Line 5) NONE Fair V | alue Check |
| 7. | Part A, Section 1, Column 16 | |
| | Part B, Section 1, Column 13 | |
| | Total (Line 7 plus Line 8) | |
| 10. | Part D, Section 1, Column 9 | |
| 11. | Part D, Section 1, Column 10 | |
| 12. | Total (Line 9 minus Line 10 minus Line 11) | |
| | Potential E | xposure Check |
| 13. | Part A, Section 1, Column 21 | |
| 14. | Part B, Section 1, Column 20 | |
| 15. | Part D, Section 1, Column 12 | |
| 16. | Total (Line 13 plus Line 14 minus Line 15) | |

SCHEDULE E PART 2 - VERIFICATION

(Cash Equivalents)

| | | 1 | 2 |
|-----|---|--------------|-------------------|
| | | | Prior Year |
| | | Year To Date | Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 1,438,472 | 5,768,225 |
| 2. | Cost of cash equivalents acquired | 4 0 = 0 = 40 | 15,472,015 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | 1,007,397 | 19,801,768 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | | 1,438,472 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 4,781,817 | 1,438,472 |

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 | Location | | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------------|----------|-------|----------|----------------|-------------|--------------|----------------|-------------|
| | 2 | 3 | | | | | Book/Adjusted | Additional |
| | | | | | Actual Cost | | Carrying Value | Investment |
| | | | Date | | at Time of | Amount of | Less | Made After |
| Description of Property | City | State | Acquired | Name of Vendor | Acquisition | Encumbrances | Encumbrances | Acquisition |
| | | | | | | | | |
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| 0399999 Totals | | | | | | | | |

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

| 1 | Location | | 4 | 5 | 6 | 7 | 8 | Change | in Book/Adjust | ed Carrying Va | lue Less Encun | brances | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|-------------------------|----------|------|----------|-----------|--------|--------------|---------------|---------------------------|----------------|----------------|----------------|---------------|---------------|-------------|-----------|-----------|-----------|-------------|-------------|
| | 2 | 3 | | | | | | 9 | 10 | 11 | 12 | 13 | | | | | | | |
| | | | | | | Expended for | - | | | | | | | | | | | Gross | |
| | | | | | | Additions, | Book/Adjuste | | Current Year' | | | | Book/Adjuste | | Foreign | | | Income | |
| | | | | | | Permanent | Carrying Valu | | Other Than | | | Total Foreign | Carrying Valu | | Exchange | Realized | Total | Earned Less | Taxes, |
| | | | | | | Improvement | Less | | Temporary | Current Year' | Total Change | Exchange | Less | Amounts | Gain | Gain | Gain | Interest | Repairs and |
| | | | Disposal | Name of | Actual | and Changes | Encumbranc | Current Year' | Impairment | Change in | in B./A.C.V. | Change in | Encumbranc | Received | (Loss) on | (Loss) on | (Loss) on | Incurred on | Expenses |
| Description of Property | City | Stat | Date | Purchaser | Cost | Encumbranc | Prior Year | Depreciation | Recognized | Encumbranc | (11 - 9 - 10) | B./A.C.V. | on Disposal | During Year | Disposal | Disposal | Disposal | Encumbranc | Incurred |
| | | | | | | | | | | | | | | | | | | | |
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| 0399999 Totals | | | | | | | | | | | | | | | | | | | |

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SCHEDULE B - PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 | Location | , | 4 | 5 | 6 | 7 | 8 | 9 |
|----------------|----------|-------|-----------|---------------|----------|----------------|--------------|---------------|
| | 2 | 3 | | | | 4 | Additional | |
| | | | | | Rate of | at Time | Made After | Value of Land |
| Loan Number | City | State | Loan Type | Date Acquired | Interest | of Acquisition | Acquisitions | and Buildings |
| | | | | | | | | |
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| 3399999 Totals | | | | XXX | XXX | | | |

SCHEDULE B - PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

| 1 | Location | | 4 | 5 | 6 | 7 | | Cha | ange in Book Value | Recorded Investm | nent | | 14 | 15 | 16 | 17 | 18 |
|---------------|----------|-------|-----------|----------|----------|-------------|------------|--------------------------------|--------------------|------------------|-------------|---------------|-------------|---------------|-----------|-----------|-----------|
| | 2 | 3 |] [| | | Book Value/ | 8 | 9 | 10 | 11 | 12 | 13 | Book Value/ | | | | |
| | | | | | | Recorded | | | Current | | | | Recorded | | | | |
| | | | | | | Investment | | | Year's Other | | | | Investment | | Foreign | | |
| | | | | | | Excluding | Unrealized | Current | than | Capitalized | Total | Total Foreign | Excluding | | Exchange | Realized | Total |
| | | | | | | Accrued | Valuation | Year's | Temporary | Deferred | Change in | Exchange | Accrued | | Gain | Gain | Gain |
| | | | | Date | Disposal | Interest | Increase | (Amortization) / | Impairment | Interest and | Book Value | Change in | Interest | | (Loss) on | (Loss) on | (Loss) on |
| Loan Number | City | State | Loan Type | Acquired | Date | Prior Year | (Decrease) | Accretion | Recognized | Other | (8+9-10+11) | Book Value | on Disposal | Consideration | Disposal | Disposal | Disposal |
| | | | | | | | | | | | | | | | | | |
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| 059999 Totals | | | | | | | | | | | | | | | | | |

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SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 | 2 | Location | • | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------------------|--|---------------------|------------|--|---|--------------------------------|-------------------------|--|--|---------------------------|--|-------------------------------|
| CUSIP Ident- ification | Name or Description | 3 City | 4 State | Name of Vendor or General Partner | NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol | Date Originally Acquired | Type and Strategy | Actual Cost at Time of Acquisition | Additional Investment Made After Acquisition | Amount of Encumbrances | Commitment for Additional Investment | Percentage of Ownership |
| 000000-00-0 | CRESSET PARTNER BDC FUND I, LLC | PROVIDENCE | RI | CRESSET PARTNER BDC FUND I, LL | 0. | 01/31/2024 | 1 | | 113,537 | | | |
| 2599999 Other - | Joint Venture, Partnership or Limited Liability Intere | ests - Unaffiliated | I | | | 1 | | | 113,537 | | | XXX |
| 6099999 Subtota | l al Unaffiliated | | | | | | | | 113,537 | | | XXX |
| | | | | | | | | | | | | |
| 6299999 Totals | 1 | | | | | | | , | 113,537 | , | | XXX |

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

| 1 | 2 | Location | | 5 | 6 | 7 | 8 | | Ch | ange in Book/Adji | usted Carrying Va | lue | | 15 | 16 | 17 | 18 | 19 | 20 |
|-------------|----------------|----------|-------|--------------|------------|----------|---------------|------------|-----------------|-------------------|-------------------|--------------|-----------|----------------|---------------|-------------|-----------|-----------|------------|
| | | 3 | 4 | | | | | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | |
| | | | | | | | Book/Adjusted | | Current Year's | Current Year's | | | Total | Book/Adjusted | | | | | |
| | | | | Name of | | | Carrying | Unrealized | (Depreciation) | Other Than | Capitalized | Total | Foreign | Carrying Value | | Foreign | Realized | Total | |
| CUSIP | | | | Purchaser | Date | | Value Less | Valuation | or | Temporary | Deferred | Change in | Exchange | Less | | Exchange | Gain | Gain | |
| Ident- | Name | | | or Nature of | Originally | Disposal | Encumbrances, | Increase | (Amortization)/ | Impairment | Interest and | B./A.C.V. | Change in | Encumbrances | | Gain (Loss) | (Loss) on | (Loss) on | Investment |
| ification | or Description | City | State | Disposal | Acquired | Date | Prior Year | (Decrease) | Accretion | Recognized | Other | (9+10-11+12) | B./A.C.V. | on Disposal | Consideration | on Disposal | Disposal | Disposal | Income |
| | | | | | | | | | | | | | | | | | | | |
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| 6299999 Tot | als | | | | | | | | | | | | | | | | | | |

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SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| | | | 5110W 7 III E0119 | - Term Bonds and Stock Acquired During the C | Sarront Quartor | | | | |
|-----------------------------------|------------------|--------------|-------------------|--|--------------------------------------|------------------|----------------|--|---|
| 1 CUSIP Ident- ification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation, NAIC Designation Modifer and SVO Administrative Symbol |
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| 6009999999 Totals | S | | | | XXX | | XXX | | XXX |

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 4 | 5 | 6 | 7 | 8 | 9 | 10 | (| Change in Boo | k/Adjusted Car | rrying Value | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|-------------|---|-----------------|------------------------|--------|-----------|--------------|----------------|-------------------|-------------------------|------------------------|----------------|--------------|---------------------|------------------|-----------------------|-----------------------|-----------------------|----------------|------------|----------------|
| | | i i | | | | | | Ī | 11 | 12 | 13 | 14 | 15 | | | İ | | | | NAIC |
| | | F | | | | | | | | | Current | | | | | İ | • | Bond | | Designation, |
| | | | | | | | | Prior | | | Year's | | | Book/ | | İ | | Interest/ | | NAIC |
| | | r | | Number | | | | Year | | Current | Other | Total | Total | Adjusted | Foreign | İ | | Stock | | Designation |
| | | | | of | | | | Book/ | Unrealized | Year's | Than | Change | Foreign | Carrying | Exchange | Realized | Total | Dividends | Stated | Modifer |
| CUSIP | | • | | Shares | | | | Adjusted | Valuation | (Amort- | Temporary | in | Exchange | Value at | Gain | Gain | Gain | Received | Contractua | and SVO |
| Ident- | | l Diamagal | Name of | of | Consid- | Par | Astual | ' 1 | | 1 ' | | B./A.C.V. | , , | ŀ | ł | | 1 | | Maturity | Administrative |
| ification | Description | g Disposal | Name of Purchaser | Stock | eration | Value | Actual Cost | Carrying Value | Increase/ (Decrease) | ization)/ Accretion | Impairment | (11+12-13) | Change in B./A.C.V. | Disposal Date | (Loss) on Disposal | (Loss) on Disposal | (Loss) on Disposal | During Year | Date | |
| ilication | Description | II Date | Fulcilasei | SIUCK | eration | value | Cost | value | (Decrease) | Accretion | Recognized | (11+12-13) | D./A.C.V. | Date | Disposal | Disposai | Disposai | i eai | Date | Symbol |
| | | | | | | | | | | | | | | | | | | | | |
| 31371M-GB-7 | FN 255894 - RMBS | 03/01/2024 | Paydown | | 554 | 554.26 | 544 | 550 | | 5 | | 5 | | 554 | | | | 30 | 10/01/2025 | 1.A |
| 0909999999 | Bonds - U.S. Special Revenue and Special A | ssessment Non-G | Guaranteed Obligations | XXX | 554 | 554.26 | 544 | 550 | | 5 | | 5 | | 554 | | | | 30 | XXX | XXX |
| | 1.024.5.1.0.20.20.20.20.20.20.20.20.20.20.20.20.2 | | | | | | | | | | | | | | | | | | | |
| 02665W-CT-6 | AMERICAN HONDA FINANCE CORP | | Maturity @ 100.00 | | 350,000 | 350,000.00 | 357,847 | 350,052 | | (52) | | (52) | | 350,000 | | | | 6,213 | 01/12/2024 | |
| 064159-MK-9 | BANK OF NOVA SCOTIA | | Maturity @ 100.00 | | 250,000 | 250,000.00 | 263,040 | 250,350 | | (350) | | (350) | | 250,000 | | | | 4,250 | 02/11/2024 | |
| 17325F-AS-7 | CITIBANK NA | | Maturity @ 100.00 | | 200,000 | 200,000.00 | 206,344 | 200,000 | | | | | | 200,000 | | | | 3,650 | 01/23/2024 | |
| 24422E-UX-5 | JOHN DEERE CAPITAL CORP | | Maturity @ 100.00 | | 500,000 | 500,000.00 | 510,325 | 500,452 | | (452) | | (452) | | 500,000 | | | | 6,500 | 03/07/2024 | |
| 254687-CT-1 | WALT DISNEY CO | | Maturity @ 100.00 | | 50,000 | 50,000.00 | 60,947 | 50,130 | | (130) | 1 | (130) | | 50,000 | | | | 1,938 | 01/20/2024 | |
| 693475-AV-7 | PNC FINANCIAL SERVICES GROUP INC | | Maturity @ 100.00 | | 400,000 | 400,000.00 | 423,920 | 400,000 | | | | | | 400,000 | | | | 7,000 | 01/23/2024 | |
| 713448-CM-8 | PEPSICO INC | | Maturity @ 100.00 | | 250,000 | 250,000.00 | 266,790 | 250,000 | | | | | | 250,000 | | | | 4,500 | 03/01/2024 | |
| 80283L-AJ-2 | SANTANDER UK PLC | | Maturity @ 100.00 | | 650,000 | 650,000.00 | 663,474 | 650,582 | | (582) |] | (582) | | 650,000 | | | | 13,000 | 03/13/2024 | |
| 89114Q-CB-2 | TORONTO-DOMINION BANK | | Maturity @ 100.00 | | 250,000 | 250,000.00 | 253,250 | 250,136 | | (136) | | (136) | | 250,000 | | | | 10,500 | 03/11/2024 | |
| 904764-BG-1 | UNILEVER CAPITAL CORP | 03/07/2024 | 1 | | 500,000 | 500,000.00 | 508,938 | 500,198 | | (198) | 4 | (198) | | 500,000 | | | | 8,125 | 03/07/2024 | |
| 95000U-2C-6 | WELLS FARGO & CO | 01/24/2024 | 1 | | 300,000 | 300,000.00 | 308,712 | 300,000 | | | | | | 300,000 | | | | 5,625 | 01/24/2024 | |
| 983024-AF-7 | WYETH LLC | 02/01/2024 | Maturity @ 100.00 | | 100,000 | 100,000.00 | 116,453 | 100,303 | | (303) | | (303) | | 100,000 | | | | 3,225 | 02/01/2024 | I.F FE |
| 1109999999 | Bonds - Industrial and Miscellaneous (Unaffili | ated) | | XXX | 3,800,000 | 3,800,000.00 | 3,940,040 | 3,802,203 | | (2,203) |) | (2,203) | | 3,800,000 | | | | 74,526 | XXX | XXX |
| 050000007 | | | | V V V | 0.000.554 | 0.000 554.00 | 0.040.504 | 0.000.750 | | (0.400) | | (0.400) | | 0.000.554 | | | | 74.550 | V V V | V V V |
| 2509999997 | Subtotal - Bonds - Part 4 | | | XXX | 3,800,554 | 3,800,554.26 | 3,940,584 | 3,802,753 | | (2,198) | | (2,198) | | 3,800,554 | | | | 74,556 | XXX | XXX |
| 2509999998 | Summary Item from Part 5 for Bonds (N/A for | Quarterly) | 1 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2509999999 | Subtotal - Bonds | | | XXX | 3,800,554 | 3,800,554.26 | 3,940,584 | 3,802,753 | | (2,198) | | (2,198) | | 3,800,554 | | | | 74,556 | XXX | XXX |
| 2509999999 | Subtotal - Borius | | | ^^^ | 3,000,004 | 3,600,334.20 | 3,940,304 | 3,002,733 | | (2,190) | 1 | (2,190) | | 3,000,334 | | | | 74,550 | ^^^ | ^^^ |
| | | | | | | | | | | | | | | | | | | | | |
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| 6009999999 | Totals | | | | 3,800,554 | XXX | 3,940,584 | 3,802,753 | | (2,198) | | (2,198) | | 3,800,554 | | | | 74,556 | XXX | XXX |

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|------------------|---------------|------------|------------|---------------|------------|-------------|----------|----------|---------------|-----------------|--------------|-------------|----------|------|------------|------------|-----------|----------------|-------------|-----------|------------|---------------|
| | Description | | | | | | | | | Cumulative | Current | | | | | | | | | | | Hedge |
| | of Item(s) | | | | | | | | Strike Price, | Prior Year(s) | Year Initial | | | | | | Total | | | | | Effectiveness |
| | Hedged, Used | | | Exchange, | | | | | Rate or | Initial Cost | Cost of | | Book/ | | | Unrealized | Foreign | | Adjustment | | Credit | at Inception |
| | for Income | Schedule | Type(s) of | Counterparty | | Date of | Number | | Index | of Undiscounted | Undiscounted | | Adjusted | | | Valuation | Exchange | Current Year's | to Carrying | | Quality of | and at |
| | Generation or | Exhibit | Risk(s) | or Central | | Maturity or | of | Notional | Received | Premium | Premium | Current | Carrying | | | Increase/ | Change in | (Amortization) | Value of | Potential | Reference | Quarter-end |
| Description | Replicated | Identifier | (a) | Clearinghouse | Trade Date | Expiration | Contract | Amount | (Paid) | (Received) | (Received) | Year Income | Value | Code | Fair Value | (Decrease) | B./A.C.V. | Accretion | Hedged Item | Exposure | Entity | (b) |
| | | | | | | | | | | Paid | Paid | | | | | | | | | | | |
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| 1759999999 Total | | | | | | XXX | XXX | XXX | XXX | | | | | XXX | | | | | | | XXX | XXX |

| Code | Description of Hedged Risk(s) |
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| Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
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SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Hig | ghly Effective He | dges | 18 | 19 | 20 | 21 | 22 |
|------------------|-----------|----------|-------------|---------------|------------|------------|-------------|----------|------------|-------------|------------|-------|----------|------------|-------------------|----------------|------------|-------------|-----------|---------------|----------|
| | | | | | | | | | | | | | | 15 | 16 | 17 | | | | | |
| | | | | Description | | | | | 1 | | | | | Ī | | Change in | | Change in | | | |
| | | | | of Item(s) | | | | | 1 | | | | | Ī | | Variation | | Variation | | Hedge | |
| | | | | Hedged, | | | 1 | | 1 | | | | | Ī | | Margin | Cumulative | Margin | | Effectiveness | |
| | | | | Used for | | | l I | | | | | | Book/ | I | | Gain (Loss) | Variation | Gain (Loss) | | at Inception | |
| | | | | Income | Schedule/ | Type(s) of | Date of | | 1 | | | | Adjusted | Cumulative | Deferred | Used to | Margin for | Recognized | | and at | Value of |
| Ticker | Number of | Notional | | Generation or | Exhibit | Risk(s) | Maturity or | | 1 | Transaction | Reporting | Fair | Carrying | Variation | Variation | Adjust Basis | All Other | in Current | Potential | Quarter-end | One (1) |
| Symbol | Contracts | Amount | Description | Replicated | Identifier | (a) | Expiration | Exchange | Trade Date | Price | Date Price | Value | Value | Margin | Margin | of Hedged Item | Hedges | Year | Exposure | (b) | Point |
| | | | | | | | | | | | | | | | | | | | | | |
| 1759999999 Total | | | | - | | XXX | XXX | XXX | (A) | X X | XXX | | | | | | | | | XXX | XXX |

| | | | | | | | | | Broker | Name | | | | | | | | | | | | | Begir | nning C | ash | | | | C | umulativ | e Cash | 1 | | | | | Ending (| Cash | | |
|-------------|--------|---------|---|------|------|------|------|------|--------|------|------|------|------|------|------|------|----------------|---|------------|----------------|----------|---|-------|---------|-----|------|---------|------|------|----------|--------|---|------|---|------|------|----------|------|------|-------|
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| Total Net C | ash De | enosits | s | | | | | | | | | | | | | | | + | | | | | | | | | + | | | | | | | | | | | | | - |

| Code | Description of Hedged Risk(s) |
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| (b) | Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
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SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

| 1 | 2 | 3 | Counterp | arty Offset | Bool | Adjusted Carrying Val | ue | | Fair Value | | 12 | 13 |
|--|-----------------------|-------------------|--------------------------|-------------------------|---|---|----------------------------|-----------------------|-----------------------|----------------------------|-----------------------|-------------------|
| Description of Exchange, | Master | Credit Support | 4 Fair Value of | 5 Present Value | 6 Contracts With Book/ Adjusted | 7 Contracts With Book/ Adjusted | 8 | 9 Contracts | 10 Contracts | 11 | | Off-Balance |
| Counterparty or Central Clearinghouse | Agreement (Y or N) | Annex (Y or N) | Acceptable Collateral | of Financing Premium | Carrying Value >0 | Carrying Value <0 | Exposure net of Collateral | With Fair Value >0 | With Fair Value <0 | Exposure Net of Collateral | Potential Exposure | Sheet Exposure |
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| 99999999 Gross Totals | | | | | | | | | | | | |
| Offset per SSAP No. 64 | | | | | | | | | | | | |

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

| Collateral | Pledged | by | Reporting | Entity |
|------------|---------|----|-----------|--------|
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| Callatana Diadond by Donostina Fatita | | Collatoral for Deliv | auve instruments open as or oune | in Olatoment Date | | | | |
|---|--------------------------|-------------------------|----------------------------------|-------------------|-----------|-----------------------------------|---------------|--------------------------------|
| Collateral Pledged by Reporting Entity 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Exchange, Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book / Adjusted Carrying Value | Maturity Date | Type of Margin (I, V or IV) |
| | | | | | | | | |
| | | | NONE | | | | | |
| | | | NONL | | | | | |
| 0199999999 Total Collateral Pledged by Reporting Entity | | | | | | | XXX | XXX |
| Collateral Pledged to Reporting Entity | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Exchange, Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book / Adjusted Carrying Value | Maturity Date | Type of Margin (I, V or IV) |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--|--------------------------|-------------------------|--|------------|-----------|-----------------------------------|---------------|--------------------------------|
| | | | | | | | | |
| Exchange, Counterparty or Central Clearinghouse | Type of Asset Pledged | CUSIP Identification | Description | Fair Value | Par Value | Book / Adjusted Carrying Value | Maturity Date | Type of Margin (I, V or IV) |
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| 029999999 Total Collateral Pledged to Reporting Entity | | | | | | XXX | XXX | XXX |

SCHEDULE DB - PART E

Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date

This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

| | CDHS | | | | Hedged | | 1 | | | • | | | Hedgir | ng Instruments | | | | 1 |
|-----------------|---------------|---|-----------------------------------|--|--------|---|---|---|---|------------------------------|--|--|--|--|---|---|--|------------------------------------|
| 1 Identifier | 2 Description | Prior Fair Value in Full Contract Cash Flows Attributed to Interest Rate | Contract Cash Flows Attributed to | 5 Fair Value Gains (Loss) in Full Contract Cash Flows Attributed to Interest Rates (4-3) | 6 | 7 Current Year Increase (Decrease) in VM-21 Liability | Current Year Increase (Decrease) in VM-21 Liability Attributed to Interest Rates | 9 Change in the Hedged Item Attributed to Hedged Risk Percentage (6/5) | 10 Current Year Increase (Decrease) in VM-21 Liability Attributed to Hedged Risk (8*9) | Prior Deferred Balance | Current Year Fair Value Fluctuation of the Hedge Instruments | Current Year Natural Offse to VM-21 Liability | 14 Hedging Instruments' Current Fair Value | Hedge Gain (Loss) in Current Year Deffered Adjustment [12-(13+14)] | Current Year Prescribed Deferred Amortization | Current Year Additional Deferred Amortization | Current Year Total Deferred Amortization (16+17) | Ending Deferred Balance (11+15+18) |
| | | | | | | | | DNE | | | | | | | | | | |
| Total | | | | | | | | XXX | | | | | | | | | | |

SCHEDULE DL - PART 1

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date (Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D DB and E)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------------|-------------|------|--|---------------|---|-------------------|
| CUSIP Identification | Description | Code | NAIC Designation, NAIC Designation Modifer and SVO Administrative Symbol | Fair Value | Book / Adjusted Carrying Value | Maturity Dates |
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| 999999999 | Totals | | | | | XXX |

| General Interrogatories: | | | | | | |
|---|-----------------------------------|--------------------|------------------------------|----------------------------|--------------|----|
| 1. Total activity for the year to date | Fair Value \$ | 0 | | Book/Adjusted Carrying Val | lue \$ | 0 |
| 2. Average balance for the year to date | Fair Value \$ | | | Book/Adjusted Carrying Val | ue \$ | 0 |
| 3. Reinvested securities lending collateral | assets book/adjusted carrying val | ue included in thi | s schedule by NAIC designati | on: | | |
| NAIC 1\$ |); NAIC 2 \$ 0; NAIC | C3\$ | 0; NAIC 4 \$ | 0; NAIC 5 \$ | 0; NAIC 6 \$ | 0. |
| | | | | | | |

SCHEDULE DL - PART 2

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets included on Schedule A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------------|---------------------------------------|-------------------|--|---------------|---|-------------------|
| CUSIP Identification | Description | Code | NAIC Designation, NAIC Designation Modifier and SVO Administraive Symbol | Fair Value | Book / Adjusted Carrying Value | Maturity Dates |
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| 9999999999 Totals | | | | <u> </u> | | XXX |

General Interrogatories:

Total activity for the year to date
 Average balance for the year to date

Fair Value \$ 0
Fair Value \$ 0

Book/Adjusted Carrying Value \$ 0
Book/Adjusted Carrying Value \$ 0

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | 2 | 3 | 4 Amount of | 5 Amount of | Book Balance at End of Each Month During Current Quarter | | | | |
|----------|---|------------|------------|--|-----------------------------|---|---------------------------------------|---------------------------------------|------------|--|
| | | | Rate of | Interest Received During Current | Interest Accrued at Current | 6 | 7 | 8 | | |
| | Depository | Code | Interest | Quarter | Statement Date | First Month | Second Month | Third Month | * | |
| | Open Depositories | | | | | | | | | |
| CITIZENS | BANK - CONTROL 19425961 PROVIDENCE, RI 02903 BANK - OPERATING 19426046 PROVIDENCE, RI 02903 BANK - CLAIMS 99000679 PROVIDENCE, RI 02903 | | | | | 3,381,747 (124,692) (1,670,816) | 3,789,101 (129,201) (1,602,027) | 3,013,517 (192,720) (1,684,627) | | |
| | Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories Total - Open Depositories | XXX | XXX XXX | | | 1,586,239 | 2,057,873 | 1,136,170 | XXX | |
| | Suspended Depositories | | | | | 1,000,200 | | | | |
| | Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories Total Suspended Depositories | XXX XXX | XXX XXX | | | | | | XXX XXX | |
| 0399999 | Total Cash on Deposit | XXX | XXX | | | 1,586,239 | 2,057,873 | 1,136,170 | XXX | |
| 0499999 | Cash in Company's Office | XXX | XXX | XXX | XXX | 250 | 250 | 250 | XXX | |
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| 0599999 | Total | XXX | XXX | | | 1,586,489 | 2,058,123 | 1,136,420 | XXX | |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|----------------------------|---------------|--|------|--------------------------|------------------|------------------|---------------------------------|----------------------------------|--------------------------------|
| | | | | | | | | | |
| CUS | SIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| | | | | | | | | | |
| 000000-00-0 316067-10-7 | | RBS CITIZENS NA CASH SWEEP FIDELITY GOVT CASH RSRVS | | 03/31/2024 03/31/2024 | 5.250 4.850 | XXX XXX | 3,840,399 941,418 | | 19,094 10,833 |
| 8309999999 | All Other Mor | ney Market Mutual Funds | | 1 | | | 4,781,817 | | 29,927 |
| | | | | | | | 1,101,011 | | |
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| 8609999999 | Total Cash E | guivalents | | | | | 4,781,817 | | 29,927 |