

ANNUAL STATEMENT

For the Year Ended December 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

DELTA DENTAL OF RHODE ISLAND

NAIC Group Code 1571	1571	NAIC Company Code	55301	Employer's ID Number	05-0296998
(Current Per	, , ,	•			
	HODE ISLAND	, Stat	te of Domicile or Port of E	ntry RI	
Country of Domicile USA	Life Assident C Health	[] Dramartu/Casus	- In	Hannital Madical & Dantal Car	niae ar Indomnitr
Licensed as business type:	Life, Accident & Health Dental Service Corporation	[] Property/Casua [X] Vision Service	•	Hospital, Medical & Dental Ser Health Maintenance Organizat	
	Other	[] Is HMO Federal		No []	on []
Incorporated/Organized	October 2		Commenced		oril 1, 1966
	LES STREET	-,		PROVIDENCE, RI, US 02904	<u>,</u>
,		and Number)	·	(City or Town, State, Countr	y and Zip Code)
Main Administrative Office1	0 CHARLES STREET		(Ctract and Number)		
	ROVIDENCE, RI, US 02904		(Street and Number)	401-752-6000	
		ate, Country and Zip Code)	(Area C		
Mail Address 10 CHARLES ST	REET		,F	PROVIDENCE, RI, US 02904	
· · · · · · · · · · · · · · · · · · ·	(Street and Number	•		(City or Town, State, Country	
Primary Location of Books and Recor		EET Street and Number)		NCE, RI, US 02904 State, Country and Zip Code) (Area C	401-752-6000 Code) (Telephone Number)
Internet Web Site Address delta	dentalri.com	Street and Namber)	(Oity of Town,	otate, obuility and zip obdej (716a c	(Tolopholic Hamber)
	UANE EASTER		40	01-752-6000	
·		(Name)	(Area C	Code) (Telephone Number) (I	Extension)
d	easter@deltadentalri.com	- 14 ' 4		401-457-72	
	(E	E-Mail Address)		(Fax Numb	er)
		OFFIC	ERS		
4 10055115 5555011	Name		DDEOIDENT	Title	
 JOSEPH R. PERRONI MELISSA GENNARI 			PRESIDENT ASSISTANT SECRI	FTADV	
3. RICHARD A. FRITZ			TREASURER	EIARI	
- 110171127111112					
		VICE-PRES	SIDENTS		
Name		Title		me	Title
RICHARD A. FRITZ	Sr. VP & CFO		THOMAS CHASE		F OPERATING OFFICER
BLAINE CARROLL	VP - STRATEGIC INITIA	TIVES	MICHELLE MUSCATELL		N ICATIONS & EXTERNAL AFFAI
JAMES KINNEY	VP - SALES		ELLEN HENDRIX	VP - UNDER\	WRITING & INS RISK SERVICE
	_				
	<u> </u>				
	_				
	_				
		DIRECTORS OF	R TRUSTEES		
ELIZABETH CATUCCI	THOMAS P. ENRIGH	<u> </u>	DIANA M. FRANCHITTO	# CHRISTIN	NE GADBOIS
JONATHAN W. HALL	PETER C. HAYES		STEVEN J. ISSA	JUNIOR	JABBIE
COLIN P. KANE	MARC A. PAULHUS		HEATHER A. PROVINO	JAMES V	. ROSATI
MICHAEL F. SABITONI	EDWIN J. SANTOS		MARK A. SHAW		
	<u> </u>				
			-		
	_				
				· · · · · · · · · · · · · · · · · · ·	
State of RHODE ISLAND					
O-water of DDOV/DENOE					
County of PROVIDENCE	SS				
The officers of this reporting entity being of	uly sworn, each depose and say	that they are the described offi	icers of said reporting entity,	and that on the reporting period stated	above, all of the herein described
assets were the absolute property of the	said reporting entity, free and clea	ar from any liens or claims the	ereon, except as herein state	ed, and that this statement, together wi	th related exhibits, schedules and
explanations therein contained, annexed o					
and of its income and deductions therefron	·	•		=	
to the extent that: (1) state law may differ			-		-
knowledge and belief, respectively. Further	•		·		
(except for formatting differences due to el	ectronic filing) of the enclosed stat	ement. The electronic filling ma	ay be requested by various re	guiators in lieu of or in addition to the e	nciosed statement.
(Signature)		(Signa	ature)		Signature)
JOSEPH R. PERRON	II	MELISSA	•	,	ARD A. FRITZ
(Printed Name)		(Printed			nted Name)
1.		` 2	,	`	3.
			OFODETARY		EAGURER
PRESIDENT		ASSISTANT S		TR	EASURER
(Title)		(Tit	tle)		(Title)
Subscribed and sworn to (or affirmed) befo					
21st day of FEBRUARY	, 2025, by			a le this an original filing?	[V1Va= [1N=
				a. Is this an original filing?b. If no: 1. State the amendment	[X]Yes []No
KELLY COTOIA		-		2. Date filed	
My commission expires 8/7/25				3 Number of pages att	ached

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
	1					
City of Providence	458,480	2,669		315,143	324,446	451,84
St Antoine Residence	8,543	9,496			646	17,39
Cooley Inc Solidifi Title & Closing	10,515				210	10,30
Solidini Title & Closing Interplex Industries Inc	9,865 9,408	9,357	(121)	2,690	665 2,828	18,55 9,18
Daniele International Inc	17,401		(131)		348	17,05
Brown University Student Dental and Vision	46,843	47,365	77,847	14,873	49,317	137,61
Ortho RI	15,731				315	15,41
Hopehealth Hospice	21,486	18,122			1,336	38,27
Brown University Voluntary Student Plan	12,118	10,866	14,047	5,290	11,695	30,62
	1					
0299997 Group subscriber subtotal	610,390	97,919	91,763	337,996	391,806	746,26
0299998 Premiums due and unpaid not individually listed	207,107	21,633	12,171	22,128	31,991	231,04
· · · · · · · · · · · · · · · · · · ·						
0299999 Total group	817,497	119,552	103,934	360,124	423,797	977,31
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0433333 Fremiums due and unpaid from Medicald endities						
	1					
	1					
	1					
	1					
	1					
	1					
	1					
	1					
	1					
	1					

EXHIBIT 3 – HEALTH CARE RECEIVABLES

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

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

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

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
			·			•
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid						
0299999 Aggregate accounts not individually listed - uncovered						
0399999 Aggregate accounts not individually listed - covered	925,770	251,673	149,738	85,072	211,317	1,623,5
0499999 Subtotals	925,770	251,673	149,738	85,072	211,317	1,623,5
	·	,	,	,	,	
799999 Total claims unpaid						1,623,5

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	nitted
						7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
ALTUS SYSTEMS, INC.							
ALTUS STSTEMS, INC.	(107,812)	18,424	(92,842)	2,246,075	2,063,846		
ALTUS GROUP, INC.							
ALTUS DENTAL INSURANCE COMPANY, INC.	(147,992)	(238,538)	277,889	353,803		(108,641)	353,80
ALTUS REALTY, INC. ALTUS VENTURES, INC.	(500,000)	500,000	30,000		30,000		
FIRST CIRCLE, INC.	(500,500)						
FIRST CIRCLE REALTY, INC.							
	(755.004)	070.000	045.047	0.500.070	0.000.040	(400.044)	050.00
0199999 Individually listed receivables	(755,804)	279,886	215,047	2,599,878	2,093,846	(108,641)	353,80
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	(755,804)	279,886	215,047	2,599,878	2,093,846	(108,641)	353,80

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EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
ALTUS SYSTEMS, INC. ALTUS REALTY, INC.	AFFILIATE	199,404	(95,720)	295,12
ALTUS REALTY, INC. FIRST CIRCLE INC.	AFFILIATE AFFILIATE	396,221 19,688	(22,888) (36,560)	419,10 56,24
0199999 Individually listed payable		615,313	(155,168)	770,48
0299999 Payables not individually listed				
0399999 Total gross payables		615,313	(155,168)	770,48

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
Total capitation payments						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments	48,387,022	100.000	XXX	XXX	45,919,284	2,467,738
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			l XXX	XXX		
9. Non-contingent salaries			XXX	X X X		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	48,387,022	100.000	XXX	XXX	45,919,284	2,467,738
13. Total (Line 4 plus Line 12)	48,387,022	100.000	XXX	XXX	45,919,284	2,467,738

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
			1		
					1
999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
				Book Value	Assets	Net
			Accumulated	Less	Not	Admitted
Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
Administrative furniture and equipment	2,916,831		2,702,203		214,628	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment	3,456,349	3,396,923			59,426	
6. Total	6,373,180	3,396,923	2,702,203		274,054	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation 2. (LOCATION)

NAIC Group Code 1571 BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2024

NAIC Company Code 5530

	1	Comprehensive (Hospital & Medical)	4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	Medicare	Vision	Dental	Federal Employees Health	Title XVIII	Title XIX		Disability	Long-Term	Other	Other
	Total	individual	Individual Group Su	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
Total Members at end of:														
1. Prior Year	150,188		[]		11,541	138,647	[l		
2. First Quarter	166,540				16,425	150,115								
Second Quarter	170,341		[19,220	151,121						l		
4. Third Quarter	174,046				23,379	150,667								
5. Current Year	176,324				25,397	150,927								
6. Current Year Member Months	2,055,364				248,963	1,806,401								
Total Member Ambulatory Encounters For Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)	63,024,491				1,311,178	61,713,313								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	63,058,507				1,311,178	61,747,329								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision														
of Health Care Services	48,387,022				976,390	47,410,632								
18. Amount Incurred for Provision of														
Health Care Services	48,535,742				1,026,740	47,509,002								

(a)	For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products	0.
(b)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	0.	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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Report for: 1. Corporation (LOCATION)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2024 NAIC Group Code

NAIC Company Code

	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10	11	12	13	14
		2	3	Medicare	Vision	Dental	Federal Employees Health	Title XVIII	Title XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Health	Non-Health
Total Members at end of:														
1. Prior Year	150,188				11,541	138,647								
2. First Quarter	166,540				16,425	150,115								
Second Quarter	170,341				19,220	151,121					l	l		
4. Third Quarter	174,046				23,379	150,667								
5. Current Year	176,324				25,397	150,927								
6. Current Year Member Months	2,055,364				248,963	1,806,401								
Total Member Ambulatory Encounters For Year:														
7. Physician														
8. Non-Physician														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b)	63,024,491				1,311,178	61,713,313								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	63,058,507				1,311,178	61,747,329								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision														
of Health Care Services	48,387,022				976,390	47,410,632								
18. Amount Incurred for Provision of														
Health Care Services	48,535,742				1,026,740	47,509,002								

(a)	For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products	0.	
(b)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	0.		

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10 Reserve	11 Reinsurance	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Liability Other Than For Unearned Premiums	Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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9999999	Totals					XXX						

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
'		3		3		,
NAIC			Name of Company			
Company Code	ID	Effective	of	Domiciliary Jurisdiction	Paid	Unpaid Losses
Code	Number	Date	Company	Jurisdiction	Losses	Losses
		I				
		1				
			······································			
			NONE			
					l	I
9999999	Totals	1	<u> </u>	L		
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SCHEDULE S - PART 3 - SECTION 2

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

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

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

SCHEDULE S - PART 5

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

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1		2	3	4	٥	0	'	8	9	10	11	12	13	14	15	40	47	10	Collateral	1 00	04		23	24	25	26
		-													D	16	17	18	19	20	21	22	Percent of	D 10 11		
		ł								1					Dollar							-14	Collateral	Percent Credit	Amount of	Liability for
1										1		Total			Amount of								Provided for	Allowed on Net	Credit Allowed	
1								Percent				Recoverable/		Net	Collateral					Funds		Total	Net	Obligation	for Net	with Certified
						Certified	Effective	Collateral		Paid and		Reserve		Obligation	Required			Issuing or		Deposited		Collateral	Obligation	Subject	Obligation	Reinsurers Due
NAIC						Reinsurer	Date of	Required		Unpaid		Credit		Subject to	for Full			Confirming		by and		Provided	Subject to	to Collateral	Subject to	to Collateral
Comp-				Name		Rating (1	Certified	for Full	Reserve	Losses		Taken	Miscellaneous	Collateral	Credit	Multiple	Letters	Bank		Withheld		(Col. 16 +	Collateral	(Col. 23 / Col. 8,	Collateral	Deficiency
any		ID	Effective	of	Domiciliary	through	Reinsurer	Credit (0%	Credit	Recoverable	Other	(Col. 9 +	Balances	(Col. 12 -	(Col. 14 x	Beneficiary	of	Reference	Trust	from		17 + 19 +	(Col. 22 /	not to exceed	(Col. 14 x	(Col. 14 -
Code	Nu	ımber	Date	Reinsurer	Jurisdiction	6)	Rating	- 100%)	Taken	(Debit)	Debits	10 + 11)	(credit)	13)	Col. 8)	Trust	Credit	Number (a)	Agreement	Reinsurers	Other	20 + 21)	Col. 14)	100%)	Col. 24)	Col. 25)
																										1
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(a)

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

SCHEDULE S – PART 6

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

		1	2	3	4	5
		2024	2023	2022	2021	2020
		2024	2023	2022	2021	2020
	OPERATIONS ITEMS					
	Premiums					
2.						
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
В	BALANCE SHEET ITEMS					
	Premiums receivable					
	Claims payable					
	Reinsurance recoverable on paid losses	1				
	Experience rating refunds due or unpaid					
10	Commissions and reinsurance expense allowances due					
	Unauthorized reinsurance offset					
	Offset for reinsurance with Certified Reinsurers					
C.	UNAUTHORIZED REINSURANCE					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)					
	Letters of credit (L)					
15.	Trust agreements (T)	NU				
	Other (O)					
	· · · · · · · · · · · · · · · · · · ·					
D.	REINSURANCE WITH CERTIFIED REINSURERS					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
	Letters of credit (L)					
20.	Trust agreements (T)					
	Other (O)					

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

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Oach and invested assets (I in a 40)			
	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			
4.	Net credit for ceded reinsurance	XXX		
	All other admitted assets (Balance)			
	Total assets (Line 28)			
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
	Claims unpaid (Line 1)			
	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers (Line 19, first inset amount			
	plus second inset amount)			
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13.	Funds held under reinsurance treaties with Certified			
	Reinsurers (Line 19 third inset amount)			
14.	All other liabilities (Balance)			
	Total liabilities (Line 24)			
16.	All other liabilities (Balance) Total liabilities (Line 24) Total capital and surplus (Line 33) Total liabilities, capital and surplus (Line 34)	NONE	XXX	
	Total liabilities, capital and surplus (Line 34)	HOHL		
	NET OPENIT FOR OFFICE DEIMOURANCE			
40	NET CREDIT FOR CEDED REINSURANCE			
	Claims unpaid			
	Accrued medical incentive pool			
	Premiums received in advance			
	Reinsurance recoverable on paid losses			
	Other ceded reinsurance recoverables			
	Total ceded reinsurance recoverables			
	Premiums receivable			
25.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers			
26.	Unauthorized reinsurance			
27.	Reinsurance with Certified Reinsurers			
28.				
29.	Other ceded reinsurance payables/offsets			
30.	Total ceded reinsurance payables/offsets			
31.	Total net credit for ceded reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,	If Control			
1 1		NAIC				Exchange if					Board,	is		Is an SCA	
		Com-				Publicly	Names of		Relationship to		Management,	Ownership		Filing	
Group		pany	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
1		00000	03-0396397		1		ALTUS REALTY COMPANY, INC.	RI	DS	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	NO	1 1
		00000	05-0502610				THE ALTUS GROUP, INC.	RI	DS	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	YES	1
1 1		00000	05-0502611	1			ALTUS SYSTEMS, INC.	ŔI	DS	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	NO	
1		00000	05-0502612	1	1		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	1	1		ALTUS DENTAL INSURANCE COMPANY, INC.	ŔI	IÀ	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	NO	
1		00000	46-5627174	1	1		ALTUS VENTURES, INC	ŔI	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	Ŕľ	RE	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	l NO	
1			81-4567207				FIRST CIRCLE, INC.	Ŕľ	DS	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	NO	
1		00000	83-2724654				FIRST CIRCLE REALTY, INC.	Ŕĺ	DS	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RI	NO	1
1												1			1

Asterik	Explanation
1	
1	
1	
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	······································
1	
1	
1	
1	

SCHEDULE Y

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

Company Code Number Or Affiliates Shareholder Capital			1 40	1	10	
Insurers and	6	7 8 9	10	11	12	13
Insurers and Parent, Subsidiaries Shareholder Capital Parent, Subsidiaries Dividends Contributions	Purchases,	. ,				
Insurers and Parent, Subsidiaries Shareholder Capital Parent, Subsidiaries Dividends Contributions	Sales or	Income/		Any Other		
Insurers and Parent, Subsidiaries Shareholder Capital Parent, Subsidiaries Dividends Contributions	Exchanges of	(Disbursements)		Material		Reinsurance
NAIC Company Code Number Subsidiaries Shareholder Capital Contributions	Loans,	Incurred in		Activity Not		Recoverable/
NAIC Company ID Subsidiaries Shareholder Capital Contributions	Securities,	Connection with Management Incom	e/	in the		(Payable) on
Company Code	Real Estate,	Guarantees or Agreements (Disburser	ients)	Ordinary		Losses and/or
Company Code Number Or Affiliates Shareholder Capital	Mortgage Loans	Undertakings for and Incurred U	nder	Course of the		Reserve Credit
Code Number or Affiliates Dividends Contributions 0 0 DELTA DENTAL OF RI TRANSACTIONS: 55301 05-0296998 DELTA DENTAL OF RHODE ISLAND 00000 05-0502811 ALTUS STYSTEMS, INC. 52632 05-0513223 ALTUS DENTAL INSURANCE CO, INC. 00000 05-0502812 ALTUS DENTAL, INC. 00000 00-0502812 ALTUS DENTAL, INC. 00000 05-050397 ALTUS DENTAL, INC. 00000 00000 08-0527174 ALTUS VENTURES, INC. 00000 81-4567207 FIRST CIRCLE, INC. 00000 08-07274654 FIRST CIRCLE, INC. 00000 09-0513223 ALTUS DENTAL INS CO INC TRANSACTIONS: 00000 </th <th>or Other</th> <th>the Benefit of Service Reinsura</th> <th>nce</th> <th>Insurer's</th> <th></th> <th>Taken/</th>	or Other	the Benefit of Service Reinsura	nce	Insurer's		Taken/
DELTA DENTAL OF RHODE ISLAND	Investments	any Affiliate(s) Contracts Agreement	ents *	Business	Totals	(Liability)
DELTA DENTAL OF RHODE ISLAND		, ,,				. ,,
DELTA DENTAL OF RHODE ISLAND						
D00000		(112,564)		1,566,992	1,454,428	
S2632		4,834,965		(5,866,159)		
00000				4,483,976	(1,031,194)	
00000		(4,722,401)			(238,425)	
00000				229,848	229,848	
00000 81-4567207 FIRST CIRCLE, INC. 00000 83-2724654 FIRST CIRCLE REALTY, INC. 0 0 ALTUS DENTAL INS CO INC TRANSACTIONS; 52632 05-0513223 ALTUS DENTALINSURANCE COMPANY, INC. 55301 05-029988 DELTA DENTAL OF RHODE ISLAND 00000 05-0502611 ALTUS SYSTEMS, INC. 00000 05-0502612 ALTUS DENTAL, INC. 00000 05-0502610 THE ALTUS GROUP, INC.				(13,575)	(13,575)	
00000 83-2724654 FIRST CIRCLE REALTY, INC. 0 0 ALTUS DENTAL INS CO INC TRANSACTIONS: 52632 05-0513223 ALTUS DENTALINSURANCE COMPANY, INC. 55301 05-0296998 DELTA DENTAL OF RHODE ISLAND 00000 05-0502611 ALTUS SYSTEMS, INC. 00000 05-0502612 ALTUS DENTAL, INC. 00000 05-0502610 THE ALTUS GROUP, INC.				(470,000)		
0				(25,244)		
52632				94,162	94,162	
52632						
55301						
00000			136,588		(312,565)	
00000 05-0502610 THE ALTUS GROUP, INC.			483,977)		238,424	
00000 05-0502610 THE ALTUS GROUP, INC.		2,606,816 (2	554,782)		52,034	
		3,119,936 (3	119,610)		326	
			21,781		21,781	
				.	1	
				. [1	
				. [1	
9999999 Control Totals			XXX	x l		

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
DELTA DENTAL OF RHODE ISLAND ALTUS DENTALINSURANCE COMPANY, INC.	DELTA DENTAL OF RHODE ISLAND ALTUS DENTALINSURANCE COMPANY, INC.	100.000 100.000	YES YES	DELTA DENTAL OF RHODE ISLAND THE ALTUS GROUP, INC.	DELTA DENTAL OF RHODE ISLAND THE ALTUS GROUP, INC.	100.000 100.000	YES YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
		YES
2.		
3.		YES
4.		YES
_	APRIL FILING	V=0
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
How will	SUPPLEMENTAL FILINGS following supplemental reports are required to be filed as part of your statement filing, if your company is engaged in the type of business covever, 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 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 be son enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	the specific interrogatory
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO.
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAI by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2) be files with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanation		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 11: N/A Explanation 12: N/A Explanation 13: N/A	
Explanation 13· N/A	
Explanation 13· N/A	
Explanation 13· N/A	
Explanation 13: N/A	
Explanation 13: N/A	
Explanation 14: N/A	
Explanation 15: N/A	
Explanation 16: N/A	
Explanation 17: N/A	
	······
Explanation 18: N/A	
Explanation 19: N/A	
Explanation 20: N/A	
Explanation 21: N/A	
Explanation 22: N/A	
Explanation 23: N/A	
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Explanation 24: N/A	
Bar Code:	
55301202420700000 55301202442000000	
55301202437100000 55301202437000000	
55301202436500000 55301202422400000	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES







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