

QUARTERLY STATEMENT

OF THE

ALTUS DENTAL
INSURANCE COMPANY, INC.
of PROVIDENCE
in the state of RHODE ISLAND

TO THE

Insurance Department

OF THE

STATE OF

RHODE ISLAND

FOR THE QUARTER ENDED

March 31, 2025

HEALTH

2025



52632202520100101

QUARTERLY STATEMENT

AS OF MARCH 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

ALTUS DENTAL INSURANCE CO., INC.

NAIC Group Code	1571	1571	NAIC Company Code	52632	Employer's ID Number	05-0513223
	(Current Period)	(Prior Period)				
Organized under the Laws of	RHODE ISLAND			State of Domicile or Port of Entry RI		
Country of Domicile	US					
Licensed as business type:	Life, Accident and Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Other [] Is HMO Federally Qualified? Yes [] No []					
Incorporated/Organized	August 1, 2000			Commenced Business September 1, 2001		
Statutory Home Office	10 CHARLES STREET			PROVIDENCE, RI US 02904		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	10 CHARLES STREET					
	(Street and Number)					
	PROVIDENCE, RI US 02904			877-223-0577		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	10 CHARLES STREET			PROVIDENCE, RI US 02904		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	10 CHARLES STREET			PROVIDENCE, RI US 02904 877-223-0577		
	(Street and Number)			(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)		
Internet Website Address	www.altusdental.com					
Statutory Statement Contact	DUANE EASTER			877-223-0577		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	deaster@altusdental.com			401-457-7260		
	(E-Mail Address)			(Fax Number)		

OFFICERS

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

VICE-PRESIDENTS

Name	Title	Name	Title
RICHARD A. FRITZ	SR VP & CFO	THOMAS CHASE	SR VP - CHIEF OPERATING OFFICER
BLAINE CARROLL	VP - STRATEGIC INITIATIVES	MICHELLE MUSCATELLO	VP - COMMUN ICATIONS & EXTERNAL A
JAMES KINNEY	VP - SALES	ELLEN HENDRIX	VP - UNDERWRITING&INS RISK SERVICE

DIRECTORS OR TRUSTEES

ELIZABETH CATUCCI	THOMAS P. ENRIGHT	DIANA M. FRANCHITTO	CHRISTINE 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	

State of RHODE ISLAND

County of PROVIDENCE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
JOSEPH R PERRONI	MELISSA GENNARI	RICHARD A. FRITZ
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
PRESIDENT	ASSISTANT SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	[X] Yes [] No
9th day of MAY, 2025	b. If no:	1. State the amendment number
		2. Date filed
		3. Number of pages attached

KELLY COTOIA
My commission expires 8/7/25

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	44,874,561		44,874,561	43,813,440
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
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 \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ (731,060)), cash equivalents (\$ 6,018,582), and short-term investments (\$ 0)	5,287,522		5,287,522	6,625,998
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	50,162,083		50,162,083	50,439,438
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	425,461		425,461	427,789
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	702,184	138,186	563,998	865,461
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 subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	750,362	52,431	697,931	566,735
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	147,730	126,000	21,730	21,730
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	87,367		87,367	
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	6,819,500		6,819,500	6,819,500
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	59,094,687	316,617	58,778,070	59,140,653
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	59,094,687	316,617	58,778,070	59,140,653

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
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 CREDITS	6,819,500		6,819,500	6,819,500
2502. PREPAID				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	6,819,500		6,819,500	6,819,500

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	2,621,870		2,621,870	2,210,740
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	96,526		96,526	81,323
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. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,404,230		1,404,230	1,128,139
9. General expenses due or accrued	5,605,695		5,605,695	4,747,422
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				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	315,594		315,594	891,517
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)	530,814		530,814	530,814
24. Total liabilities (Lines 1 to 23)	10,574,729		10,574,729	9,589,955
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	3,000,000	3,000,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	3,319,861	3,319,861
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	41,883,480	43,230,837
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	48,203,341	49,550,698
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	58,778,070	59,140,653

DETAILS OF WRITE-IN LINES				
2301. ADVANCE DEPOSITS	530,814		530,814	530,814
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)	530,814		530,814	530,814
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X	717,641	686,562	2,764,559
2. Net premium income (including \$ 0 non-health premium income)	X X X	23,883,934	23,772,651	94,387,504
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	23,883,934	23,772,651	94,387,504
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services		21,263,479	20,810,762	76,336,761
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		21,263,479	20,810,762	76,336,761
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		21,263,479	20,810,762	76,336,761
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 145,998 cost containment expenses		782,830	786,806	2,808,080
21. General administrative expenses		3,929,601	3,865,128	14,926,704
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		25,975,910	25,462,696	94,071,545
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(2,091,976)	(1,690,045)	315,959
25. Net investment income earned		401,427	345,629	1,480,891
26. Net realized capital gains (losses) less capital gains tax of \$ 0			(45,020)	(45,020)
27. Net investment gains (losses) (Lines 25 plus 26)		401,427	300,609	1,435,871
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				347,224
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(1,690,549)	(1,389,436)	2,099,054
31. Federal and foreign income taxes incurred	X X X	(343,192)	(269,578)	377,464
32. Net income (loss) (Lines 30 minus 31)	X X X	(1,347,357)	(1,119,858)	1,721,590

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X			
1401.				
1402.				
1403.				
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 OF MASSACHUSETTS TAX CREDITS				347,224
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				347,224

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	49,550,698	47,985,959	47,985,959
34. Net income or (loss) from Line 32	(1,347,357)	(1,119,858)	1,721,590
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		46,097	46,097
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			(387,739)
39. Change in nonadmitted assets	(53,265)	(192,703)	164,444
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 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	53,265	193,098	20,347
48. Net change in capital and surplus (Lines 34 to 47)	(1,347,357)	(1,073,366)	1,564,739
49. Capital and surplus end of reporting period (Line 33 plus 48)	48,203,341	46,912,593	49,550,698

DETAILS OF WRITE-IN LINES			
4701. INCLUSION OF BAD DEBT RESERVE IN THE NON ADMITTED ASSET	53,265	193,098	20,347
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)	53,265	193,098	20,347

CASH FLOW

	1	2	3
Cash from Operations	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance	24,330,292	24,081,462	94,285,600
2. Net investment income	403,755	313,173	1,439,764
3. Miscellaneous income			
4. Total (Lines 1 to 3)	24,734,047	24,394,635	95,725,364
5. Benefit and loss related payments	20,852,349	20,383,152	76,284,131
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,838,955	3,344,974	17,449,420
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	(343,192)	(269,578)	73,725
10. Total (Lines 5 through 9)	24,348,112	23,458,548	93,807,276
11. Net cash from operations (Line 4 minus Line 10)	385,935	936,087	1,918,088
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	800,000	2,962,520	10,610,520
12.2 Stocks			
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)	800,000	2,962,520	10,610,520
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,891,038		6,071,050
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,891,038		6,071,050
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,091,038)	2,962,520	4,539,470
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)	(633,373)	(310,012)	(2,173,592)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(633,373)	(310,012)	(2,173,592)
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)	(1,338,476)	3,588,595	4,283,966
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,625,998	2,342,032	2,342,032
19.2 End of period (Line 18 plus Line 19.1)	5,287,522	5,930,627	6,625,998

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Healt Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	233,814				33,762	200,052								
2. First Quarter	239,606				36,206	203,400								
3. Second Quarter														
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	717,641				108,044	609,597								
Total Member Ambulatory Encounters for Period:														
7. Physician														
8. Non-Physician														
9. Totals														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (a)	24,330,292				653,077	23,677,215								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	23,883,934				653,077	23,230,857								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care S	20,852,349				340,476	20,511,873								
18. Amount Incurred for Provision of Health Car	21,263,479				348,326	20,915,153								

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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

Aging Analysis of Unpaid Claims

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision only	52,598	287,878	5,433	60,397	58,031	57,980
5. Dental only	1,640,885	18,870,988	388,473	2,167,567	2,029,358	2,152,760
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)	1,693,483	19,158,866	393,906	2,227,964	2,087,389	2,210,740
14. Health care receivables (a)						
15. Other non-health						
16. Medical incentive pools and bonus amounts						
17. Totals (Lines 13 - 14 + 15 + 16)	1,693,483	19,158,866	393,906	2,227,964	2,087,389	2,210,740

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

NOTES TO FINANCIAL STATEMENTS

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

A. Accounting Practices – No significant changes since the December 2024 annual filing.

NOTES TO FINANCIAL STATEMENTS

1.

Summary of Significant Accounting Policies and Going Concern

A.

Accounting Practices

NET INCOME

			F/S	F/S		
		SSAP #	Page	Line #	2025	2024
(1)	ALTUS DENTAL INSURANCE CO., INC. state basis (Page 4, Line 32, Columns 2 & 3	\$	XXX	XXX	XXX	(1,347,357)1,721,590
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
	Details of Depreciation of Fixed Assets		F/S	F/S		
		SSAP #	Page	Line #	2025	2024
	Totals (Lines 01A0201 through 01A0225)	\$				
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
	Details of Depreciation of Home Office Property		F/S	F/S		
		SSAP #	Page	Line #	2025	2024
	Totals (Lines 01A0301 through 01A0325)	\$				
(4)	NAIC SAP (1 - 2 - 3 = 4)	\$	XXX	XXX	XXX	(1,347,357)1,721,590
			F/S	F/S		
		SSAP #	Page	Line #	2025	2024
(5)	ALTUS DENTAL INSURANCE CO., INC. state basis (Page 3, Line 33, Columns 3 & 4	\$	XXX	XXX	XXX	48,203,34149,550,698
(6)	State Prescribed Practices that are an increase/(decrease)from NAIC SAP:					
	e.g., Goodwill, net, Fixed Assets, Net		F/S	F/S		
		SSAP #	Page	Line #	2025	2024
	Totals (Lines 01A0601 through 01A0625)	\$				
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
	Home Office Property		F/S	F/S		
		SSAP #	Page	Line #	2025	2024
	Totals (Lines 01A0701 through 01A0725)	\$				
(8)	NAIC SAP (5 - 6 - 7 = 8)	\$	XXX	XXX	XXX	48,203,34149,550,698

B. Use of Estimates in the Preparation of the Financial Statements - No significant changes since the December 2024 annual filing.

C. Accounting Policy

1.

Short term investments are stated at amortized cost.
2.

Bonds are stated at amortized value using the constant yield / scientific method.
3.

Common stocks - Not applicable.
4.

Preferred stocks - Not applicable.
5.

Mortgage loans - Not applicable.
6.

Loan-backed securities, if any, would be 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 - Not applicable.
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 2024 annual filing.
13.

Pharmaceutical rebate receivables - Not applicable.

NOTES TO FINANCIAL STATEMENTS

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 CORRECTION OF ERRORS – Not applicable.

NOTE 3 - - BUSINESS COMBINATIONS AND GOODWILL - Not applicable.

NOTE 4 - - DISCONTINUED OPERATIONS - Not applicable.

NOTE 5 - - INVESTMENTS

The Company's bond investments and Schedule BA investments represent all of the Company's statutory recorded investments as of March 31, 2025.

A. Mortgage Loans, including Mezzanine Real Estate Loans – Not applicable.

B. Debt Restructuring – Not applicable.

C. Reverse Mortgages – Not applicable.

D. Asset-Backed Securities – Not applicable.

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 2024 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 note 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. 5GI* 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, 2025.

NOTES TO FINANCIAL STATEMENTS

R. Reporting Entity’s Share of Qualified Cash Pool by Asset Type – Not applicable.

S. Aggregate Collateral Loans – Not applicable.

NOTE 6 - - JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES – Not applicable.

NOTE 7 - - INVESTMENT INCOME

- A. Due and Accrued Income Excluded – None.
- B. Total Amount Excluded – None. There were no NAIC 3 rated bonds at March 31, 2025.
- C. Gross, Non-admitted and Admitted Amounts

NOTES TO FINANCIAL STATEMENTS

7.

Investment Income	
C.	The gross, nonadmitted and admitted amounts for interest
	Interest Income Due and Accrued
	Amount
1. Gross	425,461
2. Nonadmitted	
3. Admitted	425,461

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

NOTE 8 - - DERIVATIVE INSTRUMENTS - Not applicable.

NOTE 9 - - INCOME TAXES - No significant changes since the December 2024 annual filing.

NOTE 10 -- INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES - No significant changes since the December 2024 annual filing.

NOTE 11 - - DEBT– Not applicable.

NOTE 12 - - RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS - Not applicable.

NOTE 13 - - CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS - No significant changes since the December 2024 annual filing.

NOTE 14 - - CONTINGENT LIABILITIES - Not applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 15 - - LEASES - Not applicable.

NOTE 16 - - INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK - Not applicable.

NOTE 17 - - SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES – 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, 2025 financial operations exclude approximately \$2,210,588 of revenues from such plans and there are no significant gains or losses related to such transactions.

NOTES TO FINANCIAL STATEMENTS

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

B. ASC Plans:				
The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2025: (years as seen in Notes text)				
		ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a.	Gross reimbursement for medical cost incurred	\$ 2,052,477		2,052,477
b.	Gross administrative fees accrued	\$ 158,111		158,111
c.	Other income or expenses (includ interest paid to or received from plans)	\$		
d.	Gross expenses incurred (claims and administrative) (a+b+c)	\$ 2,210,588		2,210,588
e.	Total net gain or loss from operations	\$		

NOTE 19 - - DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS - Not applicable.

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:

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurements

- A. Inputs Used for Assets and Liabilities Measured at Fair Value
- (1) Fair Value Measurements at Reporting Date

	(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(6) Net Asset Value	(7) Total
a.	Assets at fair Value					
01.	Cash Equivalent - MMMF	\$ 6,018,582				6,018,582
02.	Investments - Long Term	\$	44,563,624			44,563,624
	Total assets at fair value	\$ 6,018,582	44,563,624			50,582,206

NOTES TO FINANCIAL STATEMENTS

(2) Fair Value Measurements in Level 3 – None.

(3) Transfers Between Levels – None.

(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) above.

D. Reasons Not Practical to Estimate Fair Value – None.

E. Instruments Measured at Net Asset Value – None.

NOTE 21 - - OTHER ITEMS - No significant changes since the December 2024 annual filing.

NOTE 22 - - EVENTS SUBSEQUENT - Not applicable.

NOTE 23 - - REINSURANCE - Not applicable.

NOTE 24 - - RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION - Not applicable.

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

Loss Reserves as of December 31, 2024 were \$2,210,740.

As of March 31, 2025, \$1,693,483 has been paid for claims incurred prior to January 1 of the current year.

Reserves remaining for prior years are now \$393,906 as a result of re-estimation of unpaid claims and claim adjustment expenses on the dental line of insurance. Therefore, there has been a \$123,351 favorable prior-year development from December 31, 2024 to March 31, 2025.

NOTES TO FINANCIAL STATEMENTS

This 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.

NOTE 27 - - STRUCTURED SETTLEMENTS – Not applicable.

NOTE 28 - - HEALTH CARE RECEIVABLES – Not applicable.

NOTE 29 - - PARTICIPATING POLICIES - Not applicable.

NOTE 30 - - PREMIUM DEFICIENCY RESERVES

The Company performed an analysis for premium deficiency reserves as of March 31, 2025 which resulted in no additional liability for the period.

NOTE 31 - - ANTICIPATED SALVAGE AND SUBROGATION - Not applicable.

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions 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 charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

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 the prior quarter end?

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 group?

Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [] No [] N/A [X]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2022

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2022

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/26/2024

6.4 By what department or departments?

INSURANCE DIVISION, DEPARTMENT OF BUSINESS REGULATION, STATE OF RHODE ISLAND

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2 If yes, give full information

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

.....

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules, and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes [X] No []

9.11 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]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

.....

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

.....

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 87,367

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

.....

.....

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

GENERAL INTERROGATORIES

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page	\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
CITIZENS BANK	ONE CITIZENS PLAZA, PROVIDENCE, RI 02903

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

GENERAL INTERROGATORIES

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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. [".that have access

1 Name of Firm or Individual	2 Affiliation
RICHARD A. FRITZ	I
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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management 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:
.
.
.
.

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. 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:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. 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:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent	89.64 %
1.2	A&H cost containment percent	0.61 %
1.3	A&H expense percent excluding cost containment expenses	19.32 %
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

[illegible]

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

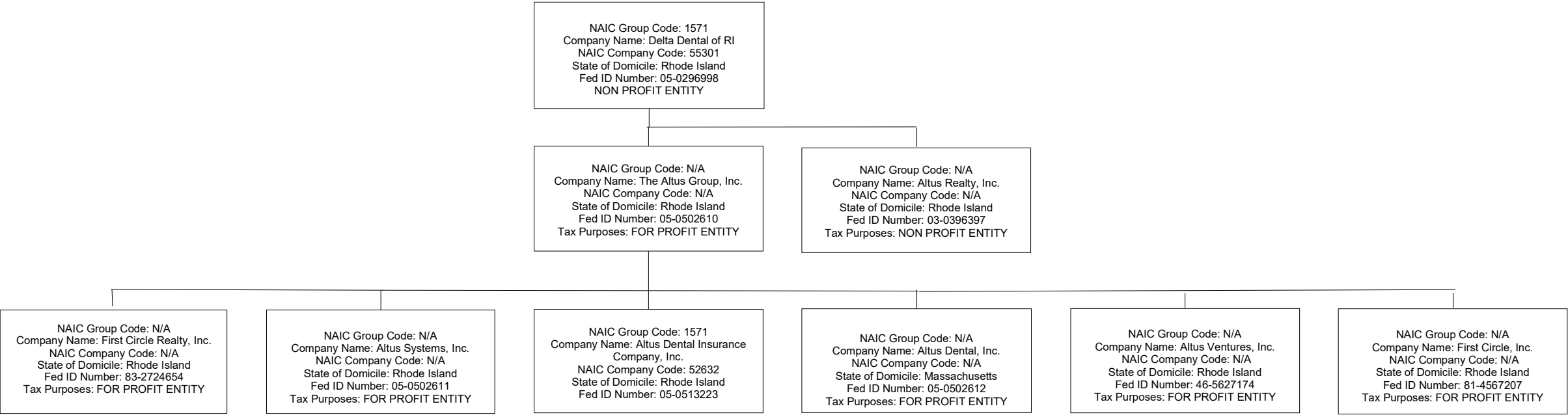
Current Year To Date - Allocated by States and Territories

States, Etc.		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
			Activ Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XX1	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 8
1. Alabama	AL	N									
2. Alaska	AK	N									
3. Arizona	AZ	N									
4. Arkansas	AR	N									
5. California	CA	N									
6. Colorado	CO	N									
7. Connecticut	CT	N									
8. Delaware	DE	N									
9. District of Columbia	DC	N									
10. Florida	FL	N									
11. Georgia	GA	N									
12. Hawaii	HI	N									
13. Idaho	ID	N									
14. Illinois	IL	N									
15. Indiana	IN	N									
16. Iowa	IA	N									
17. Kansas	KS	N									
18. Kentucky	KY	N									
19. Louisiana	LA	N									
20. Maine	ME	N									
21. Maryland	MD	N									
22. Massachusetts	MA	L	23,883,934						23,883,934		
23. Michigan	MI	N									
24. Minnesota	MN	N									
25. Mississippi	MS	N									
26. Missouri	MO	N									
27. Montana	MT	N									
28. Nebraska	NE	N									
29. Nevada	NV	N									
30. New Hampshire	NH	N									
31. New Jersey	NJ	N									
32. New Mexico	NM	N									
33. New York	NY	N									
34. North Carolina	NC	N									
35. North Dakota	ND	N									
36. Ohio	OH	N									
37. Oklahoma	OK	N									
38. Oregon	OR	N									
39. Pennsylvania	PA	N									
40. Rhode Island	RI	N									
41. South Carolina	SC	N									
42. South Dakota	SD	N									
43. Tennessee	TN	N									
44. Texas	TX	N									
45. Utah	UT	N									
46. Vermont	VT	N									
47. Virginia	VA	N									
48. Washington	WA	N									
49. West Virginia	WV	N									
50. Wisconsin	WI	N									
51. Wyoming	WY	N									
52. American Samoa	AS	N									
53. Guam	GU	N									
54. Puerto Rico	PR	N									
55. U.S. Virgin Islands	VI	N									
56. Northern Mariana Islands	MP	N									
57. Canada	CAN	N									
58. Aggregate other alien	OT	XX									
59. Subtotal		XX	23,883,934						23,883,934		
60. Reporting entity contributions for Employee Benefit Plans		XX									
61. Totals (Direct Business)		XX	23,883,934						23,883,934		
DETAILS OF WRITE-INS											
58001.		XX									
58002.		XX									
58003.		XX									
58998. Summary of remaining write-ins for Line 58		XX									
58999. Totals (Lines 58001 through 58003 plus 58 (Line 58 above)		XX									

(a)	Active Status Counts	
1.	L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	1
2.	R - Registered - Non-domiciled RRGs	
3.	E – Eligible - Reporting entities eligible 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 - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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	05-0502610				THE ALTUS GROUP, INC.	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	YES	
		00000	05-0502611				ALTUS SYSTEMS, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	05-0502612				ALTUS DENTAL, INC.	MA	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	46-5627174				ALTUS VENTURES, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
1571	DELTA DENTAL OF RHODE ISLAND	55301	05-0296998				DELTA DENTAL OF RHODE ISLAND	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
1571	DELTA DENTAL OF RHODE ISLAND	52632	05-0513223				ALTUS DENTAL INSURANCE CO., INC.	RI	RE	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	03-0396397				ALTUS REALTY, INC.	RI	NIA	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	81-4567207				FIRST CIRCLE, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	
		00000	83-2724654				FIRST CIRCLE REALTY, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.000	DELTA DENTAL OF RHODE ISLAN	NO	

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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Response

NO

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

N/A

1. Explanation

THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS.

2. Explanation

Question 1

THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS.

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year 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 current year's other-than-temporary impairment recognized		
8. 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 Year To Date	2 Prior Year 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. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
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 Year To Date	2 Prior Year 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. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, depreciation, and proportional amortization		
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)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	43,813,440	48,484,211
2. Cost of bonds and stocks acquired	1,891,038	6,071,050
3. Accrual of discount	72,183	257,686
4. Unrealized valuation increase (decrease)		46,097
5. Total gain (loss) on disposals		(45,020)
6. Deduct consideration for bonds and stocks disposed of	800,000	10,565,500
7. Deduct amortization of premium	102,100	435,084
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. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	44,874,561	43,813,440
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	44,874,561	43,813,440

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

NAIC Designation	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	25,368,709	1,891,038	800,000	665,442	27,125,189			25,368,709
2. NAIC 2 (a)	18,444,731			(695,359)	17,749,372			18,444,731
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	43,813,440	1,891,038	800,000	(29,917)	44,874,561			43,813,440
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
PREFERRED STOCK								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS, & Preferred Stock	43,813,440	1,891,038	800,000	(29,917)	44,874,561			43,813,440

2025

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
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
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals					

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		
2. Cost of short-term investments acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
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)		
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.	Adjustment to the Book/Adjusted Carrying Value of hedged item	
9.	Total foreign exchange change in Book/Adjusted Carrying 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)	

NONE

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)	

NONE

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year to 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
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

906

NONE

SCHEDULE DB VERIFICATION

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

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance		
3.	Total (Line 1 plus Line 2)		
4.	Part D, Section 1, Column 6		
5.	Part D, Section 1, Column 7		
6.	Total (Line 3 minus Line 4 minus Line 5)		

NONE

Fair Value Check

7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	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 Exposure 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
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	6,646,524	1,416,658
2. Cost of cash equivalents acquired	1,987,492	9,015,377
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	2,615,435	3,785,511
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)	6,018,581	6,646,524
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,018,581	6,646,524

SCHEDULE B - PART 2

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

[illegible]

E02

SCHEDULE B - PART 3

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

[illegible]

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
					NONE							
7099999	Totals											XXX

E03

SCHEDULE BA - PART 3

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

[illegible]

SCHEDULE D - PART 3

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

1 CUSIP Ident- ification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
17308C-C5-3 46647P-EJ-1 61747Y-FU-4 95000U-2G-7	CITIGROUP INC JPMORGAN CHASE & CO MORGAN STANLEY WELLS FARGO & CO	01/24/2025 01/24/2025 01/24/2025 01/24/2025	Academy Securities Academy Securities Academy Securities Academy Securities		452,486 497,914 488,635 452,003	500,000.00 500,000.00 500,000.00 500,000.00	3,389 347 6,399 3,479	1.G FE 1.F FE 1.E FE 1.E FE
0089999999	Issuer Credit Obligations - Corporate Bonds (Unaffiliated)			X X X	1,891,038	2,000,000.00	13,614	X X X
0489999999	Subtotal – Issuer Credit Obligations (Unaffiliated)			X X X	1,891,038	2,000,000.00	13,614	X X X
E04								
6009999999	Totals			X X X	1,891,038	X X X	13,614	X X X

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	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident- ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognize	Total Change in B./A.C.V. (10+11-12)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractu Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrativ Symbol
06055J-AN-9 808513-AL-9	BANK OF AMERICA CORP CHARLES SCHWAB CORP	02/28/202 03/10/202	Redemption Maturity		500,000 300,000	500,000.00 300,000.00	500,250 311,919	500,000 300,000						500,000 300,000				13,500 4,500	02/28/202 03/10/202	1.G FE 1.G FE
0089999999	Issuer Credit Obligations - Corporate Bonds (Unaffiliated)				800,000	800,000.00	812,169	800,000						800,000				18,000	X X X	X X X
E05																				
6009999999	Totals				800,000	X X X	812,169	800,000						800,000				18,000	X X X	X X X

SCHEDULE DB - PART A - SECTION 1

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

[illegible]

(a)

Code	Description of Hedged Risk(s)
	NONE

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
	NONE

Future Contracts Open as of the Current Statement Date

NONE

NONE

(a)

NONE

(b)

NONE

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

E08

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement 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					
0199999999 Total Collateral Pledged by Reporting Entity							X X X	X X X

EO9

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)
			NONE					
0299999999 Total Collateral Pledged to Reporting Entity						X X X	X X X	X X X

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. 10

[illegible]

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

NONE

1. Total activity for the year to date	Fair Value	\$	0	Book/Adjusted Carrying Value	\$	0
2. Average balance for the year to date	Fair Value	\$	0	Book/Adjusted Carrying Value	\$	0
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:						
NAIC 1 \$	0; NAIC 2 \$	0; NAIC 3 \$	0; NAIC 4 \$	0; NAIC 5 \$	0; NAIC 6 \$	0.

SECURITIES LENDING COLLATERAL ASSETS

(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)

999999999	Totals			XXX
-----------	--------	--	--	-----

1. Total activity for the year to date
2. Average balance for the year to date

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6	7	8	
						First Month	Second Month	Third Month	
Name of Depository	Location of Depository								
CITIZENS BANK 18615368 CONTROL	PROVIDENCE RI 02903					1,690,399	1,533,909	2,652,985	
CITIZENS BANK 19425988 OPERATIVE	PROVIDENCE RI 02903					(8,852)	(9,821)	(8,975)	
CITIZENS BANK 99000695 CLAIMS	PROVIDENCE RI 02903					(3,373,931)	(3,200,737)	(3,375,070)	
0199998 Deposits in () depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		X X X	X X X						X X X
0199999 Total - Open Depositories		X X X	X X X			(1,692,384)	(1,676,649)	(731,060)	X X X
Suspended Depositories									
0299998 Deposits in () depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories		X X X	X X X						X X X
0299999 Total Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash on Deposit		X X X	X X X			(1,692,384)	(1,676,649)	(731,060)	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total		X X X	X X X			(1,692,384)	(1,676,649)	(731,060)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]

E14