

QUARTERLY STATEMENT

OF THE

DELTA DENTAL
OF RHODE ISLAND
of **PROVIDENCE**
in the state of **RHODE ISLAND**

TO THE

Insurance Department

OF THE

STATE OF

STATE OF RHODE ISLAND

FOR THE QUARTER ENDED

June 30, 2025

HEALTH

2025



55301202520100102

QUARTERLY STATEMENT

AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

DELTA DENTAL OF RHODE ISLAND

NAIC Group Code	1571	1571	NAIC Company Code	55301	Employer's ID Number	05-0296998
	(Current Period)	(Prior Period)				
Organized under the Laws of	RHODE ISLAND			State of Domicile or Port of Entry		
Country of Domicile	USA			RI		
Licensed as business type:	Life, Accident and Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []					
	Dental Service Corporation [X] Vision Service Corporation [] Health Maintenance Organization []					
	Other [] Is HMO Federally Qualified? Yes [] No []					
Incorporated/Organized	October 22, 1959			Commenced Business		
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			401-752-6000		
	PROVIDENCE, RI US 02904			(Area Code) (Telephone Number)		
	(City or Town, State, Country and Zip Code)					
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		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Internet Website Address	deltadentalri.com					
Statutory Statement Contact	DUANE EASTER			401-752-6000		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	deaster@deltadentalri.com			401-457-7260		
	(E-Mail Address)			(Fax Number)		

OFFICERS

	Name	Title
1.	JOSEPH R. PERRONI	PRESIDENT
2.	ELLEN HENDRIX #	ASSISTANT SECRETARY
3.	SEAN NEWTH #	TREASURER

VICE-PRESIDENTS

Name	Title	Name	Title
SEAN NEWTH #	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 SERVIC

DIRECTORS OR TRUSTEES

CARRIE BRIDGES #	ELIZABETH CATUCCI	PATRICK CROWLEY #	THOMAS P. ENRIGHT
DIANA M. FRANCHITTO	CHRISTINE GADBOIS	PETER C. HAYES	STEVEN J. ISSA
JUNIOR JABBIE	COLIN P. KANE	HEATHER A. PROVINO	JOHN T. RUGGIERI #
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	ELLEN HENDRIX	SEAN NEWTH
(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 AUGUST, 2025	b. If no:	1. State the amendment number
		2. Date filed
		3. Number of pages attached

KELLY COTOIA
My commission expires 8/7/29

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	41,359,161		41,359,161	47,554,624
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	111,732,629		111,732,629	110,699,226
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 (\$ 111,623), cash equivalents (\$ 6,040,634), and short-term investments (\$ 0)	6,152,257		6,152,257	4,486,636
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	12,008,125		12,008,125	11,717,147
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)	171,252,172		171,252,172	174,457,633
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	429,429		429,429	436,873
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,375,744	178,448	1,197,296	977,313
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	4,203,057	171,008	4,032,049	2,796,207
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	12,405,171	12,320,222	84,949	95,780
21. Furniture and equipment, including health care delivery assets (\$ 0)	240,775	240,775		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	2,550,185	2,050,994	499,191	245,162
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	2,423,460	643,140	1,780,320	3,040,810
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	194,879,993	15,604,587	179,275,406	182,049,778
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	194,879,993	15,604,587	179,275,406	182,049,778

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 CREDIT	1,779,857		1,779,857	3,040,347
2502. PREPAID EXPENSES AND OTHER ACCTS. REC.	643,140	643,140		
2503. NET STATE AND FEDERAL TAX ADVANCES	463		463	463
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,423,460	643,140	1,780,320	3,040,810

NONE

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	2,292,951		2,292,951	1,623,570
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	137,209		137,209	99,157
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	1,903,326		1,903,326	1,546,321
9. General expenses due or accrued	10,773,582		10,773,582	10,605,165
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	1,326,435		1,326,435	615,313
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	424,820		424,820	511,033
23. Aggregate write-ins for other liabilities (including \$ 0 current)	475,246		475,246	468,546
24. Total liabilities (Lines 1 to 23)	17,333,569		17,333,569	15,469,105
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
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	86,864,362	87,678,036
31. Unassigned funds (surplus)	X X X	X X X	75,077,475	78,902,637
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	161,941,837	166,580,673
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	179,275,406	182,049,778

DETAILS OF WRITE-IN LINES					
2301. ADVANCE DEPOSITS		475,246		475,246	468,546
2302.					
2303.					
2398. Summary of remaining write-ins for Line 23 from overflow page					
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)		475,246		475,246	468,546
2501. RESTRICTED RESERVES ACA ASSESSMENT		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. RESERVES FROM WHOLLY OWNED SUBSIDIARIES		X X X	X X X	86,864,362	87,678,036
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	86,864,362	87,678,036

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	1,050,912	1,007,510	2,055,364
2. Net premium income (including \$ 0 non-health premium income)	X X X	32,715,335	31,458,719	63,024,491
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	32,715,335	31,458,719	63,024,491
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services		26,332,611	24,225,091	48,535,742
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)		26,332,611	24,225,091	48,535,742
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		26,332,611	24,225,091	48,535,742
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 227,188 cost containment expenses		1,486,763	1,254,501	6,616,303
21. General administrative expenses		7,291,005	6,743,991	9,848,845
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)		35,110,379	32,223,583	65,000,890
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(2,395,044)	(764,864)	(1,976,399)
25. Net investment income earned		1,690,745	1,677,171	3,041,482
26. Net realized capital gains (losses) less capital gains tax of \$ 0		175,552	47	217,702
27. Net investment gains (losses) (Lines 25 plus 26)		1,866,297	1,677,218	3,259,184
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		(2,000,000)	(1,862)	(669,294)
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	(2,528,747)	910,492	613,491
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(2,528,747)	910,492	613,491

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 ON RHODE ISLAND TAX CREDITS			(1,862)	226,888
2902. EXCISE TAX				(50)
2903. DONATIONS TO THE RI FOUNDATION		(2,000,000)		(896,132)
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		(2,000,000)	(1,862)	(669,294)

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	166,580,673	161,513,565	161,513,565
34. Net income or (loss) from Line 32	(2,528,747)	910,492	613,491
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	(191,577)	4,099,847	8,307,554
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(1,796,774)	(1,873,963)	(3,793,502)
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	(121,738)	(249,042)	(60,435)
48. Net change in capital and surplus (Lines 34 to 47)	(4,638,836)	2,887,334	5,067,108
49. Capital and surplus end of reporting period (Line 33 plus 48)	161,941,837	164,400,899	166,580,673

DETAILS OF WRITE-IN LINES			
4701. INCLUSION OF BAD DEBT RESERVE IN THE NON-ADMITTED ASSETS	(121,738)	(249,042)	(60,435)
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)	(121,738)	(249,042)	(60,435)

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	31,616,515	31,168,104	63,058,507
2. Net investment income	1,873,741	1,751,368	3,273,130
3. Miscellaneous income			226,888
4. Total (Lines 1 to 3)	33,490,256	32,919,472	66,558,525
5. Benefit and loss related payments	25,663,230	23,907,101	48,387,022
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	8,657,512	7,215,282	13,727,152
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		1,862	50
10. Total (Lines 5 through 9)	34,320,742	31,124,245	62,114,224
11. Net cash from operations (Line 4 minus Line 10)	(830,486)	1,795,227	4,444,301
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	8,675,577	8,791,026	17,661,850
12.2 Stocks	726,400	40,690	320,839
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)	9,401,977	8,831,716	17,982,689
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,435,733		11,915,663
13.2 Stocks	1,537,139	579,212	579,212
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets	642,687	152,151	1,282,288
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,615,559	731,363	13,777,163
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)	4,786,418	8,100,353	4,205,526
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)	(2,290,313)	(1,518,286)	(4,920,520)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(2,290,313)	(1,518,286)	(4,920,520)
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)	1,665,619	8,377,294	3,729,307
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,486,638	757,331	757,331
19.2 End of period (Line 18 plus Line 19.1)	6,152,257	9,134,625	4,486,638

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

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	176,324				25,397	150,927								
2. First Quarter	177,698				28,482	149,216								
3. Second Quarter	176,414				29,256	147,158								
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	1,050,912				171,694	879,218								
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)	31,616,515				878,891	30,737,624								
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	32,715,335				878,891	31,836,444								
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care S	25,663,230				628,939	25,034,291								
18. Amount Incurred for Provision of Health Car	26,332,611				690,179	25,642,432								

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

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		
6	1. Comprehensive (hospital and medical) individual						
	2. Comprehensive (hospital and medical) group						
	3. Medicare Supplement						
	4. Vision only	54,662	624,627	444	60,796	55,106	50,350
	5. Dental only	1,414,348	23,569,592	111,440	2,120,271	1,525,788	1,573,220
	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)	1,469,010	24,194,219	111,884	2,181,067	1,580,894	1,623,570
	14. Health care receivables (a)						
	15. Other non-health						
	16. Medical incentive pools and bonus amounts						
	17. Totals (Lines 13 - 14 + 15 + 16)	1,469,010	24,194,219	111,884	2,181,067	1,580,894	1,623,570

(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)	DELTA DENTAL OF RHODE ISLAND state basis (Page 4, Line 32, Columns 2 & 3)	\$	XXX	XXX	XXX	(1,116,641)	613,491
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						

				F/S	F/S		
		SSAP #	Page	Line #	2025	2024	
	Details of Depreciation of Fixed Assets						
	Totals (Lines 01A0201 through 01A0225)	\$					

(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:

				F/S	F/S		
		SSAP #	Page	Line #	2025	2024	
	Details of Depreciation of Home Office Property						
	Totals (Lines 01A0301 through 01A0325)	\$					

(4) NAIC SAP (1 - 2 - 3 = 4) \$ XXX XXX XXX (1,116,641) 613,491

SURPLUS

				F/S	F/S		
		SSAP #	Page	Line #	2025	2024	
(5)	DELTA DENTAL OF RHODE ISLAND state basis (Page 3, Line 33, Columns 3 & 4)	\$	XXX	XXX	XXX	160,775,255	166,580,673
(6)	State Prescribed Practices that are an increase/(decrease)from NAIC SAP:						

				F/S	F/S		
		SSAP #	Page	Line #	2025	2024	
	e.g., Goodwill, net, Fixed Assets, Net						
	Totals (Lines 01A0601 through 01A0625)	\$					

(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:

				F/S	F/S		
		SSAP #	Page	Line #	2025	2024	
	Home Office Property						
	Totals (Lines 01A0701 through 01A0725)	\$					

(8) NAIC SAP (5 - 6 - 7 = 8) \$ XXX XXX XXX 160,775,255 166,580,673

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

C. Accounting Policy

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

NOTES TO FINANCIAL STATEMENTS

- 12. Change in capitalization policy – No significant changes since the December 2024 annual filing.
- 13. Pharmaceutical rebate receivables - Not applicable.

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

NOTE 2 - - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS - Not applicable.

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

NOTE 4 - - DISCONTINUED OPERATIONS - Not applicable.

NOTE 5 - - INVESTMENTS

The Company’s bonds, common stock investments and Schedule BA investments represent all of the Company’s statutory recorded investments as of March 31, 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 – Stated at amortized cost in accordance with NAIC guidelines.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale – Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not applicable.
- J. Real Estate – No significant changes since the December 2023 annual filing.
- K. Low-Income Housing Tax Credits (LIHTC) – The company does utilize state tax credits, which may include low-income housing tax credits. See 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. 5*GI Securities – Not applicable.
- P. Short Sales – Not applicable.

NOTES TO FINANCIAL STATEMENTS

Q. Prepayment Penalty and Acceleration Fees – The Company did not collect any prepayment penalties or acceleration fees for the quarter ended March 30, 2025.

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 – There were no NAIC 3 rated bonds at March 31, 2025. No amounts were excluded.

C. Gross, Non-admitted and Admitted Amounts:

NOTES TO FINANCIAL STATEMENTS

7.

Investment Income

C.

The gross, nonadmitted and admitted amounts for interest income due and acc

Interest Income Due and Accrued	Amount
1. Gross	443,033
2. Nonadmitted	
3. Admitted	443,033

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

Delta Dental of Rhode Island is a not-for-profit corporation pursuant to Section 501(C)(4) of the Internal Revenue Code (IRC) and is exempt from federal income taxes under Section 501(a) of the IRC. In lieu of state income taxes, Delta Dental of Rhode Island pays a premium based tax to the State of Rhode Island.

Altus Realty Company is also a not-for-profit real estate holding corporation under Section 501(C)(2) of the IRC, and as such has made no provision for income taxes.

The Company’s other wholly owned subsidiary, The Altus Group, Inc., and its subsidiaries are for profit corporations. The Altus Group, Inc., including its subsidiaries Altus Dental, Inc., Altus Systems, Inc., Altus Dental Insurance Company, Inc., Altus Ventures, Inc., First Circle, Inc. and First Circle Realty, Inc. file consolidated federal and state tax returns. For the period ended December 31, 2024, the tax provision (benefit) of the Altus Group was \$832,955 and for the period ended March 31, 2025, the tax provision expense of the Altus Group was (\$296,293).

NOTES TO FINANCIAL STATEMENTS

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

A. Defined Benefit Plan

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

Employees qualify for benefits upon normal retirement at age 65, or early retirement, which is met upon reaching age 60 and completion of five years of service. Vesting of contributions (made on behalf of each employee) begins at 20% after two years of service and increases 20% annually until full vesting occurs after six years of service. The Company's discretionary contributions to this plan, representing its full funding requirements, were \$300,677 for the period ended March 31, 2025 and \$1,158,510 for the period ended December 31, 2024.

B. Deferred Compensation Plans

Effective January 1, 1997, the Company established a 401(k) plan. Plan entry of employer contributions are the same as the defined contribution retirement plan described above. The Company's contribution to the plan is matching the first 1% of base compensation and 50% of additional contributions up to 6% of the base compensation that is contributed by each employee. Employer contributions vest 100% after two years of service. The Company's contributions to this plan were \$104,704 for the period ended March 30, 2025 and \$316,444 for the period ended December 31, 2024.

In 2004, the Company established a 457(b) Plan to provide deferred compensation for a select group of management. The Company made no contributions to the plan in Q1 2025 and \$41,399 for the period ended December 31, 2024.

In 2009, the Company established a 457(f) Plan to provide deferred compensation for a select group of management. The Company made no contributions to the plan in 2024 or through Q1 2025.

C. Postretirement Benefit Plans – No significant changes since the December 2024 annual filing.

NOTE 13 - - CAPITAL AND SURPLUS, SHAREHOLDERS DIVIDENDS' RESTRICTIONS AND QUASI-REORGANIZATIONS - Not applicable.

NOTE 14 - - LIABILITIES, CONTINGENCIES AND ASSESSMENTS - No significant changes since the December 2024 annual filing.

NOTE 15 - - LEASES - No significant changes since the December 2024 annual filing.

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

NOTES TO FINANCIAL STATEMENTS

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 \$26,872,184 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

A. ASO Plans: The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2025: (years as seen in Notes text)		<u>ASO</u> <u>Uninsured</u> <u>Plans</u>	<u>Uninsured Portion of</u> <u>Partially Insured</u> <u>Plans</u>	<u>Total</u> <u>ASO</u>
a. Net reimburs for admin Exp (includ admin fees) in excess of actual exp	\$			
b. Total net other income or exp (includ interest paid to or rec from plans)	\$			
c. Net gain or (loss) from operations (a + b)	\$			
d. Total claim payment volume	\$			
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)		<u>ASC</u> <u>Uninsured</u> <u>Plans</u>	<u>Uninsured Portion of</u> <u>Partially Insured</u> <u>Plans</u>	<u>Total</u> <u>ASC</u>
a. Gross reimbursement for medical cost incurred	\$	25,194,090		25,194,090
b. Gross administrative fees accrued	\$			
c. Other income or expenses (includ interest paid to or received from plans)	\$	1,678,094		1,678,094
d. Gross expenses incurred (claims and administrative) (a+b+c)	\$	26,872,184		26,872,184
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

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)	(2)	(3)	(4)	(6)	(7)
Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value	Total	
a. Assets at fair Value						
01. Cash Equivalent - MMMF	\$ 5,821,809				5,821,809	
02. Bonds - AI		44,952,942			44,952,942	
03. Common Stock - ETFs, Industrial & Misc.	\$ 36,412,835				36,412,835	
04. Common Stock - Parent, Subsidiary & Affiliates	\$	71,498,237			71,498,237	
05. Altus Realty Holding Company	\$	4,803,091			4,803,091	
06. Venture Capital Investments	\$	6,887,767			6,887,767	
07.	\$					
08.	\$					
09.	\$					
Total assets at fair value	\$ 42,234,644	128,142,037			170,376,681	

(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 – None.

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.

NOTES TO FINANCIAL STATEMENTS

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 \$1,623,570.

As of March 31, 2025, \$1,277,806 has been paid for claims incurred prior to January 1 of the current year.

Reserves remaining for prior years are now \$308,396 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on dental line of insurance. Therefore, there has been a \$37,368 favorable prior-year development since December 31, 2024 to March 31, 2025.

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

NOTE 26 - - INTERCOMPANY POOLING ARRANGEMENTS - Not applicable.

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: \$ _____

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 [X] No []

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	\$ 72,565,699	\$ 71,084,658
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$ 7,114,363	\$ 7,334,209
14.27 Total Investment in Parent, Subsidiaries and Affiliates		
(Subtotal Lines 14.21 to 14.26)	\$ 79,680,062	\$ 78,418,867
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
FIDELITY BROKERAGE SERVICES LLC	PO BOX 770002 CINCINNATI, OH 45277-0074

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
SEAN NEWTH	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	81.18 %
1.2	A&H cost containment percent	0.69 %
1.3	A&H expense percent excluding cost containment expenses	26.14 %
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 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 Statu (a)	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	Deposit-Type Contracts
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	N								
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	L	32,715,335						32,715,335	
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	X X								
59. Subtotal	X X	32,715,335							32,715,335	
60. Reporting entity contributions for Employee Benefit Plans	X X									
61. Totals (Direct Business)	X X	32,715,335							32,715,335	
DETAILS OF WRITE-INS										
58001.	X X									
58002.	X X									
58003.	X X									
58998. Summary of remaining write-ins for Line 58	X X									
58999. Totals (Lines 58001 through 58003 plus 58 (Line 58 above)	X X									

- (a) Active Status Counts
1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

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

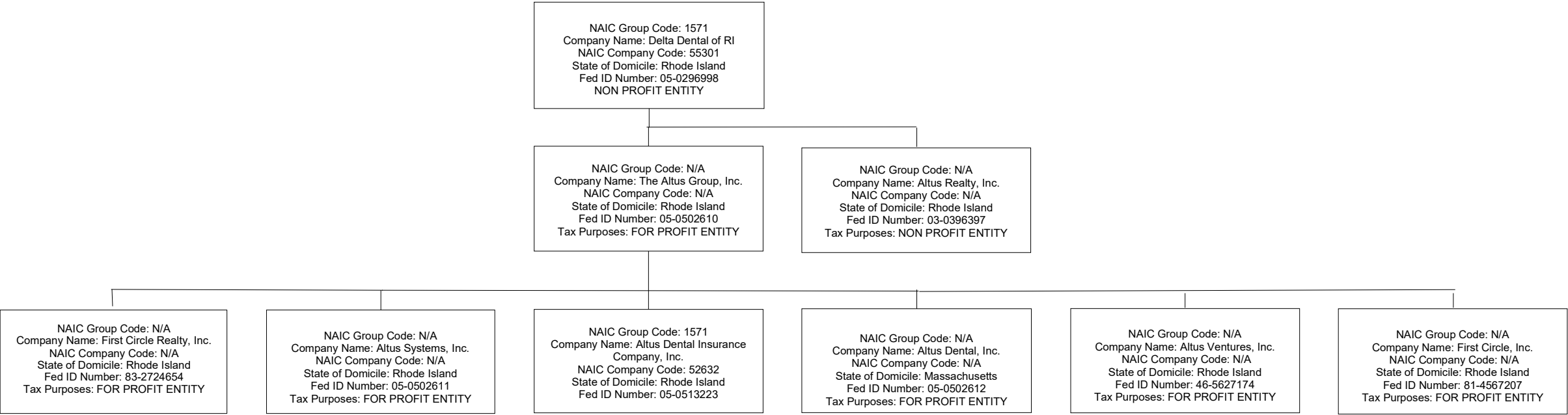
4. Q - Qualified - Qualified or accredited reinsurer

5. N – None of the above - Not allowed to write business in the state
- 1

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

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Asterik	Explanation
	NONE

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.

NO

1. Explanation

THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS.

2. Explanation

N/A

Question 1 Explanation:

THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS.

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	11,717,147	11,150,926
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	300,000	850,001
2.2 Additional investment made after acquisition	342,687	432,287
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(351,709)	(716,067)
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)	12,008,125	11,717,147
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	12,008,125	11,717,147

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	158,253,850	155,345,635
2. Cost of bonds and stocks acquired	3,972,872	12,494,875
3. Accrual of discount	167,403	276,842
4. Unrealized valuation increase (decrease)	(252,222)	8,269,503
5. Total gain (loss) on disposals	489,992	217,701
6. Deduct consideration for bonds and stocks disposed of	9,401,977	17,982,689
7. Deduct amortization of premium	138,127	368,017
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)	153,091,791	158,253,850
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	153,091,791	158,253,850

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	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
NAIC Designation								
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	32,671,455		5,200,000	242,443	32,671,455	27,713,898		34,119,784
2. NAIC 2 (a)	12,274,853	2,435,734	850,000	(215,461)	12,274,853	13,645,126		12,245,285
3. NAIC 3 (a)								1,188,840
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	44,946,308	2,435,734	6,050,000	26,982	44,946,308	41,359,024		47,553,909
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	399		263	1	399	137		714
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS	399		263	1	399	137		714
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	44,946,707	2,435,734	6,050,263	26,983	44,946,707	41,359,161		47,554,623

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

9016

	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										

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	3,768,701	1,438,472
2. Cost of cash equivalents acquired	9,519,253	12,795,807
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	7,247,320	10,465,578
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)	6,040,634	3,768,701
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,040,634	3,768,701

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 CUSIP Ident- ification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
000000-00-0 000000-00-0	PEAKLINE VENTURES II FEEDER, LLC PEAKLINE SCARLET, LLC	PROVIDENCE PROVIDENCE	RI RI	PEAKLINE VENTURES II FEEDER, LLC PEAKLINE SCARLET, LLC		06/12/2024 06/30/2025	1 1	300,000	53,920		627,053	
2599999	Other - Interests in Joint Ventures, Partnerships or Limited Liability Companies (Including Non-Registered Private Funds)- Unaffiliated							300,000	53,920		627,053	X X X
6899999	Subtotal Unaffiliated							300,000	53,920		627,053	X X X
7099999	Totals							300,000	53,920		627,053	X X X

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
04686J-AC-5 06423A-AJ-2 06738E-CY-9 174610-AS-4 189054-AX-7	ATHENE HOLDING LTD JPMORGAN CHASE & CO BARCLAYS PLC CITIZENS FINANCIAL GROUP INC CLOROX CO	05/28/2025 05/15/2025 05/28/2025 05/15/2025 05/15/2025	Unknown Unknown Unknown Unknown Unknown		462,422 588,461 504,051 443,899 436,900	500,000.00 500,000.00 500,000.00 500,000.00 500,000.00	6,514 9,115 7,007 3,472 25	2.A FE 2.B FE 2.A FE 2.A FE 2.A FE
0089999999	Issuer Credit Obligations - Corporate Bonds (Unaffiliated)			X X X	2,435,733	2,500,000.00	26,133	X X X
0489999999	Subtotal – Issuer Credit Obligations (Unaffiliated)			X X X	2,435,733	2,500,000.00	26,133	X X X
E04	00206R-10-2	AT&T ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	2,075.000	53,522		
	00287Y-10-9	ABBVIE ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	250.000	42,201		
	009158-10-6	AIR PRODUCTS AND CHEMICALS ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	142.000	35,119		
	023135-10-6	AMAZON COM ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	270.000	46,572		
	025816-10-9	AMERICAN EXPRESS ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	225.000	53,167		
	037833-10-0	APPLE ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	135.000	24,459		
	09260D-10-7	BLACKSTONE ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	300.000	36,074		
	149123-10-1	CATERPILLAR ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	130.000	35,425		
	166764-10-0	CHEVRON ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	260.000	35,571		
	191216-10-0	COCA-COLA ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	785.000	53,780		
	30231G-10-2	EXXON MOBIL ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	360.000	35,890		
	30303M-10-2	META PLATFORMS CL A ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	105.000	53,860		
	38141G-10-4	GOLDMAN SACHS GROUP ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	80.000	36,895		
	532457-10-8	ELI LILLY ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	50.000	34,667		
	697435-10-5	PALO ALTO NETWORKS ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	225.000	35,122		
	949746-10-1	WELLS FARGO ORD	04/09/2025	NATL FINANCIAL SERVICES CORP (NFS)	1,175.000	71,131		
5019999999	Common Stock - Industrial and Miscellaneous (Unaffiliated) - Publicly Traded			X X X	683,455	X X X		X X X
5989999997	Subtotal - Common Stock - Part 3			X X X	683,455	X X X		X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A for Quarterly)			X X X	X X X	X X X	X X X	X X X
5989999999	Total - Common Stock			X X X	683,455	X X X		X X X
5999999999	Total - Preferred and Common Stock			X X X	683,455	X X X		X X X
6009999999	Totals			X X X	3,119,188	X X X	26,133	X X X

SCHEDULE D - PART 4

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

[illegible]

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

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

[illegible]

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
NONE			
Total Net Cash Deposits			

E07

(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

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

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 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 - CONTROL 19425961	PROVIDENCE, RI 02903					2,137,821	3,218,024	2,296,218	
CITIZENS BANK - OPERATING 19426046	PROVIDENCE, RI 02903					(43,134)	(315,766)	(230,971)	
CITIZENS BANK - CLAIMS 99000679	PROVIDENCE, RI 02903					(1,744,484)	(1,734,383)	(2,059,137)	
FIDELITY - CASH 636-107981	PROVIDENCE, RI 02903							105,263	
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			350,203	1,167,875	111,373	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			350,203	1,167,875	111,373	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X	250	250	250	X X X
0599999 Total		X X X	X X X			350,453	1,168,125	111,623	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]

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