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

STATE OF RHODE ISLAND

FOR THE QUARTER ENDED

June 30, 2017

HEALTH

2017



QUARTERLY STATEMENT

AS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

ALTUS DENTAL INSURANCE CO., INC.

NAIC Group Code	1571 ,	1571	NAIC Company Code	52632	Emp	loyer's ID Number	05-0513223
•	,			State of Domic	ile or Port of Entry	RI	
-			,	State of Dolling	e or Fort or Linkly _	NI	
Licensed as business type			Property/Casualty	[]	Hospital, Medical &	& Dental Service or Ind	emnity []
						e Organization	[]
In a report of Organizad	Other		•			Contombos 1	2004
	10 CHARLES S		J				2001
otatutory frome office	10 OFFAILES S		mber)	,			ode)
Main Administrative Office	10 CHARLE	S STREET					
	DDOVIDENC	CE DI 119 02004		(Street and Number)	977 223 0577		
	PROVIDENC		untry and Zip Code)	(Area Co		ımber)	
Mail Address 10 Cl				,PF		02904	
Delegand and the of Dealer and				DDO//IDEN			•
Primary Location of Books and	d Records						
Internet Website Address	www.altusde	,	,	(0.1) 0. 10.11., 0.	, отаки у акка шир от	, (,
Statutory Statement Contact	GEORG						
	-111	,	ne)	(Area Co	de) (Telephone Nu	, , ,	
	gbedard		ddress)				
		(•	9		(1 1 1 1)	
		Nama	OFFICER		Titlo		
1	JOSEPH A NAGLE				ritie		
2.				SECRETARY			
3.	RICHARD A. FRITZ	7		TREASURER			
			VICE-PRESIDE	ENTS			
Name					ne		ïtle
							TIATIVE C
THUMAS CHASE		P - CHIEF INFORMATION	OFFICER E	SLAINE CARROLL		VP - STRATEGIC INI	IATIVES
Country of Domible Licensed as business specified and Partial Service Corporation 1 Mespital, Medical & Darial Service Corporation							
					-	-	
					-	-	
			DIRECTORS OR TH	RUSTEES	-		
JULIE G. DUFFY	TI					WILLIAM G. FOULKE	S
						JOHN T. RUGGEIRI	
EDWIN J. SANTOS #	<u>M</u>	IARK SHAW #		ANESSA TOLEDO-VICK	<u>ERS</u>		
							
State of RHODE ISLAND)						
County of PROVIDENCE	ss						
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(Signatu	ure)		(Signature)		(Signature)	
JOSEPH A.	NAGLE		MELISSA GEN	INARI		RICHARD A. FRIT	
(Printed N	lame)		(Printed Nan	ne)		(Printed Name)	
1.			2.			3.	
PRESIDI	ENT		SECRETAR	RY		TREASURER	
-							
(1100)			()			()	
Subscribed and sworn to before me	e this				a. Is this an original fi	ling?	[X]Yes []No
		2017			_	-	
	, _						
KRISTEN MEIZOSO		 			o. Numbe	pagoo attaonou	

My commission expires 8/1/20

ASSETS

Current Statement Date

		Current Statement Date			
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
	Bonds Stocks:	25,404,975		25,404,975	24,335,500
	2.1 Preferred stocks2.2 Common stocksMortgage loans on real estate:	965,322		965,322	1,249,121
4.	3.1 First liens3.2 Other than first liensReal 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 (\$ 1,593,418), cash equivalents (\$ 0), and short-term investments (\$ 0)			1,593,418	(164,232
	Contract loans (including \$ 0 premium notes) Derivatives				
8. 9.	Other invested assets Receivables for securities	1,640,580		1,640,580	2,916,483
	Securities lending reinvested collateral assets Aggregate write-ins for invested assets				
	Subtotals, cash and invested assets (Lines 1 to 11) Title plants less \$ 0 charged off (for Title insurers only)			29,604,295	28,336,872
	Investment income due and accrued Premiums and considerations:	245,492		245,492	263,841
	 15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums) 	361,501	94,047	267,454	376,296
	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				
18.1	Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon		44,993	576,737	855,485
19.	Net deferred tax asset Guaranty funds receivable or on deposit			220,574	220,574
20.	Electronic data processing equipment and software	1			
21.	Furniture and equipment, including health care delivery assets (\$ 0)		1		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23. 24.	Receivables from parent, subsidiaries and affiliates Health care (\$ 0) and other amounts receivable				
	A	27,613	27,613		
	Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	31,081,205	166,653	30,914,552	30,053,068
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	31,081,205	166,653	30,914,552	30,053,068
	DETAILS OF WRITE-IN LINES				
1101. 1102.					
	Summary of remaining write-ins for Line 11 from overflow page Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	PREPAID: MA LIFE & HEALTH INS GUARANTY ASSOC CLASS A & B ASSESSMENT	27,613	27,613		
2502. 2503.		21,013	21,013		
	Summary of remaining write-ins for Line 25 from overflow page				
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	27,613	27,613		

2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)

27,613

27,613

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
	Claims unpaid (less \$ 0 reinsurance ceded)	1,651,850		1,651,850	1,582,150
1	Accrued medical incentive pool and bonus amounts				
3.		90,470		90,470	88,640
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.					
7.	Aggregate health claim reserves				
	Premiums received in advance	982,433		982,433	1,164,652
9.	General expenses due or accrued	1,409,522		1,409,522	1,933,779
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$ 0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
	Remittances and items not allocated				
14.	Borrowed money (including \$ 0 current) and interest				
	thereon \$ 0 (including \$ 0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,231,931		1,231,931	1,430,035
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				
	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$ 0 current)	475,400		475,400	469,700
24.	Total liabilities (Lines 1 to 23)	5,841,606		5,841,606	6,668,956
25.	Aggregate write-ins for special surplus funds	XXX	XXX	505,186	
	Common capital stock	XXX	XXX	3,000,000	3,000,000
	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	3,319,861	3,319,861
29.	Surplus notes	XXX	XXX		l
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	[
	Unassigned funds (surplus)	XXX	XXX	18,247,899	17,064,251
32.	Less treasury stock, at cost:				
	32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	l	
	32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	25,072,946	23,384,112
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	30,914,552	30,053,068

DETAILS OF WRITE-IN LINES				
2301. ADVANCE DEPOSITS	475,400		475,400	469,700
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)	475,400		475,400	469,700
2501. RESTRICTED RESERVES ACA ASSESSMENT	XXX	XXX	505,186	
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	505,186	
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year	Prior Year Ended
		To I	Date	To Date	December 31
		1	2	3	4
		Uncovered	Total	Total	Total
l .	Member Months	XXX	823,884	785,067	1,601,465
2.	Net premium income (including \$ 0 non-health premium income)	XXX	29,648,750	27,247,674	55,927,444
3.	Change in unearned premium reserves and reserve for rate credits	XXX			
4.	Fee-for-service (net of \$ 0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
ı	Aggregate write-ins for other non-health revenues	XXX			
i	Total revenues (Lines 2 to 7)	X X X	29,648,750	27,247,674	55,927,444
Hosp	ital and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services		22,760,227	21,256,563	41,971,467
	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.		1			
15.	Incentive pool, withhold adjustments and bonus amounts				
i	Subtotal (Lines 9 to 15)		22,760,227	21,256,563	41,971,467
Less			 .		
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		22,760,227	21,256,563	41,971,467
19.	Non health claims (not)				
20.	Claims adjustment expenses, including \$ 255,045 cost containment expenses		1,246,552	1,207,629	2,417,585
i	Conoral administrativa expanses		3,371,641	3,996,967	7,385,561
i	Increase in reserves for life and accident and health contracts (including		0,071,041	0,000,001	7,000,001
	\$ 0 increase in reserves for life only)				
23.			27,378,420	26,461,159	51,774,613
	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	2,270,330	786,515	4,152,831
25.	Not investment income corned		331,412	291,265	576,066
			22,233	291,203	44,077
İ	Net realized capital gains (losses) less capital gains tax of \$ 0			291,265	
i	Net investment gains (losses) (Lines 25 plus 26)		353,645	291,200	620,143
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$ 0) (amount charged off \$ 0)]				
i	Aggregate write-ins for other income or expenses				108,459
30.	Net income or (loss) after capital gains tax and before all other federal income taxes				
	(Lines 24 plus 27 plus 28 plus 29)	XXX	2,623,975	1,077,780	4,881,433
I	Federal and foreign income taxes incurred	XXX	910,537	602,045	1,920,841
32.	Net income (loss) (Lines 30 minus 31)	XXX	1,713,438	475,735	2,960,592

DETAILS OF WRITE-IN LINES		
0601.	XXX	
0602.	XXX	
0603.	XXX	
0698. Summary of remaining write-ins for Line 06 from overflow page	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX	
0701.	xxx	
0702.	XXX	
0703.	XXX	
0798. Summary of remaining write-ins for Line 07 from overflow page	XXX	
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	XXX	
1401.		
1402.		
1403.		
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		108,459
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)		108,459

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	23,384,112	20,400,285	20,400,285
34.		4 740 400	475,735	2,960,592
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			(44.750)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			37,987
39.	Change in nonadmitted assets		(22,110)	(50,253)
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		, -	50,253
48.	Net change in capital and surplus (Lines 34 to 47)	1,688,834	475,735	2,983,827
49.	Capital and surplus end of reporting period (Line 33 plus 48)	25,072,946	20,876,020	23,384,112

DETAILS OF WRITE-IN LINES			
4701. INCLUSION OF BAD DEBT RESERVE IN THE NON ADMITTED ASSET	(18,922)	22,110	50,253
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)	(18 922)	22 110	50 253

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	29,854,121	27,486,101	56,253,07
2.	Net investment income	371,994	294,866	634,33
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	30,226,115	27,780,967	56,887,4
5.	Benefit and loss related payments	22,690,527	21,227,883	41,897,1
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,140,620	6,545,385	10,523,2
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	910,537	602,045	1,920,8
10.	Total (Lines 5 through 9)	28,741,684	28,375,313	54,341,2
11.	Net cash from operations (Line 4 minus Line 10)	1,484,431	(594,346)	2,546,1
	Cash from Investments	, , , ,	(*** /** */	77
12	Proceeds from investments sold, matured or repaid:			
12.		2,253,464	1,050,000	8,085,9
			118,950	0,000,0
	12.2 Stocks 12.3 Mortgage loans	3,467,432		
			4 457 044	4.457.0
		1,275,902	1,157,341	1,157,3
	12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	0.000.700	0.000.004	0.040.0
40	12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,996,798	2,326,291	9,243,2
13.	Cost of investments acquired (long-term only):	0.554.000	4 000 045	0.554.0
	13.1 Bonds	3,554,066	1,233,645	9,551,8
	13.2 Stocks	3,181,697		1,130,1
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			2,750,0
	13.6 Miscellaneous applications	1,973		
		6,737,736	1,233,645	13,432,0
14.	Net increase (or decrease) in contract loans and premium notes			// /00 =
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	259,062	1,092,646	(4,188,7
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	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)	14,157	547,225	619,9
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus			
	Line 16.5 plus Line 16.6)	14,157	547,225	619,9
	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)	1,757,650	1,045,525	(1,022,6
	Cash, cash equivalents and short-term investments:	1,707,000	1,0,0,020	
19	19.1 Beginning of year	(164,232)	858,373	858,3
19.		, , ,		
19.	19.2 End of period (Line 18 plus Line 19.1)	1,593,418	1,903,898	(164,2

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
		2	3]						
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	136,741					136,741				
2. First Quarter	137,275					137,275				
3. Second Quarter	138,242					138,242				
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	823,884					823,884				
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)	29,854,121					29,854,121				
13. Life Premiums Direct										1
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	29,648,750					29,648,750				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	22 600 527					22,690,527				1
18. Amount Incurred for Provision of Health Care Services	22,760,227					22,760,227				

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

Aging Analysis of Unpaid Claims

	rightly that you of original ordina								
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims unpaid (Reported)									
0199999 Individually listed claims unpaid									
)299999 Aggregate accounts not individually listed - uncovered									
0399999 Aggregate accounts not individually listed - covered	1,108,102	196,728	129,022	68,347	149,651	1,651,85			
0499999 Subtotals	1,108,102	196,728	129,022	68,347	149,651	1,651,85			
0599999 Unreported claims and other claim reserves									
0699999 Total amounts withheld									
0799999 Total claims unpaid						1,651,8			
0899999 Accrued medical incentive pool and bonus amounts									

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid	Year to Date	Liability End of 0	Current Quarter	5	6
	1	2	3	4		Estimated Claim
Line	On Claims Incurred	On Claims Incurred	On Claims Unpaid	On Claims Incurred	Claims Incurred in	Reserve and Claim
of	Prior to January 1	During the	Dec. 31 of	During the	Prior Years	Liability Dec. 31
Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	of Prior Year
Comprehensive (hospital and medical)						
Medicare Supplement						
3. Dental only		21,289,323	85,750	1,566,100	1,486,954	1,582,150
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	1,401,204	21,289,323	85,750	1,566,100	1,486,954	1,582,150
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	1,401,204	21,289,323	85,750	1,566,100	1,486,954	1,582,150

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

NOTE 1 - - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(A) Basis of Presentation

The Quarterly Statement of Altus Dental Insurance Company, Inc. for the two quarters ended June 30, 2017 has been completed in accordance with the NAIC *Annual Statement Instructions* and the *Accounting Practices and Procedures Manual* and are presented on the basis of accounting practices prescribed or permitted by the Rhode Island Department of Business Regulations. Note management is not aware of any deviations from this NAIC guidance, as interpreted by the Rhode Island Department of Business Regulation, as it relates to the financial information contained in this statement.

NOTES TO FINANCIAL STATEMENTS

DIME SALTUS DENTAL INSURANCE CO., INC. state basis (Page State Prescribed Practices that increase/(decrease) NAIC Screen. e.g. Depreciation of Fixed Assets Totals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC Screen.	SSAP# XXX AP: SSAP#	F/S Page XXX F/S Page	F/S Line # X X X F/S Line #	2017 1,713,438 Net Income 2017 Net Income 2017	2,9 Net Ir 20
e.g. Depreciation of Fixed Assets otals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC SA	XXX AP: SSAP#	Page XXX F/S Page	Line # XXX F/S Line #	Net Income 2017 Net Income	2,9 Net In 20 Net In
e.g. Depreciation of Fixed Assets otals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC SA	XXX AP: SSAP#	XXX F/S Page	XXX F/S Line#	Net Income 2017 Net Income	20 Net In
e.g. Depreciation of Fixed Assets otals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC SA	AP: SSAP# P:	F/S Page	F/S Line #	Net Income 2017	Net In 20
e.g. Depreciation of Fixed Assets Totals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC SAI	SSAP#	Page F/S	Line #	2017 Net Income	
Totals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC SA	P:	Page F/S	Line #	2017 Net Income	20 Net In
Totals (Lines 01A0200 thru 01A0200 State Permitted Practices that increase/(decrease) NAIC SA	P:	F/S	F/S	Net Income	Net In
State Permitted Practices that increase/(decrease) NAIC SA					
State Permitted Practices that increase/(decrease) NAIC SA					
, ,					Net In
e.g.Depreciation of Home Office Property	SSAP#				
e.g.Depreciation of Home Office Property	SSAP#	Page	Line #	2017	20

otals (Lines 01A0300 thru 01A0300					
IAIC SAP (1 - 2 - 3 =	XXX	XXX	XXX	1,713,438	2,9
s					
•		F/S	F/S		
	SSAP#			2017	20
Company state basis (Page 3, Line 33, Columns 3 & 4)		XXX		25.072.946	23,3
		F/S	F/S	Surplus	Sur
e.g., Goodwill, net, Fixed Assets, net	SSAP#	Page	Line #	2017	20
otals (Lines 01A0600 thru 01A0600					
State Permitted Practices that increase/(decrease) NAIC SA	P:				
U 055 D	0045#				Sur
e.g., Home Office Property	SSAP#	Page	Line #	2017	20
	company state basis (Page 3, Line 33, Columns 3 & 4) tate Prescribed Practices that increase/(decrease) NAIC S/ e.g., Goodwill, net, Fixed Assets, net otals (Lines 01A0600 thru 01A0600	SSAP # tompany state basis (Page 3, Line 33, Columns 3 & 4) tate Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net, Fixed Assets, net SSAP # otals (Lines 01A0600 thru 01A0600 tate Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property SSAP # otals (Lines 01A0700 thru 01A0700	F/S SSAP # Page Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) F/S e.g., Goodwill, net, Fixed Assets, net Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 3, Line 33, Columns 3 & 4) Company state basis (Page 4, Line 3, Lin	SSAP # Page Line # tompany state basis (Page 3, Line 33, Columns 3 & 4) XXX XXX XXX tate Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net, Fixed Assets, net SSAP # Page Line # otals (Lines 01A0600 thru 01A0600 tate Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property SSAP # Page Line # otals (Lines 01A0700 thru 01A0700	SSAP # Page Line # 2017 Company state basis (Page 3, Line 33, Columns 3 & 4) XXX XXX XXX 25,072,946 Itate Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net, Fixed Assets, net SSAP # Page Line # 2017 otals (Lines 01A0600 thru 01A0600 tate Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property SSAP # Page Line # 2017 otals (Lines 01A0700 thru 01A0700

(B) Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Therefore there is no effect on the reported net income, statutory surplus and risk based capital from utilizing an accounting practice that differs from the NAIC statutory accounting practices and procedures.

(C) Accounting Policies

Investment Income and Declines in Fair Value

The Company periodically reviews its bonds to determine whether a decline in fair value below the amortized cost basis is other than temporary. The process for identifying declines in the fair value of investments that are other than temporary involves consideration of several factors. These factors include (1) the period in which there has been a significant decline in value; (2) an

analysis of the liquidity, business prospects, and overall financial condition of the issuer; (3) the significance of the decline; and (4) our intent and ability to hold the investment for a sufficient period for the value to recover. When our analysis of the above factors results in the conclusion that declines in fair values are other than temporary, the cost of the securities is written down to fair value and is reflected as a realized loss.

Bonds

Bond investments are stated at amortized cost and consist of United States Treasury and government agency securities as well as "Investment Grade" corporate notes with fixed rates and maturities. Interest income is accrued as earned. The Company has both the intent and ability to hold all securities until maturity and, accordingly, has categorized all investments as "held-to-maturity" securities. As a result, unrealized gains and losses are excluded from net income.

Claims and Claims Adjudication Expenses

The estimated liability for claims incurred but unpaid is actuarially determined based on an analysis of historical claims experience, modified for changes in enrollment, inflation and benefit coverage. The estimated liability for accrued claims adjudication expense represents the anticipated cost of processing claims incurred but unpaid at the balance sheet date. The estimates for claims and claims adjudication expenses may be more or less than the amount ultimately paid when claims are settled. Such changes in estimates are reflected in current period operations.

Additionally, in accordance with NAIC guidelines, the following accounting policies are either utilized or are not applicable to the company.

- 1. Short term investments are stated at amortized cost.
- 2. Bonds are stated at amortized value using the constant yield / scientific method.
- 3. The company does not own common stocks; however, in accordance with NAIC guidelines, money market funds are reported as Common Stocks on the Balance Sheet.
- 4. The company does not own preferred stocks; hence this accounting policy is not applicable.
- 5. The company does not have mortgage loans; hence this accounting policy is not applicable.
- 6. Loan-backed securities are stated at amortized value using the constant yield / scientific method
- 7. Investments in subsidiaries, controlled and affiliated entities would be reported using the equity method.
- 8. The company does not have investments in joint ventures, partnerships and limited liability companies; hence this accounting policy is not applicable.
- 9. The company does not own derivatives; hence this accounting policy is not applicable.
- 10. The company does utilize anticipated investment income as a factor in the premium deficiency calculation.
- 11. The company methodologies for estimating the liabilities for losses and loss/claim adjustment expenses are actuarially derived as described above.
- 12. The capitalization policy and the predefined thresholds did not change from the prior period.
- 13. The company does not use pharmaceutical rebate receivables; hence this accounting policy is not applicable.

(D) Going Concerns

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

As part of this current year's quarterly statement preparation, the Company's financial statements contain no items that resulted from corrections of errors or changes in accounting principles.

Additionally, as required the Company's financial statements are prepared in accordance with the Codification of the NAIC Accounting Practices and Procedures Manual. This had no material impact on the 2017 and 2016 accounting practices or resulting statutory income and surplus as reported by the Company.

NOTE 3 - - BUSINESS COMBINATIONS AND GOODWILL

During 2017, the Company had no business combinations, direct purchases or mergers with other companies. The related disclosures are all not applicable.

NOTE 4 - - DISCONTINUED OPERATIONS

During 2017, the Company's financial results include no gains or losses from discontinued operations. The related note disclosures are all not applicable.

NOTE 5 - - INVESTMENTS

The Company's bond investments described in Note 1 represent all of the Company's statutory recorded investments at June 30, 2017 and December 31, 2016.

Additionally, in accordance with NAIC guidelines, the following accounting policies are either utilized or are not applicable to the company. The related note disclosures, specifically including 5D, 5E(3)b, 5I(2), 5I(3) and 5J are all not applicable.

- 1. Mortgage Loans, including Mezzanine Real Estate Loans This is not applicable.
- 2. Debt Restructuring This is not applicable.
- 3. Reverse Mortgages This is not applicable.
- 4. Loan Backed Securities This is not applicable.
- 5. Repurchase Agreements and/or Securities Lending Transactions This is not applicable.
- 6. Real Estate The company's parent through one of its subsidiaries, Altus Realty, owns the building that functions as corporate headquarters for the parent and all subsidiaries.
- 7. Investments in low-income housing tax credits The company does utilize state tax credits, which may include low-income housing tax credits. See footnote number 21, where accounting for tax credits is addressed.
- 8. Restricted Assets This is not applicable, so no table is needed.
- 9. Working Capital Finance Investments This is not applicable.
- 10. Offsetting and Netting of Assets and Liabilities This is not applicable.
- 11. Structured Notes This is not applicable.

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

During 2017 and 2016, the Company did not participate in any joint ventures, partnerships or LLCs. The related disclosures are all not applicable.

NOTE 7 - - INVESTMENT INCOME

Interest income is accrued as earned. At June 30, 2017 and December 31, 2016, the Company had no income due or accrued that it considered a nonadmitted asset, as collection on accrued interest is reasonably assured for all Company investments. There was no income excluded. There was a statutory temporarily impaired adjustment in the amount of \$11,742 in 2017 and \$14,752 in 2016, which reduced investments and reserves in 2017 and 2016.

NOTE 8 - - DERIVATIVE INSTRUMENTS

As disclosed in Note 1 above, all investments consist of United States government and government agency securities, and "investment grade" corporate notes with fixed rates and maturities. During the periods ended June 30, 2017 and December 31, 2016, the Company had not utilized any derivative financial instruments. The related disclosures are all not applicable.

NOTE 9 - - FEDERAL INCOME TAXES

The Company adopted SSAP No. 101, a replacement of SSAP No. 10R, effective January 1, 2012. The June 30, 2017 and December 31, 2016 balances and related disclosures are calculated and presented pursuant to SSAP No. 101.

NOTES TO FINANCIAL STATEMENTS

9.	Income Ta	axes			

A. The components of the net deferred tax asset/(liability) at June 30 are as follows:

1 .			06/30/2017		12/31/2016		
		(1)	(2)	(3)	(4)	(5)	(6)
				(Col 1 + 2)			(Col 4 + 5)
		Ordinary	Capital	Total	Ordinary	Capital	Total
a.	Gross Deferred Tax Assets	\$ 220,574		220,574	220,574		220,574
b.	Statutory Valuation Allowance Adjustment	\$					
C.	Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 220,574		220,574	220,574		220,574
d.	Deferred Tax Assets Nonadmitted	\$					
e.	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 220,574		220,574	220,574		220,574
f.	Deferred Tax Liabilities	\$					
g.	Net Admitted Deferred Tax Asset /						
•	(Net Admitted Deferred Tax Liability) (1e - 1f)	\$ 220,574		220,574	220,574		220,574

* 1.		Change	
	(7)	(8)	(9)
	(Col 1 - 4) Ordinary	(Col 2- 5) Capital	(Col 7 + 8) Total
a. Gross Deferred Tax Assets	\$ •	·	
b. Statutory Valuation Allowance Adjustment	\$		
c. Adjusted Gross Deferred Tax Assets (1a - 1b)	\$		
d. Deferred Tax Assets Nonadmitted	\$		
e. Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$		
f. Deferred Tax Liabilities	\$		
g. Net Admitted Deferred Tax Asset /			
(Net Admitted Deferred Tax Liability) (1e - 1f)	\$		

2.		06/30/2017			12/31/2016	
	(1)	(2)	(3)	(4)	(5)	(6)
			(Col 1 + 2)			(Col 4 + 5)
Admission Calculation Components SSAP No. 101	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Federal Income Taxes Paid In Prior Years Recoverable						
Through Loss Carrybacks.	\$					
b. Adjusted Gross Deferred Tax Assets Expected To Be F	Realized					
(Excluding The Amount Of Deferred Tax Assets From 2	2(a) above)					
After Application of the Threshold Limitation. (The Lesse	er of					
2(b)1 and 2(b)2 Below)	\$ 220,574		220,574	220,574		220,574
 Adjusted Gross Deferred Tax Assets to be Realized Fo 	llowing					
the Balance Sheet Date.	\$					
Adjusted Gross Deferred Tax Assets Allowed per						
Limitation Threshold	\$ XXX	XXX		XXX	XXX	
 Adjusted Gross Deferred Tax Assets (Excluding the Arr 	nount					
Of Deferred Tax Assets From 2(a) and 2(b) above) Offs	set by					
Gross Deferred Tax Liabilities.	\$					
d. Deferred Tax Assets Admitted as the result of application	on of SSAP					
No. 101. Total (2(a) + 2(b) + 2(c))	\$ 220,574		220,574	220,574		220,574

2.		Change	
	(7)	(8)	(9)
	(Col 1 - 4)	(Col 2 - 5)	(Col 7 + 8)
Admission Calculation Components SSAP No. 101	Ordinary	Capital	Total
a. Federal Income Taxes Paid In Prior Years Recover	able		
Through Loss Carrybacks.	\$		
b. Adjusted Gross Deferred Tax Assets Expected To	Be Realized		
(Excluding The Amount Of Deferred Tax Assets Fro	om 2(a) above)		
After Application of the Threshold Limitation. (The L	esser of		
2(b)1 and 2(b)2 Below)	\$		
 Adjusted Gross Deferred Tax Assets to be Realized 	l Following		
the Balance Sheet Date.	\$		
Adjusted Gross Deferred Tax Assets Allowed per			
Limitation Threshold	\$ XXX	XXX	
c. Adjusted Gross Deferred Tax Assets (Excluding the	Amount		
Of Deferred Tax Assets From 2(a) and 2(b) above)	Offset by		
Gross Deferred Tax Liabilities.	\$		
d. Deferred Tax Assets Admitted as the result of appli	cation of SSAP		
No. 101. Total (2(a) + 2(b) + 2(c))	\$		

5 3.		2017	2016				
a.	Ratio Percentage Used to Determine Recover Period						
b.	And Threshold Limitation Amount. Amount Of Adjusted Capital And Surplus Used To Determin	ie					
	Recovery Period And Threshold Limitation In 2(b)2 Above \$						
7 4.	Г	06/30	/2017	12/31/2	2016	Cha	nge
7.	Impact of Tax Planning Strategies	(1)	(2)	(3)	(4)	(5)	(6)
(a	Determination of Adjusted Gross Deferred Tax						
	Assets and Net Admitted Deferred Tax Assets,	Oudines.	Comital	Ondinon.	0	(Col 1 - 3)	(Col 2
· 1	By Tax Character As A Percentage. Adjusted Gross DTAs Amount From Note 9A1(c)	Ordinary 220,574	Capital	Ordinary 220,574	Capital	Capital	Tota
	. Percentage of Adjusted Gross DTAs By Tax	220,514		220,574			
	Character Attributable To The Impact of Tax Planning Strate						
	Net Admitted Adjusted Gross DTAs Amount from Note 9A1	220,574		220,574			
4	. Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Attributable To The Impact of Tax Planning Strate						
	Character Attributable To The Impact of Tax Planning Strate						
b.	Does the Company's Tax-planning Strategies include						
	the use of reinsurance?						
	* As reported on the statutory balance sheet for the most rece	ently filed staten	nent with the do	milicary state con	nmissioner a	djusted in accord	dance with
_	Comment in a constant in a constant of the fall of the						
C.	Current income taxes incurred consist of the following majo	r components:	(2)	(3)			
		(.,	(-)	(0)			
				(Col 1 - 2)			
	Ourse at leasure Terr	06/30/2017	12/31/2016	Change			
1. a.	Current Income Tax Federal \$	910,537	1,920,841	(1,010,304)			
	Foreign \$	8 IU,33/	1,820,041	(1,010,304)			
	Subtotal \$	910,537	1,920,841	(1,010,304)			
d.	Federal Income Tax on net capital gains \$						
e.			***************************************				
f. g.	Other \$ Federal and foreign income taxes incurred \$	910,537	1,920,841	(1,010,304)			
9.	Todardi and foreign mounts taxes mounted	010,001	1,020,011	(1,010,001)			
2.	Deferred Tax Assets:						
a.	Ordinary						
(1) Discounting of unpaid losses \$	11,192	11,192				
) Unearned premium reserve \$	111,136	111,136				
) Policyholder reserves \$						
) Investments \$						
) Deferred acquisition costs \$) Policyholder dividends accrual \$						
) Fixed assets \$						
) Compensation and benefits accrual \$						
	Pension accrual \$						
	Receivables - nonadmitted \$ Net operating loss carry-forward \$	53,706	53,706				
	Net operating loss carry-forward \$ Tax credit carry-forward \$						
	Other (including items <5% of total ordinary tax assets) \$	44,540	44,540				
##	Subtotal \$	220,574	220,574				
b.	Statutory valuation allowance adjustment \$						
C.	Nonadmitted \$						
d.	Admitted ordinary deferred tax assets (2a99 - 2b - 2c) \$	220,574	220,574				
e.	Capital:						
С.	Сарка.						
) Investments \$						
	Net capital loss carry-forward \$						
) Real estate) Other (including items <5% of total capital tax assets) \$						
	Subtotal \$						
f.	Statutory valuation allowance adjustment \$						
g. h.	Nonadmitted \$ Admitted capital deferred tax assets (2e99 - 2f - 2g) \$						
i.	Admitted capital deferred tax assets (2d + 2h) \$	220,574	220,574				
3.	Deferred Tax Liabilities:						
a.	Ordinary						
(1) Investments \$						
(2) Fixed assets \$						
	Deferred and uncollected premium \$						
) Policyholder reserves) Other (including items <5% of total ordinary tax liabilities) \$						
	Subtotal						
b.	Capital:						
(1) Investments \$						
) Real Estate \$						
(3	Other (including items <5% of total capital tax liabilities) \$						
##	Subtotal \$						
c.	Deferred tax liabilities (3a99 + 3b99) \$						
٥.							
4.	Net deferred tax assets/liabilities (2i - 3c) \$	220,574	220,574				

The Company is not utilizing tax planning strategies.

There are no temporary differences for which deferred tax liabilities are not recognized.

There was no valuation allowance adjustment to gross deferred tax assets as of June 30, 2017 and no net change in the total valuation allowance adjustments for the periods ended June 30, 2017 and December 31, 2016, respectively.

The realization of the deferred tax asset is dependent upon the Company's ability to generate sufficient taxable income in future periods. Based on historical results and the prospects for future current operations, management anticipates that it is more likely than not that future taxable income will be sufficient for the realization of the remaining deferred tax assets.

As of June 30, 2017 and December 31, 2016, there are no operating losses or tax credit carryforwards available for federal tax purposes.

The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future losses:

	Ordinary	Capital	Total
Year:			
2017	\$ 910,537	_	910,537
2016	\$ 1,920,841	_	1,920,841
2015	\$ 1,816,458	_	1,816,458
2014	\$ 1,607,452	_	1,607,452
2013	\$ 1,355,018	_	1,355,018

There are no deposits held under Section 6603 of the Internal Revenue Code.

Altus Dental Insurance Company, Inc. is incorporated in the State of Rhode Island as a for-profit company. The Company pays premium taxes to the State of Massachusetts as opposed to state income tax.

Additionally, for federal tax purposes the Company's taxable operations are included within the consolidated group tax filings of its parent, The Altus Group, Inc. The other subsidiaries of The Altus Group, Inc. are Altus Systems, Inc., Altus Dental, Inc., Altus Ventures, Inc. and First Circle, Inc. (as of January 1, 2017), which are included in the consolidated returns for both federal and state tax reporting.

The Company's income tax returns that remain open to examination are for the years 2013 and subsequent.

NOTE 10 - - INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

Altus Dental Insurance Company, Inc. is a wholly owned subsidiary of The Altus Group, Inc. which itself is a wholly owned subsidiary of Delta Dental of Rhode Island. This group of affiliated for-profit entities was established in 1999 for the purpose of expanding the ultimate parent company's offering of prepaid dental care products to organizations based outside the State of Rhode Island.

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

The Parent Company's one dental insurance subsidiary, Altus Dental Insurance Company, is allocated expenses from three affiliated Companies. The Parent, Delta Dental of RI and two sister companies (Altus Systems, Inc. and Altus Dental, Inc.) within the Altus Group. The allocations from Delta and Altus Systems are based on the Company's member enrollment levels

as a percentage of total consolidated dental member enrollment. Expenses from Altus Dental are based on the number of subscribers under contract by the Company. The main allocated expenses from each source are as follows:

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

For the periods ended June 30, 2017 and December 31, 2016, after elimination of intercompany transactions, The Altus Group, Inc. generated income of \$475,000 and \$3,193,000, respectively.

Altus Dental Insurance Company, Inc. is allocated expenses from affiliated entities based on allocation methods, which are analyzed and updated by management on an annual basis. The resulting total expense allocations are disclosed on Schedule Y of the 2016 Annual Statement filing. Total expenses, including these allocated expenses, are disclosed in more descriptive detail in the year end Underwriting and Investment Exhibit Part 3 – Analysis of Expenses.

At June 30, 2017 and December 31, 2016 the Company has intercompany receivables and payables with/to the Altus Group, Inc. and other affiliates. Some of these balances resulted from the fact that Altus Dental Insurance Company maintained a sweep banking arrangement for the Altus Group and some of its subsidiaries. The remainder of these balances are related to allocated expenses.

Management's cash flow projections for The Altus Group, Inc. and its subsidiaries are made based on a number of factors, which affect the changes in the intercompany balances over the period of time being analyzed. The most significant factors include: the relative and absolute growth in enrollment levels for Altus Dental Insurance Company, Inc.; the amount and rate of increase in operating and administrative expenses; the level of success Altus Dental, Inc. experiences in developing and maintaining its dental network; and the level of resources required by Altus Dental, Inc. for recruitment and marketing functions. Management's current cash flow projections for The Altus Group, Inc. and its subsidiaries projects profitability going forward and that the intercompany advances will be reduced gradually over time.

NOTE 11 - - DEBT

During the periods ended June 30, 2017 and December 31, 2016 the Company had no outstanding capital notes or any debt arrangements. The related note disclosures, specifically including 11B, are all not applicable.

NOTE 12 - - EMPLOYEE RETIREMENT PLANS AND OTHER POSTRETIREMENT BENEFIT PLANS

The Company maintains no retirement or other post retirement benefit plans. The related note disclosures, specifically including 12A(4), are all not applicable.

NOTE 13 - - CAPITAL AND SURPLUS

Altus Dental Insurance Company, Inc. is a subsidiary of The Altus Group, Inc. and is a for-profit corporation. The Company's capital stock consists of 30 shares issued and outstanding. Each

share has \$100,000 par value amounting to the \$3,000,000 total reflected on the balance sheet. All of the Company's outstanding shares of stock are owned by The Altus Group, Inc. The Company has no dividend restrictions, and has not been involved in any quasi-reorganization.

The contributed surplus of \$3,319,861 results from the additional capitalization of the Company when bond and fixed income notes (the investment portfolio) were transferred from its parent to the Company. The initial and subsequent additional capitalizations (from these investment portfolio transfers) were to fulfill capitalization requirements of the Rhode Island Department of Business Regulation and the Massachusetts Division of Insurance.

Note the following disclosures related to the company's capital and surplus. The related note disclosures are all not applicable.

- 1. 30 shares at \$100,000 per share. No shares issued.
- 2. Dividend rate Not applicable
- 3. Dividend restrictions Not applicable
- 4. Dividends paid Not applicable
- 5. Profits that may be paid as dividends Not applicable
- 6. Restrictions placed on unassigned funds \$505,186 of reserves are restricted for the estimated six months of the 2017 ACA assessment, based on the estimated 2017 premiums in the June 30, 2017 filing, which will be paid in September 2018. \$0 of reserves are restricted for the estimated twelve months of the 2016 ACA assessment in the December 31, 2016 filing, due to the one year moratorium. The Consolidated Appropriations Act, 2016 (Public Law No: 114-113), which was signed into law on December 18, 2015, imposes a moratorium on the 2016 Annual ACA Assessment, which would have been payable in calendar year 2017. \$656,374 of reserves were restricted for the estimated twelve months of the 2015 ACA assessment in the December 31, 2015 filing, which was paid in September, 2016.
- 7. Total amount of advances to surplus Not applicable
- 8. Amount of stock held by reporting entity for special purposes Not applicable
- 9. Changes in the balances of special surplus funds from the prior year Not applicable
- 10. Portion of unassigned funds represented or reduced by unrealized gains and losses is \$11,742 in 2017 and \$14,752 in 2016 as discussed in note 7.
- 11. Surplus notes Not applicable
- 12. Impact of the restatement in a quasi-reorganization Not applicable
- 13. Effective date of quasi-reorganization Not applicable

NOTE 14 - - CONTINGENT LIABILITIES

There are no contingent liabilities arising from litigation which would be considered material in relation to the Company's financial position. Accordingly, the Company has no reserves committed to cover any contingent liabilities. The related note disclosures are all not applicable.

The following are not applicable to the company.

- 1. Contingent commitments Not applicable
- 2. Assessments Not applicable, other than the ACA Assessment addressed above
- 3. Gain contingencies Not applicable
- 4. Claims related extra contractual obligation Not applicable
- 5. Joint and several liabilities Not applicable
- 6. All other contingencies Not applicable

NOTE 15 - - LEASES

The Company has no lease obligations for office space or other such commitments. The related note disclosures are all not applicable.

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

The Company maintains no financial instruments with off-balance sheet risk or any financial instruments with concentrations of credit risk. The related note disclosures are all not applicable.

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

The Company has no transactions relating to transfers of receivables reported as sales, transfer and servicing of financial assets or wash sales. The related note disclosures, specifically including 17B(2), 17B(4)a, 17B(4)b and 17C are all not applicable.

NOTE 18 - - GAIN OR LOSS FROM UNINSURED ACCIDENT & HEALTH PLANS

The Company's policy regarding underwriting and pricing for uninsured or partially insured accident and health plans has been to determine that the administrative premium charged to each account covers all incremental costs (directly associated with servicing the specific account) plus a share of fixed and variable operating expenses to be incurred by the Company during the contract period.

As discussed in Note 1 and 2, for the 2017 quarterly and 2016 annual filings, the Company's financial statements are prepared in accordance with the Codification of the NAIC Accounting Practices and Procedures Manual. This included the implementation of Statement on Statutory Accounting Principles (SSAP) # 47 "Uninsured Plans". The Company's June 30, 2017 and December 31, 2016 financial operations respectively exclude approximately \$2,970,000 and \$7,275,000 of revenues from such plans and there are no significant gains or losses related to such transactions.

The company does not have any ASO plans and Medicare or similarly structured cost based reimbursement contract. The company does have ASC plan information, which is included in the following illustration.

NOTES TO FINANCIAL STATEMENTS

18.	Gain or Loss to the Reporting Entity from Uninsured Plans and	I the Uninsure	ed Portion of Par	tially Insured
A.	ASO Plans The gain from operations from Administrative Services Only (ASO) plans and the uninsured portion of partially insured plans was as fol during 2017: (years as seen in Notes text)	ASO Uninsured Plans	Ininsured Portion f Partially Insure Plans	Total ASO
	a. Net reimbursement for administrative expenses (including administrative expenses) in excess of actual expenses b. Total net other income or expenses (including interest paid to or \$ c. Net gain or (loss) from operations (a + b) \$ d. Total claim payment volume \$ \$	rative		
B.	ASC Plans The gain from operations from Administrative Services Contract (At plans and the uninsured portion of partially insured plans was as fol during 2017: (years as seen in Notes text)	ASC Uninsured Plans	Ininsured Portion f Partially Insure Plans	Total ASC
	a. Gross reimbursement for medical cost incurred \$ b. Gross administrative fees accrued \$ c. Other income or expenses (including interest paid to or received \$	2,748,719 221,382		2,748,719 221,382
	 d. Gross expenses incurred (claims and administrative) e. Total net gain or loss from operations (a + b + c - d) 	2,970,101		2,970,101

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

The Company maintains no relationships with managing general agents or third party administrators. The Company does utilize in-house sales efforts, as well as independent brokers

to market its products. Premiums earned are reported gross of broker's commissions of approximately \$1,324,000 and \$2,469,000 for the periods ended June 30, 2017 and December 31, 2016. The related note disclosures are all not applicable.

NOTE 20 - - FAIR VALUE MEASUREMENTS

The use of different assumptions or valuation methodologies may have a material impact on the estimated fair value amounts.

The Company's valuation techniques are based on observable and unobservable pricing inputs. Observable inputs reflect market date obtained from independent sources based on trades of securities while unobservable inputs reflect the Company's market assumptions. These inputs comprise of the following fair value hierarchy:

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 judgment or estimation.

The Company does not currently have any financial assets that are measured at Level 3 fair value on a recurring basis.

The following table provides information about the Company's financial assets and liabilities measured at fair value on a recurring basis:

	Level 1	Level 2	Level 3	Total
June 30, 2017				
Assets at fair value:				
Common Stock - Money Market	\$ 965,322			965,322
Investments - Bonds		25,759,785		25,759,785
December 31, 2016				
Assets at fair value:				
Common Stock - Money Market	\$ 1,249,121			1,249,121
Investments - Bonds		24,622,382		24,622,382

The book values and estimated fair values of the Company's financial instruments are as follows:

	20	17	20	16
	Book value	Estimated fair value	Book value	Estimated fair value
Assets: Cash and Cash Equivalents \$	1,593,418	1,593,418	\$ (164,232)	(164,232)
Common Stock - Money Marke	965,322	965,322	1,249,121	1,249,121
Investments - Bonds	25,404,975	25,759,785	24,335,500	24,622,382

Cash and Cash Equivalents – The carrying value of cash and cash equivalents are presented at cost, which approximates fair value.

Common Stock – Money Market – The carrying value of short-term investments are presented at cost, which approximates fair value.

Investments – Investment securities are reported at amortized cost. The Company obtains fair value measurements from independent pricing sources, which base their fair value measurements upon observable inputs such as reported trades of comparable securities, broker quotes, the U.S. Treasury yield curve, benchmark interest rates, credit information, and the securities' terms and conditions. These prices are deemed to be Level 2.

20. Fair Value Measurements Fair Value Measurements at Reporting Date (5) Total (3) (Level 2) (2) (4) (Level 1) (Level 3) Description for each class of asset or liability Assets at fair Value 1,593,418 Cash and Cash Equivalents Common Stock - Money Market 1,593,418 25,759,785 Investments - Bonds 25,759,785 Total assets at fair value 2,558,740 25,759,785 28,318,525 Liabilities at fair value

NOTES TO FINANCIAL STATEMENTS

NOTE 21 - - OTHER ITEMS

Total liabilities at fair value

The Company has no extraordinary items, subprime mortgage related risk exposure, troubled debt restructuring or other required disclosures of unusual items. Additionally, the Company has no additional disclosure requirements regarding Retirement Plans, Deferred Compensation and Postretirement Benefits.

The Company has entered into two signed agreement to purchase state tax credits that will be utilized in 2016 and 2017, and has remaining 2016 carryforwards from 2015 purchases; hence the Company maintains tax credits as net assets at June 30, 2017 and December 31, 2016. Before purchasing the tax credits the Company estimates the utilization of 2017 and 2016 tax credits by projecting future premium levels taking into account policy growth and applicable rate changes.

Other than the purchase of MA state tax credits, the remaining areas below are not applicable to the company.

- 1. Unusual or infrequent items Not applicable
- 2. Troubled debt restructuring debtors Not applicable
- 3. Other disclosures and unusual items Not applicable
- 4. Business interruption insurance recoveries Not applicable
- 5. State transferable and non-transferable tax credits Two state tax credit purchases have been made in 2016 to be utilized in 2016 and 2017, along with the carryforward balance from 2015. The carrying value in the amount of \$1,640,580 is listed on the June 30, 2017 Balance Sheet and the attached note. The carrying value in the amount of \$2,916,483 was listed on the December 31, 2016 Balance Sheet and the attached note.
- 6. Subprime-mortgage-related risk exposure Not applicable
- 7. Retained assets Not applicable

NOTES TO FINANCIAL STATEMENTS

	Description of State Transferable Tax Credits	State	Carrying Value	Unused Amoun	t
(01 2016 Massachusetts Tax Credits	MA	1,640,580	131,246	
	Total	x x x	1,640,580	131,246	
	State Tax Credits Admitted and Nonadmitted	Total Admitted	otal Non-Admitte	ed	
	a. Transferable b. Non-transferable				
5	Subprime Mortgage Related Risk Exposure				
•	2. Direct exposure through investments in subp	1	2	3	4
		Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other Than Temporary Impairment Losses Recognized
	a. Mortgages in the process of foreclosure			***************************************	
	b. Mortgages in good standing c. Mortgages with restructure terms		***************************************	***************************************	************************************
	d. Total				
7	3. Direct exposure through other investments.				
		1	2	3	4
		Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other Than Temporary Impairment Losses Recognized
	a. Residential mortgage-backed securities	7,000,000			
	b. Commercial mortgage-backed securities				
	c. Collateralized debt obligations				
	d. Structured securities			***************************************	***************************************
	e. Equity investment in SCAs *				
	f. Other assets g. Total				
	•	nas invastments in subnrime			
	*ABC Company's subsidiary XYZ Company h mortgages. These investments comprise _ invested assets.	% of the companies			
4	*ABC Company's subsidiary XYZ Company h mortgages. These investments comprise _	% of the companies	nty or Financial	Guaranty insura	nce coverage.
4	*ABC Company's subsidiary XYZ Company h mortgages. These investments comprise _ invested assets.	% of the companies risk through Mortgage Guara	2	3	4
4	*ABC Company's subsidiary XYZ Company h mortgages. These investments comprise _ invested assets.	% of the companies e risk through Mortgage Guara 1 Losses Paid	2 Losses Incurred	3 Case Reserves	4 IBNR Reserves
	*ABC Company's subsidiary XYZ Company h mortgages. These investments comprise _ invested assets.	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
4	*ABC Company's subsidiary XYZ Company h mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage	% of the companies e risk through Mortgage Guara 1 Losses Paid	2 Losses Incurred	3 Case Reserves	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company h mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
4	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
,	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
4	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify):	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
•	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify):	% of the companies risk through Mortgage Guara 1 Losses Paid in the	2 Losses Incurred in the	3 Case Reserves at End of	4 IBNR Reserves at End of
	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify):	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets 02. a. Up to and including 12 Months	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets 02. a. Up to and including 12 Months b. 13 to 24 Months	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets 10. a. Up to and including 12 Months b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months e. 49 to 60 Months	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company is mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage a. Mortgage Guaranty Coverage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets 02. a. Up to and including 12 Months b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months e. 49 to 60 Months f. Over 60 Months f. Over 60 Months	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period
	*ABC Company's subsidiary XYZ Company I mortgages. These investments compriseinvested assets. 4. Underwriting exposure to subprime mortgage b. Financial Guaranty Coverage c. Other Lines (specify): d. Total Retained Assets 10. a. Up to and including 12 Months b. 13 to 24 Months c. 25 to 37 Months d. 37 to 48 Months e. 49 to 60 Months	% of the companies e risk through Mortgage Guara 1 Losses Paid in the Current Year As of End of	2 Losses Incurred in the Current Year	3 Case Reserves at End of Current Period	4 IBNR Reserves at End of Current Period

03 Individual Balance/ Balance Number Amount Number Amount a. Number/Balance of Retained Asset Accounts at the Beginning of the Year b. Number/Balance of Retained Asset Accounts Issued/Added During the Year c. Investment Earnings Credited to Retained Asset Accounts During the Year XXXXXXd. Fees and Other Charges Assessed to Retained Asset Accounts During the Year xxxXXX e. Number/Amount of Retained Asset Accounts Transferred to State Unclaimed Property funds During th f. Number/Amount of Retained Asset Accounts Closed/Withdrawn g. Number/Balance of Retained Asset Accounts at the End

NOTE 22 - - EVENTS SUBSEQUENT

The Company has no events subsequent to June 30, 2017 that would warrant disclosure in these statutory 2017 financial statements.

In accordance with SSAP 35R, the company recorded \$505,186 as restricted reserves in this June 30, 2017 filing, based on estimated 2017 premiums. The company in 2016 had a liability for the 2015 ACA assessment in the amount of \$656,374 and recorded \$0 as restricted reserves in the December 31, 2016 filing, due to the one year moratorium. The twelve month 2015 ACA assessment in the amount of \$656,374 had been expensed in the first quarter, which was paid on September 30, 2016. Additionally \$0 had been recorded as restricted reserves at December 31, 2016 due to the one year moratorium, which will result in no payment for the 2016 statutory premiums written calculated 2016 ACA assessment, which would have been due September 30, 2017.

NOTES TO FINANCIAL STATEMENTS

7 22.	Events Subsequent			
			Current Year	Prior Year
	A. Did the reporting entity write accident and health insurance p			
	subject to Section 9010 of the Federal Affordable Care Act ()		YES	
	B. ACA fee assessment payable for the upcoming year	\$	1,024,635	
	C. ACA fee assessment paid	\$		656,374
	D. Premium written subject to ACA 9010 assessment	\$	29,648,750	55,927,444
	E. Total Adjusted Capital before surplus adjustment (Five-Year	\$	23,384,112	
	F. Total Adjusted Capital after surplus adjustment			
	(Five-Year Historical Line 14 minus 22B above)	\$	22,359,477	
	G. Authorized Control Level after surplus adjustment			
	(Five-Year Historical Line 15)	\$	1,759,194	
	H. Would reporting the ACA assessment as of Dec. 31, 2017			
	have triggered an RBC action level (YES/NO)?		NO	
		_		

NOTE 23 - - REINSURANCE

The Company utilizes no reinsurance arrangements in its underwriting of dental premiums. The related note disclosures are all not applicable.

NOTE 24 - - RETROSPECTIVELY RATED CONTRACTS

The Company presently does not underwrite premiums that are subject to retrospective rating or are contingent premiums (based on actual claims incurred) for the periods ended June 30, 2017 and December 31, 2016. The related note disclosures, specifically including 24E, are all not applicable.

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

Reserves as of June 30, 2017 were \$1,651,850. As of June 30, 2017 \$1,401,204 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$85,750 as a result of re-estimation of unpaid claims and claim adjustment expenses on the dental line of insurance. Therefore, there has been a \$95,196 favorable prior-year development since December 31, 2016 to June 30, 2017. The decrease 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 \$0 of 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

The Company utilizes no intercompany pooling arrangements in its dental premium underwriting.

NOTE 27 - - STRUCTURED SETTLEMENTS

As documented in the NAIC Annual Statement filing instructions for 2017 and 2016, this footnote is not applicable to health insurance insurers.

NOTE 28- - HEALTH CARE RECEIVABLES

The Company has no receivables that would be considered Health Care Receivables under SSAP #84. Accordingly, pharmacy rebates and risk sharing receivables are not currently applicable to the Company's operations.

The company does not have any risk sharing receivables. The related note disclosures are all not applicable.

NOTE 29 - - PARTICIPATING POLICIES

The Company does not underwrite any business that would result in group accident or health participating policies. Accordingly, policy dividends are not applicable to the Company's operations.

NOTE 30 - - PREMIUM DEFICIENCY RESERVES

The Company performed an analysis for premium deficiency reserves as of June 30, 2017 and December 31, 2016. This resulted in no additional liability for the current 2017 year as well as 2016. The related note disclosures are all not applicable.

NOTE 31 - - ANTICIPATED SALVAGE AND SUBROGATION

The Company's liability for unpaid claims is actuarially determined based on an analysis of historical claims experience, modified for changes in enrollment, inflation and benefit coverage. This liability reflects no reductions for salvage and subrogation recoveries, which are recorded in the year of receipt.

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

	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 chart settlement of the reporting entity?	er, by-laws, articles of incorporation	n, or deed of	Yes[]No[X]
2.2	If yes, date of change:			
3.1	Is the reporting entity a member of an Insurance Holding Company Syste one or more of which is an insurer?	m consisting of two or more affiliate	ed persons,	Yes[X]No[]
	If yes, complete Schedule Y, Parts 1, and 1A.			
3.2	Have there been any substantial changes in the organizational chart sinc	e the prior quarter end?		Yes[]No[X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.			
4.1	Has the reporting entity been a party to a merger or consolidation during	the period covered by this statemen	nt?	Yes[]No[X]
4.2	If yes, provide the name of entity, NAIC Company Code, and state of don entity that has ceased to exist as a result of the merger or consolidation.	nicile (use two letter state abbreviati	ion) for any	
	1	2	3	
	Name of Entity	NAIC Company Code	State of Domicile	
5.	If the reporting entity is subject to a management agreement, including th general agent(s), attorney-in-fact, or similar agreement, have there been terms of the agreement or principals involved? If yes, attach an explanation.			Yes[]No[]N/A[X]
6.1	State as of what date the latest financial examination of the reporting enti	ty was made or is being made.		12/31/2012
6.2	State the as of date that the latest financial examination report became at the reporting entity. This date should be the date of the examined balancompleted or released.			12/31/2012
	completed of followed.			12/01/2012
6.3	State as of what date the latest financial examination report became avail the state of domicile or the reporting entity. This is the release date or co	·		
	not the date of the examination (balance sheet date).	ompletion date of the examination re	sport and	03/13/2014
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 examir	nation 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 re	eport been complied with?		Yes [X] No [] N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or regi if applicable) suspended or revoked by any governmental entity during the	, , ,	ration,	Yes[]No[X]

7.2 If y	yes, give	full information						
0 1 lo	the com	pany a cubaidiany of a bank holding company regulated	by the Enderal Passage Paged?				Voc I 1N	1710
0.1 18	the com	pany a subsidiary of a bank holding company regulated	by the rederal Reserve board?				Yes[]N	0[\]
8.2 If r	response	to 8.1 is yes, please identify the name of the bank hold	ding company.					
3.3 Is	the com	pany affiliated with one or more banks, thrifts or securiti	es firms?				Yes[]N	o[X]
8.4 If r	response	to 8.3 is yes, please provide below the names and loc	ation (city and state of the main office	ce) of any				
aff	filiates re	gulated by a federal regulatory services agency [i.e. the	e Federal Reserve Board (FRB), the	Office of th				
		r of the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal regu-		ities Exchan	ige			
	ı				I .			
		1 Affiliate	2 Location	3	4	5	6	
		Name	(City, State)	FRB	occ	FDIC	SEC	
		nior officers (principal executive officer, principal financi						
		ance with applicable governmental laws, rules, and regu						
		mpt internal reporting of violations to an appropriate pe tability for adherence to the code.	erson or persons identified in the coo	ie; and			Yes[X]N	lo[]
.11 If t	the respo	onse to 9.1 is No, please explain:						
).2 Ha	as the co	de of ethics for senior managers been amended?					Yes[]N	o[X]
21 If t	the respo	onse to 9.2 is Yes, provide information related to ameno	dment(s).					
	· · · · · · · · · · · · · · · · · · ·							
				· · · · · · · · · · · · · · · · · · ·				
9.3 Ha	ave any _l	provisions of the code of ethics been waived for any of t	the specified officers?				Yes[]N	o[X]
31 If t	the respo	onse to 9.3 is Yes, provide the nature of any waiver(s).						
			FINANCIAL					
).1 Do	oes the r	eporting entity report any amounts due from parent, sub	osidiaries or affiliates on Page 2 of the	his statemer	nt?		Yes[]N	o[X]
).2 If y	yes, indi	cate any amounts receivable from parent included in the	e Page 2 amount:				\$	
			INVESTMENT					
1.1 W	ere any	of the stocks, bonds, or other assets of the reporting en	tity loaned, placed under option agr	eement, or				

Yes[]No[X]

otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

•	If yes, give full and complete information relating thereto:			
	Amount of real estate and mortgages held in other invested assets in Sch	nedule BA:		\$
	Amount of real estate and mortgages held in short-term investments:			\$
	Does the reporting entity have any investments in parent, subsidiaries an	nd affiliates?		Yes[]No[X]
	If yes, please complete the following:	1	2	
		Prior Year-End Book/Adjusted	Current Quarter Book/Adjusted	
		Carrying Value	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	\$	\$	
	Has the reporting entity entered into any hedging transactions reported o	n Schedule DB?		Yes[]No[X]
2	If yes, has a comprehensive description of the hedging program been ma If no, attach a description with this statement.	ade available to the domiciliary	state?	Yes[]No[]
		e following as current stateme		Yes[]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of th	ne following as current stateme shedule DL, Parts 1 and 2 ssets reported on Schedule DL	nt date:	
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sc 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability page.	ne following as current stateme shedule DL, Parts 1 and 2 ssets reported on Schedule DL age	nt date: , Parts 1 and 2	\$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sc 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability patch. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, more	the following as current statement shedule DL, Parts 1 and 2 sets reported on Schedule DL age	nt date: , Parts 1 and 2 neld	\$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sc 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability page.	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age	nt date: , Parts 1 and 2 neld er securities,	\$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability payable for securities lending reported on the liability payable for securities lending reposits, real estate, morphysically in the reporting entity's offices, vaults or safety deposit boxes,	the following as current statements the dule DL, Parts 1 and 2 sets reported on Schedule DL age ortage loans and investments lowere all stocks, bonds and other the with a qualified bank or trust	nt date: , Parts 1 and 2 neld er securities, company in	\$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sc 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability paya	the following as current statements the dule DL, Parts 1 and 2 sets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other the with a qualified bank or trust Outsourcing of Critical Function	nt date: , Parts 1 and 2 neld er securities, company in	\$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability pay	the following as current statements thedule DL, Parts 1 and 2 disets reported on Schedule DL age portage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook?	nt date: , Parts 1 and 2 neld er securities, company in ns,	\$ \$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 disets reported on Schedule DL age portage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook?	nt date: , Parts 1 and 2 neld er securities, company in ns, book,	\$ \$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability pay	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook?	nt date: , Parts 1 and 2 neld er securities, company in ns, book,	\$ \$ \$
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral as 16.3 Total payable for securities lending reported on the liability pay	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments lowere all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook?	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address	\$\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook?	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? Stial Condition Examiners Hand	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? Stial Condition Examiners Hand	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? cial Condition Examiners Hand	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? cial Condition Examiners Hand	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? cial Condition Examiners Hand	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral ass 16.3 Total payable for securities lending reported on the liability payable for securities lending reported on the liability payable in the reporting entity's offices, vaults or safety deposit boxes, owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Custodial or Safekeeping Agreements of the NAIC Financial Condition Experiments that comply with the requirements of the NAIC Financial Complete the following: 1 Name of Custodian(s) CITIZENS BANK Offices, vaults or safety deposit boxes, owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Custodial or Safekeeping Agreements of the NAIC Financial Condition Experiments and the safety of the NAIC Financial Condition Experiments that comply with the requirements of the NAIC Financial Condition and a complete explanation:	the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? cial Condition Examiners Hand	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903	\$ \$ Yes[X]No[]
	If no, attach a description with this statement. For the reporting entity's security lending program, state the amount of the 16.1 Total fair value of reinvested collateral assets reported on Sci 16.2 Total book adjusted/carrying value of reinvested collateral assets 16.3 Total payable for securities lending reported on the liability payable for securities lending reported on the liability payable in the reporting entity's offices, vaults or safety deposit boxes, owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Coustodial or Safekeeping Agreements of the NAIC Financial Condition Experiments that comply with the requirements of the NAIC Financial complete the following: 1 Name of Custodian(s) CITIZENS BANK Offices, vaults or safety deposit boxes, owned throughout the current year held pursuant to a custodial agreement accordance with Section 1, III - General Examination Considerations, F. Coustodial or Safekeeping Agreements of the NAIC Financial Condition Experiments and the NAIC Financial Condition Experiments (Section 1) and Section 1, III - General Examination Considerations, F. Coustodial or Safekeeping Agreements of the NAIC Financial Condition Experiments (Section 1) and Section 1, III - General Examination Consideration (Section 2) and Section 1, III - General Examination Consideration (Section 2) and Section 2, III - General Examination (Section 3) and Section 2, III - General Examination (Section 3) and Section 3, III - General Examination (Section 3) and Section 3, III - General Examination (Section 3) and Section 3, III - General Examination (Section 3) and Section 3, III - General Examination (Section 3) and Section 3, III - General Examination (Section 3) and Section 3, II - General Examination (Section 3) and Section 3, II - General Examination (Section 3) and Section 3, II - General Examination (Section 3) and Section 3, II - General Examination (Section 3) and Section 3, II - General Examination (the following as current statements thedule DL, Parts 1 and 2 seets reported on Schedule DL age ortage loans and investments I were all stocks, bonds and other than the with a qualified bank or trust Outsourcing of Critical Function examiners Handbook? Total Condition Examiners Hand (NE CITIZENS PLAZA, PROVI	nt date: , Parts 1 and 2 neld er securities, company in ns, book, 2 Custodian Address DENCE, RI 02903 s Handbook, 3	\$

11.2

Yes[]No[X]

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current

quarter?

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

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

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

1	2
Name of Firm or Individual	Affiliation
RICHARD A. FRITZ	I
GEORGE J. BEDARD	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 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 assets?

Yes[]No[X]

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

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

18.1	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 i	no	, li	ist	e	X	ce	p	ti	10	าร	;																																							
																 																٠								٠								 		

PART 2 - HEALTH

1.	Operating Percentages:	
	1.1 A&H loss percent	77.63 %
	1.2 A&H cost containment percent	0.86 %
	1.3 A&H expense percent excluding cost containment expenses	
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.	\$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
					Type of		Certified	Effective Date
NAIC	ID	Effective	Name of	Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Company Code	Number	Date	Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
							, , ,	
			· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·					
5								

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

		1	1 Direct Business Only								
			2 Accident &	3	4	5 Federal Employees Health Benefits	6 Life & Annuity Premiums &	7 Property /	8 Total	9	
	States, Etc.	Active Status	Health Premiums	Medicare Title XVIII	Medicaid Ttle XIX	Program Premiums	Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit-Typ Contracts	
	Alabama AL Alaska AK	. N									
	Alaska AK Arizona AZ	^N N									
	Arkansas AR	N									
	California	N									
	Colorado CO	. N									
	Connecticut CT Delaware DE	N N									
	District of Columbia DC	N N									
10.	Florida FL	N									
	Georgia GA	. N									
	Hawaii HI	. N									
	Idaho ID Illinois IL	^N N									
	Indiana IN	^N									
	lowa IA	N									
	Kansas KS	N									
	Kentucky KY	. N									
	Louisiana LA	. N									
	Maine ME	^N N									
	Maryland MD Massachusetts MA	^N	29,648,750						29,648,750		
	Michigan MI	N	25,040,750						25,040,700		
	Minnesota MN	N									
25.	Mississippi MS	N									
26.	Missouri MO	. N									
	Montana MT	. N									
	Nebraska NE Nevada NV	^N N									
	Nevada NV New Hampshire NH	^{!N}									
	New Jersey NJ	N									
32.	New Mexico NM	N									
	New YorkNY	. N									
	North Carolina NC	. N									
	North Dakota ND	. N									
	Ohio OH Oklahoma OK	. N . N									
	Oregon OR	N									
	Pennsylvania PA	N									
40.	Rhode Island RI	N									
11.		. N									
	South Dakota SD	. N									
	Tennessee TN Texas TX	. N									
	Utah UT	. N . N									
	Vermont VT	N			1					1	
17.	Virginia VA	N									
	Washington WA	. N									
	West Virginia WV	. N									
	Wisconsin WI Wyoming WY	. N . N									
	American Samoa AS	N N									
	Guam GU	N			1					1	
	Puerto Rico PR	. N									
	U.S. Virgin Islands VI	N									
	Northern Mariana Islands MP	N									
	Canada CAN	N									
	Aggregate other alien OT Subtotal	XXX	29,648,750						29,648,750		
	Reporting entity contributions	AAA	23,040,730						20,040,700		
	for Employee Benefit Plans	XXX									
	Totals (Direct Business)	(a) 1	29,648,750	I	1	_			29,648,750	1	

	DETAILS OF WRITE-INS					
58001.		XXX		 		
58002.		XXX				
58003.		XXX	 	 	 	
	ary of remaining write-ins for Line 58	XXX				
	(Lines 58001 through 58003 plus 58998)	,				
(Line 58	8 above)	XXX				

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG:(R) Registered - Non-domiciled RRGs: (Q) Qualified - Qualified or Accredited Reinsurer: (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state: (N) None of the above - Not allowed to write business in the state.

⁽a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

NAIC Group Code: 1571 Company Name: Delta Dental of RI NAIC Company Code: 55301 State of Domicile: Rhode Island Fed ID Number: 05-0296998 NON PROFIT ENTITY

NAIC Group Code: N/A Company Name: The Altus Group, Inc. NAIC Company Code: N/A State of Domicile: Rhode Island Fed ID Number: 05-0502610 Tax Purposes: FOR PROFIT ENTITY

NAIC Group Code: N/A Company Name: Altus Realty, Inc. NAIC Company Code: N/A State of Domicile: Rhode Island Fed ID Number: 03-0396397 Tax Purposes: NON PROFIT ENTITY

NAIC Group Code: N/A Company Name: Altus Systems, Inc. NAIC Company Code: N/A State of Domicile: Rhode Island Fed ID Number: 05-0502611 Tax Purposes: FOR PROFIT ENTITY

NAIC Group Code: 1571 Company Name: Altus Dental Insurance Company, Inc. NAIC Company Code: 52632 State of Domicile: Rhode Island Fed ID Number: 05-0513223

Tax Purposes: FOR PROFIT ENTITY

NAIC Group Code: N/A Company Name: Altus Dental, Inc. NAIC Company Code: N/A State of Domicile: Massachusetts Fed ID Number: 05-0502612 Tax Purposes: FOR PROFIT ENTITY

NAIC Group Code: N/A Company Name: Altus Ventures, Inc. NAIC Company Code: N/A State of Domicile: Rhode Island Fed ID Number: 46-5627174 Tax Purposes: FOR PROFIT ENTITY

NAIC Group Code: N/A Company Name: First Circle, Inc. NAIC Company Code: N/A State of Domicile: Rhode Island Fed ID Number: 81-4567207 Tax Purposes: FOR PROFIT ENTITY

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? (Y/N)	İ
		00000	05-0502610				THE ALTUS GROUP, INC.		UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	.	
		00000	05-0502611	1			ALTUS SYSTEMS, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N N	1
		00000	05-0502612		1		ALTUS DENTAL, INC.	MA	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	1
		00000	46-5627174				ALTUS VENTURES, INC.	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	1
1571	DELTA DENTAL OF RHODE ISLAND	55301	05-0526998		1		DELTA DENTAL OF RHODE ISLAND	RI	UDP	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
1571	DELTA DENTAL OF RHODE ISLAND	52632	05-0513223		1		ALTUS DENTAL INSURANCE CO., INC.	RI	RE	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
		00000	03-0396397				ALTUS REALTY, INC.	RI	NIA	DELTA DENTAL OF RHODE ISLAND	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
		00000	81-4567207				FIRST CIRCLE, INC	RI	NIA	THE ALTUS GROUP, INC.	BOARD OF DIRECTORS	100.0	DELTA DENTAL OF RHODE ISLAN	N	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1. Will the Med	icare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:		
Question 1:	THE COMPANY DOES NOT TRANSACT THIS TYPE OF BUSINESS	
Bar Code:		

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION Real Estate

		1	2 Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in ancumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying value		
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		1
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals		
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	2 Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,916,483	1,215,365
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		2,750,000
	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		108,459
7.	Deduct amounts received on disposals	1,275,902	1,157,341
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,640,581	2,916,483
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	1,640,581	2,916,483

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	25,584,621	23,542,624
2.	Cost of bonds and stocks acquired	6,735,763	10,680,095
3.	Accrual of discount	6,862	9,581
4.	Unrealized valuation increase (decrease)	3,010	(14,752)
	Total gain (loss) on disposals	22,233	44,077
6.	Deduct consideration for bonds and stocks disposed of	5,743,130	8,128,075
7.	Deduct amortization of premium	241 036	548,929
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized	(1,937)	
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	26,370,260	25,584,621
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	26,370,260	25,584,621

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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	21,557,024	1,014,902	1,503,465	(618,050)	21,557,024	20,450,411		19,609,728
2. NAIC 2 (a)	3,960,659			503,289		4,463,948		4,237,783
3. NAIC 3 (a)	487,155			3,460	487,155	490,615		487,990
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	26,004,838	1,014,902	1,503,465	(111,301)	26,004,838	25,404,974		24,335,501
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	26,004,838	1,014,902	1,503,465	(111,301)	26,004,838	25,404,974		24,335,501

(a)	Book/Adjusted Carrying	y Value column for	the end of the current reporting period	od includes the follow	wing amount of non-rated, short-ter	m 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	Par	Actual	Interest Collected	Paid for Accrued
	Carrying Value		ost	Year To Date	Year To Date
9199999					

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
			Prior Year
		Year To Date	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)		
1	Total gain (loss) on disposals		
6.			
7.	Deduct consideration received on disposals 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/A	djusted Carrying Value, December 31, prior year (Line 9, prior year)
2.	Cost Pa	aid/(Consideration Received) on additions
3.	Unreali:	zed Valuation increase/(decrease)
4.	Total ga	ain (loss) on termination recognized
5.	Conside	erations received/(paid) on terminations NONE
6.	Amortiz	
7.	Adjustn	nent to the Book/Adjusted Carrying Value of hedged item
8.	-	reign exchange change in Book/Adjusted Carrying Value
9.		djusted Carrying Value at End of Current Period (Lines 1 + 2 + 3 + 4 - 5 + 6 + 7 + 8)
0.		nonadmitted assets
1.	Statem	ent value at end of current period (Line 9 minus Line 10)
		SCHEDULE DB - PART B - VERIFICATION
		Future Contracts
1.	Book/A	djusted carrying value, December 31 of prior year (Line 6, prior year)
		tive 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, current year to date minus Section 1, Column 19, prior year Section 2, Column 19, prior year
3.3	Subtota	d (Line 3.1 minus Line 3.2)
1.1	Cumula	ative variation margin on terminated contracts during the year
.2	Less:	
	4.21	Amount used to adjust basis of hedged item
	4.22	Amount recognized
1.3	Subtota	ll (Line 4.1 minus Line 4.2)
5.	Disposi	tions gains (losses) on contracts terminated in prior year:
	5.1 1	Total gain (loss) recognized for terminations in prior year
		Total gain (loss) adjusted into the hedged item(s) for terminations in prior year
6.	Book/A	djusted carrying value at end of current period (Lines 1 + 2 + 3.3 - 4.3 - 5.1 - 5.2)
7.		total nonadmitted amounts
8.	Statem	ent value at end of current period (Line 6 minus Line 7)

SCHEDULE DB - PART C - SECTION 1

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

		Replicated (Syr	nthetic Asset) Ti	ransactions				Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Ins	trument(s) Open	,		Cash Instru	Cash Instrument(s) Held		
								9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
										I					
							l	IONE							
						1			1					1	
									1						
						[::::::::::::::::::::::::::::::::::::::									
									1						
											1				
9999999	Totals	1		-		XXX	XXX	XXX	+		XXX	XXX	XXX	+	

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

		First C	Quarter	Second	Quarter	Third C	Quarter	Fourth	Quarter	Year t	o Date
		1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
	inning Inventory : Opened or Acquired Transactions : Increases in Replication										
4. Less	(Synthetic Asset) Transactions Statement Value s: Closed or Disposed of Transactions	xxx		xxx	NON	xxx		xxx		xxx	
	s: Positions Disposed of for Failing Effectiveness Criteria s: Decreases in Replication				INOIN						
	(Synthetic Asset) Transactions Statement Value	XXX									

SCHEDULE DB VERIFICATION

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

Book/Adjusted Carrying Value Check

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

SCHEDULE E - VERIFICATION

(Cash Equivalents)

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.			
3.			
4.			
5.	Total gain (loss) on disposals Deduct consideration received on disposals Deduct amortization of premium		
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.			
12.	Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE A - PART 2

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

1	Location		4	5	6	7	8	9
	2	3					Book/Adjusted	Additional
					Actual Cost		Carrying Value	Investment
			Date		at Time of	Amount of	Less	Made After
Description of Property	City	State	Acquired	Name of Vendor	Acquisition	Encumbrances	Encumbrances	Acquisition
			$\mathbf{N}(\cdot)\mathbf{N}$					
				•				
0399999 Totals	•	•	•	•				

SCHEDULE A - PART 3

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

1	Location	on	4	5	6	7	8	Chai	nge in Book/Adjus	ted Carrying Value	Less Encumbra	nces	14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
						Expended for												Gross	
						Additions,	Book/Adjusted		Current Year's				Book/Adjusted		Foreign			Income	
						Permanent	Carrying Value		Other Than			Total Foreign	Carrying Value		Exchange	Realized	Total	Earned Less	Taxes,
						Improvements	Less		Temporary	Current Year's	Total Change	Exchange	Less	Amounts	Gain	Gain	Gain	Interest	Repairs and
			Disposal	Name of	Actual	and Changes in	Encumbrances	Current Year's	Impairment	Change in	in B./A.C.V.	Change in	Encumbrances	Received	(Loss) on	(Loss) on	(Loss) on	Incurred on	Expenses
Description of Property	City	State	Date	Purchaser	Cost	Encumbrances	Prior Year	Depreciation	Recognized	Encumbrances	(11 - 9 - 10)	B./A.C.V.	on Disposal	During Year	Disposal	Disposal	Disposal	Encumbrances	Incurred
	1																		
									<u>.</u>										
								\											
0000000 T I I					-		-		-	-			-						
399999 Totals																			

SCHEDULE B - PART 2

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

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

SCHEDULE B - PART 3

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

1	Location		4	5	6	7		Ch	ange in Book Value	e/Recorded Investr	nent		14	15	16	17	18
	2	3				Book Value/	8	9	10	11	12	13	Book Value/				
						Recorded			Current				Recorded				
						Investment			Year's Other				Investment		Foreign		
						Excluding	Unrealized	Current	than	Capitalized	Total	Total Foreign	Excluding		Exchange	Realized	Total
				_		Accrued	Valuation	Year's	Temporary	Deferred	Change in	Exchange	Accrued		Gain	Gain	Gain
				Date	Disposal	Interest	Increase	(Amortization) /	Impairment	Interest and	Book Value	Change in	Interest		(Loss) on	(Loss) on	(Loss) on
Loan Number	City	State	Loan Type	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(8+9-10+11)	Book Value	on Disposal	Consideration	Disposal	Disposal	Disposal
									N								
									N L								
							1	1	1		1						
0599999 Totals					•												

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
		3	4									
				Name of								
CUSIP				Vendor or	NAIC	Date	Туре	Actual Cost	Additional		Commitment	Percentage
Ident-	Name			General	Desig-	Originally	and	at Time of	Investment Made	Amount of	for Additional	of
ification	or Description	City	State	Partner	nation	Acquired	Strategy	Acquisition	After Acquisition	Encumbrances	Investment	Ownership
				NU								
4699999 Totals												XXX
4033333 TOTAIS										ļ		

SCHEDULE BA - PART 3

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

1	2	Location	-	5	6	7	8		Ch	ange in Book/Adj	usted Carrying Va	alue		15	16	17	18	19	20
		3	4					9	10	11	12	13	14						1
							Book/Adjusted		Current Year's	Current Year's			Total	Book/Adjusted					
				Name of			Carrying	Unrealized	(Depreciation)	Other Than	Capitalized	Total	Foreign	Carrying Value		Foreign	Realized	Total	
CUSIP				Purchaser	Date		Value Less	Valuation	or	Temporary	Deferred	Change in	Exchange	Less		Exchange	Gain	Gain	
Ident-	Name			or Nature of	Originally	Disposal	Encumbrances,	Increase	(Amortization)/	Impairment	Interest and	B./A.C.V.	Change in	Encumbrances		Gain (Loss)	(Loss) on	(Loss) on	Investment
ification	or Description	City	State	Disposal	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(9+10-11+12)	B./A.C.V.	on Disposal	Consideration	on Disposal	Disposal	Disposal	Income
	MASSACHUSETTS TAX CREDIT	PROVIDENCE	. I	CORRECTION TAX CR PURC	02/12/2016	06/09/2017									756				
	MASSACHUSETTS TAX CREDIT	BOSTON	MA	TAX CR USED TO PAY 2016 T	02/12/2016	04/15/2017									58,452				
	MASSACHUSETTS TAX CREDIT	BOSTON		TAX CR USED TO PAY 2016 T	08/17/2016	04/15/2017			1						1,000,000				
	MASSACHUSETTS TAX CREDIT	BOSTON	MA	TAX CR USED TO PAY 2016 T	11/10/2016	04/15/2017									216,694				
3399999 No	n-Guaranteed Federal Low Income H	lousing Tax Credit	 - Unaffilia	l ated	1										1,275,902				
4499999 To	tal Unaffiliated														1,275,902				
4699999 To	tals			1	1	I.									1,275,902				

8

SCHEDULE D - PART 3

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

March Coulom Chest plan Provided Called Applied County Applied			 	Toolids and Stock Acquired During the Current					
Michael Business Machines Coder Geograph CUSIP Ident-		·	·	Number of Shares		·	Paid for Accrued Interest	10 NAIC Designation or Market Indicator (a)	
MICHANITOKAL BUSINESS MACHINES CORPT 0x020071 0x0xxxxx 0x0xxxx 0x0xxxxx 0x0xxxxx 0x0xxxxx 0x0xxxxx 0x0xxxxx 0x0xxxx 0x0xxxxx 0x0xxxxx 0x0xxxxx 0x0xxxx 0x0xxx 0x0xxxx 0x0xxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxxxx 0x0xxxx			 						
Spiesson	459200-JC-6	 							
	2900000	Cubtatal Banda Industrial and Missallaneous (Unoffiliated)			V V V	1.014.002	1 000 000 00	6 146	V V V
Septiminary Septiminary	3033333	Subtotal - Dorius - Industrial and Miscellaneous (Orialillateu)			^^^	1,014,302	1,000,000.00	0,140	***
State Summary Internal End Common Stock Max Ma	8399997	Subtotal - Bonds - Part 3	L		XXX	1,014,902	1,000,000.00	6,146	XXX
State Summary Internal End Common Stock Max Ma	9300009	Cumman, there from Doub E for Dondo			V V V	V V V	V V V	V V V	VVV
96085-25-4 DREVFUS CASH MOAT FLND 90020-47-7 RS CITIZENS NA CASH SWEEP 90020-47-7 RS CITIZENS NA CASH SWEEP 90020-47-7 RS CITIZENS NA CASH SWEEP 900999 Subtibili Common Stock - Money Marked Mutual Funds 9799999 Subtibili Common Stock - Part 3 9799999 Summary Item from Part 5 for Common Stocks 9799999 Total - Common Stock 9799999 Total - Common Stock 9799999 Total - Common Stock 9799999 Total - Common Stock 9799999 Total - Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock 9799999 Total - Preferred and Common Stock	0399990	Summary tiem from Part 5 for Bonds			***	***	***	***	***
960855-24 DENPTIS CASH MAIT FUND 06:17.017 Citzens 597,750.000 527,750 V 900224-77 RSS CITZENS NA CASH WEEP 06:202017 Citzens 17.756.000.000 V 900224-77 RSS CITZENS NA CASH WEEP 06:202017 Citzens 17.756.000.000 V 900224-77 RSS CITZENS NA CASH WEEP 07.750.000 N 900224-77 RSS CITZENS NA CASH WEEP NA CASH	8399999	Total - Bonds			XXX	1,014,902	1,000,000.00	6,146	XXX
Subtotal - Common Stock - Part 3		<u> </u>							V V
Subtotal - Common Stock - Part 3	9399999	Subtotal - Common Stock - Money Market Mutual Funds			XXX	2,286,240	XXX		XXX
System Subtract Common Stock Part 3 XXX 2286,240 XXX									
	9799997	Subtotal - Common Stock - Part 3			XXX	2,286,240	XXX		XXX
Segregory Total - Preferred and Common Stock XXX 2,286,240 XXX 9799998	Summary Item from Part 5 for Common Stocks			XXX	XXX	XXX	XXX	XXX	
9899999 Total - Preferred and Common Stock XXX 2.286,240 XXX XXX	9799999	L Total - Common Stock			XXX	2,286,240	XXX		XXX
	9899999	Total - Preferred and Common Stock			XXX	2,286,240	XXX		XXX
			.						
	[
000000 Tatala	9999999	Totals			XXX	3,301,142	XXX	6,146	XXX

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10		Change in B	ook/Adjusted (Carrying Value		16	17	18	19	20	21	22
'	-	ľ	1			,	v		10	11	12	13	14	15	10	"	10	10	20	-	22
		F										Current							Bond		NAIC
		0							Prior			Year's			Book/				Interest/		Desig-
		r			Number				Year		Current	Other	Total	Total	Adjusted	Foreign			Stock		nation
		е			of				Book/	Unrealized	Year's	Than	Change	Foreign	Carrying	Exchange	Realized	Total	Dividends	Stated	or
CUSIP		i			Shares		_		Adjusted	Valuation	(Amort-	Temporary	in	Exchange	Value at	Gain	Gain	Gain	Received	Contractua	
Ident-	Description	g	Disposal	Name of	of Stock	Consid- eration	Par Value	Actual	Carrying	Increase/	ization)/	Impairment	B./A.C.V.	Change in	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	Indicat
ification	Description	"	Date	Purchaser	Stock	eration	value	Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Date	Disposal	Disposal	Disposal	Year	Date	(a)
039483-AH-5	ARCHER-DANIELS-MIDLAND COMPANY	1:	04/15/2017	CITIZENS		150,000	150,000.00	193,853	152,833		(2,833)		(2,833)		150,000				6,281	04/15/201	
718507-BH-8	CONOCOPHILLIPS CO	١.	06/21/2017	CITIZENS		527,750	500,000.00	630,588	533,163		(10,055)		(10,055)		523,107		4,643	4,643		07/15/2018	
767201-AH-9	RIO TINTO FINANCE (USA) LTD	C	06/21/2017	CITIZENS		847,948	750,000.00	986,088	849,953		(19,596)		(19,596)		830,357		17,590	17,590	43,125	05/01/2019	9 1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous	Una	affiliated)	I	XXX	1,525,698	1,400,000.00	1,810,529	1,535,949		(32,484)		(32,484)		1,503,464		22,233	22,233	93,781		XXX
8199999	Subtotal - Bonds - SVO Identified Funds				XXX															XXX	XXX
2000007					V V V	4 505 000	4 400 000	4 0 4 0 5 0 0	4 505 040		(00.404)		(00.404)		4 500 404		00.000	20.000	00.704	V V V	V V V
8399997	Subtotal - Bonds - Part 4	_			XXX	1,525,698	1,400,000	1,810,529	1,535,949		(32,484)		(32,484)		1,503,464		22,233	22,233	93,781	XXX	XXX
8399998	Summary Item from Part 5 for Bonds				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds				XXX	1,525,698	1,400,000.00	1,810,529	1,535,949		(32,484)		(32,484)		1,503,464		22,233	22,233	93,781	XXX	XXX
		١.	12.22.22.2	<u> </u>	1																.
990220-47-7	RBS CITIZENS NA CASH SWEEP		06/29/2017	CITIZENS	2,127,608.3	2,127,608		2,127,608							2,127,608				961		· V
9399999	Subtotal - Common Stock - Money Market Mutu	ual Fı	unds		XXX	2,127,608	XXX	2,127,608							2,127,608				961	XXX	XXX
9799997	Subtotal - Common Stock - Part 4				XXX	2,127,608	XXX	2,127,608							2,127,608				961	XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799990	Summary item from Part 5 for Common Stocks				***	***	***	***	***	***	***	***	***	***	***	***	^^^	***	***	***	1^^^
9799999	Total - Common Stocks	-	1		XXX	2,127,608	XXX	2,127,608							2,127,608				961	XXX	XXX
9899999	Total - Preferred and Common Stocks	_			XXX	2,127,608	XXX	2,127,608							2,127,608				961	XXX	XXX
																					.
		1.																			.
		1.																			
1		1.																			
		1			1															1	
																1				1	
																					. []
0000000	T	1				0.050.005	VVV	0.000.40=	4 505 075		(00.10.)		(00.10.1		0.004.0==		00.000	00.000	017:0	V V V	
9999999	Totals					3,653,306	XXX	3,938,137	1,535,949		(32,484)		(32,484)		3,631,072		22,233	22,233	94,742	XXX	XXX

SCHEDULE DB - PART A - SECTION 1

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
		Description									Cumulative	Current											Hedge
		of Item(s)								Strike Price,	Prior Year(s)	Year Initial						Total					Effectiveness
		Hedged, Used			Exchange,					Rate or	Initial Cost	Cost of		Book/			Unrealized	Foreign		Adjustment		Credit	at Inception
1		for Income	Schedule/	Type(s) of	Counterparty		Date of			Index	of Premium	Premium		Adjusted			Valuation	Exchange	Current Year's	to Carrying		Quality of	and at
-		Generation or	Exhibit	Risk(s)	or Central		Maturity or	Number of	Notional	Received	(Received)	(Received)	Current	Carrying			Increase/	Change in	(Amortization)/	Value of	Potential	Reference	Quarter-end
-	Description	Replicated	Identifier	(a)	Clearinghouse	Trade Date	Expiration	Contracts	Amount	(Paid)	Paid	Paid	Year Income	Value	Code	Fair Value	(Decrease)	B./A.C.V.	Accretion	Hedged Item	Exposure	Entity	(b)
												$\mathbf{N}\mathbf{N}\mathbf{I}$											
L													·		1								
	1449999 Total						XXX	XXX	XXX	XXX					XXX							XXX	XXX

Code Description of Hedged Risk(e)

NONE

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Hiç	ghly Effective Hed	dges	18	19	20	21	22
							1							15	16	17				1	1
				Description			1									Change in		Change in		1 1	1
	Ī			of Item(s)			1									Variation		Variation		Hedge	1
				Hedged,			[Margin	Cumulative	Margin		Effectiveness	1
	I			Used for			[Book/			Gain (Loss)	Variation	Gain (Loss)		at Inception	ĺ
	I			Income	Schedule/	Type(s) of	Date of						Adjusted	Cumulative	Deferred	Used to	Margin for	Recognized		and at	Value of
Ticker	Number of	Notional		Generation or	Exhibit	Risk(s)	Maturity or]	Transaction	Reporting	Fair	Carrying	Variation	Variation	Adjust Basis	All Other	in Current	Potential	Quarter-end	One (1)
Symbol	Contracts	Amount	Description	Replicated	Identifier	(a)	Expiration	Exchange	Trade Date	Price	Date Price	Value	Value	Margin	Margin	of Hedged Item	Hedges	Year	Exposure	(b)	Point
9999 Total				•	-	XXX	XXX	XXX	Q. 4	X X X	XXX									XXX	XXX

ſ	Broker Name	Beginning Cash	Cumulative Cash	Ending Cash
l		Balance	Change	Balance
Ī				
İ				
i			1	
İ			1	
l				
l				
İ		1 •	1	
İ				1
m l				
9	otal Net Cash Deposits			

Code	Description of Hedged Risk(s)
	NIC INITE
	NOINL

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
		N()N =
		NUIL

2. Net after right of offset per SSAP No. 64

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

	1	2	3	4	Boo	k/Adjusted Carrying Valu	е		Fair Value		11	12
D (Description of Exchange, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	5 Contracts With Book/ Adjusted Carrying Value >0	6 Contracts With Book/ Adjusted Carrying Value <0	7 Exposure net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
	Gleaninghouse	(1 0114)	(1 0114)	Ooliateral	value > 0	value 10	or conateral	value > 0	Value 10	or conateral	Exposure	Exposure
			1									
			1									
												1
					NO	KI E						
			1		INU	INE						
			1									
										l		
											1	1
												1
												1
												1
												1
999999 Gross Totals			1			 				 	1	

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book / Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
			· · · · · 					
	1						1	

Collateral Pledged to Reporting Entity

0199999 Total 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)
			······································					
	1							
0299999 Total Collateral Pledged to Reporting Entity	1	L				XXX	XXX	XXX

XXX

XXX

SCHEDULE DL - PART 1

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6	7
CUSIP Identification	Description	Code	NAIC Desig- nation/ Market Indicator	Fair Value	Book / Adjusted Carrying Value	Maturity Dates
		l				1
	\ I					
	NO	NE				
			1			
9999999 Totals		L	l			XXX
JUDIOI EEEEEE				<u> </u>	L	_ ^ ^ ^

General Interrogatories:					
1. Total activity for the year to date	Fair Value \$	0	Book/Adjus	sted Carrying Value \$	(
2. Average balance for the year to date	Fair Value \$	0	Book/Adjus	sted Carrying Value \$	(
3. Reinvested securities lending collateral assets book/adjus	sted carrying value included	in this schedule by NAIC design	gnation:		
NAIC 1 \$ 0; NAIC 2 \$	0; NAIC 3 \$	0; NAIC 4 \$	0; NAIC 5 \$	0; NAIC 6 \$	0.

SCHEDULE DL - PART 2

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6	7
			NAIC Desig- nation/		Book / Adjusted	
CUSIP			Market	Fair	Carrying	Maturity
Identification	Description	Code	Indicator	Value	Value	Dates
		1				
				I		
			01	· · · · · · · · · · · · · · · · · · ·		
		1				
9999999 Totals	L	l	L			XXX
0000000 10(0)3		-		l .	I .	^^^

General Interrogatories:

Total activity for the year

Average balance for the year

Fair Value \$				0
Fair Value \$				0

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	1	2	3	4 Amount of	5 Amount of	Book Balance at End of Each Month During Current Quarter			
			Rate of	Interest Received During Current	Interest Accrued at Current	6	7	8	
	Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
	Open Depositories								
	BANK 18615368 CONTROL PROVIDENCE RI 02903					3,469,996	3,538,515	4,049,090	
	BANK 19425988 OPERATIVE PROVIDENCE RI 02903 BANK 99000695 CLAIMS PROVIDENCE RI 02903					(6,191) (2,468,184)	(3,994) (2,323,077)	(8,767) (2,446,905)	
0199998	Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	xxx	xxx						xxx
0199999	Total - Open Depositories Suspended Depositories	XXX	XXX			995,621	1,211,444	1,593,418	
0299998	Deposits in (0) depositories that do								
020000	not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	xxx	xxx						xxx
0299999	Total Suspended Depositories	XXX	XXX						XXX
0399999	Total Cash on Deposit	XXX	XXX			995,621	1,211,444	1,593,418	XXX
0499999	Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
							 		ļ
050000	T-1					00-00-	400000	4 ===	
0599999	I Ofai	XXX	XXX	L	<u> </u>	995,621	1,211,444	1,593,418	LXXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
699999 Total Cash Equivalents							
Total Guon Equitorion							
						1	
						1	
						1	
			[
						1	
						1	
						1	
						1	
						1	
						1	
			NONE			1	
			INCHI			1	
						1	
						1	